PROFESSIONAL NURSES' AND STUDENT NURSES' PERCEPTIONS OF CLINICAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE: SOUTH AFRICA

By

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DECLARATION

I, Rirhandzu Friddah Mathevula hereby declare that "**PROFESSIONAL NURSES' AND STUDENT NURSES' PERCEPTIONS OF CLINICAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA"** is my own work and that all sources used and quoted in this document have been acknowledged by means of referencing. This work has not been submitted for any other degree at any other institutions.

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MATHEVULA RF (STUDENT) **DATE**

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DEDICATION

This thesis is dedicated to God Almighty for His unfailing love upon my life, who held me by his hand in times of weariness and gave me new strength as promised in Isaiah 40 verse 29. His rod and staff comforted me, surely goodness and mercy followed me.

To Bishop MW Ngobeni of Mavalani TWCI and fellow Christians, especially Evangelist and Pastor Ronny Mashimbye who stood by me in times of despair.

To my late Grandmother Alvinah, Intombi ka Simelani and late Grandfather Mhlava Whisky the only son to Nghodyani.

To my mother Hlekani Edith and five siblings - Constance, Dollence, Tinyiko, Eustice and Stanley.

To my husband Mkhacani Josias Mathevula, and kids - “BIG THREE” Faith, Saint and Reign.

To my five grandchildren Neo, Phakama, Tlangelani, and the twins; Ndzhaka and Ndzalo.

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PROFESSIONAL NURSES' AND STUDENT NURSES' PERCEPTIONS OF CLINICAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE: SOUTH AFRICA

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ABSTRACT

Introduction and background

Professional nurses are responsible to supervise student nurses in the clinical areas in order to assist them in achieving the learning outcomes, develop clinical skills and competence; however, this role is overlooked as pinned to different factors influencing clinical supervision, including the related challenges regarding supervision. This study aimed to explore and describe professional nurses' and student nurses' perceptions of clinical supervision in training hospitals of Limpopo Province, South Africa.

Research methodology

The study used convergent parallel mixed methods design. The population in this study was professional nurses and student nurses working in seven training hospitals of Mopani and Vhembe district of Limpopo Province. Purposive sampling was used to sample districts, hospitals and student nurses whereas, convenience sampling was used to sample professional nurses. Self-administered questionnaires and focus group interviews were used in data collection. Quantitative data was

analysed using Statistical Package of Social Science (SPSS), version 22.0 and Tesch's' method was used to analyse qualitative data.

Findings

Perceptions of professional nurses and student nurses revealed several factors influencing supervision and challenges such as staff shortages, high number of student nurses allocated in clinical areas, heavy workload, inadequate material resources, poor communication and inadequate support. The findings were used in formulation of clinical supervision guidelines.

Recommendations

The recommendations of this study were based on the study findings. Intervention on the challenges of clinical supervision is recommended by utilisation of the formulated guidelines. This will assist in closing the existing gap regarding clinical supervision.

Key Words:

Clinical supervision, Perceptions, Professional nurses, Student nurses, Training hospitals.

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LIST OF ACRONYMS

AGREE	Appraisal of Guidelines for Research and Evaluation
DoH	Department of Health
ERG	External Review Group
FG	Focus Group
GDG	Guideline Development Group
GRADE	Grading of Recommendations, Assessments, Development and Evaluation
IDM	Integrative Development Model
PhD	Doctor of Philosophy
PICO	Population, Intervention, Comparator, Outcomes
PRISMA	Preferred Reporting Items for Systematic Review and Meta-Analyses
SA	South Africa
SANC	South African Nursing Council
SPSS	Statistical Package of Social Sciences
WHO	World Health Organisation

CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Student nurses registered for R425 programme leading to registration as a nurse (General, Psychiatry, and Community) and Midwife in South Africa commence clinical practice as early as level one of their training as required by the South African Nursing Council (SANC). The Provincial Department of Health as well as SANC expect all levels of student nurses to function under the direct supervision of professional nurses allocated in training hospitals approved for clinical placement. During this period, student nurses are expected to function as members of the health team, assuming certain responsibilities in different units, to be performed under direct supervision by professional nurses. Clinical practice is part of learning opportunities utilised by student nurses in the clinical areas to prepare them to be accountable for own acts and omissions in accordance with the objectives of the programme (South African Nursing Council, R387 of 1995:5). Farzi, Shahriari and Farzi (2018:115) identify learning in clinical practice as an important activity in nursing education for acquiring knowledge and skills, which can be reinforced through effective clinical supervision.

Training institutions are required to monitor the clinical learning process and ensure that every student nurse obtains the clinical hours for each level as prescribed by the SANC. This is done to ensure that upon completion of the programme, they are competent professionals who can function effectively and be able to render quality patient care based on sound knowledge and skills acquired during training. The role of professional nurses is to support and guide student nurses through supervision in order to achieve their learning outcomes, correlate theory into practice and acquire the necessary knowledge and skills (SANC, 1992:21 & Kwenda, Adendorff and Mosito, 2017:41).

The demand for both quality clinical supervision and clinical placement remains an international issue for supporting student nurses in clinical areas. Clinical supervision is a complex, formal interpersonal and professional exchange process that involves

administrative, educational and supportive functions. Sufficient time is required to teach clinical skills, monitor, assess, guide and give feedback in order to promote student nurses' personal, professional and educational development that will ensure patient care and safety. Clinical supervision can assist in fostering sensitivity in oneself and to sustain effective patient care, as well as producing quality student product (Franklin, Leathwick & Phillips, 2014:134).

Another study conducted reveals that clinical supervision is one of the important tools in achieving quality clinical education (McCarron, Eade & Delmage, 2018:145). On the other hand, clinical supervision can promote student nurses' personal development, professional competence and create a feeling of job satisfaction and sense of security in nursing situations. This is an indication that clinical supervision of student nurses cannot be replaced by any nursing activity. Clinical supervision must be done in preparation of a competent future professional nurse who will be able to function effectively in various spheres of nursing practice (Driscoll, Stacey, Harrison-Dening, 2019:34).

Clinical supervision that is referred to as hands-on teaching by other researchers was identified as a tool for teaching student nurses while busy doing their activities. It also assists in the development of quality nursing care, improvement of clinical nursing practices and hence patient outcomes. Furthermore, student nurses who are supervised can easily integrate theory into practice while working in the clinical areas (Saleh, 2018:18). Through clinical supervision, supervisors are able to assume their guidance and correlation role, which enables effective teaching. Clinical supervision assists professional nurses to identify solutions to problems; increase understanding of professional issues; and to provide a supportive learning environment for student nurses in the clinical areas.

Studies acknowledge that provision of clinical supervision and mentoring to student nurses in clinical areas is an activity that is problematic, challenging and mostly misunderstood in modern nursing. Clinical supervision is based on human relationships, focuses on provision of nurturing and supportive service to student nurses and therefore assists them to critically reflect their actions in providing patient care. Furthermore, clinical supervision is regarded as a pivotal cornerstone and core

function utilised by professional nurses to help them in gaining expertise and confidence in the clinical areas. The knowledge, skills and values acquired through supervision, including student nurses' competence, can enhance nursing practice while encouraging student nurses to examine their own practice, detect own strengths and weaknesses (Mathebula, 2016:92; Dovigo, 2017:33).

The position of student nurses allocated in the units is often not identified and therefore they are allowed to perform tasks without being supervised. However, various challenges are evident with regard to supervision of student nurses in the clinical areas such as large groups of student nurses, poor communication and staff shortages. Student nurses are expected to adopt workers' role compromising the student nurse role and this places a negative impact on quality clinical supervision (Mathebula, 2016:87). Other factors outlined which negatively impact on clinical supervision were lack of cooperation between stakeholders, heavy workload, time constraints and the attitudes displayed by both student nurses and professional nurses during the process of supervision. Student nurses reported incidences of negative attitudes of staff in giving support through supervision when doing difficult and unfamiliar tasks. These challenges have been stated in the conclusion of the studies conducted by Baraz, Memarian and Vanaki (2015:52), who identified that guidance, clinical teaching and supervision, were not offered to student nurses by college tutors and professional nurses.

According to the findings of the study about perceptions of nursing students on clinical teaching behaviours of a teaching faculty, clinical teaching was ranked by the students as the highest in clinical supervision of student nurses (Prabha; Bharti; Ponchitra; Divya & Setia, 2016:39). It is therefore imperative to identify and correct the behaviours, including attitudes of professional nurses towards supervision in order to improve clinical skills of the student nurses.

The findings of other studies reveal more shortcomings on the side of professional nurses, which include lack of knowledge and skills on supervision and guiding students which may lead to negative attitudes on performance of a supervisory role (Montani, Courcy, Giorgi & Boilard, 2015:2129). Lack of awareness on a supervisory role, was also identified by other researchers as a challenge pinned to inadequate

supervision, which requires the nursing leadership to inform supervisors what is expected of them.

Tomlinson (2015:103) states that professional nurses should be made aware of areas that promote quality-learning experiences that include clinical supervision. It is important that all professional nurses responsible for clinical supervision be exposed to an empowerment preparatory session concerning this role. The study conducted in Norway on improving student Norwegian intensive care units, depicted a need for strengthening and improving the system of student nurses' supervision. This was linked to allocation of enough time for learning and reflection, defining responsibilities of supervisors in supervision and therefore communicating empowerment programme geared towards professional nurses responsible for student nurses' supervision (Rankin, McGuire, Matthews, 2016:55). Coetzee (2015:192) as well as Bindon (2017:99) identified the need for adequate preparation of professional nurses for their informal role to support and supervise student nurses in the clinical areas is also recommended by other researchers. This includes updating their skills and knowledge on procedures they are expected to supervise (Coetzee, 2013:192). This will ensure the safe development of student nurses' competence and confidence during training as well as in future.

Kaphagawani and Useh (2018:106) concluded in their study that, student support could be improved through effective monitoring and supervision in the clinical areas. The support and supervisory role of the professional nurses remains essential, regardless of the type of setting or country in which student nurses find themselves. Furthermore, professional nurses are required to supervise student nurses' nursing interventions in clinical practice to ensure safe nursing care (De Swardt, 2019:6).

Good interpersonal relationships and efficient supervision are regarded as an antecedent as well as consequence of wellbeing at work, which is relevant to clinical practice. There is a need for adequate preparation of professional nurses for the supervision role by empowering and equipping them through development and implementation of training programmes to update their knowledge and skills. On the other hand, nurses should further education and nurse managers' have to provide resources for supporting and empowering nurses, in order to respond to the newly

graduated nurses' requisites for attractive and meaningful work. (Kuokkanen, Leino-Kilpi, Numminen, Flinkman & Meretoja, 2016:64). Furthermore, Thuss (2014:28) recommended the need for conducting workshops, In-service training or practice-based training (Dehghani, Nasiriani & Salimi, 2016:63) for professional nurses to update their clinical skills and allocating enough time for supervision.

The Anecdotal evidence outlined in the Strategic Plan for Nursing Education, Training and Practice 2012/13-2016/17 reveals that many nurses are not adequately competent in a number of nursing practice areas. Clinical training departments, which were responsible to reinforce learning of clinical skills through continuous supervision, do no longer exist in health service institutions. This resulted in opening a gap in supervision of student nurses and difficulty in correlating theory into practice. Nursing Education and Practice lack communication, which causes a disjuncture between the skills and competency. However, the strategic priority number one of Nursing Education and Training has been identified as a national competence accounting to the Director General of Health, to address quality relevance of nursing graduates. This will improve the population health outcomes, as well as overcoming the challenges of the teaching platform that include supervision capacity of student nurses (DoH, 2012:35).

According to Ching (2014:280) and Heidan (2016:) development of expert critical thinking skills of decision making, effective reasoning skills and clinical problem solving skills can be acquired through application of theory into practice during supervision of student nurses in the clinical areas. According to Dimitriadou, Papastavrou, Efstathiou, Theodorou (2016:88) clinical supervisors should assist students to gain a sense of professional identity, while at the same time, meeting their individual learning needs. The development of student nurses' professional identity, strongly influence the decision-making ability and personal growth which can be enhanced during clinical supervision. On the other hand, nursing skills and competencies to improve quality clinical practices and decision-making can be acquired.

1.2 PROBLEM STATEMENT

Clinical supervision of student nurses is a central concern raised in meetings between Limpopo Nursing Education and Nursing Service Directorates. This concern led to outlining of the requirement in the Nursing Education strategic plan that, lecturers should be allocated one week in every quarter as part of student nurses' accompaniment to offer close supervision complementing the one done by professional nurses in clinical areas (Nursing Education Strategic Plan, 2014:6). Clinical supervision in Limpopo Province training institutions is compromised by professional nurses as pinned to several factors such as staff shortages, heavy workload, negative attitude of students, poor communication and cooperation between nursing education institutions and clinical facilities.

In 2010-2015, the quality assurance audit reports in a Vhembe district hospital revealed 11 incidences of needle prick among student nurses reported during giving of injections, which may be related to inadequate supervision. The researcher as a lecturer responsible for teaching student nurses in the classroom and doing clinical accompaniment has observed that most student nurses are unable to correlate theory into practice. The researcher has also observed that student nurses sometimes perform procedures or nursing tasks without being supervised. Furthermore, professional nurses do not spend quality time with student nurses allocated in the units to give supervision.

The researcher has also identified lack of interest and commitment in clinical supervision of student nurses among the professional nurses, and this role is being shifted to lecturers responsible for teaching student nurses and doing clinical accompaniment. Poor or inadequate clinical supervision does not only negatively affect the quality of professional nurses, but also the quality of patient care, increased medico-legal hazards in the hospitals and therefore alters the image of the nursing profession. Inadequate clinical supervision of student nurses in health care facilities has generated interest in the researcher to conduct this study. The findings of the study would assist the researcher to develop guidelines for facilitation of clinical supervision of student nurses in the clinical areas.

1.3 PURPOSE OF THE STUDY

The purpose of this study was to determine professional nurses and student nurses' perceptions of clinical supervision in Mopani and Vhembe district training hospitals, in order to develop guidelines to facilitate supervision of student nurses in the clinical areas.

1.4 OBJECTIVES OF THE STUDY

The objectives were formulated in line with the purpose of this study.

1.4.1 To assess the knowledge of professional nurses regarding clinical supervision.

1.4.2 To explore and describe the perceptions of student nurses regarding clinical supervision

1.4.3 To develop guidelines for clinical supervision

1.5 RESEARCH QUESTIONS

Gray, Grove and Sutherland (2017:101) describe a research question as a statement that is concise and interrogative in nature, formulated in present tense and having one or more key concepts of the study. This study was guided by the following research questions:

- What knowledge do professional nurses in Mopani and Vhembe district training hospitals have regarding clinical supervision of student nurses in the clinical areas?
- What are the perceptions of student nurses regarding clinical supervision in Mopani and Vhembe district training hospitals?
- What guidelines are available for clinical supervision of student nurses in the clinical areas?

1.5 SIGNIFICANCE OF THE STUDY

The findings of this study assisted the researcher in developing guidelines to facilitate clinical supervision of student nurses in the clinical areas of Limpopo Province. The guidelines will be submitted to the Limpopo Province Department of Health, Nursing Education and Nursing Service Directorates for policy review and formulation regarding clinical supervision of student nurses.

The guidelines will be made accessible to all Nursing Education Institutions accredited for training student nurses in Limpopo Province, as an awareness of what and how clinical supervision of student nurses should be conducted. Furthermore, the guidelines will influence Nursing Education Institutions to employ full-time clinical staff solely responsible for student nurses' supervision in the clinical areas, in order to overcome the challenges hindering effective clinical supervision of student nurses. On the other hand, clinical supervision guidelines will be provided to clinical facilities approved by SANC for placement of student nurses. The utilisation of clinical guidelines by professional nurses in the clinical areas will contribute in improving the level of supervision, student knowledge and skills, and therefore quality standard of patient care.

1.6 DEFINITION OF CONCEPTS

In this study, the following concepts were defined theoretically and operational.

1.6.1 Professional nurse

According to Nursing Act, 33 (2005:25) and Nursing Strategy for South Africa (2008:5), a professional nurse is a person who is qualified and competent to independently practice comprehensive nursing in a manner and to the level prescribed, and who is capable of assuming responsibility and accountability to such practice. In this study, professional nurse refers to any person trained and registered with South African Nursing Council as a professional nurse and working in the clinical areas.

1.6.2 Student nurse

Student nurse referred to as learner nurse by SANC is a person registered with SANC, who complies with the prescribed conditions and has furnished the prescribed particulars for a training programme at a Nursing Education Institution (Nursing Act, 33, 2005:25). In this study, student nurse refers to any registered student studying to become a professional nurse under R425 Programme.

1.6.3 Perception

Zadra and Clore (2011:676) define perception as organisation, identification, interpretation of sensory information in order to represent and understand the presented information. Perception in this study, refers to the way of seeing and interpreting the reality of things.

1.6.4 Clinical Supervision

Clinical supervision is the assistance and support extended to the student nurse by a professional or midwife in clinical areas aiming at developing a competent independent practitioner (Nursing Act, 33 of 2005:6). Clinical supervision in this study, refers to the guidance, teaching, support, monitoring and evaluation of student activities in the clinical area offered correctly, efficiently and in line with the learning outcomes.

1.6.5 Clinical area

The Nursing Act, 33 (2005:6) defines a clinical area which is also referred to as clinical facility by SANC, as any health facility whose primary purpose is the provision of care to patients and is approved and used to teach clinical skills to student nurses. In this study, clinical area refers to a hospital or Primary Health Care facility approved by SANC for clinical placement of student nurses.

1.6.6 Training Hospitals

Training hospitals are referred to by the SANC as clinical facilities, meaning health facilities approved to teach clinical skills to student nurses (Nursing Act, 33 of 2005:6). In this study, training hospitals refer to hospitals where student nurses are allocated to acquire their learning experience.

1.6.7 Guidelines

According to definition of clinical supervision practice guidelines by Shekelle, Woolf, Eccles and Grimshaw (2018:593), guidelines refer to the recommendations for clinicians based on scientific evidence and practice experience directed to supervision of student nurses with clinical learning needs. Guidelines in this study refer to a written action plan to be followed by professional nurses during clinical supervision of student nurses.

1.7 THEORETICAL FRAMEWORK OF THE STUDY

This study was based on clinical supervision model, which is comprised of Supervision Triangle, and the Integrative Developmental Model. Stoltenberg (2011:21) described supervision models relevant to specific situations, which involve giving feedback, challenging beliefs, shaping behaviour and addressing the needs of supervisors. The description of the supervision triangle and the integrative developmental model are outlined in detail in chapter two of this study.

1.8 RESEARCH METHODOLOGY

The researcher used convergent parallel mixed method design, which includes quantitative and qualitative research designs (Creswell & Creswell, 2018:221), to determine the perceptions of professional nurses and student nurses regarding supervision in the clinical areas. This study was conducted in two phases, quantitative descriptive and qualitative exploratory design in phase one and development of clinical supervision guidelines in phase two.

This study was conducted in Mopani and Vhembe district of Limpopo Province in South Africa. The population of this study was all professional nurses working in training hospitals of the two districts and student nurses registered for R425 programme leading to registration as a nurse (General, Community and Psychiatric) and Midwife for 2017 academic year in Mopani and Vhembe district Nursing Education Institutions.

Purposive sampling was used to sample the districts, training hospitals and level two to level four student nurses, while professional nurses were sampled using convenience sampling. Data collection for quantitative strand was done using questionnaires administered to participants by the researcher and assistant researchers. Qualitative data was collected through focus group interviews with level two to four student nurses who were allocated in the clinical areas during the period of data collection.

Descriptive statistics in Gray et al. (2017:523) were used to analyse quantitative data obtained from the professional nurses computed using Social Package Statistical Software (SPSS) Version 22. Qualitative data was analysed using eight steps of Tesch's inductive, descriptive open coding technique (Creswell, 2014:201).

In quantitative approach data, quality was ensured by reliability and validity. The researcher further adopted Lincoln and Guba's contracts for ensuring trustworthiness of qualitative data (Lincoln & Guba, 1985:295), which include credibility, transferability, dependability and confirmability. This was discussed in detail in chapter two of this study.

1.9 ETHICAL CONSIDERATION

The researcher exercised ethical responsibility in this study to protect the rights of sampled training hospitals and participants by obtaining consent before the commencement of the study. The permission was requested and granted from Limpopo Provincial Department of Health, Mopani and Vhembe districts, training hospitals sampled for this study and participants prior to data collection.

1.10 ORGANISATION OF THE STUDY

This study is organised as shown in table 1.1.

TABLE 1.1: Organisation of the study according to chapters

Chapter 1	Presents the introduction and background, problem statement, purpose, research questions, significance of the study, definition of concepts.
Chapter 2	Presents the theoretical framework of the study and literature review.
Chapter 3	Outlines the research design and methodology used in this study.
Chapter 4	Presents the findings and discussion of quantitative and qualitative strands.
Chapter 5	Presents development of clinical supervision guidelines.
Chapter 6	Contains a summary of the study findings, limitations of the study, recommendations and conclusions drawn from the findings.

1.11 SUMMARY

This chapter outlined the introduction and background, purpose of the study, objectives, research questions, significance of the study, definition of concepts, brief description of the research methodology as well as ethical consideration. The study methods and designs will be detailed in chapter three of this study.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

Literature review is an interpretive, organised and written presentation of what the author has read (Aveyard, 2014:1) and this may include textbooks, journals, articles, theses, dissertations and also reports from professional organisations (Gray et al., 2017:120). The researcher in this study focused mainly on describing relevant literature; which is comprised of theoretical and empirical literature to the study to cover the three objectives. Theoretical literature includes the models on which this study is based; meanwhile empirical literature consists of the knowledge of study topic derived from research. The rationale for reviewing literature was to understand clearly a comprehensive picture and meaning of clinical supervision of student nurses in the clinical areas, and thereafter develop guidelines to facilitate clinical supervision. Furthermore, literature review will enable the findings of this study to be compared and combined with existing literature (De Vos, Strydom, Fouche & Delport, 2011:134).

2.2 THEORETICAL FRAMEWORK OF THE STUDY

The study was based on the theoretical model of clinical supervision reviewed by Bernard and Goodyear (2014:40) which is comprised of two methods of supervision: the Supervision Triangle and the Integrative Developmental Model. Stoltenberg (2011:21) describes the supervision models as relevant to specific situations, which involve giving feedback, challenging beliefs, shaping behaviour and addressing the needs of supervisees. The needs of supervisees who are student nurses in this study are addressed in the framework. The two supervision theoretical models are described in detail hereunder:

2.2.1 The Supervision Triangle

According to Bernard and Goodyear (2014:41), the supervision triangle provides a template for important areas to be addressed in supervision and their application into practice. It was developed from an adaptation of Wagner's concept (1957) having three parameters on which different supervisors tend to focus predominantly on one of the three parameters or cells.

2.2.1.1 Client-focused cell

In this parameter, supervisors tend to focus on technical issues of case management. The client-centred supervision is simply a diagrammatic representation of Wagner's three representation foci, having one focal point in each of three cells within the triangle. The client-focused assumes that supervision should not always focus on only one cell; rather a particular supervisory relationship. It is important sometimes that the supervisor should focus on the client, practitioner or process of supervision. The client-focused cell is comprised of four steps more or less similar to those of the nursing process, namely assessment and conceptualisation, planning and contracting, implementation and administration and reporting/evaluation (Hewson, 2013:7). The supervisor should first assess the student level of knowledge, in order to plan, implement and give report on the supervisory process.

2.2.1.2 Practitioner/Clinician-focused cell

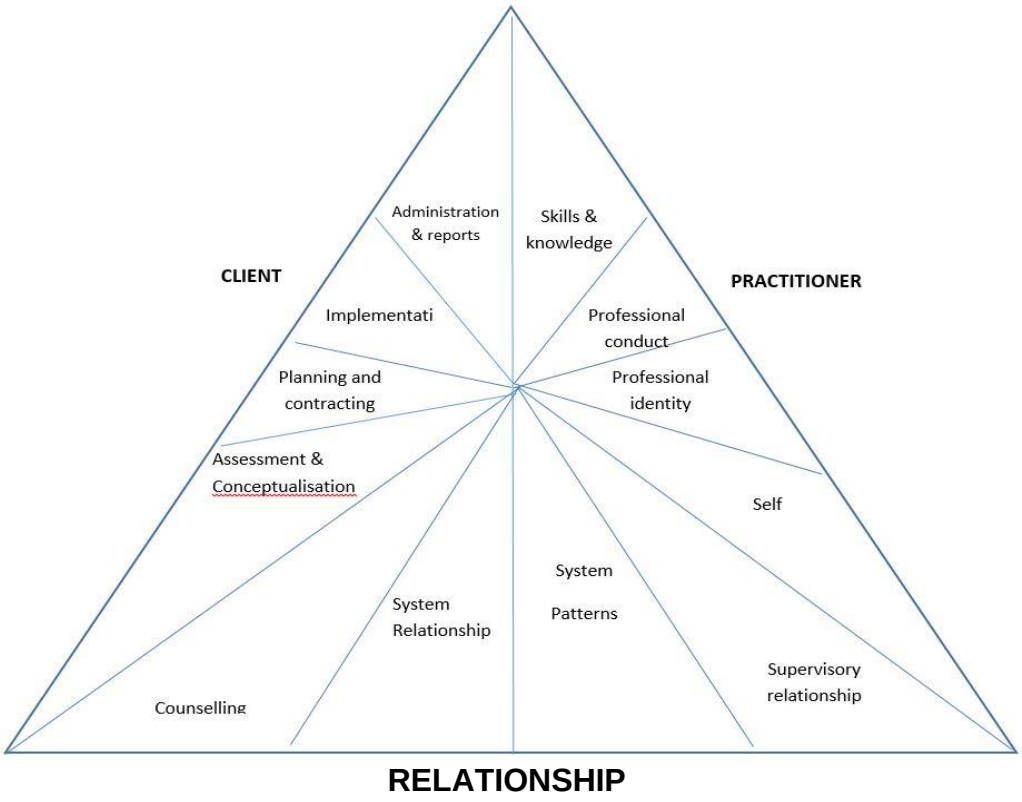
This cell is comprised of skills and knowledge, professional identity, professional conduct and self. Supervisors sometimes may focus on the practitioner's reactions and problems. In this cell, the supervisor skills and knowledge play a crucial role to be able to carry out the supervisory role. Furthermore, the supervisor is expected to have the necessary expertise by continuously updating her knowledge with recent practice. Furthermore, the supervisor is expected to be familiar with the systems and

procedures of supervision as outlined in training regulations or guidelines. The “self” area represents the feelings about the supervision role; this may involve attitudes and behaviour of the supervisor towards supervision (Hewson, 2013:8).

2.2.1.3 Relationship-focused cell

In this last parameter, the focus is on interaction between the client, practitioner and process, with regard to the type of relationship that exists to enhance supervision. Supervision process requires the presence of the following types of relationships: counselling relationship, system pattern, system relationship, and supervisory relationship. Counselling type of relationship is the type of relationship required to remedy challenges that hinder success during supervisory process. System pattern refers to certain negative behaviours, attitudes or feelings about supervision, which may develop during the process and will need to be eliminated. System relationships involves all stakeholders responsible for supervision and their involvement in the process. The supervisory relationship happens directly on day-to-day interaction between supervisor and supervisee; this involves the type of conversation, whether it is good, bad or helpful. Furthermore, it can include the actions taken to make it more useful (Bernard & Goodyear, 2014:40). The use of the three-celled triangle led to modifications and expansion, which resulted in the diagram below:

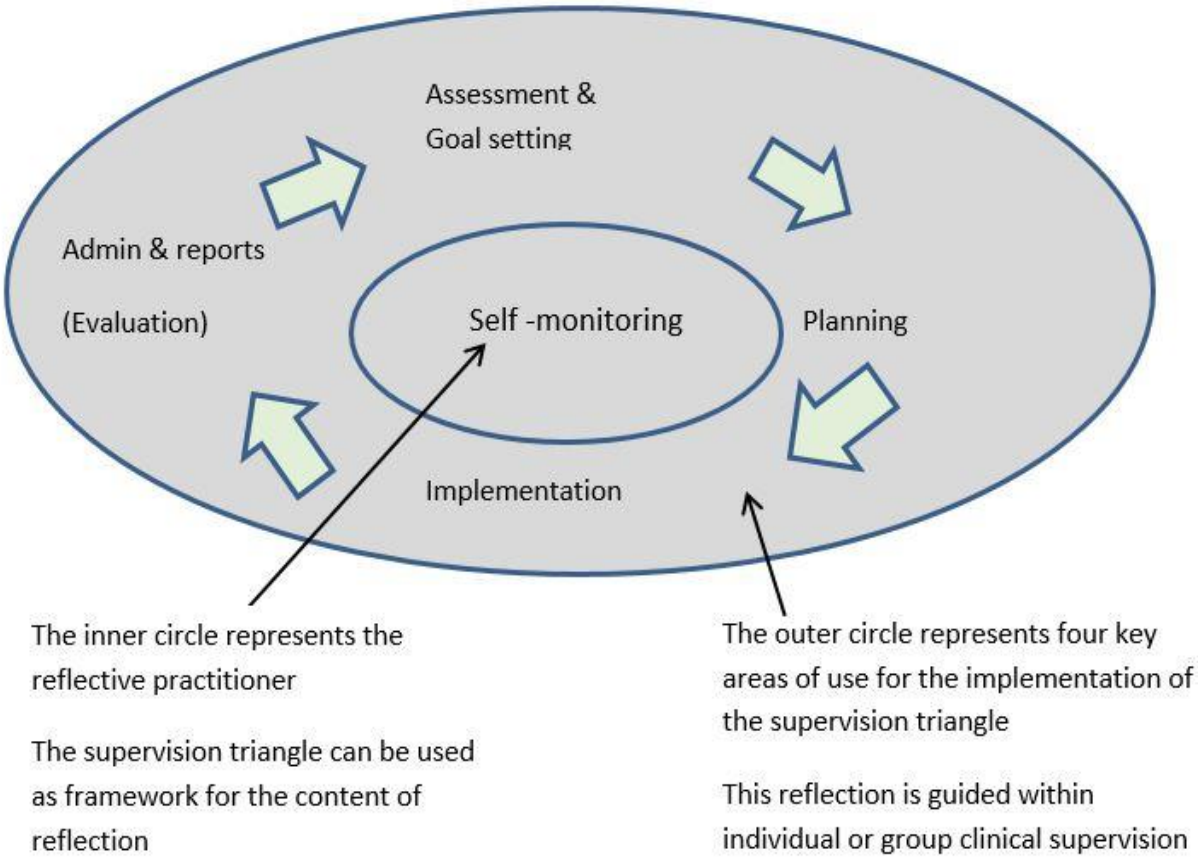
Figure 2.1: Diagram of Supervision Triangle



2.2.2 The use of Supervision Triangle

The supervision triangle can be applied in two specific ways using the guided reflection (partially objective) and self-reflection (subjective). The issues addressed within each cell can differ due to different supervisory relationships depending upon the context of supervision. The examples of addressing issues within each of the different cells are provided below. The overview of the approaches is presented in the diagram below.

Figure 2.2: Use of Supervision Triangle



According to Hewson (2013:7), the use of the supervision triangle involves the four areas within the outer circle representing the process of application for clinical supervision. The steps followed are similar to those of the nursing process, which are assessment, planning, implementation and evaluation, which in this supervision triangle is named administration and reporting. Assessment and conceptualisation is done in order to set supervision goals. A plan is drawn and the supervisor and supervisee should then agree on how to work together in the form of contract. The plan is thereafter carried out followed by reporting issues that occurred during supervision from both parties. Self-monitoring represents the form of evaluation of supervision within all the cells, and thereafter the whole process of supervision is reviewed in order to make new contractual agreements. There should be flexibility in the implementation of this process, but the assessment and goal-setting phase should always be a starting point.

2.2.2.1 Assessment

The triangle provides a template for areas that might be included during negotiation of the goals and methods of supervision. The current functioning of the practitioners is reviewed which is similar to identification of needs. Practitioners are expected to achieve their goals in this model and needs are to be met. The common language to be used during supervision sessions is also provided. The assessment and goal-setting phase is an appropriate time for modification of the triangle in order to meet the needs of student nurses. Revision of list of issues to be addressed within each cell and replacement of the irrelevant cells should be done (Hewson, 2013:7). The cells can be renamed as follows; assessment, planning, implementation, evaluation, in line with the nursing process in case of utilisation of this triangle by the nurse practitioner.

The three cells of relevance during goal setting phase are skills and knowledge, professional identify and self. The client, who is the student nurse in this study, does not have appropriate knowledge and skills to work with patients in the clinical areas, then supervision by a clinician/professional nurse can be identified as a necessary activity to assist the student nurse to acquire the necessary knowledge and skills. The professional identity cells allow the student supervisor/professional nurse to choose the supervision method that is congruent with student nurse level of development. Discussion of “self” cell allows the supervisor to gain informed consent, in other words obtain explanation from the client regarding the skills that are relevant to patient care and to do follow-up thereafter regarding the practitioner performance. The professional identity cell is important during supervision as the supervisor has to consider and address professional, ethical or legal issues during supervision (Hewson, 2013:7).

2.2.2.2 Planning and contracting

The triangle provides a useful template to create a platform to plan, by triggering areas of discussion and prioritising those areas to be addressed within each supervisory session. A three-step procedure has been found effective in planning. At

first a brief description of the client's issues relevant to the supervision, selecting issues to be addressed during that session according to priority guided by the learning outcomes, and the discussion proceed according to the client's choice, unless there is an ethical or theoretical reason for the supervisor to override this choice. This procedure contributes to both client's self-direction and training to conceptualise and capitalise on supervision issues to be dealt with first (Hewson, 2013:7).

2.2.2.3 Implementation

In this phase, the supervisor and practitioner should have made an agreement beforehand to give an opportunity of self-monitoring by the practitioner, and thereafter the supervisor will evaluate the practitioner regarding the performance of skills within all the cells. This is the time where feedback or report on performance of student nurses is given, first by student nurse and thereafter by the supervisor (Hewson, 2013:7).

2.2.2.4 Administration and reporting

Both the supervisor and the supervisee, discussing the extent of how issues within each cell were addressed, should review the supervision process. The two parties should check as to whether some issues within each cell were given more attention and others neglected, so that a decision can be taken for contracting, prioritising the cells which were not properly attended. It may happen that some skills were given more attention than others and this results in competency being acquired in performing certain skills, while the student remains incompetent in other skills (Hewson, 2013:7).

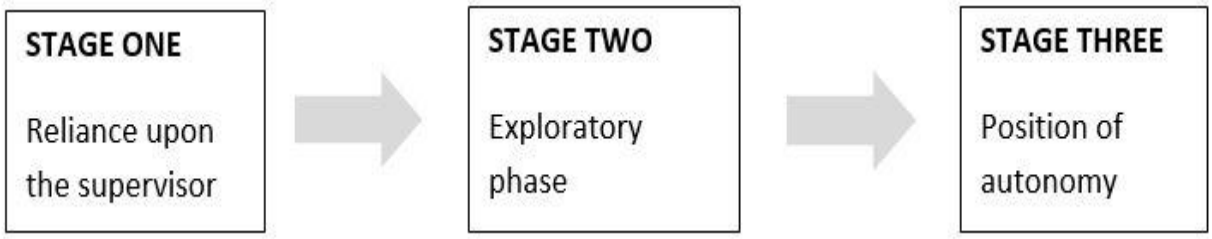
2.2.2.5 Self-monitoring (The reflective practitioner)

The template is utilised as a trigger for the content of self-monitoring and self-supervision, which requires observation of specific skills, analysis and action planning requiring knowledge. The Grounded theory by Kolb (1988:21) described a four-stage model of learning modified by Husband and Hoffman (2014:3) to adapt clinical supervision setting. The practitioner should reflect upon their clinical experience, which may be subjective or objective. Lastly, planning for future action or establishing baseline for practice should be done.

2.2.3 The Integrative Development Model

The Integrative Development Model provides an insight into the process of clinical supervision, which occurs in three stages/phases.

Figure 2.3: Stages of Integrative Development Model



The model suggests that in stage one, the supervisee or student nurse, relies on the supervisor/professional nurse to develop competence. The supervisor is in a position to influence the supervisee through his own values, beliefs and modelling. Supervision should be done continuously until the supervisee masters the skills (Stoltenberg, 2011:21).

In stage two of exploration, the supervisee has the opportunity to develop a trusting baseline of support within clinical supervision, by trying new methods of health care practices and exploring different experiences. This is a stage where the student

nurses try to perform certain nursing skills alone in the absence of the professional nurse (Stoltenberg, 2011:21).

In the third stage of autonomy, the supervisee can now function as an independent competent practitioner, not in need of supervision regarding knowledge and skills, even though the process of learning will still be progressive. The student nurses have acquired the necessary knowledge and skills regarding daily procedures related to patient care (Stoltenberg, 2014:21).

2.3 LITERATURE REVIEW

According to Brink, Van der Walt and Van Rensburg (2018:57), literature review portrays a picture of what is known and not known about the research topic. The researcher conducted literature review to try and locate the existing or related studies about the perceptions of clinical supervision that could serve as a basis of this study.

2.3.1 Knowledge of professional nurses regarding clinical supervision

Literature search regarding professional nurses' knowledge of supervision was conducted under the following headings:

2.3.1.1 Factors influencing clinical supervision

Factors influencing the supervision in the clinical areas was addressed on the aspects of learning environment, supervisory relationship, learning outcomes, professional nurses' competence, learning outcomes, as well as attitude and behaviour.

2.3.1.1.1 Learning environment

Literature reveals that learning and clinical supervision can be influenced by the type of learning environment that student nurses find themselves in. The learning environment, which is good, has a positive outcome in supervision of student nurses; meanwhile an unconducive one will affect learning negatively O'mara, McDonald, Gillespie, Brown and Miles (2013: 213) as well as Baraz, Memarian, and Vanaki (2015:52) share similar ideas that learning in the clinical areas is not primarily the students' responsibility, but for clinical staff as well. Equal commitment is expected from both parties in order for clinical learning to become successful. This could be achieved if supervisors are willing to carry out clinical supervision as expected, while student nurses develop strategies to learn in spite of complexities inherent in the learning environment. Therefore, students should play an active role in the learning and training process during the clinical practice.

Ghiyasvandian, Bolourchifard, and Parsa (2014:87), describes a good learning environment as the one having humanistic approach to student nurses. Odole, Odunaiya, Oyewole, Ogunmola (2014:64) indicate that a favourable learning environment has a positive and significant impact on students' learning, academic progress and well-being. Furthermore, good clinical learning environment should display cooperation between the supervisor and student nurse as well as positive supervisory relationship. This is supported by literature, which reveals that supervisors should show interest in students as people during the process of supervision in the clinical areas (Papathanasiou, Tsaras & Sarafis, 2014:57).

The environment where professional nurses work together as a team and strive to make the student nurses part of the team creates good atmosphere. The findings of the study conducted by Phillips, Mathew, Aktan and Catano (2017:205), identified establishment of a supportive learning environment as important to student nurses. This will improve clinical supervision, competence and achievement of learning outcomes by student nurses. The study conducted in Sub-Saharan Africa concurs with other studies that supportive good clinical learning environment has an influence on student nurses' learning. On the other hand, literature confirms the necessity of

offering clinical supervision to student nurses, in order to ensure quality and best practices by student nurses (Kpodo, Thurling & Armstrong, 2015:56).

The results of the study conducted by Joolaee, Farahani, Amiri, and Varaei, 2016:13) state that giving support, provision of learning opportunities through supervision promote development of student nurses' confidence in implementation of clinical skills. Other studies reveal that supervision offered to student nurses by same supervisors creates a good clinical learning environment and development of positive relationships between the supervisors and student nurses (Sundler, Bjork, Bisholt, Ohison, Engstrom & Gustafsson, 2014:663).

Glaesser **(**2019:70), assert that supporting student nurses and creating a conducive learning environment benefit students in closing the theory-practice gap and development of competency. Furthermore, the quality of clinical learning environment can be evaluated through the type of clinical supervision offered to student nurses in the clinical areas.

Creating a supportive environment in the clinical area is an essential element required for effective mentoring and supervision of student nurses. Magnani, Lorenzo, Bari, Pozzi, Del Giovane and Ferri (2014:124) state that quality clinical learning environment could be evaluated by the type of clinical supervision offered by professional nurses to student nurses.

The quality of clinical learning environment is a valid indicator to show the quality of nursing practice, which depends on provision of learning opportunities for students, appropriate supervision and preceptor support. This implies that clinical supervision is a core factor in developing a conducive learning environment and achieving quality patient care. On the other hand clinical experience is the most important component of nursing education which must be acquired in an appropriate environment. The interpersonal relationship between the supervisors and students appear to be the main factors affecting the clinical learning experience which can impact clinical learning positively or negatively (Lethale, Makhado, Koen , 2019:2520)

O'Luanaigh (2015:450) shares similar views with other researchers by regarding clinical learning areas as of great importance to clinical learning of student nurses by providing unique learning opportunities. Supervision provided by the group of facilitators helped the students to fulfill their learning outcomes to a large extent (Dehghani, Ghanavati, Soltani, Aghakhani, and Haghpanah, 2016:88). The findings of the study conducted by Borrageiro (2014:22) shows that student nurses revealed satisfaction with clinical learning environment although the methods of supervision used were not the same. Therefore, the clinical learning environment was found to be conducive in assisting them to acquire the necessary experience during their stay in clinical areas. Student nurses perceived the clinical learning environment positively as it assisted them to focus on clinical learning experience (Perry, Press, Rohatinsky, Compton & Sedgwick, 2016:285).

2.3.1.1.2 Supervisory relationship

Good clinical learning environment can be created depending on the type of supervisory relationships between student nurses and supervisors. The cooperation between the two and strengthened role of supervision was identified as of great importance for building a conducive learning environment in which clinical supervision can be offered effectively to student nurses (Odole et al 2014:65). Providing guidance during clinical placement is a pre-requisite in developing and maintaining good relationship between student nurses and their supervisors (Cooper, Courtney-Pratt & Fitzgerald, 2015:1004). Furthermore, good supervisory relationship between the student nurses and their supervisors is pivotal for clinical learning (Ford, Courtney-Pratt, Marlow, Cooper, Williams and Mason (2016:98).

According to Habimana, Tuyizere, and Uwajeneza (2016:42) clinical supervision needs a type of supportive relationship in the clinical areas, which focus on clinical practice progress through guidance and support given to student nurses by professional nurses.

Other researchers identified providing guidance during clinical placement as a pre-requisite in developing and maintaining good relationship between student nurses

and their supervisors (Courtney-Pratt & Fitzgerald, 2015:1004). According to the findings of other studies good supervisory relationship between the student nurses and their supervisors are pivotal for clinical learning (Ford, Courtney-Pratt, Marlow, Cooper, Williams & Mason, 2016:98).

Another crucial aspect showing good supervisory relationship involves regular contact supervisory sessions in the clinical areas, which are long enough, efficient and flexible in provision of supervision to student nurses. Student nurses are encouraged to use initiatives where nursing care is consistent with what is taught in the college (Brynildsen, Bjork, Berntsen & Hestetun, 2014:405). The result of another study conducted about clinical learning experience of student nurses in Europe reveals that, some supervisors had two schedule sessions for supervising students. Frequent supervision of student nurses was avoided and no specific supervisor was allocated to perform this role. The type of professional nurse-student relationship was also not good during supervision and this contributed to inadequate clinical supervision. However, frequent sessions and supervisory relationship is crucial in clinical supervision of students (Russels, 2017:)

The study conducted by Sundler et al. (2014:662) as supported by Lethale et al (2019:2519), reveals that the existence of positive relationships between supervisors and student nurses in the clinical areas is important in enhancing effective supervision. Student nurses reported to have succeeded in building positive relationship with same supervisors unlike when supervisors are changed on a regular basis. This signifies the importance of building positive relationships with supervisors during clinical placement.

Individual mutual relationship between the supervisor and supervisee enables effective mentoring and supervision of student nurses in clinical placements (Jokelainen, 2011:19). Dale, Leland and Dale (2013:7), depicted positive relationships as important as well as positive attitudes towards supervision of student nurses. Supervisory relationship was identified as the strongest factor in supervision of student nurses in the clinical areas. Papastavrou, Dimitriadou, Tsangari and Andrew (2016:44) who identified in their study that student nurses were highly satisfied with clinical learning environment related to supervisory relationship, ward

premises and frequency of meeting supervisors, as contributing to clinical development of skills and meeting their expectations.

Donough and Van der Heever (2018), supervisory relationship is challenging, but an important factor in clinical learning. Student nurses are exposed to both positive and negative experiences regarding clinical supervision in the clinical areas which include receiving support from supervisors as well as poor supervision. There is a need to develop supervisory relationship between the supervisor and student nurses for it serves as a baseline in teaching and learning of student nurses in the clinical areas. Effective clinical supervision, mode of supervision including the length of student nurse placement in the clinical areas founded on good supervisory relationship, were identified by other researchers as factors for improving quality of clinical placement experience. Rafiee, Moattari, Nikbakht, Kojuri and Mousavinasab (2014:41) as well as Ford et al (2016:97) concur with each other that positive working relationship between professional nurses and student nurses are vital to develop ongoing learning.

According to Tomlinson (2015:103), good clinical care depends on emotional well-being and confidence of professional nurses in managing themselves and performing their supervisory role. Student nurses can assume their responsibility of practising as competent nurse practitioners. On the other hand, a welcoming and positive approach by professional nurses help student nurses to improve learning outcomes. The development of relationships is influenced by communication, willingness, previous experiences, and the attitudes of both the professional nurse and student nurses. However, positive professional nurse-student nurse relationship can be achieved through effective communication.

2.3.1.1.3 Learning outcomes

Other researchers' statements of what learners are expected to achieve at the end of a teaching programme and act as guidelines for teaching, define learning outcomes. Supervision is geared towards achieving learning outcomes, which are usually

outlined in the curriculum. Student nurses should be involved in formulating the learning outcomes in order to take responsibility and ownership on how to achieve them (Schmutz, 2017:318). Student nurses should be offered learning opportunities to develop critical thinking skills, in order to become competent and independent critical-thinking future nurse practitioners (Van Wyk, Heyns & Coetzee, 2015:93).

According to Phuma-Ngaiyaye, Bvumbwe and Chipeta (2017:165)), it is not sufficient to plan for a period spent in a clinical area, but achievement of learning outcomes as outlined in the curriculum is very important. Student nurses should actively display certain characteristics such as decision making, accepting responsibility, self-direction, independence, appreciate and see the relevance of experiential learning.

Ranjani (2014), reports that outcomes-based learning is learner-driven aimed at achieving outcomes. The role of facilitators is to provide guidance for student nurses to achieve their learning outcomes by stimulating creativity, self-learning and critical thinking. The unplanned and unpredictable events are learning moments, which students and professional nurses in clinical areas can capitalise on to facilitate clinical supervision (Zipp, Genevieve, Kolber & Carole, 2014). However, the study conducted by Alfonsson, Spännargård, Parling, Andersson, Lundgren (2017:94), reveals the absence of guidelines in Malawi for quality nursing care provision which includes clinical supervision guidelines for student nurses who are expected to provide quality care to patients in the wards.

According to Spencer in Jamshidi, Molazem, Sharif, Torabizaden & Kaylani (2016:1), students are experiencing problems in the clinical areas where professional nurses are found to be unaware of the learning outcomes and lacking background knowledge and skills of what students should be supervised on. Student nurses on the other hand may also be ignorant of the specific outcomes to be achieved and therefore fail to direct their efforts towards learning. Student nurses have uncertainties about their roles and expectations in the clinical areas; they become uncomfortable due to inadequate support from professional nurses. There are many responsibilities for patient care as well as teaching and learning in clinical areas and therefore this interferes with clinical supervision of student nurses. Clear communication of learning outcomes by the Nursing Education Institutions is needed

to guide professional nurses in performance of their supervisory role (Kourkouta & Papathanasiou, 2014:60). However, Nursing Education Institutions do not avail themselves sometimes in clarifying student nurses' learning outcomes as revealed by (Bos, Sien & Kaila, 2015:39).

A study conducted by St. Onge, and Eitel (2017:2) emphasises the need of student nurses to actively participate in clinical learning, formulate learning outcomes, and be independent learners and problem-solvers rather than passive recipients of information. Based on their findings, it is evident that student nurses are responsible to avail themselves and to show willingness to learn in clinical areas. Supervision of student nurses in the clinical areas can be successful if professional nurses are made aware of learning outcomes and assessment of learning needs is done to guide students and evaluate their performance (Lawal, Weaver, Bryan, Lindo, 2016:32). The study conducted by Phuma-Ngaiyaye, Bvumbwe and Chipeta (2017:164) reported satisfaction that student nurses have in achieving learning outcomes, development of confidence and competency in nursing practice.

2.3.1.1.4 Professional nurses' competence

The teaching and supervision of student nurses in clinical areas are integral functions of professional nurses that should be carried out consistently. The student nurses are expected to gain expertise and confidence in the clinical areas through supervision received from competent professional nurses. Some professional nurses seem to be unprepared and lack knowledge and skills for supervising student nurses. Nurses with different qualifications who lack the necessary skills and knowledge sometimes supervise student nurses. However, professional nurses have a role to facilitate personal and professional growth of student nurses, therefore relevant qualifications to supervise student nurses, provide support and help with the development of autonomy are needed (Thuss, 2014:231; Johnston, Fox, Coyer,2018:333)

Broadbent, Moxham, Sander, Walker and Dwyer (2014:403) assert that some supervisors are not in possession of relevant qualifications for supervising student nurses in clinical areas. According to Dehghani et al (2016:63), the supervisor should be appropriately qualified and experienced first level nurse/midwife, who has received preparation to ensure relevant experience. The study further describes lack of appropriate knowledge on clinical supervision as a factor, which is related to ignorance displayed by professional nurses regarding supervision. Furthermore, it was observed that some professional nurses were not adequately trained to supervise student nurses in the clinical environment. This implies that the qualifications of the supervisor are important in giving effective and quality supervision to student nurses. All these factors can compromise the quality of supervision that students may receive in clinical placement.

Professional nurses lack of opportunities of updating their skills and knowledge and this contribute to unpreparedness in carrying out supervision in clinical areas. Thuss (2014:230) as well as Neshuku and Amakungo (2015:88) concur with each other by confirming that student nurses are supervised by a variety of nurses who lack relevant qualifications, skills and knowledge on procedures to be supervised and therefore clinical supervision is negatively affected. This is confirmed by the study conducted by Kaphagawani and Useh (2018:102), who identified lack of knowledge and skills for supervision of student nurses in clinical areas which requires professional nurses to update themselves to effectively carry out the supervisory role.

The study conducted by David and Thoman (2017:8) assert that, students verbalised to have gained more knowledge, developed more critical thinking, and became more confident when supervised by instructors who were experienced and knowledgeable. This implies that effective clinical teaching and supervision of student nurses should be performed by knowledgeable and competent professional nurses in order to communicate that knowledge to student nurses and provide quality patient care (Karami, Farokhzadian, Foroughameri, 2017:63). Furthermore, the study recommends that professional nurses should attend regular workshops, In-service training to update their clinical skills, method and procedures for supervision of student nurses. O'Brien, McNail, Davison, Olaisen, Veysey, Dempsey, Giles and

Gaskin (2015:48) concur with other researchers in training and development of clinical supervisors to assist them in confidently carrying out their supervisory role. The need for knowledgeable competent professional nurses in carrying out the supervisory role effectively is supported by Nelson (2017:19).

2.3.1.1.5 Method of supervision

Student nurses' supervision can be done on a one-to-one basis where a student has a specific supervisor or group supervision where one supervisor may have a number of student nurses to supervise at the same time and through peer group supervision. Habimana, et al. (2016:42) identified two methods of supervision and concluded that a group approach to clinical supervision is the answer to overcome some challenges in clinical placements, such as shortage of staff. However, Dehghani, Nasirini and Salimi et al (2016:67) suggest that student nurses should have a named clinical supervisor. This statement suggests that individual supervision is better than team supervision, because the professional nurse will be able to give undivided attention to one student at a time, unlike when they are many. Brynildsen et al. (2014:138) who confirm a one-to-one supervision session to be most effective in supervising student nurses support this.

The type of supervision method used in clinical supervision could be effective for student nurses to acquire their clinical skills depending on how it is used. Valentino, Leblanc and Sellers (2016:320) assert that, individual supervision could provide an excellent opportunity for individualised instruction. However, group supervision could be regarded as the best method in clinical accompaniment to allow evaluation of practice for clinical skills learned in individual sessions. Group clinical supervision conducted on frequent intervals and at a substantial length was found to be effective than one to one supervision by other researchers. In group supervision, students may learn from their peers, but the specific needs of every student in the group might not be attended adequately and their clinical experience can be compromised.

It is evident that the method of supervision used for clinical supervision can have both positive and negative outcomes on student nurses. Other studies reveal that student nurses supervised through facilitators or group model were found to be more challenged when it comes to knowledge and skills including problem solving issues as compared to those supervised using preceptor or individual model. This was supported by the findings of the study conducted in Rwanda, which indicate that student nurses supervised by facilitators in a group of 1:6/1:8 reported to be satisfied and felt supported unlike those supervised in a very large group (Habimana et al 2016:45). However, the most common and effective method used in Slovak universities clinical areas was group supervision, as compared to individualised supervision method (Gurkova, Ziakova, Cibrikova, Mugova, Hudakova & Mroskova, 2016:470).

2.3.1.1.6 Attitude and behaviour

The type of attitude and behaviour displayed by both professional nurses and student nurses may affect the process of clinical supervision. Cunze, (2016:41) as well as Jamshidi et al (2016:3), share similar ideas that professional nurses' clinical behaviours and attitudes can influence the supervision of student nurses as well as positive relationships. Negative attitude towards student nurses, ineffective supervisory behaviours, which include rigidity by the professional nurses to supervise student nurses create an unsupportive environment, and therefore resulting in a negative impact on student nurses' learning and competence (Parvin., Aliakbari., Dadkhah. & Mahasti., 2016:20).

There is evidence of poor communication revealed by literature between the nursing and faculty staff concerning clinical placement and specifically for clinical supervision of student nurses that display negative attitudes (Magerman, 2015:2; Rikhotso, Williams & De Wet, 2014:6.). The responsibility of student nurses at patients' bedside are not described or specified when they come to the clinical areas. Furthermore, the overcrowding of hospital wards and density of student nurses create negative attitudes toward professional nurses responsible for student nurses' supervision and therefore clinical learning is challenged (Jamshidi et al., 2016:2).

However, Kourkouta and Papathanasiou (2014:65) show the essence of communication in clinical supervision which should be focused, meaningful and productive, and therefore gives purpose and direction to supervisors. Joolaee et al (2016:31) who identified respectful communication with student nurses as a humanistic behaviour contributing to improvement of clinical abilities of student nurses, support this. The study conducted by Sparacino (2015:37) reveals that faculty/professional nurses' behaviour is important in promoting transition of student nurses from the state of being a student to a professional and therefore sustain them in the profession.

The studies conducted by Jamshidi et al. (2016:2) show that ineffective communication between supervisors and student nurses is common in clinical areas, and is attached to a negative attitude towards supervision. However, it is common that due to lack of competency student nurses make mistakes during practice. Professional nurses are not careful in communicating their mistakes; this is displayed by an oppressive behaviour of reprimanding students in front of patients. Student nurses usually come to the clinical areas with extensive exposure to simulated experiences, but not dealing with real people and conditions, and therefore it is necessary to supervise them adequately. The study conducted by Phuma-Ngaiyaye, Bvumbwe and Chipeta (2017:164) shows that student nurses in clinical areas are able to gain confidence and competence when supported and can achieve their learning outcomes.

Lack of motivation displayed by student nurses leads to professional nurses showing negative attitudes, and therefore spend less time and effort towards clinical supervision. However, it is evident that some professional nurses lack motivation and have no interest in student learning or supervision. Msiska, Smith and Fawcett (2014:37 as well as Kamphinda and Chilemba (2019:1812) assert that professional nurses offer reasons for not supervising students related to their busy schedule in the wards and lack of time for supervision. Furthermore, professional nurses sometimes display attitudes and behaviours related to unwillingness to supervise student nurses by focusing on rendering patient care coupled with administrative activities (Donough & Van der Heever, 2018:33). Poor supervision can expose

student nurses to feel hurt, frustrated, humiliated and this can affect their learning negatively and rendering patient care.

The caring behaviours and attitudes displayed during supervision of student nurses, motivate students to acquire clinical skills. Furthermore, clinical learning influences development of competence to student nurses which is required for patient care. The findings of the study conducted by Lyberg, Amsrud and Severinsson (2015:87) indicate that caring attitudes towards student nurses result from effective clinical supervision rendered by professional nurses in the clinical areas. The attitude of student nurses towards clinical practice has also a contributory effect on the type of supervision received in the clinical areas. There are various instances where student nurses report on duty very late and at times absent themselves without any cause. Mobile phones are also used during working hours, more specifically even when performing nursing practice, and this displays lack of interest as well as lack of commitment to their daily tasks. Therefore, professional nurses responsible for supervising student nurses, find it very difficult to carry out their supervisory role based on this type of attitude However, Karami et al (2017:187) assert that nursing staff should develop the essential knowledge and attitude, be more competent and committed to their supervision role in providing nursing students with positive learning experience.

The clinical learning environment with supportive behaviour higher than challenges experienced in clinical areas from their preceptors, head preceptors and clinical lecturers motivates students to become more committed to clinical teaching. According to the findings of the study about perceptions of nursing students on clinical teaching behaviours of teaching faculty, teaching faculty behaviours towards the student nurses' clinical learning was identified to be highly influential to student nurses (Prabha et al, 2016:37).

2.3.1.2 Perceived challenges experienced in clinical supervision

The professional nurses had to satisfy all the roles such as clinical supervision of student nurses in the clinical areas as expected and outlined in chapter two of (SANC,1984:2), Regulation relating to the scope of practice of persons who are registered under the Nursing Act, 1978 as amended by Nursing Act 33 of 2005. Clinical supervision remains a complex activity, which is influenced by extraneous factors, and therefore it needs to be reinforced during clinical placement. Professional nurses are expected to teach and supervise students to be competent in knowledge and skills for nursing practice (Van Graan, Williams, Koen, 2016:280). The following challenges are addressed in this study:

2.3.1.2.1 Shortage of staff

Student nurses allocated in clinical areas have trust to be provided with the information and opportunities to practice what was learnt in the classroom, but professional nurses' shortages in the units negatively influence the type of supervision needed to meet their expectations. Staff shortages in clinical areas have been reported as an international concern which exposes student nurses to adopt dual roles of being a worker and a student and this places a negative impact on clinical supervision (Papastavrou, et al, 2016:44; Mokoena, 2017:27). High enrolment numbers of students in Kenya revealed during 1999-2010, leading to a supervision ratio of one professional nurse:40 students, which is not unusual in most African countries including South Africa. furthermore the evidence of critical shortage of clinical teachers, where one professional nurse contrary to 6-8 per professional nurse, supervise 15-20 student nurses. Therefore, clinical teaching and supervision was found to be performed by nurses and midwives who are not trained to teach students.

Shortage of human and material resources has been recorded in literature as having a negative impact on clinical supervision. The study conducted in Western Cape reveal shortage of nurses as a challenge that affect service delivery and clinical supervision of student nurses (Daniels, Linda, Bimray & Sharps, 2014:1755).

Papastavrou, et al, 2016:44 identified staff shortages as affecting preparation of student nurses to become competent nurse practitioners. Shortage of clinical supervisors and trained teachers is a hindrance for achieving basic nursing competencies by student nurses. Kaphagawani and Useh (2018:181) identified busy wards combined with inadequate staffing and heavy workload as leading to inadequate and irregular supervision.

The concept of increased demand of nurse educators and critical shortage of professional nurses to supervise student nurses within the clinical areas is of great concern internationally. The clinical areas that encourage teaching and learning during patient care delivery is needed to empower both the existing workforce and student nurses. However, due to shortage of staff in clinical areas, student nurses are treated as workers and/or also using them as part of the workforce to cover the shortage in clinical areas (Msiska et al, 2014:35). This is supported by Brynildsen et al (2014:407) and Rivaz, Momennasab, Yektatalab, Ebadi, (2017:4), who identified adequate staffing including reasonable workload as leading to effective supervision of student nurses in the clinical areas.

2.3.1.2.2 Shortage of material resources

Student nurses should use material resources to perform nursing procedures for them to acquire the necessary nursing skills; however, this may be compromised due to inadequate material resources, which also affect clinical supervision (Gemuhay, Kalolo, Mirisho, Chipwaza & Nyangena, 2019:9). (Msiska et al (2014:38) as well as Chokwe and Nkosi (2017:130) assert that provision of adequate resources by the organisation and management of institutions, including preparation of mentors and supervisors for their role is important. Sufficient equipment in the clinical areas enables student nurses to perform skills similar to how they were taught in class and therefore it is easy to correlate theory into practice However, there has been a remarkable shortage of material resources in most hospitals of the Limpopo Province. Departments were placed under administration during 2011/2012 financial year in terms of Section 100 (1) (b) of the constitution of the Republic of South

Africa. The Department of Health was one of those departments affected by the decision and buying of material resources came to a standstill during that particular period, and this contributed to shortage of material resources in the clinical areas.

Habimana, Tuyizere and Uwajeneza (2016:42) conducted a study about accompaniment needs of first-year student nurses and reported shortage or absence of resources to fulfill nursing duties and to meet the needs of the patients. Moyimane, Matlala and Kekana (2017:100) assert that lack of basic resources in the clinical areas hinder learning of basic competencies by student nurses and deny them to acquire clinical experience. Chokwe and Nkosi (2017:131) as well as Tshitangaro (2013:7), support that shortage of material resources in clinical areas is a challenge which contributes to poor clinical supervision and student nurses' incompetence, since most skills cannot be properly demonstrated to student nurses due to lack of resources.

Magerman (2015:2) reveals limited resources in clinical areas of Western Cape Province as a challenge contributing to improper correlation of theory into practice by student nurses. Rajeswaran (2016:471) as well as Mwale and Kalawa (2016:30) confirm that insufficient or lack of resources influence clinical supervision negatively and also opens the gap for correlating theory into practice, meanwhile available resources were identified as very important in mentoring and supervision of student nurses in the clinical areas (Chokwe & Nkosi, 2017:130).

2.3.1.2.3 Heavy workload

One of the persistent complaints related to poor supervision is overwhelming work demands placed upon students, leaving them with little time for thinking and reflecting what they have been taught in class (Kaur and Gujral, 2017:22). Shihundla, Lebese, Maputle (2016:1545), identified the high workload in clinical areas experienced by professional nurses as resulting from the high number of student nurses allocated in the wards in need of supervision, including nursing activities towards patients. Supervision is a vital activity, which should be carried out continuously to support student nurses in clinical areas for achievement of learning

outcomes and to become competent nurse practitioners. On the other hand, employers also expect professional nurses to satisfy their roles related to patient care as outlined in the job description, therefore student nurses' supervision is compromised. However, O'Brien et al. (2015:48) and Neshuku and Amakungo (2015:88) share a similar idea of the need for preparing professional nurses in dealing with high workload in clinical areas in order to achieve their supervisory role.

The demand for patient care coupled with high number of student nurses allocated by Nursing Educational Institutions in the clinical areas places a heavy workload upon the professional nurses responsible for clinical supervision. The study conducted in Iran has identified the challenges of overcrowded hospital wards and density of student nurses in clinical areas. Professional nurses are to satisfy all the roles to overcome those challenges, hence clinical supervision and teaching is negatively affected (Macphee, Dahinten & Havaei, 2017:7).

Vhembe district of Limpopo Province has six hospitals approved by SANC for placement of R425 student nurses, including other students trained in various programmes at different Nursing Education Institutions and this leads to student nurses overcrowding hospital units. The professional nurses working in the units are therefore expected to carry heavy workloads to fulfill their roles, which is not possible to satisfy at the same time, therefore this dilemma leads to neglect of the supervisory role. The high number of student nurses was found to affect good mentoring and clinical supervision of student nurses (Nursing Education Training and Practice, 2012/13-2016/17:17).

According to Thuss (2014:25); and Senti and Seekoe (2014:80), a heavy workload was identified as a challenge hindering professional nurses from supervising student nurses in different clinical areas. Magerman (2015:4) shares a similar idea of heavy workloads in clinical areas as having negative impacts on the supervisory process. Attrill, Lincoln and McAllister (2016:180) show how heavy workloads affect the performance of professional nurses in the clinical areas. Irrespective of their willingness to supervise student nurses, clinical teaching and learning could not be achieved.

2.3.1.2.4 Inadequate support

Clinical supervision is focusing on provision of professional guidance and support to student nurses in clinical areas by professional nurses Habimana, Tuyizere and Uwajeneza (2016:42). Professional nurses responsible for supervision of student nurses in clinical areas are not receiving support in performing multiple roles they face, this includes service delivery and supervising student nurses. This resulted in some of the roles not being properly fulfilled or neglected, especially clinical supervision (Daniels et al., 2014:1752). Bvumbwe, Malema and Chipeta (2015:927) confirm that professional nurses are facing many challenges in clinical areas, such as lack of support which contribute to poor supervision.

Lack of guidance from faculty and inadequate time given to student nurses' supervision demotivates them. Daniels et al (2014:1753) confirm inadequate support to professional nurses in clinical areas as an interference in performance of multiple roles such as service delivery and supervision of student nurses. Kwenda, Adendoff and Mosito (2017:145) shows the necessity of assistance from teachers in helping students to correlate theory into practice. The multiple roles are sometimes not being satisfied resulting from a number of factors including time constraints, which makes other roles such as supervision to be overlooked.

One of the most common concerns identified by professional nurses in clinical areas is availability of Nursing Education Institution to give support regarding their supervisory role (Bos, Sien & Kaila, 2015:39). However, Joolaee et al, 2016:292) assert that efficient supervision of student nurses requires provision of formal support to supervisors by their managers. This can assist in generating new ideas on improving quality patient care and supervision of student nurses.

Atanga, Ndong and Titanji (2014:18) and Rafiee et al. (2014:49); and Rafiee et al. (2014:49), share a similar view by identifying time constraints as a hindrance for professional nurses to carry out clinical supervision. More time is allocated to other activities and finally less or no time is reserved for supervising student nurses, meanwhile acquiring clinical competencies is a process, which requires enough time. The fact that clinical supervision of student nurses is allocated limited time indicates

inadequate support to achievement of the role. This supported by Tomilnson 2015 and Magerman(2016:) who assert that poor supervision in the clinical was linked to busy schedule which leads to lack of time for supervising students.

The guidance and support for student nurses through clinical supervision by nursing personnel in the clinical areas is lacking. It is important to give student nurses professional support and learning to assist them in developing knowledge on nursing practice. Professional nurses who do not know the needs of student nurses will be reluctant to supervise them as part of their supervisory role, Student nurses are therefore denied to achieve learning outcomes. Thuss (2014:26) shares similar views by identifying limited and inadequate support, poor relationship between professional nurses and student nurses as weaknesses in the clinical areas hampering clinical supervision and education. Gilbert and Brown (2015:23) concur with other studies revealing provision of support and guidance as a challenge in Australian health care, which interferes with clinical supervision of student nurses.

In the current climate, where nursing is experiencing an international shortage, Nursing Education Institutions are expected to produce higher numbers of nursing graduates. The Nursing Education Institutions-professional relationship is crucial in providing ongoing support. Provision of appropriate support to professionals by Nursing Education Institutions as benefiting student nurses in clinical learning. Nursing Education Institutions are expected to offer professional nurses closer support in order for student nurses to achieve learning outcomes through supervision. On the other hand, professional nurses need to work hand in hand with Nursing Education Institutions to assist student nurses in assuming their responsibility of practicing as competent nurse practitioners (Donley et al., 2014:134). Rajeswaran (2016:471) reveals that lack of guidance by clinical staff, inadequate support, and poor communication between Nursing Education Institutions and clinical areas, are factors hampering clinical supervision of student nurses. Students at different levels of the programme require nurses with an appropriate level of knowledge, skills and training to facilitate and extend of their learning. Establishing clear lines of communication as support mechanism allows for appropriate selection and preparation of nurses to undertake the role of student supervision (Shafakhah, Zarshenas, Sharif & Sarvestani, 2015:323).

Professional nurses are responsible as part of their expectations in clinical areas to supervise student nurses. Rikhotso, Williams and De Wet (2014:6) identified inadequate support and guidance amongst challenges faced by student nurses in clinical areas, which needed development of clinical guidelines to be used in rural hospitals. Literature reveals a need of guidance and support to student nurses in the clinical areas to ensure consistent and positive learning experiences (Cooper et al., 2015:1004). Attrill, Lincoln and McAllister (2016:180) show how professional nurses were positive in supporting international student nurses in clinical areas; however, their workload was added onto their responsibilities which poses a challenge in clinical learning.

2.3.1.2.5 High number of students

The utilisation of same clinical areas by student nurses is very common in most areas, including Limpopo Province where nursing schools, colleges and universities share same clinical areas for clinical placement of student nurses in different programmes. Mathebula (2016:93) and Dube and Mlotshwa (2018:1850) indicated in their study findings that, there are more student nurses in clinical areas as compared to the number of supervisors who should perform supervision. This issue is of great concern and leads to inadequate supervision. This is supported by Donough and Van der Heever (2018:1833) who also identified a high number of student nurses in clinical areas as a challenge leading to a situation where supervisors have to supervise a large number of students exceeding the normal supervisor-supervisee ratio of one professional nurse:15-20 student nurses in South Africa.

The large groups of student nurses allocated in clinical areas compared to supervisors, exposes student nurses to perform procedures without being supervised. The study conducted by Daniels et al. (2014:1750) reveals increased numbers of student enrolment for the Bachelor nursing programme in Western Cape Province in trying to prevent staff shortages. Furthermore, Magerman (2015:3) and Muthathi, Thurling and Armstrong (2017:7) identified similar findings regarding high numbers of student nurses in clinical areas, which interferes with supervision of student nurses.

2.3.1.3 Development of guidelines of clinical supervision

Guidelines to facilitate clinical supervision were development based on the findings of this study and the objectives were used to achieve the intended purpose. The process of developing and describing of clinical supervision guidelines was guided by six elements of practice-orientated theory proposed by Dickoff, James and Wiedenbach (1968:203) in Chin and Kramer (2011:156). These elements are agent recipient, context, dynamic procedure and terminus. The researcher was also guided by steps for guidelines development as outlined in World Health Organization (WHO) handbook for guideline development (WHO, 2014:15).

2.3.1.3.1 Establishment of guidelines

The starting point in establishing guidelines is to select a Guideline Development Group (GDG), which is comprised of external experts in order to develop evidence-based recommendations and finalise the scope and key questions using PICO format. The GDG of clinical supervision guidelines included the area/operational hospital managers, professional nurses, the researcher and promoters of the current study.

2.3.1.3.2 External review group

ERG is composed of interested people in the subjects of the guidelines as well as those who will be affected by the recommendation (WHO, 2014:28). In this study ERG consisted of principals/Head of Department of nursing colleges and university, nurse managers of hospitals and districts.

2.3.1.3.3 Scoping the guideline

Who (2014:20) described scoping as the process of defining what guidelines will include and exclude, which involves the area of practice to which guidelines will apply. In this study, the areas for application of guidelines will be training hospitals of Limpopo Province. The population and sub-population, which in this study are professional nurses and student nurses, are included in guideline scoping (WHO, 2014:21).

2.3.1.3.4 Formulating key question in PICO format

PICO refers to population, intervention, comparator and outcome, these four elements should be considered in formulation of any question governing a systematic search of the evidence. The useful structure to describe the inclusion and exclusion criteria for the body of evidence and formulating of the recommendations can be provided if PICO format is used (WHO, 2014:79). In the context of this study PICO format was used to search evidence on the clinical supervision of student nurses in training hospitals of Limpopo Province.

2.3.1.3.5 Identifying and evaluating existing evidence

Identifying and evaluating existing evidence is required for information to be included in guidelines development process. The search starts by checking the existence of any guidelines and review of systematic literature. The study conducted by Rikhotso, Williams and De Wet (2014:6) in Limpopo Province revealed the need of development of clinical supervision guidelines to be used in the clinical areas. The scientific evidence and its relevance quality and timeliness before commissioning new guidelines was done (WHO, 2014:96). Limpopo Province training hospitals had no guidelines for clinical supervision, however there are guidelines related to patient care, such as maternity guidelines, HIV/AIDS guidelines and others. The researcher in this study did not find any existing guidelines in the province and had to carry on formulating new guidelines.

2.3.1.3.6 Developing Recommendations

The GDG had a task to formulate recommendations based on the evidence as well as assessment of quality, which has been identified and synthesised. The GDG considered the GRADE framework to formulate clear, attainable recommendations. The recommendations for development of guidelines were made based on the study findings.

2.3.1.3.7 Producing guidelines

Coordination of inputs from contributors in guideline formulation is necessary before production and publication. The structure of guidelines should include the table of contents, introduction, methods, recommendations and conclusion. The list of roles for all participants are outlined including conflict of interests and how to deal with them (WHO, 2014:158).

2.3.1.3.8 Adaptation, Implementation and Evaluation

These are the steps for completion of the guideline development process. Adaptation of clinical supervision guidelines were done considering the circumstances and resources available in training hospitals. Implementation and evaluation plans were made available to all contributors and actively supported by the Department of Health. The list of tools and resources to be used in implementation such as checklists and quality indicators were made available to all training hospitals (WHO, 2014:167).

2.4 SUMMARY

This chapter discussed literature related to the study and embraced both the knowledge of professional nurses and perceptions of student nurses regarding clinical supervision. According to literature, supervision of student nurses was found

to be influenced by many factors and challenges that contribute to poor supervision in the clinical areas. The study design and methodology used in this study are discussed in chapter three of this study.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

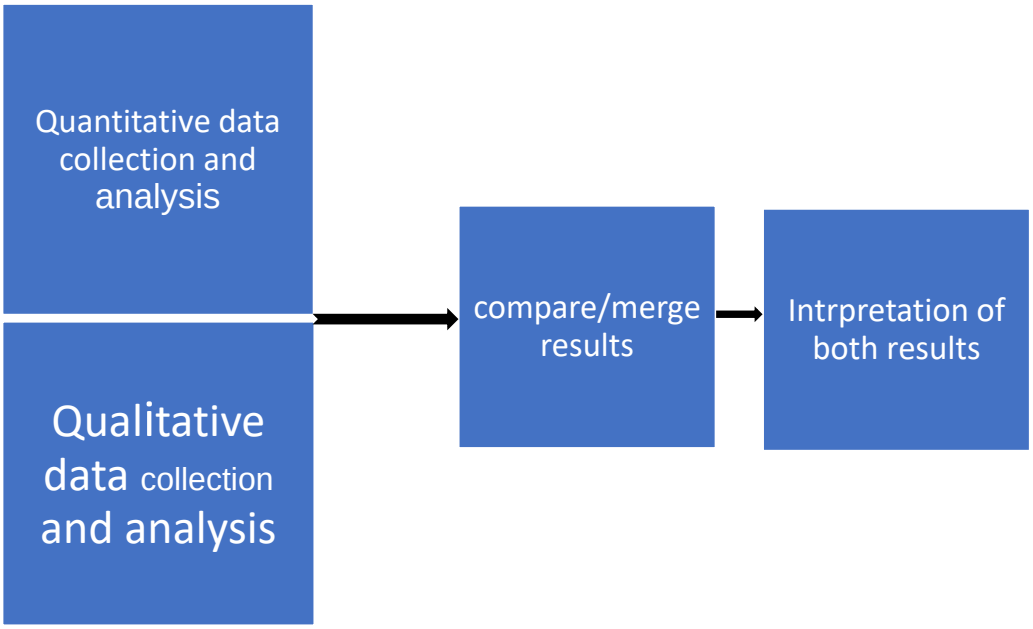
This chapter focuses on the description of the research design and methods used in this study. Kumar (2014:122) describes research design as a road map that a researcher should follow during the research journey to find answers for the research questions objectively, accurately and as economically as possible. Research methodology or methods refers to specific ways chosen by the researcher to conduct the study within the chosen design, which include the study setting, population, sampling and sample, data collection, data analysis, data quality and ethical consideration (Gray et al., 2017:193).

The researcher in this study chose to use convergent parallel mixed method designs in order to determine the professional nurses' and student nurses' perceptions of clinical supervision in the clinical areas. A mixed method focuses on mixing data collected and analysed using both quantitative and qualitative paradigm with different phases, which is similar to conducting two mini studies within a single study or series of studies. This can be done sequentially or currently to the time order (Creswell et al, 2016:313).

Creswell and Clark (2014:6) define mixed methods as those that include at least one quantitative method, which is designed to collect numbers and one qualitative method, designed to collect words. The use of mixed methods provides strengths that offset the weakness of both quantitative and qualitative research. Furthermore, the objectives that could not be addressed by quantitative method can be answered by qualitative method. In convergent parallel mixed method design, data collection and analysis of both quantitative and qualitative strands is done during the same phase, prioritising to address the study questions. The findings from both strands are merged into overall interpretation (Creswell & Clark, 2014:77).

The researcher in this study used quantitative descriptive and qualitative exploratory strands conducted in the same phase. The discussion is outlined in figure 3.1 below:

Figure 3.1 Convergent parallel mixed method design



3.2 PHASE 1: CONVERGENT PARALLEL MIXED METHOD DESIGN

Convergent parallel design approach involves quantitative and qualitative research strands discussed under phase 1 of this study.

3.2.1 Quantitative descriptive research strand

Quantitative approach was used to address objective one, which is to assess the knowledge of professional nurses regarding clinical supervision of student nurses in clinical areas. Gray et al. (2017:639) describe a quantitative research strand as formal, objective, systematic study process that counts or measures in order to answer research questions and its data is analysed numerically. The focus of quantitative strand is on measuring the magnitude of variation to ascertain how many

people have a particular value, view or belief on a topic being studied (Kumar, 2014:133). In this study, the knowledge of professional nurses from different training hospitals was measured using descriptive statistics.

3.2.1.1 Descriptive research strand

According to Gray et al. (2017:676), they explain a descriptive research as a strand which accurately portrays events and information about the prevalence of a variable or its characteristics in a data set - and the statistical description of phenomenon of interest is produced. Descriptive research strand is also useful in generating knowledge in a variety of situations where it is difficult, impossible or unethical to employ the experimental approach (Kumar, 2014:141). The method yielded useful results in assessing the knowledge of professional nurses regarding clinical supervision of student nurses in the clinical areas. In this study, the descriptive research strand enables the researcher to describe the findings of quantitative research strand using descriptive statistics.

Table 3.1: Summary of quantitative design and methods

Objective 1	Research design	Population	Sampling method of districts and hospitals	Sampling method of professional nurses	Data collection method	Data analysis
To assess the knowledge of professional nurses regarding supervision	Quantitative descriptive	Professional nurses working in training hospitals of Mopani and Vhembe districts	Purposive sampling	Convenience Sampling	Questionnaires	SPSS version 22.0 descriptive statistics

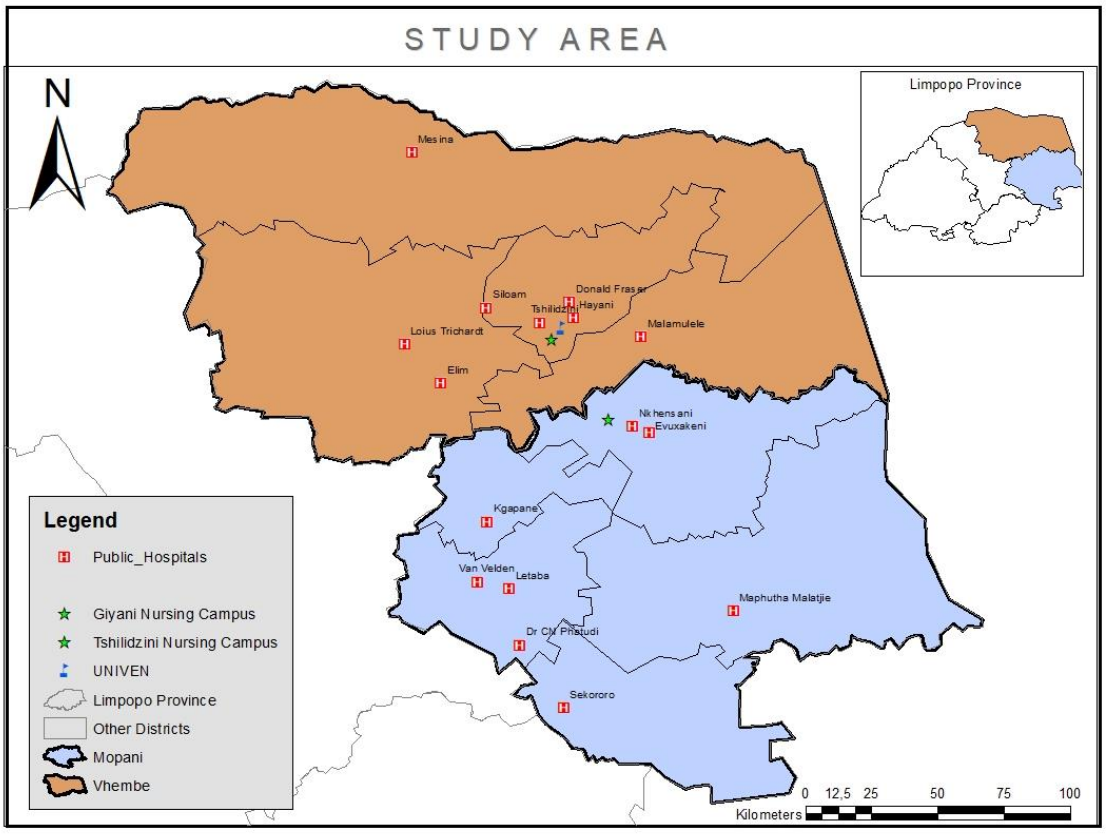
3.2.1.2 Study setting

The location where the research study is conducted is referred to as study setting (Gray et al., 2017:353). This study was conducted in seven training hospitals of Mopani and Vhembe districts having different ethnic groups of nurses with different cultural backgrounds. The spoken language of the population is mainly Sepedi, Tshivhenda and Xitsonga. Mopani and Vhembe are two out of the five districts found in Limpopo Province, which is one of the nine provinces in South Africa. The seven training hospitals where this study was conducted are accredited by SANC for clinical placement of student nurses following R425 programme leading to registration as a nurse (general, psychiatry, and community) and midwife. The researcher chose to conduct the study in the training hospitals of the two districts with the rationale that, the researcher observed clinical supervision challenges during clinical accompaniment of student nurses in those hospitals.

3.2.1.2.1 Mopani District

Mopani district is situated on the northeastern quadrant of Limpopo Province, bordered in the north by Zimbabwe and Vhembe district municipality, and Capricorn in the west consisting of five local district municipalities namely, Ba-phalaborwa, Greater Giyani, Greater Letaba, Maruleni and Greater Tzaneen municipalities. The district has five training hospitals out of eight accredited for clinical placement of student nurses, that is, Kgapane, Letaba, Khensani, Van Velden and Evuxakeni and one Nursing Campus (Giyani) utilising the hospitals for clinical placement of R425 student nurses. This study was conducted in three out of the five training hospitals, based on student nurses' allocation during the time of data collection. The researcher chose to utilise the hospitals where student nurses were available during data collection phase. See attached map.

Figure 3.2: Mopani and Vhembe district municipality map



3.2.1.2.2 Vhembe District

Vhembe district is one of the five districts' municipalities on the northeast of Limpopo Province bordered in the east by Kruger National Park, sharing borders with Zimbabwe and Botswana in the north-west and Mozambique in the southeast. The district is comprised of four local municipalities namely, Makhado, Musina, Collins Chavani and Thulamela where Thohoyandou town is situated. Vhembe district has eight hospitals of which six are accredited by SANC for training and clinical placement of student nurses for different clinical experiences such as general, midwifery and psychiatric nursing science that is, Donald Fraser, Elim, Malamulele, Tshilidzini, Siloam and Hayani. This study was conducted in four out of the six training hospitals in the district based on the availability of student nurses in those hospitals during the time of data collection and the period of obtaining consent to conduct the study from management of the hospitals. The district has also one University (University of Venda) and one Nursing Campus (Thohoyandou) training

student nurses for R425 programme and utilising the hospitals in the district for clinical experience. See attached map.

3.2.1.3 Population

The population refers to the entire group of interest to the researcher Brink et al (2018:140). The population in this study was the professional nurses working in the training hospitals accredited by SANC for clinical placement of student nurses, since they interact and are responsible for supervision of student nurses allocated in the hospitals. The entire population of professional nurses in Vhembe district training hospitals was 1638 of which 928 were from Vhembe district training hospitals; meanwhile 710 were from Mopani district training hospitals. These numbers included every professional nurse hired in the two districts irrespective of their placement and responsibilities. The accessible population in this study was professional nurses who were allocated in the units of the training hospitals during the time of data collection. The target population used in this study were professional nurses responsible for clinical supervision and were on duty during data collection.

3.2.1.4 Sampling and Sample

Sampling is defined as the process by which the researcher selects few respondents from a larger group to participate in the study (Kumar, 2014:382), while a sample is part or fraction of the larger set or population to participate in the study Brink et al (2018:140). Purposive sampling method was used to sample Mopani and Vhembe districts including seven training hospitals from the two districts, as these hospitals met the criteria of being accredited for clinical placement of student nurses. On the other hand, sampling of districts and its training hospitals were chosen based on the clinical supervision challenges observed by the researcher during clinical accompaniment of student nurses.

Furthermore, convenience sampling was utilised to sample professional nurses from the training hospitals, to participate in the study. Brink et al (2018:140), define convenience sampling, also known as accidental sampling, as choosing readily available respondents for the study. The rationale for using this sampling method was that professional nurses in the hospitals were using different off duties per shift. This would have made it difficult for the researcher to access as many professional nurses as possible who would have been on duty during data collection. In addition, the targeted number of professional nurses could not have been achieved easily as others might have not consented to participate in the study.

3.2.1.5 Sample size

Sample size is defined by Kumar (2014:231), as the number of respondents from whom a researcher obtains the required information and is usually denoted with a letter n. Furthermore, Kumar (2014:247) concurs with Sharma (2014:240) by stating that the general rule in quantitative studies is: the larger the sample size the more accurate the estimates and is advantageous in lowering of sampling error of the population. On the other hand, factors such as size of population and heterogeneity should be considered when obtaining a sample size. The total number of professional nurses sampled in the two districts was 321 out of the population of 1638. The sample size was calculated using Slovin's formula (indicated below) to determine the appropriate sample of professional nurses. The researcher followed Kumar's approach to make use of 387 professional nurses instead of 321 who were conveniently obtained, gave consent and participated in this study.

Table 3.2: Slovin formula for determining the quantitative sample size

$$n = \frac{N}{1 + Ne^2}$$

$$n = \frac{1638}{1 + 1638(0.05)^2}$$

$$n = 321$$

Table 3.3: Sample Sizes

Population	Design	Targeted	Sample size used
Professional nurses = 1638	Quantitative	321	387
Student nurses = 543	Qualitative	140	80

3.2.1.6 Eligible criteria

Eligible criteria also referred to as sampling criteria includes the list of characteristics essential for membership or eligibility in the target population (Gray et al., 2017:330). Researchers decide whether an individual or object would or would not be a member of the study population Brink et al (2018:140). The eligible criteria for professional nurses included being allocated in the units of sampled training hospitals and responsible for clinical supervision of student nurses. Furthermore, professional nurses working in the units having one-year experience and above were legible to take part in the study, since they are interacting and responsible for supervision of student nurses irrespective of their years of experience. However, community service nurses were excluded, for they were not in possession of their professional registration certificate and still not experienced in supervision. Professional nurses working in units such as TB and Step down as well as nurse managers were excluded, for they were not responsible for clinical supervision and no student nurses were allocated in those units.

3.2.1.7 Development of instrument

The researcher developed the instrument as guided by De Vos et al (2011:190) as well as Creswell and Creswell (2018:153) providing detailed information about the actual survey instrument. This included naming the instrument indicating the instructions, demographical information of participants, major content, sections in the instrument, as well as type of questions included in the instrument.

The responses that the researcher expected from the respondents were also outlined by using both continuous scales ranging from strongly agree to strongly disagree, to a very large extent and not to any extent at all, as well as categorical scales such as true or false and don't know. The researcher consulted the statistician for assistance with formatting and amendment of the instrument where necessary.

3.2.1.7.1. Structure of the questionnaire for professional nurses

The questionnaire consisted of four sections.

SECTION A: Biographical data of professional nurses

SECTION B: Knowledge of professional nurses regarding clinical supervision

SECTION C: Factors that influence clinical supervision

SECTION D: Perceived challenges in clinical supervision

3.2.1.8 Pre-testing

De Vos et al (2011:237) define pre-testing of an instrument as carrying out of all the aspects of the total data collection process on a small scale of respondents aiming at refining the instrument by incorporating comments into final instrument revision (Creswell & Creswell, 2018:154). In this study, questionnaires were administered to 10 professional nurses working in one of the training hospitals of Vhembe district prior to the main study. The researcher conducted pre-testing to establish the validity of scores in the instrument, evaluate internal consistency of the items included in the instrument, and to improve the question format as well as the instructions. Furthermore, pre-testing provided the researcher with an opportunity to assess how long the study would take. Professional nurses had no challenge in responding to the questions and were able to respond to all items included in the instrument. Therefore, no changes were effected on the instrument by the researcher after pre-testing.

3.2.1.9 Data collection

Data collection is defined as a precise, systematic gathering of information relevant to research and specific objectives, questions and hypothesis of the study (Gray et al., 2017:675). In this study data collection was for both quantitative and qualitative strands was conducted the same days since the study design chosen by the researcher is convergent parallel. Self-administered questionnaires were used as an instrument to collect data from the professional nurses. The questionnaire was developed and designed in line with the objectives of the study. The researcher considered the amount of time required to complete the questionnaires during formulation of questionnaires. Meanwhile, focus group interview was used to collect data from student nurses in order to explore and describe student nurses' perceptions of clinical supervision in the clinical areas. Focus group is a form of strategy in qualitative research in which attitudes, opinions or perceptions towards an issue are explored through a free and open discussion between the participants and the researcher (Kumar, 2014:371).

The questionnaire and interview guide were formulated in English since all the respondents were professional nurses who understood the language. The researcher further identified the similarities in the content by doing literature search for the sample questionnaires used in previous researches to enable comparisons of results. The instructions were outlined in the questionnaires guiding the professional nurses on how to complete the questionnaires.

Two professional nurses who had worked in the clinical areas for more than 15 years, were hired as assistant researchers to help with data collection. The one had an honours degree and the other a master's degree. The assistant researchers had experience on clinical supervision. The researcher conducted a training workshop with the assistant researchers for two days, which was held in the new skills laboratory building at the University of Venda. This training workshop was conducted to equip and update the assistant researchers with the required knowledge and skills for data collection process in this study. This involved the process of using a focus group interview as a method of data collection, which included showing them the

interview guide, interviewing, probing, reflecting, use of voice recorder and transcribing of data. Dates for conducting the study were given to the assistant researchers to allow them to arrange for leave in advance since they were employed. The questionnaire was given to assistant researchers to familiarise themselves on the content and clarity on items included in the questionnaire. The researcher and assistant researchers agreed to meet at different hospitals at 09h00 every day throughout the process of data collection, since everyone resided at different areas and had to use own transport.

The researcher conducted a briefing session in the morning of the first day of data collection, in order to remind the assistant researchers of the process to be followed and expectations thereof. The researcher and assistant researchers reported their presence to hospital management before going to different units for data collection. The researcher went into all units with the research assistants in order to make introductions to the professional nurses and student nurses obtain as well as obtaining consent to collect data.

The total number of questionnaires distributed to the respondents in the seven training hospitals where this study was conducted was 400. In each hospital the assistant researcher distributed the questionnaires to respondents in the presence of the researcher to complete and they were collected after completion. This was done to cover the response bias of the respondents since in Vhembe district the researcher was well known by most of the respondents. The questionnaires were counted, checked for completeness and 387 out of 400 questionnaires returned were fully completed, five were not returned and eight were incomplete. The researcher packaged the 387 fully completed questionnaires in an enveloped, which was kept safe until the whole process of data collection was finalized. The questionnaires were sent to the statistician by courier for analysis. Questionnaires are included as annexures in this study.

Appointments with student nurses on duty in different hospitals were secured in advance, before the day of interviews to prepare them psychologically. The assistant researchers accompanied the researcher daily to the training hospitals where data was collected until the process of interviewing student nurses came to an end. One

assistant researcher with an honours degree was used as a time keeper and to record interviews using a voice recorder, while the other one with a master's degree was used to interview student nurses in Vhembe district hospitals. The research took field notes during focus group interviews with student nurses in Vhembe district, since participants were known by the researcher and this assited in covering the response bias.

The researcher and assistant researcher exchanged their roles of interviewing and taking field notes sometimes in other units of Mopani training hospitals, depending on the respondents present in those units whether they were known to one of them trying to minimize response biasness. The assistant researcher with a Masters' degree was used to take field notes during the interview, while the other one with honours degree acted as time keeper and recorded the interviews. The interviews were conducted to 80 student nurses forming eight groups of ten student nurses each, two groups in one of the first hospital visited in Vhembe district followed by one group in each of the six hospitals. The first two groups of student nurses were interviewed separately in the first hospital where this study was conducted. Student nurses were grouped in groups of ten, irrespective of their levels. The rationale for continuing to interview one group in each hospital irrespective of data saturation was to find out perceptions of clinical supervision from different hospitals and units in the two districts.

The interviews were conducted in different venues, which were offered by the hospitals and were not utilised on the day of data collection. These included cubicles, boardroom and side wards. All venues used were secured from disturbances by placing a sign to indicate that interviews were in progress. Perceptions of student nurses on clinical supervision were solicited simultaneously and recorded with a voice recorder. The participants were assisted to recover forgotten information and to express their perceptions through focusing on the interview by probing in between responses. Reflections were also made by the researcher to reinforce the information obtained from the participants. Interviews lasted from forty minutes to an hour. The interview guide was formulated and attached as annexure to this study.

3.2.1.10 Data analysis

Quantitative and qualitative data were analysed separately after completion of data collection process. Quantitave data was sent for analysis by the statistician, while the researcher remain analysing data with the assistance of the independent coder. Data analysis in quantitative study involves the use of appropriate statistical test of prevalence, relationship and cause to address the research questions or hypotheses (Gray et al., 2017:675). Data was analysed using Statistical Package of Social Sciences (SPSS), software version 22.0 (Creswell & Clark, 2014:204). The researcher conducted several analysis to outline different issues in this study. Independent T-test was used to determine differences in perceptions of clinical supervision by gender, while Anova test was employed to test differences between age, educational qualifications, number of years of experience after registration and the clinical unit in which one worked. An exploratory factor analysis was used to test the validity of the instrument.

Inferential statistics were employed to determine whether the profile of professional nurses had an impact on their perceptions. The Pearson's correlation analysis was used to present the degree of relationship between variables. Data was described and summarised by converting and condensing collected data into an organised, visual representation or picture in a variety of ways to give some meaning to it. The levels of reliability of the instrument was tested. Descriptive statistics were computed to provide the overall picture of the data. Tables and graphs were used to display the findings of this study (Gray et al., 2011:530).

Qualitative data analysis refers to coding data, dividing text into small units (phrases, sentences and paragraphs) assigning a label or meaning to each unit and grouping the codes into themes (Creswell & Clark, 2014:208). In this study, the researcher used the following eight steps of Tesch's inductive, descriptive open coding technique in Creswell (2014:155) to analyse qualitative data:

- **Step1**: **Preparation and organising of data**

The researcher carefully and repeatedly listen to all recorded interviews from participants. Transcriptions are carefully made word by word and verified repeatedly to ensure that every idea captured is transcribed correctly.

- **Step 2: Reading through the data**

The researcher gained a sense of the whole by reading all the verbatim transcriptions carefully. This gave ideas about the data segments and how they appear and what they mean. The meanings that emerged during reading were written down and all ideas as they came to mind. The researcher carefully and repeatedly read the transcripts of all the participants and understood them. An uninterrupted period to digest and think about the data in totality was created. The researcher engaged in data analysis and wrote notes and impressions as they came to mind.

- **Step 3: Reduction of the collected data**

The researcher scaled down the data collected to codes based on the existence or frequency of concepts used in the verbatim transcriptions. The researcher then listed all topics that emerged during the scaling down. The researcher grouped similar topics together, and those that did not have association were clustered separately. Notes were written on margins and the researcher started recording thoughts about the data on the margins of the paper where the verbatim transcripts appeared.

- **Step 4: Asking questions about the meaning of the collected data**

The researcher read the transcriptions again and analysed them. This time the researcher asked herself questions about the transcriptions of the interview, based on the codes (mental picture codes when reading through) which existed from the frequency of the concepts. The questions were “Which words describe it?”; “What is this about?”; and “What is the underlying meaning?”.

- **Step 5: Abbreviation of topics to codes**

The researcher started to abbreviate the topics that had emerged as codes. These codes needed to be written next to the appropriate segments of the transcription. Differentiation of the codes by including all meaningful instances of a specific code's data were done. All these codes were written on the margins of the paper against the data they represent with a different colour pen from the one in Step 3.

- **Step 6: Development of themes and sub-themes**

The researcher developed themes and sub-themes from coded data and the associated texts and reduced the total list by grouping topics that relate to one another to create meaning of the themes and sub-themes.

- **Step 7: Compare the codes, topics and themes for duplication**

The researcher in this step reworked from the beginning to check the work for duplication and to refine codes, topics and themes where necessary. Using the list of all codes, she checked for duplication. The researcher grouped similar codes and recoded others where necessary so that they fit in the description.

- **Step 8: Initial grouping of all themes and sub-themes**

The data belonging to each theme were assembled in one column and preliminary analysis was performed, which was followed by the meeting between the researcher and co-coder to reach consensus on themes and sub-themes that each one has come up with independently.

The research assistant made transcriptions from the voice recorder in the form of written words during the interviews and later by the researcher after the interview. The researcher reflected on the possible meaning of the relationships of what was recorded. Coding and categorisation was generally initiated during data collection. Coding was used to recognise the data collected in the interviews.

Themes and sub-themes were generated from the questions and data obtained from the participants. Selected themes were verified through reflection on the data and discussed with the promoters, who are experts in the research field (Gray et al, 2017:523). Reliability of coding was checked by allowing research assistants to encode the same data and by checking for agreement. Manual analysis involved thorough review of all recorded information that the researcher obtained during the course of data collection. Sufficient space was left on the margin of the page for coding (Gray et al, 2017:524).

3.2.1.11 Validity and reliability

According to Brink et al (2018:171), validity and reliability are closely related concepts, which should be employed when a research instrument is selected.

3.2.1.11.1 Validity

Kumar (2014:213) defines validity as the ability of an instrument to measure what it is designed to measure. According to Gray et al. (2017:375), validity involves the truth, value and strength. They further identified three types of validity commonly used in nursing studies as content, construct and criterion related validity.

- **Content validity**

There are two types of content validity, which are face validity and content validity index/internal validity. Face validity is a subjective assessment method considered to be the weakest type, since it basically appeared to be valid and appeared to be measuring what it intends to measure, while internal validity ensures that all major elements are included in the measurement method (Gray et al., 2017:376). Internal validity refers to the extent to which the researcher can conclude accurately about the cause and effect relationship among the variables and draw inferences of the cause and effect in case of threats (Creswell & Clark, 2014:211). The basis of evidence in internal validity lies in literature, population and content experts.

The researcher in this study ensured the validity of the measuring instrument by including all appropriate items that covered the knowledge of professional nurses regarding clinical supervision, which is referred to as content validity (Gray et al, 2017:458). Questionnaires were given to the statistician and promoters to analyse the items to see if they adequately cover the content and to check the logical flow of the formulated questions. Pre-testing of the questionnaires was done for feasibility before the actual research, in order to identify certain flaws from the tool. The exploratory factor analysis was done to test the validity of the instrument. Factor analysis is the interdependence technique whose primary purpose is to define the underlying structure among the variables in analysis (Hair, Black, Babin & Anderson, 2014:134).

- **Construct validity**

According to Gray et al. (2017:381) development of construct validity involves different techniques such as factor analysis, convergent, divergent and others to measure the validity of an instrument. In this study, an exploratory factor analysis was used to test the validity of the instrument. Independent T-test was used to determine differences in perceptions of clinical supervision by gender. The differences on perception of clinical supervision between age, educational qualifications, experience after registration and clinical units in which one worked were tested using Anova test.

- **Criterion-related validity**

In criterion-related validity, the measuring scale is developed as an indicator of an observable criterion which can be evaluated by checking if the indicator is good (Kumar, 2014:214). There are two types of criterion related validity, the predictive validity or external validity, which is used to predict future performance and the concurrent validity used to estimate the current performance on a variable. According to Creswell and Clark (2014:211), external validity indicates the extent to which the researcher can conclude application of results to the larger population.

In this study, convenience sampling approach was used to obtain the sample size of 387 professional nurses who participated in the study, which exceeded the estimated sample size of 321. It can be concluded that the sample might be representative of the population of professional nurses in Mopani and Vhembe districts. Inferential statistics were also employed to determine whether the profile of professional nurses had an impact on their perceptions regarding clinical supervision. Based on the large sample used in this study, the results can be generalised to other training hospitals in the two districts.

3.2.1.11.2 Reliability

According to Gray et al. (2017:370), reliability of an instrument that involves consistency of the measures obtained from an attribute in a study. Furthermore, it is concerned with precision, reproducibility and comparability of a measurement method. In this study, the researcher ensured reliability of the measuring instrument, by using it repeatedly with different groups of respondents to obtain the true scores in the research data. The measuring instrument was first used during pre-testing and thereafter in the actual study. The stability of the research instrument was checked by administering the same instrument twice to the same professional nurses who participated in the study and therefore comparing the scores by computing a reliability coefficient. The Pearson's correlation analysis was used to present the degree of relationship between variables.

3.2.2 Qualitative exploratory research strand

The researcher chose to use qualitative exploratory strand in addressing the mixed method design in this phase. Gray et al. (2017:25) defines qualitative research strand as a systematic, interactive, subjective, naturalistic, scholarly approach used to describe life experiences, cultures and social processes from people's perspectives. The philosophical base of qualitative research is interpretative, humanistic and naturalistic, furthermore, concerned with understanding the meaning of social interactions of those involved (Gray et al 2017:25). Qualitative strand was

used to address objective two, “To explore and describe the perceptions of student nurses regarding clinical supervision in the clinical areas.”

3.2.2.1 Exploratory research strand

According to Gray et al (2017:25) exploratory strand is undertaken to investigate the dimension of a phenomenon and how it manifests itself in relation to other factors. The researcher used exploratory research strand in exploring and gaining more insight on the perceptions of student nurses regarding clinical supervision, in order to obtain knowledge regarding clinical supervision that was not known in the training hospitals of Mopani and Vhembe districts.

Table 3.4: Summary of qualitative design and methods

Objective 2	Research design	Population	Sampling Method of districts hospitals	Sampling Method of student nurses	Data collection Method	Data analysis
To explore and describe the perceptions of student nurses regarding clinical supervision	Qualitative Exploratory	R425-Student nurses for 2017 academic year training in Mopani and Vhembe Nursing Education Institutions	Purposive sampling	Purposive sampling	Focus group interview	Tesch’s method

3.2.2.2 Population

The population.in this study consisted of all student nurses registered for 2017 academic year following the R425 programme leading to registration as a nurse (General, Psychiatry and Community) and midwife in Vhembe and Mopani Nursing

Education Institution. The accessible population in this study was student nurses allocated in the units of the training hospitals where the study was conducted. Target population were second to forth level student nurses who were allocated in the units of the training hospitals during data collection.

3.2.2.3 Sampling and sample

In this study the researcher purposively sampled the two districts and seven training hospitals as indicated in Table 3.2 above, based on the period of obtaining consent to conduct the study in those hospitals and master plan which indicated that student nurses will be available in clinical areas during the data collection period. Purposive sampling method was used to sample second to forth-level student nurses to participate in this study, for they were exposed to clinical experience since first-year and believed to have sufficient knowledge on clinical supervision.

3.2.2.4 Sample size

Master plan which indicated that student nurses will be available in clinical areas during the data collection period. Thus, the sample size in this study was 80 student nurses.

3.2.2.5 Eligible criteria

Student nurses in level two to four were legible to take part in the study provided they were in the clinical areas during the period of data collection. Student nurses, who were off duty on the day of data collection, were excluded irrespective of their level. First-year students were also excluded from this study since they had just been exposed to clinical areas and not yet well acquainted with clinical supervision issues.

3.2.2.6 Pre-testing

Creswell and Creswell, (2018:154) state that pre-testing is done to detect possible flaws in the instrument and refine the instrument by incorporating comments into the final instrument revision. Pre-testing was done using two groups of five student nurses each. Interviews were conducted using the three central questions in the interview guide as informed by quantitative findings. However, no amendments were made to the interview guide after pre-testing, since there were no flaws detected.

3.2.2.7 Measures to ensure trustworthiness

The researcher adopted Lincoln and Guba's contracts to ensure trustworthiness of qualitative data in this study namely, credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985:295).

3.2.2.7.1 Credibility

Credibility refers to confidence in the truth of data including its interpretation. Credibility can be achieved using techniques such as prolonged engagement, persistent observation, triangulation, peer debriefing and member checking considered in this study (Brink et al, 2018:172).

In this study, the researcher used prolonged engagement by spending enough time with participants during the interviews, which lasted for forty-five minutes to an hour per session. This was done to identify some distortions during the sessions and deal with them. The researcher and assistant researchers were available in the setting when interviews were conducted to groups of student nurses, interviewing and recording the interviews. Persistent observation was also used during interviews by continuously pursuing the interpretation from the participants' responses through probing, paraphrasing while observing non-verbal cues from the participants and giving meaning to it. Participants were therefore redirected to the questions being asked. Triangulation was achieved in this study by using a mixed method approach

where data was collected from two groups of participants using questionnaires as well as focus group interviews. The researcher interviewed participants in the presence of the assistant researcher to achieve member checking. The voice-recorded data from interviews were listened to repeatedly to enable the researcher to internalise the content and given to promoters to confirm transcriptions made.

3.2.2.7.2 Transferability

Transferability refers to the ability of application of study findings to other contexts or participants by using strategies such as thick descriptions, purposive sampling and data saturation (Brink et al., 2012:173). The researcher in this study used purposive sampling of second to forth level student nurses based on the researcher's knowledge that they had been exposed to clinical areas since their first level and knowledgeable about supervision issues. Tape-recorded verbatim responses from the participants were transcribed word-by-word during data collection, described and therefore given meaning by developing themes and sub-themes. Data saturation was reached during interviews conducted with student nurses and the researcher could not interview the 14 groups targeted. Therefore, findings of the study can be generalised to other clinical areas where student nurses obtained clinical experience.

3.2.2.7.3 Dependability

Dependability is a criterion for evaluating quality in qualitative data, referring to the stability of data over time and other conditions. The researcher made the copies of transcripts available to the promoters in order to do cross-checking of coding. The voice recorder and transcripts were also made available to the promoters to confirm the dependability by examining the process and products of the study. The promoters ensured internal cohesion of inquiry (Brink et al, 2018:172) by examining the data, findings, interpretation and recommendations.

3.2.2.7.4 Confirmability

Brink et al. (2018:173) define confirmability as the potential for congruency of data in terms of accuracy, relevance or meaning, which focus on whether the information given by participants is represented in the data, which can be achieved by audit enquiry. The voice recorder was made available to the promoters. The researcher also submitted the transcripts from the voice recorder to the promoters in order to perform a confirmability audit by checking the participants' views quoted by the researcher in the transcripts. The researcher ensured that data checking and discussion is done continuously with the promoters to ensure the truth-value of data (Creswell, 2014:199).

3.3 ETHICAL CONSIDERATIONS

The researcher in this study exercised care to consider the ethical responsibility to protect and respect the rights of professional nurses, student nurses, hospitals, districts and provincial office by obtaining consent before conducting the study (Gray et al, 2017:188).

3.3.1 Principle of respect for persons

This principle of respect for persons requires that participants be given an opportunity to choose what suits them regarding participation in the study (Brink et al, 2018:35). Professional nurses and student nurses were given a choice of deciding to participate in the study or not. This principle addresses the following rights that should be observed when a research study is conducted.

3.3.1.1 Right to self determination

Professional nurses and student nurses were informed of their right to decide voluntarily whether or not to participate in a study, without the risk of incurring any

penalties. They were allowed to ask for clarity about the purpose of the study or specific questions, to refuse to give information and to terminate their participation at any time. Participants were requested to give an informed consent prior the study.

3.3.1.2 Right to full disclosure

The researcher fully explained the details of the study (Gray et al, 2017:140) to the participants to enable them to give informed consent. This includes the purpose of the study that is to explore and describe professional nurses and student nurses' perceptions of clinical supervision in training hospitals, in order to develop guidelines to facilitate clinical supervision of student nurses. Its objectives were outlined as indicated above in this study. Participants were told that refusing to participate in the study would not expose them to any risks; instead, the study would assist them to gain knowledge and insight on how clinical supervision can be done.

3.3.1.3 Obtaining informed consent

The researcher explained to both the professional nurses and student nurses about procedures for consenting to be part of the study. The information included clarifying the purpose of the research study, the method or procedure to be followed in obtaining information, the duration of study, the nature of participation expected and how the results would be used and published, as well as the identity and qualifications of the researcher. The participants were made aware of their right to participate or not, and to withdraw at any time without any risk to them. The participants were offered an opportunity to ask questions to which the researcher gave answers. A clearly delineated area for signatures of both the researcher and participants was left open to enable them to sign (Brink et al, 2018:37).

3.3.1.4 Scientific Honesty

The researcher demonstrated respect for scientific honesty by protecting the integrity of scientific knowledge. The researcher avoided fabrication/falsification, forging, claiming non-existent information or reporting on something that was actually not done (Brink et al, 2018:37). The researcher recorded all that was done throughout the study, including statements or responses of participants in order to demonstrate scientific honesty.

3.3.2 Principle of beneficence

According to Brink et al. (2012:35), the principle of beneficence involves securing the participants' physical, psychological, emotional, spiritual, economic, social or legal well-being from discomfort, harm and it addresses the following:

3.3.2.1 Freedom from harm

The researcher conducted debriefing sessions with all the participants who consented to participate in the study before data collection process. This was done to allow them to ask questions and gain clarity where necessary. The researcher avoided inflicting psychological harm by asking questions carefully and being sensitive so that respondents should not feel distressed during data collection. Furthermore, the researcher did not expose the respondents to any physical harm or discomfort by conducting interviews in a conducive place, free from distractions and offering them chairs to ensure relaxation during interviews.

3.3.2.2 Freedom from exploitation

The researcher did not force professional nurses and student nurses to take part in the study; instead, they were allowed to take part in the study willingly. The

participants were also assured that their participation and data obtained from them would not be used against them.

3.3.2.3 Risk Benefit Ratio

The rights of the districts, hospitals and participants were taken into consideration by requesting permission to undertake the study from the Health and Safety Research Ethics Committee from the Province (Gray et al, 2017:125). The professional nurses and students were made aware of the benefit to participate in the study, which was, gaining more knowledge and skills in supervision, which does not incur any risk.

3.3.3 Principle of justice

This principle involves exercising the participants' right to be selected and treated fairly. It addresses the following:

3.3.3.1 Right to Privacy

Privacy refers to the collection of data with the participant's knowledge and consent. It addresses the following: Confidentiality, which involves the researcher's responsibility to protect all data collected within the scope of the project from being made public and never to be shared with outsiders unless specific permission is granted. Anonymity is the act of keeping all individuals nameless in relation to their participation. The researcher could not link a participant with any data provided. Confidentiality and anonymity was maintained. Anonymity was achieved by using codes for each participant. Information provided was not given to any other person or shared with any outsiders, except the researcher's promoters (Gray et al, 2017:194).

3.4 SUMMARY

This chapter covered introduction, mixed method design, which includes quantitative and qualitative research designs. Methodology for each design, which included study setting, population, sampling and sample, data collection, data analysis, measures to ensure trustworthiness as well as ethical consideration and conclusion. The findings will be presented and discussed in chapter 4 of this study.

CHAPTER 4: PRESENTATION AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

The purpose of this chapter is to present the analysis of the findings for both quantitative and qualitative research strands. This study aimed at determining professional nurses' and student nurses' perceptions about clinical supervision in training hospitals of the Limpopo Province in order to develop clinical supervision guidelines. This study used convergent parallel mixed methods approach, and the findings are presented in phase one of this study.

Phase one in this chapter, presented findings of quantitative data analysis to cover objective 1 which is to "*assess the knowledge of professional nurses regarding clinical supervision of student nurses in the clinical areas*". Futhermore, the findings of qualitative data analysis obtained from focus group interviews conducted with student nurses on their perceptions of clinical supervision. addressing objective 2 was presented "*to explore the perceptions of student nurses regarding clinical supervision"* in Mopani and Vhembe districts training hospitals.

Phase two outlined the development of guidelines to facilitate clinical supervision in the clinical areas and will be discussed in chapter 5. This phase addressed objective 3, which is "*to develop guidelines to facilitate clinical supervision of student nurses* in the clinical *areas".* These three objectives enabled the researcher to achieve the following research questions:

- What knowledge do professional nurses in Mopani and Vhembe district training hospitals have regarding clinical supervision of student nurses?
- What are the perceptions of student nurses regarding clinical supervision in the clinical areas of Mopani and Vhembe district training hospitals?
- What guidelines are available for clinical supervision of student nurses in the clinical areas?

4.2 PRESENTATION OF FINDINGS

In this study, the researcher presented the findings from the quantitative strand and qualitative findings.

4.2.1 Quantitative findings

The researcher conducted several analyses to answer the research question "*What knowledge do professional nurses have regarding clinical supervision of student nurses in the clinical areas?"*

Descriptive analyses were used to explain the socio-demographic profile of the respondents, the knowledge level of professional nurses regarding clinical supervision, identification of the factors that influence clinical supervision, the time spent supervising student nurses and the challenges encountered. The validity of the instrument was carried out using exploratory factor analysis. Inferential statistics were used to determine whether the profile of the professional nurses impact on their perceptions regarding clinical supervision. The independent T-tests was used to test whether perceptions differ by gender while ANOVA was used to test differences between age, educational qualifications, number of years of experience after registration and the clinical unit in which one worked. The degrees of the relationship between the variables were presented using Pearson's correlation analysis.

The hypotheses that were tested in the study were presented in Table 4.1.

Table 4.1: Hypotheses tested in the study

Hypothesis 1	H_0:	Gender, age, educational qualification, years of experience after registration and clinical unit one worked, do not impact on the perception of professional nurses regarding clinical supervision
	H_1:	Gender, age, educational qualification, years of experience after registration and clinical unit one worked, impact on the perception of professional nurses regarding clinical supervision

Hypothesis 2	H_0:	There is no relationship between knowledge regarding clinical supervision and identification of factors that influence clinical supervision.
	H_1:	There is a relationship between knowledge regarding clinical supervision and identification of factors that influence clinical supervision.

The findings of the study are presented in the following sections:

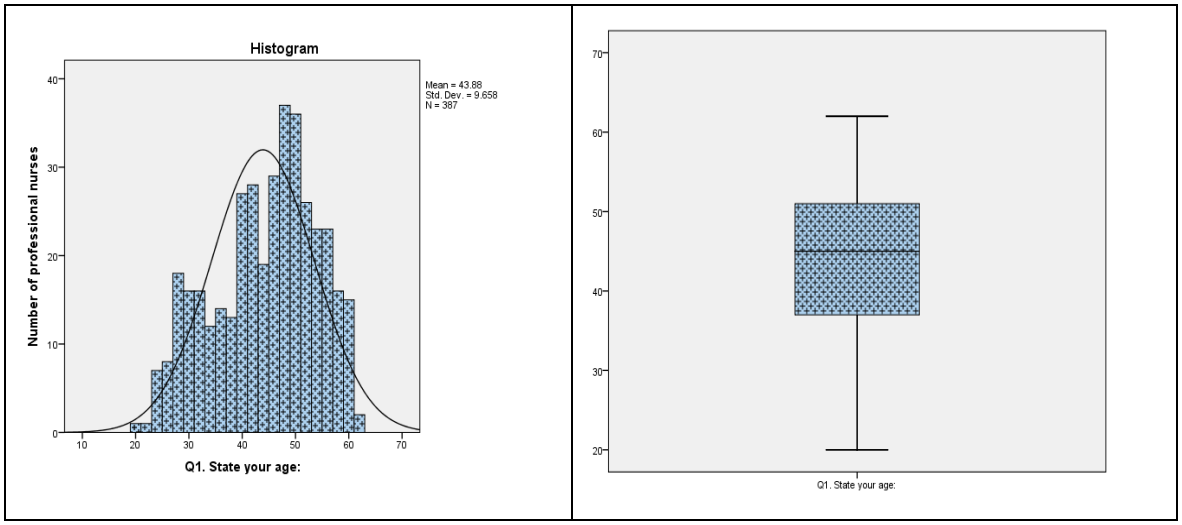
4.2.1.1 Description of respondents

The section presents the demographic characteristics of the respondents. Three-hundred-and-eighty-seven professional nurses participated in the study. The nurses' demographics profiles are presented using their age, gender, educational qualifications, number of years working as professional nurses after registration, clinical unit where worked and professional registrations.

The distribution of the ages ranged from a minimum of 20 to a maximum of 62 giving a range of 42 years. The mean and median ages of the respondents were 43.88 years, 45, and 48 respectively. Thus, on average the professional nurses were 43.88 years and about 194 (50.0%) were not older than 45 years. The standard deviation was 9.658 giving a coefficient of variation of 22.01%. There was not much variability between the ages as the coefficient of variation is close to zero (no variability).

Using the empirical rule of the normal distribution, about 264 (68.26%) of professional nurses had their average age ranging from 34.22 to 53.54 years (± one standard deviation from the mean). This shows that the majority of the professional nurses were middle-aged, which is within the age range of the South African workforce when compared to the national figures where the majority of the workforce is between 30 and 50 years. The histogram and box plot of the age distribution are shown in Figure 4.1.

Figure 4.1: Histogram and box plot showing age distribution of respondents



The histogram shows that the age of respondents tends to be slightly skewed in a negative way, and that means there were few respondents who were less than 30 years of age. This was also supported by the box plot that shows a slight long tail to the left.

Normally, people finish nursing school/colleges or universities around the age of 25 years, however there was little evidence in literature that indicates the normal age group of finishing schooling. There were many factors identified by literature that affect period spent at school such as pregnancy, poverty and unemployment contributing to failure to pay school fees as supported by the study conducted by Nduna and Jewkes (2012:1018), who identified that males and females between ages 16-22 were distressed and had not yet finished schooling due to these factors. The findings of another study conducted in Australia confirm that students referred to as mature-age nursing students were between 21-25 years after finishing secondary schooling 1-3 years ago. This was evidence that people may finish nursing school around the age of 25, depending on the duration of the training programme (Kenny, Kidd, Nankervis & Connels, 2011:106).

However, South Africa is not an exception of students delaying to finish schooling at nursing school, college or universities. There were different basic nursing programmes under which South African nurses were trained; such as one-year auxiliary, two years enrolled and professional nurse programme running for four

years. In Ireland and South Africa, formal schooling starts at the age of six (Wayman, 2017:1; and South African School Act, 84 of 1996). This implies that the learner would normally finish high school at the age of 17, and therefore basic 3-year diploma or 4-year degree in record time will be around ages 21 and mostly 25. However, there were factors affecting progress of training such as failure, changing courses including the ones stated earlier in this study (Jeynes, 2016:5).

In terms of gender, only 61 (16.1%) were males while 319 (83.9%) were females. It was observed that the majority of the respondents were females. This supports the fact that the nursing profession is female dominated. According to 2017 SANC Statistics, there is evidence that the nursing profession in South Africa is dominated by females in all provinces. Limpopo Province where this study was conducted had registered nursing work force of 25 700 females and 3 019 males out of 28 718, 1 352 females and 517 male student nurses out of 1 869, which confirms the female domination in nursing (SANC Statistics, 2017:2).

All the respondents indicated their highest educational qualifications. The majority of the respondents, close to 232 (60.0%) had basic nursing diplomas as shown in Table 4.2 below:

Table 4.2: Highest educational qualification (n = 90)

Age	Frequency	%
Basic Nursing Diploma	226	58.4%
Basic Nursing Degree	46	11.9%
Post Basic Nursing Diploma	60	15.5%
Post Basic Nursing Degree	30	7.8%
Honours/Master's Degree	25	6.5%
Total	387	100.0%

Table 4.2 shows that about 100 (26.0%) of the respondents were degree holders while 46 (11.9%) had basic nursing degrees. About 30 (7.8%) had post basic nursing

degrees and Honours/Master's degrees were 25 (6.5%). Close to 60 (16.0%) had post basic nursing diplomas.

The respondents were asked to indicate their professional registrations. This was a multiple response question where a respondent indicated more than one registration. A total of 387 indicated their professional registrations as shown in Table 4.3.

Table 4.3: Frequency distribution of professional registrations (Multiple response n=387)

Professional registration	Frequency	% of cases	Rank
General nurse	387	100.0%	1
Midwife	289	75.3%	2
Community nurse	176	45.8%	3
Psychiatry nurse	159	41.4%	4
Nursing administrator/management	84	21.9%	5
Nurse educator	65	16.9%	6
Other	10	2.6%	7
Child nursing science	6	1.6%	8

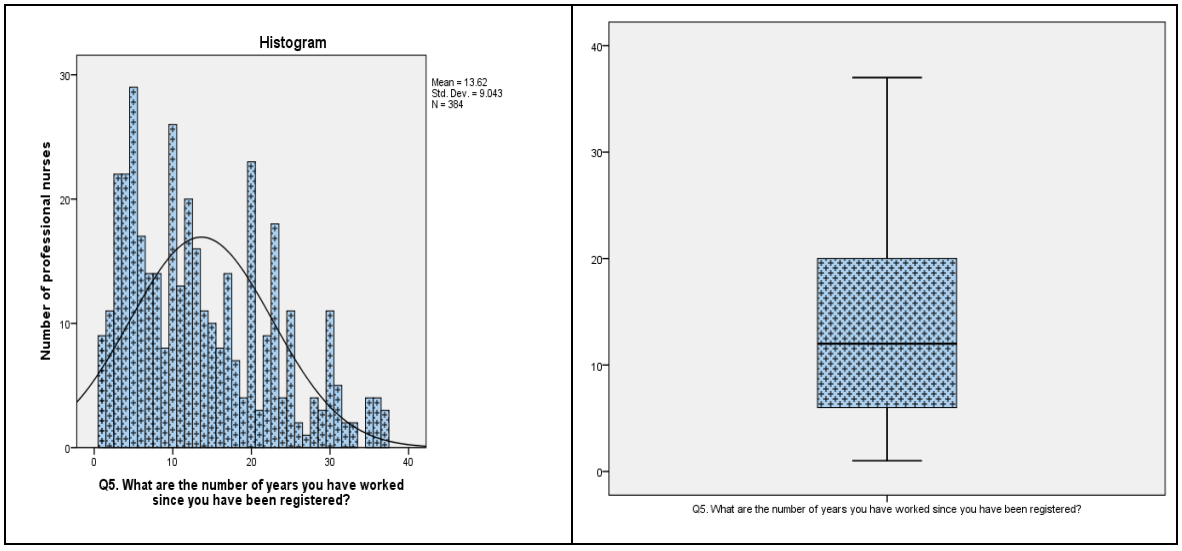
All the respondents were registered as general nurses; this indicates that SANC requires all professional nurses to have this qualification as a baseline in the professional nurse stream.

Three-quarters were registered as midwives, about 174 (45.0%) as community nurses and close to 155 (40.0%) as psychiatry nurses. However, 30 (7.8%) had post basic nursing degrees and less than 77 (20.0%) were in management or are educators. It is evident, based on these findings, that there are few professional nurses who have advanced courses such as midwifery, psychiatric as well as nursing education qualifications; this implies that many professional nurses may have limited knowledge in education and training to supervise student nurses effectively.

The number of years worked after registration had a minimum and maximum of 1 and 37 years respectively giving a range of 36 years. The average years were 13.62 with a standard deviation of 9.043 years giving a coefficient of variation of 66.4%. There is variability within the number of years working after registration. About 264 (68.26%) of professional nurses had their number of years working after registration ranging from 4.58 to 22.66 years (± one standard deviation from the mean). This shows that the majority of the professional nurses have worked more than 5 years after registration. The mode and median values were five years and 12 years respectively. Thus the largest proportion had worked five years while about 194 (50.0%) of the nurses had worked at least 13.6 years.

The histogram and box plot of the number of years worked after registration are shown in Figure 4.2. This finding indicates that professional nurses in clinical areas of the training hospitals in the Limpopo Province where this study was conducted, have average experience to be equipped to supervise student nurses; however many underlying factors and challenges identified may contribute to inadequate supervision.

Figure 4.2: Histogram and box plot showing number of years worked since registration



The histogram shows that the data is positively skewed and the box plot also shows a long tail to the right. Figure 4.2 depicts that the majority of the professional nurses have worked at most 10 years after registration.

The respondents seem to be evenly distributed across units as shown in Table 4.4.

Table 4.4: Clinical unit one worked for (n = 387)

Unit	Frequency	%
Medical	78	20.2%
Surgical	68	17.6%
Paediatric	50	12.9%
OPD/Casualty	73	18.9%
Operating theatre	29	7.5%
Maternity	70	18.1%
Mental Health Care Unit	19	4.9%
Total	387	100.0%

Table 4.4 displays that medical unit, surgical unit, OPD/Casualty and maternity unit have close to 77 (20.0%) of the respondents. This shows that perceptions of professional nurses covered different units of the hospitals where the study was conducted. Therefore, generalisation of findings could be made to other units where few respondents participated in the study.

4.2.1.2 Knowledge regarding clinical supervision

The respondents' knowledge on clinical supervision was tested using 22 statements. A correct statement was given a one (1) and any incorrect statement, do not know or no response were given a zero (0). The proportion of respondents who correctly judged a statement is given in Table 4.5 below:

Table 4.5: Knowledge of professional nurses on clinical supervision

Statement	% correctly judged as true or false
Q7e. Clinical supervision is about having designated time for interaction between practitioners (t)	387(100.0%)
Q7t. Clinical supervision ensures appropriate use of clinical skills by student nurses (t)	387(100.0%)
Q7v. Clinical supervision gives student nurses an opportunity to apply theory into practice (t)	387(100.0%)
Q7a. Clinical supervision is a formal process of professional support and learning (t)	386 (99.7%)
Q7p. Purpose of clinical supervision is to support students towards professional development (t)	386 (99.7%)
Q7u. Clinical supervision can assist in prevention of medico legal hazards in the units (t)	386 (99.7%)
Q7k. A clinical supervisor needs to be experienced and have expertise in the student nurse's work setting and the population served (t)	383 (99.0%)
Q7d. Clinical supervision helps nurses, namely those that are new in the profession, to develop knowledge and competencies in the nursing domain (t)	385 (99.5%)
Q7r. Clinical supervision assists to assess the level of clinical knowledge and competence of student nurses (t)	386 (97.7%)
Q7f. Clinical supervision enhances consumer protection and safety of care in complex situations (t)	373 (96.4%)
Q7m. Professional nurses are responsible for supervising student nurses in the clinical areas (t)	373 (96.4%)
Q7j. Clinical supervision should be conducted in private settings with no interruptions (f)	367 (94.8%)
Q7b. Clinical supervision does not enable practitioners to share and learn from experience (f)	366 (94.6%)
Q7o. According to SANC clinical supervision is regarded as the key role of professional nurses (t)	366 (94.6%)
Q7g. Clinical supervision does not allow practitioners to assume responsibility for their own practice (f)	329 (85.0%)
Q7l. Clinical supervision is not for all nurses at every level of seniority and experience but for those in training (f)	307 (79.3%)
Q7q. It is the responsibility of nurse educators/lecturers to supervise student nurses (f)	280 (72.4%)
Q7n. Nurse educators teaching students are responsible for supervising student nurses in clinical areas (f)	260 (67.2%)
Q7i. A clinical supervisor needs to be familiar with the administrative and organisational policies of workplace setting of the supervisee (t)	235 (60.7%)
Q7c. In clinical supervision a student nurse does not necessarily have to be assigned to a supervisor (f)	234 (60.5%)
Q7h. A clinical supervisor need not be familiar with community resources available to student nurse in order to refer patients (f)	126 (32.6%)
Q7s. Professional nurses are solely responsible for rendering patient care in the clinical areas (t)	125 (32.3%)

+ (t), statement is true; (f), statement is false

The statements that were judged correctly by all the respondents 387 (100.0%) were that the clinical supervision is about having designated time for interaction between practitioners, clinical supervision ensures appropriate use of clinical skills by student nurses, and that clinical supervision gives student nurses an opportunity to apply theory into practice. These statements tell what clinical supervision is all about.

The statements that were judged correctly by at least 383 (99.0%) of the respondents were:

Clinical supervision is a formal process of professional support and learning (t).

Purpose of clinical supervision is to support students towards professional development (t).

Clinical supervision can assist in prevention of medico legal hazards in the units (t).

A clinical supervisor needs to be experienced and have expertise in the student nurse's work setting and the population served (t).

Clinical supervision helps nurses, namely those that are new in the profession, to develop knowledge and competencies in the nursing domain (*t*).

Out of the 22 (100.0%) statements, the majority of the respondents were able to judge correctly 20 (91.0%) of the statements. Only 2 (9.0%) of the statements were judged incorrectly by the respondents. About 7 (32.3%) of the respondents managed to know that the statement "*a clinical supervisor needs not be familiar with community resources available to student nurses in order to refer patients*" was incorrect. In addition, about 7 (32.3%) of the respondents managed to judge the statement, "*professional nurses are solely responsible for rendering patient care in the clinical areas"* as incorrect.

4.2.1.3 Identification of the factors that influence clinical supervision

The respondents were asked to identify the factors that influence clinical supervision. The statements were measured on a four-point scale from 1 (strongly agree) to 4 (strongly disagree). The issues were under the following headings:

- Learning environment
- Supervisory relationship
- Learning outcomes
- Professional nurse's competence
- Method of supervision
- Attitude and behaviour

Strongly agree and agree were grouped together to give the level of agreement. In terms of mean, a mean of less than 2.5 indicated that the respondents were in agreement while a mean of at least 2.5 indicate that the respondents were in disagreement. The issues are discovered in the next section.

4.2.1.3.1 Descriptive statistics on learning environment

There were five statements measuring the construct on learning environment. All statements had mean close to two indicating that the respondents were in agreement with all the issues as shown in Table 4.6.

Table 4.6: Descriptive statistics on learning environment

Statement	Level of agreement				Mean
	Strongly agree	Agree	Disagree	Strongly disagreed	
Q8e. Clinical learning environments always promote good atmosphere for correlating theory into practice.	90 (23.3%)	224 (58.0%)	59 (15.3%)	13 (3.4%)	1.99

Q8c. The unit has clinical experts or specialists supervising student nurses.	94 (24.5%)	178 (46.5%)	69 (18.0%)	42 (11.0%)	2.15
Q8a. Period of allocation/rotation of student nurses is long enough to achieve learning objectives.	66 (17.1%)	179 (46.5%)	113 (29.4%)	27 (7.0%)	2.26
Q8b. Number of students allocated in the unit correspond with number of supervisors allocated.	74 (19.2%)	118 (30.6%)	146 (37.8%)	48 (12.4%)	2.44
Q8d. The unit has adequate resources to enhance clinical learning.	61 (15.8%)	142 (36.8%)	134 (34.7%)	49 (12.7%)	2.44

The statements that clinical learning environment always promotes good atmosphere for correlating theory into practice had a level of agreement of four (81.3%). About 3 (71.0%) were in acknowledgement that the unit has clinical experts or specialists supervising student nurses. It is evident that the learning environment was perceived positively in this study.

Close to three (50.0%) were in agreement that the number of students allocated in the unit corresponds with the number of supervisors allocated and that the unit had adequate resources to enhance clinical learning. Thus in terms of resources the level of agreement was moderate.

4.2.1.3.2 Descriptive statistics on supervisory relationship

Supervisory relationship was assessed using four statements. All the issues had levels of agreement close 3 (70.0%) as indicated in Table 4.7.

Table 4.7: Descriptive statistics on supervisory relationship

Statement	Level of agreement				Mean
	Strongly agree	Agree	Disagree	Strongly disagree	
Q8i. Professional nurses are positive in supervising student nurses.	115 (30.2%)	228 (59.8%)	30 (7.9%)	8 (2.1%)	1.82
Q8f. Supervisory relationship between professional nurses and student is supportive and focuses on clinical practice progress.	106 (27.5%)	239 (61.9%)	29 (7.5%)	12 (3.1%)	1.86
Q8h. Professional nurses frequently supervise student nurses in the clinical areas.	90 (23.6%)	232 (60.9%)	55 (14.4%)	4 (1.0%)	1.93
Q8g. Contact supervisory sessions are efficient and flexible.	70 (18.2%)	223 (57.9%)	76 (19.7%)	16 (4.2%)	2.10

The respondents were in agreement that professional nurses are positive in supervising student nurses, the supervisory relationship between professional nurses and students is supportive and focuses on clinical practice progress, student nurses are frequently supervised in clinical areas and that contact supervisory sessions are efficient and flexible.

4.2.1.3.3 Descriptive statistics on learning outcomes

There were six statements measuring learning outcomes. The respondents were in agreement with all the issues as evidenced by means close to two and levels of agreement of more than 194 (50.0%) as shown in Table 4.8. The respondents were in agreement that student nurses are assisted by professional nurses to achieve learning outcomes, professional nurses are aware of student learning outcomes and their role and that clinical areas always have learning outcomes for student nurses. In addition, the respondents agreed that student nurses know their learning needs and expectations, student nurses always have workbooks when allocated to clinical

areas, and student nurses are involved in formulating learning outcomes. It can be concluded that the respondents were in agreement on the learning outcomes.

Table 4.8: Descriptive statistics on learning outcomes

Statement	Level of agreement				Mean
	Strongly agree	Agree	Disagree	Strongly disagree	
Q8o. Professional nurses assist student nurses to achieve learning outcomes.	97 (25.2%)	254 (66.0%)	30 (7.8%)	4 (1.0%)	1.85
Q8n. Professional nurses are aware of student learning outcomes and their role in supervision.	98 (25.4%)	240 (62.2%)	38 (9.8%)	10 (2.6%)	1.90
Q8j. Clinical areas always have learning outcomes for student nurses.	104 (26.9%)	216 (55.8%)	59 (15.2%)	8 (2.1%)	1.93
Q8l. Students know their learning needs and expectations.	94 (24.4%)	234 (60.8%)	44 (11.4%)	13 (3.4%)	1.94
Q8m. Student nurses always have workbooks when allocated to a clinical area.	99 (25.6%)	217 (56.2%)	52 (13.5%)	18 (4.7%)	1.97
Q8k. Student nurses are involved in formulating learning outcomes.	64 (16.8%)	162 (42.5%)	124 (32.5%)	31 (8.1%)	2.32

Table 4.8 reports that respondents were in agreement that student nurses are assisted by professional nurses to achieve learning outcomes, professional nurses are aware of student learning outcomes and their role and that clinical areas always have learning outcomes for student nurses. In addition, the respondents agreed that student nurses know their learning needs and expectations, student nurses always have workbooks when allocated to clinical areas, and student nurses are involved in formulating learning outcomes. It can be concluded that the respondents were in agreement on the learning outcomes.

4.2.1.3.4 Descriptive statistics on professional nurses' competence

There were three statements measuring professional nurses' competence and the information is shown in Table 4.9

Table 4.9: Descriptive statistics on professional competence

Statement	Level of agreement				Mean
	Strongly agree	Agree	Disagree	Strongly disagree	
Q8p. Professional nurses in the clinical areas have necessary knowledge and skills for supervising student nurses.	104 (26.9%)	252 (65.3%)	28 (7.3%)	4 (1.0%)	1.81
Q8q. Professional nurses supervising student nurses have relevant qualifications for supervising student nurses.	110 (28.4%)	238 (61.5%)	33 (8.5%)	6 (1.6%)	1.83
Q8r. Professional nurses are equipped for supervision of student nurses through workshops, in-service training etc.	79 (20.4%)	144 (37.2%)	73 (18.9%)	91 (23.5%)	2.45

Table 4.9 shows that two statements were close to a mean of two indicating that the respondents were in agreement. The respondents agreed that the professional nurses have the necessary skills for supervising student nurses, and the relevant qualifications for supervising students. However, the third statement that professional nurses are equipped for supervision of student nurses through workshops and in-service training had a mean close to 2.5 indicating that the respondents disagreed.

4.2.1.3.5. Descriptive statistics on method of supervision

Method of supervision was assessed using three statements. The respondents were in agreement with all the statements as supported by means close to 2. The information is shown in Table 4.10 below.

Table 4.10: Descriptive statistics on method of supervision

Statement	Level of agreement				Mean
	Strongly agree	Agree	Disagree	Strongly disagree	
Q8t. Student nurses are supervised in a group by one supervisor at a time.	17 (30.5%)	215 (60%)	43 (11.2%)	9 (2.3%)	1.85
Q8s. Professional nurses supervise student nurses on one to one basis.	87 (22.5%)	191 (49.5%)	86 (22.3%)	22 (5.7%)	2.11
Q8u. Senior student nurses supervise their colleagues in clinical areas.	59 (15.3%)	161 (41.8%)	125 (32.5%)	40 (10.4%)	2.38

The respondents agreed that the student nurses are supervised in a group by one supervisor at a time, on a one to one basis and that the senior student nurses supervise their colleagues in clinical areas.

4.2.1.3.6 Descriptive statistics on attitude and behaviour

In terms of attitude and behaviour, there were five statements. Four of the statements had levels of agreement below two (50.0%) as shown in Table 4.11, indicating that respondents were in agreement with those statements. Respondents disagreed with the fifth statement, ''Student nurses are allowed to work alone in clinical areas to learn through trial and error.''

Table 4.11: Descriptive statistics on attitude and behaviour

Statement	Level of agreement				Mean
	Strongly agree	Agree	Disagree	Strongly disagree	
Q8y. Professional nurses are motivated and interested to supervise student nurses in clinical areas.	107 (7.8%)	237 (61.6%)	33 (8.6%)	8 (2.1%)	1.85
Q8x. Professional nurses are willing to supervise student nurses.	106 (27.5%)	238 (1.7%)	32 (3%)	10 (2.6%)	1.86
Q8z. Professional nurses are not threatened and feel comfortable when supervising knowledgeable students.	92 (23.8%)	241 (62.3%)	36 (9.3%)	18 (4.7%)	1.95
Q8v. Type of attitude displayed by both professional nurses and students affect clinical supervision.	113 (29.5%)	187 (48.8%)	60 (15.7%)	23 (6.0%)	1.98
Q8w. Student nurses are allowed to work alone in clinical areas to learn through trial and error.	53 (13.8%)	99 (25.7%)	136 (35.3%)	97 (25.2%)	2.72

Table 4.11 shows that an overwhelming proportion of over 309 (80.0%) of the respondents agreed that professional nurses are motivated and interested to supervise student nurses in clinical areas and they are willing to supervise students. In addition, they agreed that they are not threatened and feel comfortable when supervising knowledgeable students and that the attitudes displayed by the professional nurses and students affect clinical supervision.

4.2.1.4 Perceived challenges in clinical supervision

The respondents were asked to indicate the challenges that are affecting clinical supervision. There were 14 statements to be measured on a five-point Likert Scale that ranged from 1 (to a very large extent) to 5 (not to any extent at all). A mean less than 2.5 meant that the respondents agreed that it occurred to a large extent. A mean between 2.5 and 3.5 meant that they agreed that it occurred to some extent. A

mean of at least three indicated that it was not occurring to any extent. The items "*staff shortage of clinical supervisors*" and "*shortage of resources in clinical supervision*" had low reliability and had to be removed from the analysis. Table 4.12 indicates the levels of agreement.

Table 4.12 Descriptive statistics on perceived challenges in clinical supervision

Challenge	Level of extent					Mean
	To a very large extent	To a large extent	To some extent	To a little extent	Not to any extent at all	
Q9b. Staff shortage of clinical supervisors	309 (81.5%)	66 (17.4%)	3 (.8%)	1 (.3%)	-	1.20
Q9f. Heavy workload of nursing staff under clinical supervision	191 (49.6%)	187 (48.6%)	6 (1.6%)	1 (.3%)	-	1.52
Q9c. High number of students allocated in the unit	141 (36.7%)	242 (63.0%)	1 (.3%)	-	-	1.64
Q9g. Inadequate resources for clinical supervision	144 (37.4%)	7 (1.8%)	120 (31.2%)	109 (28.3%)	5 (1.3%)	2.54
Q9d. Poor communication between clinical areas and nurse educators	96 (25.0%)	8 (2.1%)	171 (44.5%)	109 (28.4%)	-	2.76
Q9a. Lack of supervisory skills	33 (8.6%)	108 (28.2%)	145 (37.9%)	95 (24.8%)	2 (.5%)	2.80
Q9e. Inadequate support of supervisors to the nursing staff	62 (6.4%)	8 (.1%)	120 (31.7%)	188 (49.6%)	1 (.3%)	3.15
Q9h. The inability to maintain a collegial relationship once the supervisory relationship starts	1 (.3%)	25 (6.5%)	176 (46.0%)	181 (47.3%)	-	3.4
Q9j. Supervisors degrade the supervisee with personal comments	-	3 (.8%)	168 (43.6%)	209 (54.3%)	5 (1.3%)	3.56

Q9i. The internal supervisors enable the supervisee to carry a great deal of the supervisor's workload	1 (.3%)	1 (.3%)	103 (26.8%)	264 (68.6%)	16 (4.2%)	3.76
Q9m. Failure to recognize ethical problems, as well as conflicting advice from internal and external supervisors	-	-	37 (9.6%)	97 (25.2%)	251 (65.2%)	4.56
Q9n. Lack of access of external supervisors to documentation	-	-	31 (8.1%)	106 (27.5%)	248 (64.4%)	4.56
Q9k. The supervisor using the supervisee as a confidante	-	-	7 (1.8%)	22 (5.7%)	356 (92.5%)	4.91
Q9l. Existence of dual relationship between supervisor and supervisee (e.g. a relationship that is no longer just professional develops, gift giving etc.)	-	-	4 (1.0%)	26 (6.8%)	355 (92.2%)	4.91

Based on the results in Table 4.12, it can be concluded that there was a staff shortage or supervisors and a large number of students allocated in units resulting in heavy workload to professional nurses responsible for clinical supervision, as indicated by mean less than 2.5, which indicates that it is happening to a large extent.

Inadequate support of supervisors, poor communication, lack of supervisory skills and the inability to maintain a collegial relationship once the supervisory relationship starts, are some of the challenges with a mean between 2.5 and 3.5 which indicate that it happens to some extent.

4.2.1.5 Frequency of supervising students

The respondents were asked to indicate how often they supervise students. The information is shown in Table 4.13.

Table 4.13: Level of frequency in supervising student (n=385)

Period	Frequency	% of cases	Rank
Daily	105	27.1%	2
Thrice to six times in a week	132	34.1%	1
Twice a week	80	20.7%	3
At least every three weeks	19	4.9%	5
At least every month	50	12.9%	4
At least every four months	1	.3%	6
Total	387	100.0%	

About 105 (27.1%) indicated that they supervise daily, 132 (34.1%) supervise three to six times a week, and 80 (20.7%) supervise twice a week. Most of the supervision is done within a week. The findings of this study indicate that supervision in clinical areas is not regular, since more percentages are found to be supervising student nurses twice in a week.

4.2.1.6 Time spent supervising students

In terms of the time spent supervising students, the majority of the supervision is done within an hour and the information is shown in Table 4.14 below, meaning that less time is spent by professional nurses in supervision.

Table 4.14: Time spent supervising students

Time	Frequency	% of cases	Rank
15 – 30 minutes	128	33.1%	1
31 – 45 minutes	116	29.9%	2
46 – 60 minutes	79	20.4%	3
More than 60 minutes	64	16.5%	4
Total	387	100.0%	

About 128 (33.1%) indicated that the supervision takes 15-30 minutes, 115 (29.9%) indicated that it takes 31-45 minutes and 79 (20.4%) indicated that it takes 46-60 minutes.

4.2.1.7 Exploratory factor analysis of dimensions

Exploratory factor analysis was done to test the validity of the instrument. As mentioned in Chapter 3, factor analysis is an interdependence technique with a primarily purpose to define the underlying structure among the variables in the analysis (Hair, Black, Babin & Anderson, 2014:138). The aim of factor analysis is to group together variables that are highly correlated. Exploratory factor analysis was done to the following dimensions:

- Identification of factors that influence clinical supervision
- Perceived challenges on clinical supervision

Factor analysis was done using the principal component analysis with a varimax rotation. The latent root criterion was used to determine the number of factors such that the factors with eigenvalue greater than one were retained. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and the Bartlett's Test of Sphericity were used to test the appropriateness of the factor solution. A KMO of above .5 indicates that the correlations were adequate for factor analysis and a significant Bartlett's Test of Sphericity meant that there were sufficient correlations between

variables. The degree to which each variable is participating or contributing to the component solution was assessed using communalities.

According to Hair, Black, Babin and Anderson (2014:138) most of the communalities should be above .6. The authors further indicate that factor loadings of above ±.5 are of practical significance. The robustness of the solution was measured using Pallant (2013:315) guidelines that for a solution to be robust, it should have more than (50.0%) of the total variation explained. The factor solution is presented in the following sub-sections.

4.2.1.7.1 Factor analysis on identifying factors that influence clinical supervision

The principal component analysis with a varimax rotation was done on the construct identifying factors that influence clinical supervision. The aim was to determine whether the six factors could be grouped into their own groups. The factor solution resulted in the following items having insignificant loadings, that is, factor loadings below ±d.5 and thus were removed from the analysis. These include: Q8f. Supervisory relationship between professional nurses and students is supportive and focuses on clinical practice progress, Q8g. Contact supervisory sessions are efficient and flexible, Q8h. Professional nurses frequently supervise student nurses in the clinical areas, Q8i. Professional nurses are positive in supervising student nurses and Q8t. Student nurses are supervised in a group by one supervisor at a time.

The KMO measure of sampling adequacy was .818 indicating that the correlations were adequate for factor analysis. The Bartlett's test of Sphericity gave a p-value of less than .001 with a chi-square value of 1866.422, and thus the null hypothesis lack of sufficient correlations was rejected and it was concluded that the correlations were sufficient for factor analysis. Thus, the results from both tests look good and we can proceed with the analysis. All the communalities were above .5 and the majority of them were above .6. The factor solution resulted in six factors and the factor solution accounted for (61.8%) of the total variance. According to Pallant (2013:308), it is a

robust solution since the factor solution accounted for more than (50.0%) of the total variance. The factor solution is shown in Table 4.15 below.

Table 4.15: Factor solution on identifying factors that influence clinical supervision

Factor 1 – Learning outcomes	Factor 2 – Attitude and behaviour for professional nurses.
Q8m. Student nurses always have workbooks when allocated to clinical areas (.729).	Q8y. Professional nurses are motivated and interested to supervise student nurses in clinical areas (.740).
Q8l. Students know their learning needs and expectations (.691).	Q8z. Professional nurses are not threatened and feel comfortable when supervising knowledgeable students (.715).
Q8n. Professional nurses are aware of student learning outcomes and their role in supervision (.659).	Q8x. Professional nurses are willing to supervise student nurses (.685).
Q8o. Professional nurses assist student nurses to achieve learning outcomes (.606).	Q8w. Student nurses are allowed to work alone in clinical areas to learn through trial and error (.799).
Q8j. Clinical areas always have learning outcomes for student nurses (.561).	Q8v. Type of attitude displayed by both professional nurses and students affects clinical supervision (.603).
Q8k. Student nurses are involved in formulating learning outcomes (.549).	
Factor 3 – Good Learning environment.	Factor 4 – Method of supervision.
Q8e. Clinical learning environments always promote good atmosphere for correlating theory into practice (.733).	Q8u. Senior student nurses supervise their colleagues in clinical areas (.582).
Q8c. The unit has clinical experts or specialists supervising student nurses (.668).	Q8s. Professional nurses supervise student nurses on one to one basis (.663).
Q8d. The unit has adequate resources to enhance clinical learning (.643).	
Factor 5 – Professional nurses' competence	Factor 6 – Student allocation status.
Q8q. Professional nurses supervising student nurses have relevant qualifications for supervising student nurses (.765).	Q8a. Period of allocation/rotation of student nurses is long enough to achieve learning objectives (.754).
Q8p. Professional nurses in the clinical areas have necessary knowledge and skills for supervising student nurses (.750).	Q8b. Number of student allocated in the unit correspond with number of supervisors allocated (.594).
Q8r. Professional nurses are equipped for supervision of student nurses through workshops, in-service training etc. (.787).	

The first factor accounted for (12.5%) of the total variation and it had an eigenvalue of 2.63 which has six items all from learning outcomes. The factor was named "*learning outcomes*".

The second factor explained (9.8%) of the total variation and it had an eigenvalue of 2.05. The factor consisted of five items from the attitude and behaviour dimension and these items were statements on professional nurses' attitudes and behaviour. The factor was named *"Attitude and behaviour of professional nurses."*

The third factor accounted for (9.4%) of the total variation with an eigenvalue of 1.98. The factor consisted of three out of the five items from the dimension-learning environment. These are the issues discussing clinical areas, allocation of adequate resources and availability of clinical experts. The factor was named "*Good Learning environment.*"

The fourth factor explained (8.5%) of the total variation with an eigenvalue of 1.79. The factor consisted of two items, one of each from the dimension of method of supervision. The factor was named "supervisory method".

The fifth factor accounted for (8.2%) of the total variance and it had an eigenvalue of 1.72. The factor consisted of three items and out of the three from the professional nurse's competence. The items were named "*professional nurses' competence*". The sixth factor had an eigenvalue of 1.52 and it accounted for (7.2%) of the total variation. The factor consisted of two items, one from period of allocation dimension and one from the supervisor-student nurse ratio. The items were talking about allocations and ratio of students and professional nurses. The factor was named "*student allocation status*". These are the aspects of allocation in clinical areas.

4.2.1.7.2 Factor analysis on perceived challenges in clinical supervision

The principal component analysis with a varimax rotation was done on the construct identifying factors that influence clinical supervision. The aim was to determine whether the six factors could be grouped into their own groups. The factor solution resulted in the following items:

"*Q9c. High number of student allocated in the unit*" and "*Q9f". Heavy workload of nursing staff under clinical supervision*" having insignificant loadings. The items "*Q9b. Staff shortage of clinical supervisors"* and *"Q9g. Shortage of resources in clinical supervision*" were not included since they had low reliability. Thus, there were 10 items left.

The KMO measure of sampling adequacy was .694 and Bartlett's test of Sphericity gave a chi-square value of 766.316 with a p-value of less than .001. Thus, there were adequate correlations and the correlations were sufficient for factor analysis. The results looked good for factor analysis and one can proceed with the analysis. There was one item with a communality of .40 and the majority of them were above .6. The factor solution resulted in four factors and the factor solution accounted for (67.1%) of the total variance. According to Pallant (2013:315), it is a robust solution since the factor solution accounted for more than (50.0%) of the total variance. The factor solution is shown in Table 4.16.

Table 4.16: Factor solution on perceived challenges in clinical supervision

Factor 1 – Poor communication	Factor 2 - Supervisory relationship.
Q9n. Lack of access of external supervisors to documentation (.865).	Q9j. Supervisors degrade the supervisee with personal comments (.829).
Q9m. Failure to recognize ethical problems, as well as conflicting advice from internal and external supervisors (.834).	Q9h. The inability to maintain a collegial relationship once the supervisory relationship starts (.702).
	Q9a. Lack of supervisory skills (.549).
Factor 3 – Misuse of student nurses.	Factor 4 – Inadequate support related to CS.
Q9k. The supervisor using the supervisee as a confidante (.789).	Q9e. Inadequate support of supervisors to the student nurses (.803).
Q9l. Existence of dual relationship between	Q9d. Poor communication between clinical

supervisor and supervisee (e.g. a relationship that is no longer just professional develops, gift giving etc.) (.734).	areas and nurse educators (.792).
	Q9i. The internal supervisors enable the supervisee to carry a great deal of the supervisor's workload (.648).

Table 4.16 shows that the first factor accounted for (18.4%) of the total variation with an eigenvalue of 1.84. The factor consisted of two items. These are the items on lack of access of external supervisors and failure to recognise ethical problems, as well as conflicting advice from internal and external supervisors. The factor was named "*Poor communication".*

The second factor explained 17.6% of the total variation with an eigenvalue of 1.76. The factor consisted of three items. The items were on supervisors degrading the supervisee with personal comments, the inability to maintain a collegial relationship once the supervisory relationship starts, and lack of supervisory skills. The factor was named "*supervisory relationship*".

The third factor accounted for (16.8%) of the total variance and it had an eigenvalue of 1.68. The factor consisted of two items. The items were on the supervisor using the supervisee as a confidante and existence of dual relationship between supervisor and supervisee's unprofessional relationship (gift giving etc.) (.734). The items were named "*Misuse of student nurses".*

The fourth factor had an eigenvalue of 1.43 and it accounted for 14.3% of the total variation. The factor consisted of three items on inadequate support of supervisors to the student nurses, poor communication between clinical areas and nurse educators and the internal supervisors enable the supervisee to carry a great deal of the supervisor's workload. The factor was named "*Inadequate support".* These are the aspects related to support in clinical areas.

4.2.1.8 Independent T-test to determine differences on perceptions of clinical supervision

The independent T-test was done to determine whether perceptions of clinical supervision differed by gender. As mentioned in the methodology chapter, the independent T-test is the parametric test for testing of the difference between two groups. It is one of the most commonly used parametric tests to compare two groups whether they have the same mean, i.e. is there homogeneity in views on clinical supervision. The tests assume that the observations are independent and that they are normally distributed. In this case, a random sampling technique was used to select the observations and were independent from each other. Since the sample size was large, in this case 387, normality was achieved by applying the central limit theorem.

The constructs were obtained by finding the average except for the knowledge on clinical supervision where the variable was obtained by summing up the number of correct statements. The constructs were:

- Knowledge score in clinical supervision
- Learning environment
- Supervisory relationship
- Learning outcomes
- Professional nurses' competence
- Method of supervision
- Attitude and behaviour
- Perceived challenges in clinical supervision

The independent t-test was done at the (5,0%) level of significance and a p-value greater than .05 lead to the conclusion that the groups were homogeneous. That is, they have equal means whilst a p-value less than .05 means that there is heterogeneity, that is, the groups have means that are not equal. A p-value less than .001 meant the test was highly significant.

4.2.1.8.1 Independent T-test to determine differences by gender

One of the research questions was "*what are the perceptions of student nurses regarding clinical supervision provided by professional nurses in the clinical areas of training hospitals during clinical placement"*. In this case the impact of gender on the perceptions on clinical supervision was performed. The researcher wanted to determine how the perception on clinical supervision differed by gender, that is, whether they differed by the fact that one is a male or a female. The hypotheses to be tested were:

H_o: The means for males and females are the same

H_1: The means for males and females are not the same

The results of the test of homogeneity of variance and the test of equality of means are shown in Table 4.17.

Table 4.17: Independent T-test by gender

Group Statistics					**Levene's Test for Equality of Variances**		**T-test for Equality of Means**		
Indicator	Gender	N	Mean	Std deviation	F	Sig	Equal Variances	Mean Diff	Sig (2–tailed p-score)
Q7. Knowledge score in clinical supervision	Male	61	18.721	1.593	.717	.398	Assumed	.521	.602
	Female	319	18.596	1.749			Not	.556	.580
Q8. Learning environment	Male	61	2.243	.587	.123	.725	Assumed	-.277	.782
	Female	318	2.265	.580			Not	-.275	.784
Q8. Supervision relationship	Male	61	1.902	.484	.145	.704	Assumed	-.482	.630
	Female	318	1.936	.511			Not	-.501	.618

Q8. Learning outcomes	Male	61	2.012	.478	.020	.888	Assumed	.577	.564
	Female	319	1.972	.485			Not	.583	.561
Q8. Professional nurse's competence	Male	61	2.115	.599	1.740	.188	Assumed	1.189	.235
	Female	319	2.020	.566			Not	1.144	.256
Q8. Method of supervision	Male	61	2.186	.500	.004	.951	Assumed	1.192	.234
	Female	319	2.101	.508			Not	1.205	.232
Q8. Attitude and behaviour	Male	61	1.981	.478	.009	.923	Assumed	-1.610	.108
	Female	319	2.087	.467			Not	-1.585	.117
Q8. Factors that influence clinical supervision	Male	61	2.066	.319	1.190	.276	Assumed	.002	.998
	Female	319	2.066	.371			Not	.002	.998
Q9. Perceived challenges in clinical supervision	Male	61	3.390	.283	.796	.373	Assumed	-2.071	.039
	Female	317	3.476	.300	.717	.398	Not	-2.153	.034

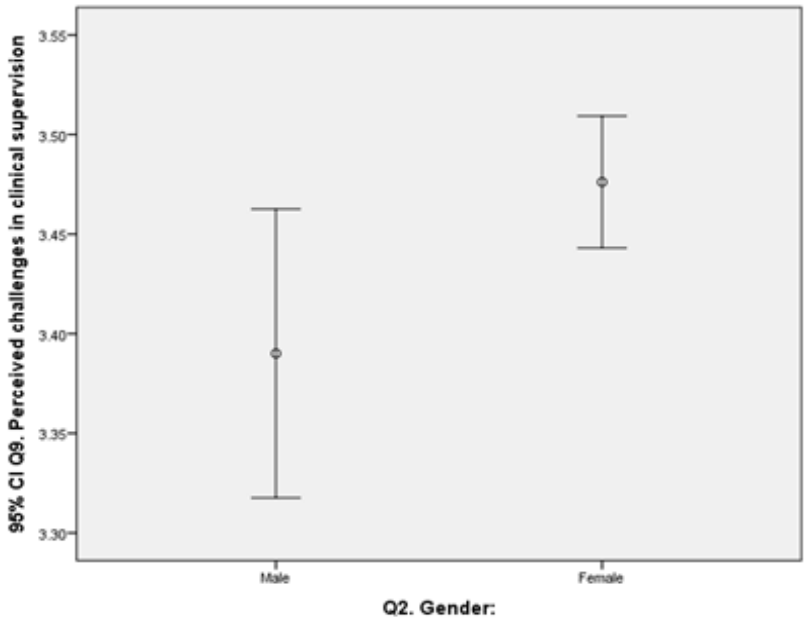
Table 4.17 indicates the tests of homogeneity for all constructs resulted in p-values more than .05, indicating that the variance of males were the same for females in all dimensions. In terms of the test for equality of means, there was homogeneity between groups in all aspects except "*perceived challenges in clinical supervision*" since the p-value was .039 leading to the rejection of the hypothesis of equal means.

The issues of knowledge score in clinical supervision, learning environments, supervisory relationship, learning outcomes, professional nurses' competence, method of supervision, attitude and behaviour as factors that influence clinical supervision has p-values greater than .05, indicating that there was homogeneity of

means between males and females. This means that these dimensions were interpreted in a similar manner by males and females. Thus, gender was not the determinant factor in distinguishing perceptions on clinical supervision regarding the impact on clinical supervision of the eight issues. However, it is a distinguishing variable on perceived challenges in clinical supervision. Males seem to be experiencing more challenges regarding shortages in the nursing profession, since there is female dominance in the profession according to the distribution of nursing workforce as stated in SANC statistics for December, 2017.

In terms of the dimension *"perceived challenges in clinical supervision",* the p-value was .039. Since it was less than .05, the null hypothesis of equal means was rejected and conclude that there was a difference in perceptions between males and females. The mean for males was .390 whilst that of females was .476. All means were close to three indicating that it occurred to some extent. However, the degree of extent differed. The effect size was 2.071, which was a large effect as proposed by Cohen (1988:47). The confidence interval error bars are shown in Figure 4.3 below and there is not much overlap between the bars.

Figure 4.3: Error bar for perceived challenges in clinical supervision by gender



:47

One can conclude that males were agreeing that the challenges occur to some extent more than the females. Thus, the males were experiencing the challenges more than the females.

4.2.1.9 Anova test to determine differences on perceptions of clinical supervision

As mentioned in the methodology section, the ANOVA is a test for testing the difference between means when the groups are more than two. The assumptions of the ANOVA test are similar to those of the independent T-test but in addition, there is the assumption of homogeneity of variance across groups. Since the assumption of independence and normality were met, the ANOVA test was used to test group differences where there were more than two categories. The Levene's test of homogeneity of variance was used to test whether variances were equal. In the case where variances were equal, the Tukey post hoc analysis was used to determine

where the differences lie. In the case where the variances were not equal, the Games-Howell test was used as a post-hoc test.

The ANOVA test was used to determine whether perceptions on clinical supervision differed by age, highest educational qualification, years of experience after registration, clinical unit, frequency of supervising students and time spent supervising students. The test was done on the same dimensions as in the independent T-test. It was done at the 5% level of significance. The tests are presented in the next sub-sections.

4.2.1.9.1 ANOVA test to determine differences in means by age groups

The age was grouped into five categories, that is, 20-29 years, 30-39 years, 40-49 years, 50-59 years and 60 years and above. The tests on homogeneity of variance resulted in all dimensions having p-values more than .05 indicating homogeneity of variance across groups. Based on the findings on Table 4.18 below, the ANOVA test for equality of means resulted in all p-values having p-values more than .05, except the dimension *"perceived challenges in clinical supervision*" with a p-value of .042.

Table 4.18: ANOVA tests for difference of means across age groups

		Sum of squares	Df	Mean square	F	Sig.
Q7. Knowledge score in clinical supervision	Between Groups	3.549	4	.887	.293	.883
	Within Groups	1157.613	382	3.030		
	Total	1161.163	386			
Q8. Learning environments	Between Groups	.713	4	.178	.524	.718
	Within Groups	129.679	381	.340		
	Total	130.392	385			

Q8. Supervision relationship	Between Groups	.665	4	.166	.643	.632
	Within Groups	98.560	381	.259		
	Total	99.225	385			
Q8. Learning outcomes	Between Groups	1.518	4	.379	1.625	.167
	Within Groups	89.198	382	.234		
	Total	90.716	386			
Q8. Professional nurses, competence	Between Groups	1.328	4	.332	1.021	.396
	Within Groups	124.257	382	.325		
	Total	125.585	386			
Q8. Method of supervision	Between Groups	1.239	4	.310	1.208	.307
	Within Groups	97.960	382	.256		
	Total	99.199	386			
Q8. Attitude and behaviour	Between Groups	.889	4	.222	.999	.408
	Within Groups	84.930	382	.222		
	Total	85.819	386			
Q8. Factors that influence clinical supervision	Between Groups	.444	4	.111	.840	.500
	Within Groups	50.432	382	.132		
	Total	50.876	386			
Q9. Perceived challenges in clinical supervision	Between Groups	.881	4	.220	2.497	.042
	Within Groups	33.509	380	.088		
	Total	34.389	384			

All the respondents indicated their highest educational qualification. The majority of the respondents, that is, close to 60% had basic nursing diplomas as shown in Table 4.2 below.

Table 4.2: Highest educational qualification (n = 90)

Age	Frequency	%
Basic Nursing Diploma	226	58.4%
Basic Nursing Degree	46	11.9%
Post Basic Nursing Diploma	60	15.5%
Post Basic Nursing Degree	30	7.8%
Honours/Master's Degree	25	6.5%
	387	**100.0%**

Looking at Table 4.2, there are about 26% of the respondents who are degree holders and the degrees are basic nursing degrees (11.9%), post basic nursing degrees (7.8%) and Honours/Master's degree (6.5%). Close to 16% have the post basic nursing diploma.

The respondents were asked to indicate their professional registrations. This was a multiple response question where a respondent indicated more than one registration. A total of 387 indicated their professional registrations as shown in Table 4.3 below.

Table 4.3: Frequency distribution of professional registrations (Multiple response n=384)

Professional registration	Frequency	% of cases	Rank
General nurse	387	100.0%	1
Midwife	289	75.3%	2
Community nurse	176	45.8%	3
Psychiatry nurse	159	41.4%	4
Nursing administrator/management	84	21.9%	5

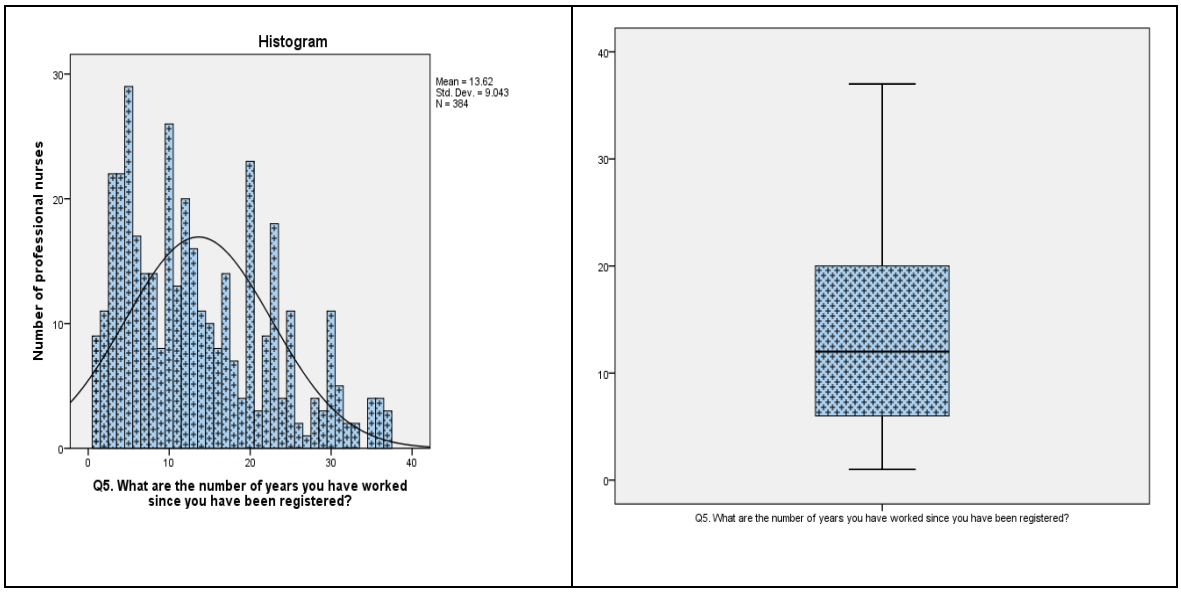
Nurse educator	65	16.9%	6
Other	10	2.6%	7
Child nursing science	6	1.6%	8

All the respondents were registered as general nurse; three-quarters were registered as midwives, about 45% as community nurse and close to 40% as psychiatry nurses. However, less than 20% are in management or are educators.

The number of years worked after registration had a minimum and maximum 1 and 37 years respectively giving a range of 36 years. The average years were 13.62 years with a standard deviation of 9.043 years giving a coefficient of variation of 66.4%. There is variability within the number of years working after registration. About 68.26% of professional nurses had their number of years of working after registration ranging from 4.58 to 22.66 years (± one standard deviation from the mean). This shows that the majority of the professional nurses have worked more than five years after registration.

The mode and median values were five years and 12 years respectively. Thus, the largest proportion had worked five years while about 50% of the nurses have worked at least 13.6 years The histogram and box plot of the number of years worked after registration are shown in Figure 4.4 below.

Figure 4.4: Histogram and box plot showing number of years worked since registration



The histogram shows that the data is positively skewed and the box plot also shows a long tail to the right. Looking at Figure 4.4, the majority of the professional nurses have at most 10 years after registration.

The respondents seem to be evenly distributed across units as shown in Table 4.4 below.

Table 4.4: Clinic unit one worked for (n = 387)

Age	Frequency	%
Medical	78	20.2%
Surgical	68	17.6%
Paediatric	50	12.9%
OPD/Casualty	73	18.9%
Operating theatre	29	7.5%
Maternity	70	18.1%
Mental Health Care Unit	19	4.9%
Total	**387**	**100.0%**

Looking at Table 4.4, medical unit, surgical unit, OPD/casualty and maternity unit has close to 20% of the respondents.

4.2.1.10 Pearson's correlation analysis

The Pearson's correlation analysis was used to present the degree of relationship between variables.

Table 4.5: Pearson's correlation analysis

Correlations				
		Q7. Knowledge score in clinical supervision	Q8. Learning environment	Q8. Supervisor relationship
Q7. Knowledge score in clinical supervision	Pearson Correlation	1	-.002	.004
	Sig. (2-tailed)		.962	.939
	N	387	386	386
Q8. Learning environment	Pearson Correlation	-.002	1	.514**
	Sig. (2-tailed)	.962		.000
	N	386	386	386
Q8. Supervisor relationship	Pearson Correlation	.004	.514**	1
	Sig. (2-tailed)	.939	.000	
	N	386	386	386
Q8. Learning outcomes	Pearson Correlation	-.005	.399**	.563**
	Sig. (2-tailed)	.920	.000	.000
	N	387	386	386
Q8. Professional nurse's competence	Pearson Correlation	.044	.258**	.430**
	Sig. (2-tailed)	.388	.000	.000
	N	387	386	386
Q8. Methods of supervision	Pearson Correlation	.015	.326**	.415**
	Sig. (2-tailed)	.765	.000	.000
	N	387	386	386
Q8. Attitude and behaviour	Pearson Correlation	.020	.247**	.371**
	Sig. (2-tailed)	.696	.000	.000
	N	387	386	386
Q8. Factors that influence clinical supervision	Pearson Correlation	.014	.704**	.785**
	Sig. (2-tailed)	.789	.000	.000
	N	387	386	386
Q9. Perceived challenges in clinical supervision	Pearson Correlation	-.260**	-.092	-.055
	Sig. (2-tailed)	.000	.071	.284
	N	385	384	384

Correlations				
		Q8. Learning outcomes	Q8. Professional nurses' competence	Q8. Methods of supervision
Q7. Knowledge score in clinical supervision	Pearson Correlation	-.005	.044	.015
	Sig. (2-tailed)	.920	.388	.765
	N	387	387	387
Q8. Learning environment	Pearson Correlation	.399**	.258**	.326**
	Sig. (2-tailed)	.000	.000	.000
	N	386	386	386
Q8. Supervisor relationship	Pearson Correlation	.563**	.430**	.415**
	Sig. (2-tailed)	.000	.000	.000
	N	386	386	386
Q8. Learning outcomes	Pearson Correlation	1	.410**	.446**
	Sig. (2-tailed)		.000	.000
	N	387	387	387
Q8. Professional nurses' competence	Pearson Correlation	.410**	1	.378**
	Sig. (2-tailed)	.000		.000
	N	387	387	387
Q8. Methods of supervision	Pearson Correlation	.446**	.378**	1
	Sig. (2-tailed)	.000	.000	
	N	387	387	387
Q8. Attitude and behaviour	Pearson Correlation	.387**	.242**	.356**
	Sig. (2-tailed)	.000	.000	.000
	N	387	387	387
Q8. Factors that influence clinical supervision	Pearson Correlation	.795**	.601**	.645**
	Sig. (2-tailed)	.000	.000	.000
	N	387	387	387
Q9. Perceived challenges in clinical supervision	Pearson Correlation	-.045	-.127*	-.093
	Sig. (2-tailed)	.381	.013	.070
	N	385	385	385

Correlations				
		Q8. Attitude and behaviour	Q8. Factors that influence clinical supervision	Q9. Perceived challenges in clinical supervision
Q7. Knowledge score in clinical supervision	Pearson Correlation	.020	.014	-.260**
	Sig. (2-tailed)	.696	.789	.000
	N	387	387	385
Q8. Learning environment	Pearson Correlation	.247**	.704**	-.092
	Sig. (2-tailed)	.000	.000	.071
	N	386	386	384
Q8. Supervisor relationship	Pearson Correlation	.371**	.785**	-.055
	Sig. (2-tailed)	.000	.000	.284
	N	386	386	384
Q8. Learning outcomes	Pearson Correlation	.387**	.795**	-.045
	Sig. (2-tailed)	.000	.000	.381
	N	387	387	385
Q8. Professional nurses' competence	Pearson Correlation	.242**	.601**	-.127*
	Sig. (2-tailed)	.000	.000	.013
	N	387	387	385
Q8. Methods of supervision	Pearson Correlation	.356**	.645**	-.093
	Sig. (2-tailed)	.000	.000	.070
	N	387	387	385
Q8. Attitude and behaviour	Pearson Correlation	1	.625**	.104*
	Sig. (2-tailed)		.000	.041
	N	387	387	385
Q8. Factors that influence clinical supervision	Pearson Correlation	.625**	1	-.066
	Sig. (2-tailed)	.000		.195
	N	387	387	385
Q9. Perceived challenges in clinical supervision	Pearson Correlation	.104*	-.066	1
	Sig. (2-tailed)	.041	.195	
	N	385	385	385

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

4.2.2 Qualitative strand findings

This section presents the findings of qualitative data collected in stage 2 from student nurses using focus group interviews as discussed in detail in chapter 3 of this study. The description of study findings were discussed under themes and sub-themes using direct quotes from student nurses' interviews. Validation of findings were done. This phase addressed the following objective:

- *To explore and describe the perceptions of student nurses regarding clinical supervision in Vhembe and Mopani districts' training hospitals.*

4.2.2.1 Demographic profile of participants

The demographic profile of student nurses presented in table 5.1 included their level of training, unit in which they were allocated, as well as gender.

Table 5.1: Demographic profile of student nurses

Item	No.	Percentage
Level of training		
Level: 2	17	21.2%
Level: 3	30	37.5%
Level: 4	23	28.7%
Unit currently working		
Medical	18	22.5%
Surgical	15	18.7%
Paeds	10	12.5%
OPD/Casualty	5	6.2%
Theatre	6	7.5%
MHCU	8	10.0%
Maternity	18	22.5%
Gender		
Females	68	85.0%
Males	12	15.0%
TOTAL	**70**	**100%**

4.2.2.2 Presentation of the findings

The researcher used eight steps of Tesch's inductive, descriptive open coding technique in Creswell (2014:155) to analyse data as detailed in chapter 3 of research methodology. The sample used is indicated in Table 5.1 above. Data saturation was achieved related to major themes and sub-themes indicated in Table 5.2 below. This was confirmed by identification of five themes and five or more sub-themes, except in theme four where only two sub-themes emerged. There are seven sub-themes that emerged from theme one, eight sub-themes from theme two and three, as well as five sub-themes from theme five. Student nurses' perceptions regarding clinical supervision were sought using the following questions, which were formulated as guided by the findings of quantitative analysis.

"What are your perceptions regarding clinical supervision?"

"What are the factors that influence clinical supervision?"

"What are the challenges related to clinical supervision?"

Table 5.2: Themes and Sub-themes on perceptions of clinical supervision

Main themes	Sub-themes
Theme 1: Participants' perceptions related to clinical supervision	1.1 Dominant stories related to supervision in clinical learning environment leading to students' suffering at multiple level outlined (*professional nurses' negative attitude towards students, letting students doing unsupervised procedures, letting students doing procedures which were not demonstrated, trial and error also mentions etc.– all these traumatize students based on these verbatim quotes*) 1.2 Misuse of student nurses' existence in clinical learning environment occludes supervision role by professional nurses 1.3 Inadequate supervision leads to accusations towards student nurses when faults occurs during provision of care 1.4 Several institutional, professional and personal reasons/ existence of excuses specified for inadequate supervision of student nurses 1.5 An outline that minimal supervision and skills demonstration experienced is commended by students 1.6 An experience by students that teachable moments not utilised resulting in missing out important aspects in the clinical learning environment 1.7 Time constraints blamed for wrong doing by professional

	nurses when executing daily activities
Theme: 2 Factors influencing supervision	2.1 Difficulties experienced resulting from poor interpersonal relationship between students and professional nurses 2.2 Poor supervisory relationship leads to absenteeism of student nurses in the clinical environment 2.3 Negative versus positive relationship perceived to be influenced by ethnicity 2.4 Inadequate versus existence of interest in supervision based on several reasons (*e.g. incompetence by professional nurses)* 2.5 Inadequate supervision is viewed as a learning opportunity to learn more based on students' commitment 2.6 Inadequate support for professional nurses by management lead to poor supervision of students 2.7 Allocation of student nurses to clinical environment is viewed as additional manpower leading to inadequate supervision 2.8 Existence of university lecturers in the clinical area stimulates supervision by professional nurses
Theme 3: Challenges related to supervision of students	3.1 Shortage of staff and increased workload blamed for poor and inadequate student nurses' supervision 3.2 Shortage of material resources blamed for authentic supervision and correlation of theory into practice 3.3 Increased numbers of student nurses blamed for inadequate and inconsistent supervision (*student numbers supersede number of professional nurses*) 3.4 Poor communication between learning institution and hospital management blamed for inadequate and/or poor supervision 3.5 Inadequate student nurses' supervision lead to endangering patients' lives on a short and long-term basis 3.6 Lack of student nurses' involvement during execution of activities compromise the teaching and supervision role of professional nurses 3.7 Lack of feedback by professional nurses to student nurses lead to uncertainties when performing procedure by students 3.8 Ethnic racism blamed for inadequate supervision between supervisor and supervisee
Theme 4: Behaviour and attitude influencing supervision	4.1 Student nurses displaying a disrespectful attitudes towards professional nurses influence the supervision role 4.2 Lack of student nurses' commitment in the clinical area lead to inadequate supervision
Theme 5: Existing and suggested supervision methods	5.1 Utilisation of senior student nurses to supervise junior students 5.2 Willingness of senior student nurses to mentor junior ones commendable 5.3 Supervision in the clinical areas is dependent on submission of clinical learning outcomes by students 5.4 A need for individualised supervision unrealistic due to shortage of staff 5.5 Group supervision recommended to overcome staff shortage

4.3 DISCUSSIONS OF FINDINGS

In this section the researcher merged and discussed both quantitative and qualitative findings. Some of the quantitative findings were supported by sub-themes that emerged from qualitative findings while others were not. The discussion of sub-themes is done in relation to the verbatim quotes/excerpts from the transcriptions.

4.3.1 Demographic profile

The professional nurses' demographic profiles were presented using their age, gender, educational qualifications, professional registration number of working years after registration, clinical unit in which one worked; meanwhile student nurses profiles were presented in terms of the level of training, units in which they were working as well as their gender.

4.3.1.1 Age

The distribution of the professional nurses was done using ANOVA tests for difference of means across age groups in Table 4.18. The age was grouped into five categories, that is, 20-29 years, 30-39 years, 40-49 years, 50-59 years and 60 years and over. The histogram and box plot of the age distribution is shown in Figure 4.1. The majority of the professional nurses who participated in this study were middle aged.

According to South African School Act, 84 of 1996 it states that learners start formal school at the age of six and would normally finish high school at the age of 17 years. Therefore, basic three-year diploma or four-year degree in a record time will be around ages of 21 and mostly at 25. This confirms that distribution of professional nurses' ages is within the South African workforce. However, there are factors affecting progress of training such as failure, changing courses, failure to pay school fees due to poverty as well as pregnancy (Jeynes, 2016:5).

Normally people finish nursing school/colleges or universities around the age of 25 years, however there was little evidence in literature that indicates the normal age group of finishing schooling. There were many factors identified by literature that affect period spent at school such as pregnancy, poverty and unemployment contributing to failure to pay school fees as supported by the study conducted by Nduna and Jewkes (2012:1018), who identified that males and females between16-22 were distressed and had not yet finished schooling due to these factors. The findings of another study conducted in Australia confirm that students referred to as mature age nursing students were between 21-25 years after finishing secondary schooling 1-3 years ago, this was an evidence that people may finish nursing school around the age of 25 years depending on the duration of the training programme (Kenny, Kidd, Nankervis & Connels, 2011:106).

However, South Africa is not an exception of students delaying to finish schooling at nursing school, college or universities. There were different basic nursing programmes under which South African nurses were trained, such as one-year auxiliary, two years enrolled and professional nurse programme running for four years. In Ireland and South Africa, formal schooling starts at the age of 6 (Wayman, 2017:3 & South African School Act, 84 of 1996) this implies the learner would normally finish high school at the age of 17 years, and therefore basic 3 year diploma or 4 year degree at record time will be around ages of 21 and mostly at 25 . However, there were factors affecting progress of training such as failure, changing courses including the ones stated earlier on in this study (Jeynes, 2016:5).

The findings of this study under quantitative strand indicate that there was homogeneity of means between the age groups. Therefore, age was not the determinant factor in distinguishing perceptions of clinical supervision on the eight issues in Table 4.18, except the dimension "*perceived challenges in clinical supervision*". However, there was heterogeneity, of means across age groups on perceived challenges in clinical supervision, thus perceptions differed by age groups. The age of student nurses was not included in their demographic profile under qualitative strand since it was not considered by the researcher to be most important in this study. Therefore, no findings from the qualitative strand could value to

quantitative findings, whether age is or not a determinant factor on the perceptions of clinical supervision for both participants.

4.3.1.2 Gender

The researcher conducted independent T-tests in quantitative strand to determine differences by gender on the perception of clinical supervision. The results of homogeneity of variance test and the test of equality of means are shown in Table 4.17. The quantitative findings of the independent test show that there was homogeneity of means between males and female on issues of knowledge score in clinical supervision, learning environments, supervisory relationship, learning outcomes, professional nurses' competence, method of supervision, attitude and behaviour as factors that influence clinical supervision. This means that these dimensions were interpreted in a similar manner by both males and females.

Thus, gender was not the determinant factor in distinguishing perceptions of clinical supervision regarding the impact on clinical supervision in quantitative as confirmed in qualitative strand findings of this study. However, it was found to be a distinguishing variable on perceived challenges in clinical supervision. Figure 4.3 and Table 5.1 show that males seem to be experiencing more challenges regarding shortages in the nursing profession, since there is female dominance in the profession according to the distribution of nursing workforce (SANC Statistics, 2017:2). The findings of quantitative relates to the findings of qualitative since the number of both female professional nurses and student nurses who participated in this study which was higher than those of males.

4.3.1.3 Highest educational qualification

All professional nurses who completed the questionnaires indicated their highest educational qualification in quantitative strand. The majority of the respondents close to 232 (60.0%) had basic nursing diplomas as shown in Table 4.2 below: It is evident based on these findings that there are few professional nurses who had

advanced courses, such as midwifery, psychiatric as well as nursing education qualifications. Based on these findings it shows that many professional nurses might have limited knowledge in education and training to supervise student nurses effectively. However, all professional nurses are expected to ensure quality-linking theory with practice through supervision of student nurses as one of their key roles (Nursing Education Stakeholders, 2012:4).

In qualitative research strand student nurses who participated in this study were not yet qualified, but were in level 2 to 4. These student nurses had been exposed to clinical areas since level one of their training. It can be concluded that they had experience regarding clinical supervision according to their training level. Therefore, the qualifications and level of training are not distinguishing variables in perceptions of clinical supervision. All professional nurses were responsible for supervising the student nurses in clinical areas irrespective of how they are qualified. These quantitative findings relate to the qualitative findings, since all student nurses stated their perceptions on clinical supervision irrespective of their levels.

Contrary to these findings, Van Graan et al (2016:33), professional nurses should have relevant qualifications to facilitate student nurses' personal and professional growth through supervision. This implies that the qualifications of the supervisors are important, in giving effective and quality supervision to student nurses. However, Papastavrou et al. Neshuku (2015:88) assert that some supervisors were found not to be in possession of relevant qualifications for supervising student nurses in clinical areas. Student nurses are found to be supervised by different categories of nurses who lack relevant qualifications, skills and knowledge on procedures they supervise. Although there is no evidence in literature about the relevant professional qualifications required in supervision of student nurses. The scope of practice negates the true nature of nursing tasks and procedures with the inclusion of rendering patient care as well as supervision, as outlined in the ethical column by Geyer (2016:51).

4.3.1.4 Professional registration

A total of 387 respondents indicated their professional registrations as shown in Table 4.3. All the professional nurses were registered as general nurses. This indicates that SANC requires all professional nurses to have a general nurse qualification as a baseline in the professional nurse stream. The professional registration of student nurses was not included in their profile; however, all student nurses are required to register with SANC on commencement of training. This is evidence that all who participated in this study could be found in the SANC register either as professional nurses or student nurses. The quantitative findings of this study could not identify professional registration as a determinant factor in the perceptions of clinical supervision as related to qualitative findings.

4.3.1.5 Experience after registration

Looking at Figure 4.2, the majority of the professional nurses had at most 10 years' experience after registration. Quantitative findings indicate that professional nurses in the seven training hospitals where this study was conducted had average experience to supervise student nurses. However, many underlying factors and challenges identified contributed to inadequate supervision. The student nurses who participated in this study also had experience ranging from one to three years according to their level of training.

Quantitative findings show that experience was not a determinant variable in the perceptions of clinical supervision, since all professional nurses could supervise students irrespective of their experience. On the other hand, qualitative findings indicate that the training level of student nurses was not an important variable in the perception of clinical supervision. In comparison of the findings of the two strands, it can be assumed that the more experience one has, the more knowledge one acquires. According to the study conducted by Dehghani et al (2016:67), supervision of student nurses requires appropriate professional experience received through training and preparation to acquire relevant experience in undertaking the role.

4.3.1.6 Units in which one worked

Table 4.4 displays that professional nurses seem to be evenly distributed across units, while student nurses who participated in this study were also allocated in different units as outlined in Table 5.1. This shows that perceptions of professional nurses and student nurses covered different units of training hospitals where this study was conducted, therefore, generalisation of findings can be made to other units. Thus, it can be concluded that the units in which one worked is not a distinguishing variable on the perceptions of clinical supervision as revealed by findings from the two strands.

4.3.2 Knowledge of professional nurses on clinical supervision

The respondents' knowledge on clinical supervision in quantitative strand was tested using 22 statements. These statements discuss what clinical supervision is all about. Out of the 22(100.0%) statements, the majority of the respondents were able to judge correctly 20(91.0%) on the statements. Only 2(9.0%) of the statements were judged incorrectly by the respondents as indicated in Table 4.5. The quantitative findings of this study indicates that professional nurses are knowledgeable in most aspects of supervision, since only two statements were judged incorrectly out of the 22.

This indicates that professional nurses are aware of their nursing tasks which include supervision of student nurses. According to Geyer (2016:51) the scope of practice negates the true nature of nursing tasks and procedures with the inclusion of rendering patient care as well as supervision of student nurses as outlined in the ethical column.

Furthermore, quantitative findings reveal that professional nurses are knowledgeable in clinical supervision. However, this is contrary to the qualitative findings as indicated by the following sub-themes and verbatim responses from participants.

- **Sub-theme 2.4: Inadequate versus existence of interest in supervision based on several reasons**

Participants have revealed that some professional nurses who supervise them display inadequate interest in supervision, while others are interested in performing their supervisory role. Despite the knowledge and level of interest that professional nurses display towards supervision of student nurses, incompetence as well as inadequate knowledge of professional nurses were revealed by qualitative findings. This is confirmed by responses from participants in the following sub-themes and literature:

Participant 3*: "Supervising something that a person doesn't have a little experience or she doesn't even know, she doesn't know at all what's really going on there"*

Participant 1*: "Sometimes you find a person who is willing to teach you something and sometimes you find person who will be blaming you"*

Participant 4: *"Some they say aahh, these things of nowadays have changed or she tells you that she doesn't know the procedure, she is just doing it"*

Participant 1*: "In my ward and all the wards, the place where we have met people who are experts it's only paeds"*

Lack of appropriate knowledge on clinical supervision is related to ignorance shown by professional nurses regarding students' supervision in clinical areas. Rhinehart (2015), assert that this may lead to inconsistent tracking of students' concerns as well as lack of teaching. However, Neshuku and Amakungu (2015:88) as well as Kaphagawani and Useh (2018:103) assert that professional nurses lack knowledge on supervision, therefore student nurses are found to be supervised by different categories of nurses who lack knowledge on procedures they supervise. Dehghani, et al (2016:74) state that student nurses' clinical teaching and supervision should be performed by knowledgeable, competent professional nurses to impart relevant knowledge to student nurses.

4.3.3 Factors influencing supervision

The findings regarding the factors that influence clinical supervision are discussed under learning environment, supervisory relationship, learning outcomes, professional nurses' competence, method of supervision as well as attitude and behaviour.

4.3.3.1 Learning environment

In quantitative research there were five statements measuring the construct on learning environment. All statements had a mean close to two indicating that the respondents were in agreement with all the aspects as shown in Table 4.6. The statements that clinical learning environments always promote good atmosphere for correlating theory into practice had a level of agreement of 4(81.3%). About 3(71.0%) were in acknowledgement that the unit has clinical experts or specialists supervising student nurses.

Close to 3(50.0%) were in agreement that the number of students allocated in the unit corresponds with the number of supervisors allocated and that the unit has adequate resources to enhance clinical learning. Thus in terms of resources, the level of agreement was moderate. Based on the findings of this study and those conducted in other provinces of South Africa, it can be concluded that the learning environment in which supervision takes place differs in terms of material resources and the number of student nurses in relation to professional-nurse ratio.

It is evident that the learning environment was perceived positively by professional nurses in this study. The quantitative findings were confirmed by in the two aspects; number of student allocated in the ward and material resources. However, some statements which were not confirmed by qualitative findings include: clinical learning environments always promote good atmosphere for correlating theory into practice, the unit has clinical experts or specialists supervising student nurses and period of allocation/rotation of student nurses. This shows that there are different perceptions on learning environments from the findings of the two strands. Student nurses

perceived the learning environment negatively as alluded to in the following sub-themes and verbatim responses.

- **Sub-theme 1.6: An experience by students that teachable moments not utilised result in missing out important aspects in the clinical learning environment.**

Teachable moments are unplanned opportunities that arise which should be utilised to teach new information needed. Despite putting focus on achievement of learning outcomes, professional nurses are to utilise teachable moments to impart knowledge to student nurses on arising issues in the clinical areas. However this was found to be neglected as verbalised by participants in this study.

Participant 3: *"Yah... eh Mmm. the learning environment. I would, I can say it's conducive, but in other way it's not, cos there is shortage of equipments in the hospitals"*

Participant 1: *"In my ward and all the wards, the place where we have met people who are experts it's only paeds"*

Participant 8: *"Yes…so, they won't allow us to practice what we have learnt, 'cause we are still learning, they say no you don't do it like that...ah, you hear them saying eh, we no longer having time"*

This is further supported by literature in the study conducted by Habimana et al (2016:42) identified clinical supervision as a tool for teaching students while busy doing their activities and is referred to as hand on teaching. Furthermore, the study found that student nurses who are supervised can easily integrate theory into practice while working in the clinical areas. Toufic, Hussein and Osuji (2017:20), assert that supporting student nurses and creating a conducive learning environment can be evaluated through the type of clinical supervision offered to student nurses in the clinical areas.

The results of the study conducted by Muthathi et al (2017:8), have identified supervision, giving support, provision of learning opportunities as well as student nurses' confidence as factors that facilitate implementation of clinical skills. Other studies reveal that supervision offered to student nurses by same supervisors creates a good clinical learning environment and development of positive relationships between the supervisors and student nurses (Sundler et al, 2014:663).

Houghton (2015:40) emphasise the importance of creating a supportive environment in the clinical areas as an essential element required for effective mentoring and supervision of student nurses. The findings of the study conducted by Perry et al (2016:285) as well as by Phillips et al (2017:205), assert that the establishment of supportive positive learning environment is important and assists students to focus on clinical learning experience.

- **Sub-theme 3.3: Increased student numbers blamed for poor and inadequate consistent supervision**

The number of student nurses allocated in the units of training hospitals are increased due to high enrolment of student nurses in Nursing Education Institutions, insufficient clinical areas approved for clinical placement of student nurses. It is very common in most areas, including the Limpopo Province where nursing schools, colleges and university student nurses had to share the same clinical area for clinical experience of student nurses in different programmes. This lead to student numbers superseding the numbers of professional nurses. The following verbatim responses is a confirmation of this sub-theme.

Participant 5: *"I think …eh…number of professional nurses. When you find that there is only one professional nurse in the ward and we are more than four students, I think it affects supervision"*

Participant 10: *"Eeh. Student nurses, they're almost 30 something. It was 15 Univen, 15 college. That makes 30 plus the staff, professional nurses and the number of patients is almost 8, 4 females and 4 males. We have to give medication*

and there's nobody to supervise…somebody must come in the morning and sit as a student for the whole day. People who will be pushing trolley is only 2. Calling the names the other one to write, 2 people for filing. What about the rest of the 28? No supervision"

In most African countries, including South Africa it is common to find high numbers of student nurses in clinical areas based on high enrolment of student nurses and also utilisation of the same clinical areas by many Nursing Education Institutions for placement of student nurses in different programmes high enrolment number of students in Kenya was revealed during 1999-2010, leading to a supervision ratio of one professional nurse:40 students. Furthermore, Murray and Williams (2009:3146) indicated in their study findings that there are more student nurses in clinical areas of United Kingdom as compared to the number of supervisors who should perform supervision.

A high number of students allocated in clinical areas is an issue of great concern in most countries and leads to poor supervision. Magerman (2016:3) also identified high numbers of student nurses in clinical areas of Cameroon as a challenge leading to supervisors supervising a large number of students exceeding the normal supervisor-supervisee ratio of 1:6/1:8. Kaphagawani (2017:181) identified large groups of student nurses in clinical areas of Canada as a challenge contributing to decreased feedback during clinical teaching as well as supervision.

In most provinces of South Africa, including training hospitals of the Limpopo Province where this study was conducted, it is a usual practice for nursing schools, colleges and universities to share same clinical areas for placement of student nurses. The study conducted by Daniels et al. (2014:1750) reveals increased number of student enrolment for Bachelor of Nursing programme in the Western Cape Province in trying to mend up staff shortages. This high enrolment adds numbers of student nurses in clinical areas. Furthermore, similar findings regarding a high number of student nurses superseding expected supervision ratio of one professional nurse:20/25 student nurses were identified by Magerman (2015:2), in a study conducted in the Western Cape.

4.3.3.2 Supervisory relationship

Supervisory relationship was assessed using four statements. All the aspects had levels of agreement close to 3 (70.0%) as indicated in Table 4.7. The respondents were in agreement that professional nurses are positive in supervising student nurses, the supervisory relationship between professional nurses and students is supportive and focuses on clinical practice progress, student nurses are frequently supervised in clinical areas and that contact supervisory sessions are efficient and flexible. This indicates the findings of quantitative strand acknowledged that the supervisory relationship with student nurses is positive.

However, the qualitative findings reveal that supervisory relationships were perceived both negatively and positively by student nurses depending on several issues in clinical areas. This is evidenced by the following sub-themes, verbatim responses and literature:

- Sub-theme 2.1: **Difficulties experienced result from poor interpersonal relationship between students and professional nurses**

Poor interpersonal relationship between student nurses and professional nurses in clinical areas, were identified as contributing to inadequate supervision. Student nurses verbalised to be facing difficulties related to this type of relationship and this further influenced their clinical supervision by professional nurses. Participants have revealed their perceptions through the following verbatim responses:

Participant 6: *"Sometimes, it depends on the nurse because sometimes the relationship can be good"*

Participant 7 *"What I can say is that the relationship is not good, 'cos if ever there's a mistake in the ward. They always blame the students even if it is not us. Just because we are learning"*

Participant 9: *"You are bound to sometimes let it go, cos you are afraid that they might grudge you and now learning will be difficult"*

Participant 4: *"With me, I walk away from that professional nurse, mmmm (yes), but you will see that the relationship is not so good"*

Based on the findings of this study, it is evident that student nurses are at times exposed to poor interpersonal relationships in clinical areas, which affect clinical supervision. Individual mutual relationship between the supervisor and supervisee was found to enable effective mentoring and supervision of student nurses in clinical areas (Lethale et al, 2019:2520). Furthermore, cooperation between the two can strengthen the role of supervision and build a conducive clinical learning environment in which clinical supervision can be effectively offered to student nurses (Odole et al, 2014:132).

- **Sub-theme 2.2: Poor supervisory relationships lead to absenteeism in the clinical environment by students**

The existence of poor supervisory relationship between professional nurses and student nurses in the clinical areas led student nurses to be absent from the clinical learning environment as a means of relieving themselves from the situation. This sub-theme is revealed by the participants' verbatim responses.

Participant 1: *"Supervision can also increase competency in some of us students. Some they don't like, we don't like to come to practical"*

Participant 2: "*I think we are just lucky on our shift to get eh…nurses that we have good relations with, because some other students complain in their shifts so, since…I will since we started in our group I have never heard anyone complaining about nurses that are supervising us"*

Kaphagawani (2017:184) identified various instances where student nurses report on duty very late and at times absent themselves without any cause, which displays

negative attitudes towards clinical experience. Negative attitudes towards student nurses as well as ineffective supervisory behaviours were identified to create an unsupportive environment, and a negative impact on student nurses learning and competence (Parvin et al, 2016:23). Nylund and Lindholm (2009:343) as well as Awuah-Peasah, Sarfo and Asamoah (2013:22) identified various instances where student nurses report on duty very late and at times absent themselves without any cause.

- **Sub-theme 2.3: Negative versus positive relationship perceived to be influenced by ethnicity**

Participants' perceptions show that ethnicity was found to be influential in the type of relationships between supervisor and supervisee. Professional nurses working in the training hospitals of the two districts of the Limpopo Province, including student nurses who are allocated in those institutions are from different ethnicity, though highly populated by Venda, Tsonga and Pedi-speaking people. This is encapsulated in the following verbatim responses from the participants:

Participant 1: *"Ok, in my experience the relationship between supervisory professional nurse and students depends to…mostly depends to if I'm a Tsonga …and they take me as I'm around Malamulele, it will be good"*

Participant 2*: "Not always, if I may go somewhere, maybe Tshilidzini……but it's not everyone - every nurse"*

Participant 3 *"They don't have to discriminate ku ri (to say) this person is speaking Venda or this person speaks Tsonga"*

Various authors share similar findings regarding existence of positive relationships between supervisors and student nurses in the clinical areas. The study conducted by Sundler et al. (2014:662) in Sweden, who assert that positive relationship

enhances effective supervision. Basa (2017:2) confirms that supervisory relationship is a strongest factor in supervision of student nurses in the clinical areas.

Literature reveals that supervisors should show interest in students as people during the process of supervision in the clinical areas (Papathanasiou, Tsaras & Sarafis, 2014:57). This indicates that ethnicity should be excluded during supervision. However, Papastavrou et al. (2016:44) in their study conducted in Cyprus found that student nurses were satisfied with clinical learning environment related to supervisory relationship as contributing to clinical development of skills and meeting their expectations.

Based on the findings of the current study, supervisory relationships were perceived differently from the two strands. This implies that supervisory relationship between professional nurses and students has an influence on clinical supervision in the training hospitals of Vhembe and Mopani districts.

The findings of the study conducted in Western Cape Province of South Africa by Magerman (2015:4) assert that poor interpersonal relationship between student nurses and clinical supervisors is a hindrance to clinical supervision.

This is supported by the findings of the study conducted by Mabuda, Potgieter and Alberts (2009:20) who identified that the relationship between student nurses, college and ward staff was poor and negatively affected supervision. The findings of the study conducted in the Western Cape Province of South Africa by Magerman (2015:4), assert that poor interpersonal relationship between student nurses and clinical supervisors is a hindrance to clinical supervision.

There are different perceptions revealed by the findings of this study regarding supervisory relationships. Despite positive supervisory relationships which are found in some training hospitals and units, negative relationships still exist. Therefore, this may require further studies to be conducted in future in the whole Province of Limpopo clinical areas to ascertain whether the matter of relationships between student nurses and clinical supervisors is problematic or not.

4.3.3.3 Learning outcomes

There were six statements measuring learning outcomes. The respondents were in agreement with all the aspects as evidenced by means close to two and levels of agreement of more than 194 (50.0%) as shown in Table 4.8. The quantitative findings reveal that respondents were in agreement that student nurses are assisted by professional nurses to achieve learning outcomes, professional nurses are aware of student learning outcomes and their role and that clinical areas always have learning outcomes for student nurses. In addition, the respondents agreed that student nurses know their learning needs and expectations, student nurses always have workbooks when allocated to clinical areas and student nurses are involved in formulating learning outcomes.

Based on these findings it can be concluded that the professional nurses were in agreement on issues of the learning outcomes. Qualitative findings reveal availability of learning outcomes in some units, which at times were not adhered to. The following are statements that were confirmed by qualitative findings:

- **Sub-theme 5.3: Supervision in the clinical areas is dependent on submission of clinical learning outcomes by students.**

The learning outcomes that student nurses are expected to achieve at the end of their allocation assist professional nurses to find out which skills are to be taught. The Nursing Education Institutions should ensure that learning outcomes are submitted to clinical areas and clarified to professional nurses responsible for supervision of student nurses. This is encapsulated in the verbatim responses from the participants.

Participant 1: *"Another biggest challenge I think is that the school doesn't give the hospital our objectives"*

Participant 1: *"Which I think is not right they should be having what we have to do like 1st levels have to be doing this, 2nd level and so on"*

Participant 6: *"With what Vukona is saying, I'd like just to say, maybe to, add, our objectives are there. I see them in each and every ward that which I've been working, I've seen them"*

Participant 4: *"The issue can be that they don't follow them full in the ward, they don't follow objectives when supervising us or delegating duties"*

Participant 3: *"It is difficult for us to achieve our learning outcomes for we sometimes work as qualified nurses not being supervised and when it comes to signing they will sign our books without knowing what we are able to do"*

Garberson and Oermann (2010:19) assert that successful supervision of student nurses in the clinical areas can be achieved when professional nurses are made aware of student nurses' learning outcomes during allocation. Therefore, it is necessary that student nurses' learning outcomes be clearly communicated to clinical areas by the Nursing Education Institutions. This will guide professional nurses on how to carry out their supervisory role. However, this is sometimes neglected by Nursing Education Institutions and as such, clinical supervision is affected (Bos, Sien & Kaila, 2015:39).

Other studies reveal a need for student nurses to be involved in formulating the learning outcomes in order to take responsibility and ownership on how to achieve them (Schmutz, 2017:318). The study conducted by Phuma-Ngaiyaye et al (2017:165) reported the satisfaction that student nurses have in achieving learning outcomes, for they develop confidence and become competent in nursing practices. The findings of both strands relate to each that availability and adherence to utilisation of learning outcomes can influence clinical supervision positively.

4.3.3.4 Professional competence

There were three statements measuring professional nurses' competence and the information is shown in Table 4.9. Two statements had a mean close to two, that is, professional nurses in the clinical areas have relevant qualifications, knowledge and

skills for supervising student nurses. This indicates that the respondents were in agreement with two statements and disagreed with the third statement: *"Professional nurses are equipped for supervision of student nurses through workshops, in-service training.*" The qualitative findings added value on the quantitative findings on the third statement, but had different perceptions regarding the first two statements. This is evidenced by the sub-theme as well as verbatim responses from participants.

- **Sub-theme 2.4: Inadequate versus existence of interest in supervision based on several reasons**

Participants have revealed that some professional nurses who supervise them display inadequate interest in supervision, while others are interested in performing their supervisory role. Contrary to quantitative findings, qualitative findings reveal that some professional nurses seem to be incompetent when demonstrating certain procedures and during supervision. This is encapsulated in the sub-themes and verbatim responses from the participants.

Participant 4: *"Supervising something that a person doesn't have a little experience or she doesn't even know she doesn't know at all what's really going on there"*

Participant 4: *"Sometimes you find a person who is willing to teach you something and sometimes you find person who will be blaming you"*

Participant 4: *"Some they say aahh, these things of nowadays have changed or she tells you that she doesn't know the procedure, she is just doing it"*

Participant 1: *"In my ward and all the wards, the place where we have met people who are experts it's only paeds"*

Lack of appropriate knowledge on clinical supervision is related to ignorance shown by professional nurses regarding students' supervision in clinical areas. Karami et al (2017:188) state that student nurses' clinical teaching and supervision should be performed by knowledgeable, competent professional nurses to impart relevant

knowledge to student nurses. According to Thuss (2014:231) and Bindon (2017:99) professional nurses should have relevant qualifications to facilitate student nurses' personal and professional growth through supervision.

According to the study conducted by Broadbent et al (2014:403) in Australia, some professional nurses are not adequately trained to supervise students in the clinical environment, therefore sometimes student nurses are supervised by the professional nurses who lack training on clinical supervision. All these factors can compromise the quality of supervision that students may need in the clinical areas.

On the other hand, Jamshidi et al (2016:2) state that professional nurses lack of opportunities of updating their skills and knowledge and this contribute to unpreparedness in carrying out supervision in clinical areas. The findings of this study has revealed different perceptions regarding professional competence of professional nurses on clinical supervision. It can therefore, be concluded that it is factor that influence supervision.

4.3.3.5 Method of supervision

Method of supervision was assessed using three statements. The findings of quantitative strand show that respondents were in agreement with all the statements as supported by means close to two. The information is shown in Table 4.10. The respondents agree that the student nurses are supervised in a group by one supervisor at a time, on a one to one basis and that the senior student nurses supervise their colleagues in clinical areas. These findings were supported by qualitative findings except on the issue of one to one supervision where participants verbalized some challenges. The findings of both quantitative and qualitative were affirmed by the following responses and relevant literature regarding the method of supervision.

- **Sub-theme 5.4. "A need for individualised supervision unrealistic due to shortage of staff"**

Individualised or one to one supervision method was identified in both quantitative and qualitative strands as one of the methods sometimes used in training hospitals of Mopani and Vhembe district. However, this method was perceived as unrealistic due to shortage of professional nurses responsible in supervision of students.

This is encapsulated by the following responses from participants:

Participant 8: "*Then there will be a problem. As a professional nurse she has to do lot of job in the ward and you that she's alone"*

Participant 5: ***"****As she will be going one to one, teaching us how to do this how to do that, one-one hey, it will take the whole day mostly when you find that we are blank, we don't know anything"*

The findings of the study conducted by Mbemba, Valentino et al (2016:320) assert that, each type of supervision method could be effective for student nurses to acquire their clinical skills depending on how it is used. However, there are different perceptions from the findings of the studies conducted by various authors. Dehghani et al (2016:67) state that student nurses should have a named clinical supervisor. This statement suggests that individual supervision is better than group supervision, because the professional nurse would be able to give undivided attention to one student at a time. On the other hand there are studies revealing that student nurses supervised through facilitators or a group model are more challenged when it comes to knowledge and skills, including problem solving issues as compared to those supervised using preceptor or individual model (Valentino et al, 2016:323). Brynildsen et al. (2016:138) confirm that a one to one supervision session is most effective in supervising student nurses.

- **Sub-theme 5.5**: **Group supervision recommended to overcome staff shortage**

Group supervision is a method where one professional nurse is able to supervise a group of student nurses at once and is being recommended in clinical areas where staff shortage is a challenge. The findings of this study are confirmed in the following verbatim response from the participants:

Participant 5: *"I've seen one-to-many being a better method and commonly used"*

Participant 8: *"Group supervision is also best especially if we are many, but of course some of the skills will want us to be supervised individual cos we don't catch up things the same way.*

Running group supervision to ensure quality and linking theory with practice was identified as one of the professional nurses' key roles (Nursing Education Stakeholders, 2012:4). The study conducted by Gurkova et al. (2016:470) reveal that group supervision was found to be the most reliable and effective method used by Slovak universities in clinical areas as compared to one on one supervision. Habimana, Tuyizere and Uwajeneza, (2016:43) conducted a study in Rwanda that confirms group supervision of 1:6/1:8 to be more effective than those conducted in very large groups to overcome staff shortage.

Sub-theme 5.1: Utilisation of senior students to supervise and mentor junior students commendable

This sub-theme is in support of the findings of this study where senior student nurses supervise their colleagues. Quantitative findings reveal that senior student nurses were used to supervise the junior student nurses in the units as confirmed by qualitative findings. However, student nurses verbalised the fact that it is not a reliable method depending on the level of competency. Senior student nurses can be utilised to mentor junior students in consideration of the level of competency. These verbatim responses were obtained from the participants.

Participant 10: *"Yah. The senior students are supervising us."*

Participant 7*: "Aahh…I think senior students are more willing to help others than professional nurses."*

Participant 2: *".But I don't think is proper for they might get stuck since they are also students."*

Participant 9*: "Yaa! They can also teach us wrong things so we get lost all of us."*

Based on the findings of this study, methods of supervision regularly used in the training hospitals of Vhembe and Mopani training hospitals include group supervision and supervision by senior student nurses with one on one supervision used minimally.

4.3.3.6 Attitude and behaviour

In terms of attitude and behaviour, there were five statements. Four of the statements had levels of agreement below 2 (50.0%) as shown in Table 4.11. The quantitative findings show that respondents were in agreement with all aspects, except the fifth statement, which says students are allowed to work alone through trial and error. However, this shows that the level of agreement was positive since only one statement was judged negatively.

Contrary to the quantitative findings of this study, qualitative findings show that professional nurses are displaying negative attitudes towards student nurses. Furthermore, student nurses are sometimes allowed to work alone without being supervised. Based on the findings of this study different perceptions on attitudes and behaviour towards supervision were obtained from both professional nurses and student nurses. However, the attitudes and behaviours of professional nurses towards supervision were alluded to by participants to be dominant. This is supported by verbatim responses in the following sub-themes, responses of participants and literature.

- **Sub-theme 1.1: Dominant stories related to supervision in clinical learning environment leading to students suffering at multiple level outlined**

Participants verbalised different incidences or stories, which are dominating in clinical learning environment such as, letting student nurses to perform procedures which were not demonstrated through trial and error. Professional nurses' negative attitude towards students, allowing student nurses to do unsupervised procedures and all these traumatize student nurses based on these verbatim quotes from the participants.

Participant 5: *"I think the attitude of professional nurses it also falls in act, cause for us learners to have a good environment in working we have to have nurses with the good attitude"*

Participant 9: "And *there's this other thing, You don't know what you have done, like when she sends you, but when you want to learn she has got this other attitude, mara (but) when it comes to this thing like idani niyo renga magwinya, machipisi (come buy fat cookies and chips) for me, she will be like very friendly, mara when its work related things…..Ah!"*

Participant 2: "*Mmm, when it comes to the important things that you are there for they begin to have attitude"*

Participant 4: *"And some will say students from Univen, let's just leave them. They don't want to do the work. It's up to them"*

Participant 1: *"They will be sisters that will not know the work. Some they have that attitude of saying: If they don't want to do, let's just leave them. It'll be up to them"*

Participant 6: *"Some supervisors when they see us, they just see us as messengers. When we come and, there are procedures, they'll you go to the lab, fetch what, what, what… while they are performing things which we are suppose to know us as students"*

Participant 7: *"Professional nurse may take blood and send you to take it to the lab. Instead of showing how she took it or maybe giving you a chance to take it".*

- **Sub-theme 2.5: Supervision viewed as a learning opportunity to learn more, based on students' commitment**

Allocating student nurses in clinical areas is a way of granting them an opportunity to learn more about nursing patients in a real situation, however this opportunity can be missed out depending on their commitment during this particular period. Lecturers from different Nursing Education Institutions should prepare student nurses thoroughly prior to clinical exposure to clarify the importance of commitment to learning in clinical areas. During orientation, professional nurses in the units should reinforce the necessity of showing commitment to student nurses. Participants in this study reveal how they view supervision on the basis of their commitment in the following verbatim responses:

Participant 9: *"Mmm… sometimes as students we tend to have lazy deeds or something like that. Sometimes, if, let's take we are meeting the new staff for that day. And then for that day students are not active"*

Participant 5: *"Yes, sometimes they will tell you u ri (that) this is not how it must be done, it is just that I don't know, I'm doing it my way or I'm doing it the way I saw someone doing it"*

Various instances were reported in literature about student nurses' unacceptable behaviour during clinical practices which has a negative outcome on their supervision. According to Singh (2015:22) there are instances reported in Ghana about student nurses' absenteeism, reporting on duty late, use of mobile phones during working hours which indicate lack of interest and commitment regarding learning. Based on these instances professional nurses were found to have developed negative attitudes in supervising student nurses. It is therefore evident that student nurses' commitment can motivate professional nurses to supervise and teach them in clinical areas.

The findings of the study conducted by Parvin et al (2016:20), share similar ideas that professional nurses' behaviours and attitudes can influence the supervision of student nurses, such as leaving them alone to learn through trial and error. These verbatim responses are further supported by literature that reveals that some professional nurses focus solely on patient care and neglect their teaching or supervisory roles towards student nurses.

The client-centred supervision triangle cell indicates that the supervisor may focus on one area during supervision such as administration and reports of patients, while overlooking student nurses' issues (Hewson, 2013:7) such as supervision. Furthermore, the use of Supervision Triangle, is guided by four phases similar to those of the nursing process, that is assessment, planning, implementation, and evaluation. The professional nurse should utilise these phases to assess the level of knowledge and needs of student nurses, set goals and plan on how to meet the learning outcomes together with student nurses, implement and evaluate the progress of clinical teaching and learning facilitated through supervision.

- **Sub-theme 4.1: Student nurses displayed disrespectful attitudes towards professional nurses that influences the supervision role**

Negative attitudes displayed by student nurses towards professional nurses influence the supervisory role**.** Participants verbalised that student nurses' attitudes in clinical areas were influential to professional nurses. Student nurses with negative attitudes were denied supervision by professional nurses, while those with positive attitudes received adequate supervision.

Participant 7: *"I will start by attitude of students towards professional nurses Eh…most of us we have that attitude, bad attitude towards Professional nurses especially those ones that have maybe….if they can send you to do something you can say: that one does not even have this thing and this thing. I won't even do that. So, maybe someone having six bars. You will have to respect that person. If they tell*

you something you will have to believe. That one without even a bar, you won't even take that person serious. So, is that what I saw?"

The attitude of student nurses towards clinical practice has also a contributory effect on the type of supervision received in the clinical areas. Professional nurses responsible for supervising students, find it very difficult to carry out their supervisory roles based on the negative attitude displayed by student nurses (Awuah-Peasah, Sarfo & Asamoah, 2013:22).

- **Sub-theme 4.2: Lack of students' commitment in the clinical area leads to poor and inadequate supervision**

Student nurses display lack of commitment in the units. This is confirmed in the participants' responses indicating how student nurses fail to ask for clarity on issues they do not know. Furthermore, they act passively where they have to actively participate in rendering patient care and also for their own learning in clinical areas.

*"***Participant 9:** *"Mmm… sometimes as students we tend to have lazy deeds or something like that. Sometimes, if, let's take we are meeting the new staff for that day. And then for that day students are not active"*

Participant 3*: "If there's something which I see in the patient's file I'll have to ask and say okay, here there is this and this and I don't get why"*

Participant 6: "*So, she, or, they should just feel pity and say here there's this and that, they show us and they'll go back on whatever they'll do, not to say ku ri I'm busy here*

The three stages of Integrative Development Model postulate a need of offering continuous clinical supervision to student nurses through their journey to competency in performing nursing activities. Based on the findings of this study, it is therefore evident that clinical supervision in training hospitals of the two districts in the Limpopo Province is not adequate and this exposes patients' lives to danger.

However, the Integrative Development Model, including the clinical supervision guidelines can assist by guiding professional nurses to perform their supervisory roles.

In other countries such as Iran, professional nurses were reported to have negative attitudes and behaviours towards clinical supervision. However, Lyberg et al (2015:87); Sparacino (2015:37), in their study conducted in Iran reveal professional nurses' caring behaviours and attitudes as a solution in motivating student nurses to acquire clinical skills and to develop competence required for patient care. This is supported by the findings of the study conducted by Donough and Van der Heever (2018:1833) who revealed the need for a good attitude from supervisors as contributing to good learning in clinical areas. Furthermore, Sparacino (2015:37) asserts that faculty/professional nurses' behaviours are important in promoting transition from a state of being a student to that of a professional nurse, and therefore assist students to remain in the nursing profession.

Literature reveals that the type of attitude displayed by professional nurses has an impact on supervision of student nurses. Rikhotso, Williams and De Wet (2014:6) identified in their study conducted in Limpopo rural hospitals that behaviours of professional nurses can pose a challenge in supervision of student nurses. The study conducted by Letsoalo and Peu (2015:351) in Gauteng, also reveals lack of commitment related to attitude of professional nurses in supervision.

This study was conducted in Vhembe and Mopani districts of Limpopo Province where negative attitudes and behaviours of professional nurses towards supervision were identified by other researchers as factors leading to poor supervision. Mafumo, Netshandama and Netshikweta (2017:392) assert that negative attitudes of professional nurses towards student nurses have a negative impact on supervision in the Vhembe district where this study was conducted.

It is evident based on the findings of this study that professional nurses and student nurses display negative attitudes towards each other in clinical areas of the training hospitals of the Vhembe and Mopani districts. Therefore, these attitudes are

regarded as influential in clinical supervision of student nurses to inadequate supervision.

4.3.4 Perceived challenges of clinical supervision

The respondents were asked to indicate the challenges that are affecting clinical supervision. There were 14 statements measured on a five point Likert scale, ranging from very large extent, large extent, some extent, little extent and not to any extent at all. The quantitative findings revealed the following challenges regarding clinical supervision: shortage of staff, high number of student nurses allocated in the clinical areas and heavy workload. These challenges were rated by respondents as happening to a large extent. Other challenges identified were inadequate material resources, poor communication, inadequate support as well as inadequate supervisory skills occurring to some extent. Some of these quantitative findings were supported by qualitative findings, while others were not.

4.3.4.1 Shortage of staff

Based on the quantitative findings shown in Table 4.12, it can be concluded that there is shortage of staff as indicated by a mean of 1.20, which indicates that it is happening to a large extent. About 309 (81.5%) professional nurses agreed that shortage of staff occurs to a very large extent, 66 (17.4%) large extent, 3 (.8%) to some extent, and 1 (.3%) to a little extent. This indicates that every respondent agreed that there is shortage of staff, though it differed according to levels. These were confirmed by qualitative findings in the following sub-themes as well as the verbatim responses of the participants.

- **Sub-theme 3.1: Shortage of staff and increased workload blamed for poor and inadequate students' supervision**

Shortage of staff in the Limpopo Province clinical areas is a concern mostly raised by nurses and were identified by researchers in different studies conducted. Professional nurses are expected to satisfy all their roles which include service delivery towards patients. In addition, they should supervise student nurses as one of their roles to be performed as outlined in SANC Education and Training Standards. The multiple roles to be fulfilled by professional nurses in clinical areas is an addition of daily workload which makes it unreasonably high. Therefore, professional nurses tend to minus some tasks that they are supposed to perform. This might include supervision of student nurses. Student nurses therefore, are found to be receiving inadequate supervision from professional nurses. This is in line with the findings of this study as indicated in the following sub-themes and responses from participants.

Participant 8: *"There is shortage of professional nurses in most of the wards, and we are many."*

Participant 10: *"It is not possible for us to be supervised by professional nurses, cos they are few."*

The study conducted by Chipungu et al. (2011:28) in Malawi, reveals the evidence of critical shortage of clinical teachers, where 15-20 student nurses are supervised by one professional nurse contrary to 6-8 per professional nurse, which is a recommended ratio in Malawi. Another study conducted in Western Cape reveals shortage of nurses as a challenge that affects service delivery and clinical supervision (Daniels, Linda, Bimray & Sharps, 2014:1755). The findings of the study conducted by Rivaz et al (2017:4) allude that adequate staffing including reasonable workload leads to effective supervision of student nurses in the clinical areas.

- **Sub-theme 2.7: Students' allocation to clinical environment is viewed as additional manpower leading to inadequate supervision**

Participants reveal in their responses that nursing staff view the presence of student nurses in clinical areas as an addition to manpower and this leads to inadequate supervision by professional nurses**.** This is a common view in most training hospitals where student nurses are only needed to patch up the staff shortage and in those instances professional nurses neglect their supervision role. This is confirmed by the following verbatim responses and literature.

*"***Participant 10:** *"Because when students arrive even if it's short, if there's shortage of staff, they are being told that now you have many nurses because the students are there"*

Participant 6: *"They are just saying in the morning u ri zwanda zwo swika. And they'll be very happy".*

Staff shortages in clinical areas has been reported as an international concern exposing student nurses to adopt dual roles of being a worker and a student, this places a negative impact on clinical supervision. This is further confirmed by the literature from another study conducted in Limpopo Province by Rikhotso, Williams and De Wet (2014:17) as supported by Mokoena (2017:28), who assert that student nurses are regarded as workers in the clinical areas to mend up the staff shortage compromising clinical supervision.

- **Sub-theme 1.2: Misuse of student nurses' existence in clinical areas occludes supervision role by professional nurses**.

Student nurses are expected to maintain their status as students while in clinical areas. However, in most training hospitals student status is overlooked due to several challenges, such as shortage of staff. It is a common practice in Limpopo Province and other countries experiencing the same challenge of shortage of staff to misuse student nurses as part of the workforce and to perform other non-nursing

duties. This is in line with the following participants' multiple verbatim responses as supported by literature.

Participant 8: *"They send us a lot than showing us procedures and due to shortage we just work as part of trained staff not students."*

There is a great concern of critical shortage and demand of professional nurses internationally. This is evident in a study conducted by Chipungu, Chidalengwa and Bvumbwe (2011:28) who reveal that in Malawi there is a critical shortage of clinical teachers, where 15-20 student nurses are expected to be supervised by one professional nurse, contrary to the accepted ratio of 6-8 per professional nurse in Rwanda. The following authors share same sentiments by confirming shortage of staff in different countries as interfering with supervision, where student nurses are utilised to be part of the workforce instead of maintaining their student status (Chuan & Barnett, 2012:194; Msiska, Smith & Fawcett, 2014:35).

The study conducted in the Western Cape Province and Greater Durban area of South Africa reveal shortage of staff as a challenge that affects service delivery and also clinical supervision (Daniels et al., 2014:1753; Sibiya & Sibiya, 2014:1943). Ntuli and Ogunbanjo (2014:2071) conducted a study in the Limpopo Province referral hospitals and found that there was shortage of advanced midwives which affected midwifery units in reducing maternal mortality rates and this also affected supervision of student midwives.

This is confirmed by the study conducted in the Limpopo Province of South Africa, by Rikhotso, Williams and De Wet (2014:5), that reveals that student nurses are used as part of the workforce to patch up the shortage in the units and professional nurses neglect supervision. This study was conducted in the Limpopo Province of South Africa, however the other authors who conducted the studies in other provinces of South Africa also found shortage of staff as a challenge. This indicates that staff shortage is still a challenge in most clinical areas of South Africa.

4.3.4.2 High number of students allocated in units

Quantitative findings revealed that 14 (36.7%) agreed that high numbers occur to a very large extent, while 242 (63.0%) acknowledged that it occurs to a large extent and 1 (.3%) to some extent. However, based on the mean of 1.64 indicated in table 4.12, it is evident that there is a high number of student nurses allocated in the units, which adds to high workload on professional nurses' shoulders. These quantitative findings are confirmed by qualitative findings as encapsulated in the following sub-theme.

- **Sub-theme 3.3: Increased student numbers blamed for poor and inadequate consistent supervision**

The number of student nurses allocated in the units of training hospitals are increased due to high enrolment of student nurses in Nursing Education Institutions and insufficient clinical areas approved for clinical placement of student nurses. It is very common in most areas, including the Limpopo Province where nursing schools, colleges and university student nurses had to share the same clinical areas for clinical experience of student nurses in different programmes. This led to the numbers of students superseding numbers of professional nurses. The following verbatim responses is a confirmation of this sub-theme.

Participant 1: *"There is shortage of professional nurses in most of the wards, and we are many"*

Participant 10*: "It is not possible for us to be supervised by professional nurses, cos they are few"*

A high enrolment number of student nurses in Kenya was revealed during 1999-2010 period, leading to a supervision ratio of one professional nurse:40 students, which is not unusual in most African countries including South Africa. Murray and Williams (2009:3146) indicated in their study findings that there are more student

nurses in clinical areas in the UK as compared to the number of supervisors who should perform supervision.

This issue is of great concern in most countries and leads to poor supervision. This is supported by Eta et al. (2011:28) who also identified high number of student nurses in clinical areas of Cameroon as a challenge leading to supervisors supervising a large number of students exceeding the normal supervisor-supervisee ratio of 1:6/1:8. Killam and Heerschap (2013:684) identified large groups of student nurses in clinical areas of Canada as a challenge contributing to decreased feedback during clinical teaching as well as supervision.

The study conducted by Daniels et al. (2014:750) reveals increased number of student enrolment for Bachelor of Nursing programme in the Western Cape Province in trying to mend up staff shortages. Furthermore, similar findings regarding the high number of student nurses superseding expected supervision ratio of one professional nurse:15/20 student nurses was identified by Magerman (2015:2), and this interferes with supervision of student nurses.

4.3.4.3 Heavy workload

The quantitative findings show that respondents agreed that professional nurses experience heavy workload in clinical areas. This is evidenced by 191(49.6%) respondents agreeing that it occurs to a very large extent, 187(48.6%) to a large extent, 6 (1.6%) to some extent, while 1 (.3%) to a little extent. This aspect has a mean of 1.52 which indicates that heavy workload is happening to a large extent in the training hospitals of the Mopani and Vhembe districts where this study was conducted. Heavy workload in the clinical areas may result from shortage of staff, high number of student nurses allocated as well as the nursing tasks that professional nurses are expected to perform which include taking care of patients. These quantitative findings were supported by qualitative findings in the following sub-themes and encapsulated responses from the participants.

- **Sub-theme 1.4: Several institutional, professional and personal reasons/ existence of excuses specified for inadequate supervision of students**

Professional nurses are expected to fulfil multiple roles and responsibilities at different levels, this includes institutional, professional and personal. Patient care may be institutional and professional, while supervision of student nurses can be professional and working overtime institutional or personal. All these roles and responsibilities add heavy workload on professional nurses' shoulders and may require prioritizing, including offloading some of the roles. Supervision of student nurses is sometimes shifted by professional nurses and confused with clinical accompaniment which should be done by clinical accompanists from Nursing Education Institutions. This is confirmed by the following verbatim responses from the participants:

Participant 6*: "Heavy workload. I think when there is a lot of work, the professional nurses might be busy on other things, and then when as a student nurse or when we are many student nurses and then I'm trying to do something."*

Participant 10: "*They might not find out that I'm stuck on the way.*"

Participant 6: *"Her hands are full, it's not like she doesn't want to help to supervise, Yaaa! Heavy workload is a challenge."*

Participant 10: *"In most hospitals you will find yourself working closer to staff nurses or even assistant nurses they show you how things are done, even when it nit right. Its somehow Yo, After some time you will discover uri (that) Other things were just not right but that's how it is."*

Eta et al. (2011:28) identified that heavy workload experienced by professional nurses in clinical areas results from the high number of student nurses allocated in the wards who need to be supervised, including carrying out nursing activities towards patients. According to Thuss (2014:25); and Senti and Seekoe (2014:80) heavy workload was identified as a challenge hindering professional nurses in supervision of student nurses in different clinical areas. Magerman (2015:2) shares a

similar idea with other authors by identifying heavy workload in clinical areas as having negative impact on the supervisory process. Attrill, Lincoln and McAllister (2016:180) show how heavy workload affects the performance of professional nurses in the clinical areas, as hindering them to carry out a supervisory role irrespective of their willingness.

Participant 3: *"Okay, there was this…..from what I have experienced, there is this other day I went to a professional nurse. I wanted to learn how to care the person who is infected with this Malaria. She told me, Ag (bored), I'm not in the mood to teach today. Ag, and then Ag, I was very discouraged and then I've never ask her to show any procedure anymore again because I was afraid might tell me the same story again"*

Participant 2: *"They don't want to do the work. It's up to them. There will be sisters that will not know the work. Some they have that attitude of saying"*

Participant 1: *"If they don't want to do, let's just leave them. It'll be up to them"*

Participant 4: "*Ehh…you find that there are lots of patients in the ward, and the nurses want to be fast. Then the supervision will be ignored ….eh, eh… (Laughs).you find that there's lots if patients in the ward, then the nurses want you to be fast"*

Participant 5: *"They concentrate on patient care and covering the routine"*

- **Sub-theme 1.7: Time constraints blamed for wrong doing by professional nurses when executing daily activities**

Professional nurses in clinical areas perform certain procedures in a wrong way and justify their doings to student nurses as attached to time constraints. Student nurses end up failing to correlate what was simulated in the skills laboratory to the real patient, and this poses a challenge during assessment when they are to do the right thing. This is confirmed by the verbatim responses from the participants and supported by literature.

Participant 8: *"Yes…so, they won't allow us to practice what we have learnt, 'cause we are still learning, they say no you don't do it like that...ah, you hear them saying eh, we no longer having time. We'll teach you the other day. And in the other day you'll find that the patients are many. Then it will be like the other day, the other day"*

According to Ferreira, Machado,Martins, Sampaio (2017:146), other factors were outlined which negatively impact on clinical supervision which include heavy workload and time constraints. However, the study conducted in Norway depicted a need for strengthening and improving the system of student nurses' supervision by allocating enough time for performance of a supervision role ((Tomilson,2015).

The findings of this study is supported by literature that reveals that the overcrowding of hospital wards and density of student nurses creates a negative attitude in professional nurses responsible for student nurses' supervision, and therefore clinical learning is challenged (Jamshidi, 2012:3335). Emanuel and Pryce-Miller (2013:18) also state that professional nurses offer reasons for not supervising students related to their busy schedule in the wards and lack of time for supervision. This is supported by Msiska, Smith and Fawcett (2014:37), who assert that the busy ward was identified by supervisors as a hindrance in clinical supervision. It is therefore evident from the findings of this study that professional nurses are not giving adequate supervision to student nurses as a result of the high number of student nurses allocated in the units.

Based on the findings of this study which is supported by results of studies conducted in other provinces of South Africa, it is evident that heavy workload is affecting most areas of the country. Senti and Seekoe (2014:80) in East London also identified heavy workload as a challenge hindering professional nurses to supervise student nurses in different clinical areas, as supported by Magerman (2015:6) who shares a similar idea that heavy workload in clinical areas contributes to negative impact on the supervisory process.

The findings of the study by Mbirimtengerenji, Daniels and Martin (2015:707) conducted in Malawi concurs with Attrill, Lincoln and McAllister (2016:183) in Australia, who reveal how heavy workload affects the performance of professional

nurses in the clinical areas, as hindering them to carry out a supervisory role irrespective of their willingness to fulfil the role.

4.3.4.4 Inadequate Material resources

The quantitative findings show that professional nurses rated inadequate resources in clinical areas as follows: very large extent 144(37.4%), large extent 7(1.8%), to some extent 120(31.2%), to a little extent 109(28.3%), and 5 (1.3%) not to any extent at all, which resulted in a mean of 2.54. A mean between 2.5 and 3.5 meant that they agreed that it occurred to some extent**.** Thus, in terms of resources the level of agreement was moderate. This can be confirmed by a mean of 2.54 rating which means shortage of materials occurs to some extent. Quantitative findings of this study concerning inadequate resources was confirmed by qualitative findings. This is evidenced by verbatim responses in the sub-theme and related literature.

Sub-theme 3.2: Inadequate material resources blamed for authentic supervision and correlation of theory into practice

The supervision that student nurses receive in clinical areas is not authentic and also denies students to correlate theory into practice. However, the blame is placed on shortage of material resources. Professional nurses are unable to correctly supervise student nurses without relevant and adequate resources for demonstrating certain skills**.** This is supported by the verbatim responses from the participants and relevant literature, indicating that there is shortage of resources in clinical areas of different countries and also South Africa where this study was conducted.

Participant 2: *"What we have been taught in class is not the same as what we see in the wards, for there are no equipments to perform certain procedures"*

Participant 8: *"Mmm, for us to do the right thing in the wards is difficult cos surely there is shortage of equipment"*

Participant 3: *"Ene… During evaluation we experience difficulties, is it we were practising the wrong thing"*

Insufficient material resources were also confirmed by Habimana et al (2016:43) who assert that provision of adequate resources by the organisation and management of the institution is important. Furthermore, sufficient equipments in the clinical areas were found to enable student nurses in performing skills similar to how they were taught in class and therefore enable them to correlate theory into practice (Chokwe and Nkosi (2017:130).

Shortage of material resources in clinical areas most provinces of South Africa is still a challenge which contribute to poor clinical supervision and student nurses' incompetence. Magerman (2015:2) reveals limited resources in clinical areas of the Western Cape Province in South Africa, as a challenge contributing to improper correlation of theory into practice by student nurses. The study conducted in Gauteng province by Chokwe and Nkosi (2017:130), concurs with the findings of the study conducted in Vhembe district of Limpopo Province by Mafumo, et al (2017:392) that reveals lack of material resources in the clinical areas, although the extent of lack was not stated. This is supported by Gemuhay et al (2019:9) who reveal that lack of basic resources in the clinical areas is a hindrance in learning basic competencies by student nurses and deny them to acquire clinical experience.

Kwenda et al (2017:147) share similar sentiments with Saleh (2018:8), who confirm that correlation of theory into practice is important and therefore, insufficient or lack resources influence clinical supervision negatively and opens the gap for correlating theory into practice. Meanwhile availability of resources is important in mentoring and supervision of student nurses in the clinical areas (Chokwe & Nkosi, 2017:137).

4.3.4.5 Inadequate support of supervisors

Quantitative findings identified inadequate support of supervisors as one of the challenges with a mean between 2.5 and 3.5, which indicates that it happens to

some extent. Based on the findings displayed in Table 4.2 above, 62(6.4%) rated inadequate support happening to a very large extent, 8(1%) to a large extent, 120(31.7%) to some extent, 188(49.6%) to a little extent, and 1 (3%) not to any extent at all. This resulted in a mean of 3.15, which shows that giving support to professional nurses in the clinical areas of the training hospital is still a challenge. Contrary to quantitative findings, inadequate support of student nurses in the clinical areas was revealed as a challenge by qualitative findings. Therefore, quantitative findings are not related to qualitative findings as indicated in the following sub-themes and verbatim responses:

- **Sub-theme 1.3: Inadequate supervision led to accusations towards students when faults occur during provision of care**

Student nurses are expected to work under direct supervision of the professional nurses in the clinical areas to become competent nurse practitioners. This is done to protect patients under their care and also to remain accountable according to SANC Regulation R387 of 15 February 1985, which requires them to account for acts and omissions. Student nurses are at times accused for mistakes during patient care related to inadequate supervision by professional nurses**.** This is confirmed by the following verbatim responses from the participants:

Participant 9: *"Sometimes I think…eh, eh…The professional nurses sometimes make mistakes when they are supervising us, 'cos if maybe he/she tells me go and do something, instead of telling me in a good manner or maybe taking me to a private room, and telling me okay, that one you did not do it right; she will just shout at me in front of the patient. How am I supposed to go back and do that procedure again while the patient doesn't trust me anymore 'cos I am a student"*

Participant 6: *"Honestly speaking, there are a lot of mistakes here, but they always project it on students. Even when we are asked to transfer another patient so as to learn how to give report and to the other staff, if there's a mistake, they'll call and say your student has done this and this and this"*

Participant 9: "*yes…meaning that I'm …I can do this skill but because I need, maybe I need supervision of somebody but I'm, I won't do it because I'm afraid if something goes wrong they'll say this the student who has done that"*

Participant 10: *"I think the problem is that we are not supervise. The professional nurses are not really supervising us. We are doing everything on our own"*

Participant 1: *"But if there's a professional nurse on our side, I don't think those mistakes would be made"*

The supervision triangle provides three cells on which a supervisor needs to focus during supervision, namely client-focus, practitioner-focus, and process-focused cell. The supervision triangle indicates that it is very common that a supervisor tends to focus on one aspect during supervision, for example on a client-focus cell. The professional nurse is responsible for patient well-being as well as the student, therefore focus should be on both for the accomplishment of the processes of service delivery as well as clinical supervision.

- **Sub-theme 1.6: Teachable moments not utilised resulting in missing out important aspects in the clinical learning environment**

Participant 1: *"Sometimes the problem can also rise from, for example when a professional nurse tells you to go and do something maybe to take blood from the vein to eh, to place a drip. Sometimes that nurse might go and leave you there and then another professional nurse come and witness what has happened. That nurse will accuse me; the student for doing that mistake instead of teaching me, but it is that other professional nurse's fault, for not coming back to observe if I did it correctly or not".*

According to the findings of the study conducted by Klopper (2009:64), teachable moments as unplanned and unpredictable events are learning moments which student nurses and professional nurses in clinical areas can capitalise on, to facilitate clinical supervision. However, Mabuda, Potgieter and Alberts (2009:20) concluded that, college and ward staff are not giving the necessary support to

student nurses in the Limpopo Province clinical areas and therefore this results in poor integration of theory and practice by student nurses. This is further supported by literature in the study conducted by Beukes and Nolte (2013:485) who identified clinical supervision as a tool for teaching students while busy doing their activities and is referred to as hands on teaching. Furthermore, the study found that student nurses who are supervised can easily integrate theory into practice while working in the clinical areas.

- **Sub-theme 3.5 Inadequate student nurses' supervision leading to endangering patients' lives on a short- and long-term bases**

Student nurses on training are allocated in clinical areas with theory including simulated knowledge and skills acquired from Nursing Education Institutions with the intention to integrate that into practice. According to the Integrative Development Model of supervision in which this study was based, student nurses have to undergo three stages of development, from stage one of relying on the supervisor, then stage two of exploring avenues, and lastly into stage three of autonomy, which is the final stage where competency has been developed. During the initial stage, student nurses are likely to expose patients' life to danger, and this can be prevented through consistent clinical supervision offered by professional nurses. This is encapsulated in the following verbatim responses from participants.

Participant 8: "*There's this other day we were giving medication, oral medication. So, there was this high care. Then the sister gave me a medication she said go and give the lady over there, and the lady was just sleeping and not responding to anything. And when I go there, the patient, I opened the patient's mouth. She didn't shout at me or anything. She passed and then she go back alone to that patient. I don't know what she did but when she come back, she was like, no, those kind of patients we don't do it like that. She can't swallow those pills. You need to first make it kind of powder then you pour water and then sip, sip, sip. Small, small, small…then that's how we give medication"*

Participant 2: *"It was a show to the patient. A nurse is shouting at a student, you are just students, you don't know what to do." But she has told us go and do that".*

Participant 3: *"Without any supervision and it was not our problem, it was the patient's problem and now everything was on us because she didn't want to get in trouble"*

Participant 7: *"He just said okay you can do it and if there's anything you'll call me and then he just left, and you don't know where he is. What if maybe something happens there and you don't know who to call, but he was supposed to be there, we do the, the skill while he's there, if there's something and then he would tell us what to do!"*

Participant 1: *"Okay! In my experience some of the professional nurses they will just leave you there. They won't even mind whether you are doing something wrong or not"*

Participant 5: "*I want to speak about that one of trial and error. There was this other day I was with a professional nurse giving oral medication. She was supposed to knock off at one o'clock, and then we were giving medication and then she said haaa! It's twelve o'clock! I'm leaving. She left me there in the cubicle to give the medication. I was struggling and when I went to ask some other sisters they were busy and said we are busy, why did you allow her to leave you alone and then I said she wanted to knock off. I was confused, so, it was not fair"*

- **Sub-theme 3.6: Poor students' involvement during execution of activities compromises the teaching and supervision role of professional nurses**

Student nurses working in hospital units should learn performing different nursing activities. Professional nurses tend to carry out most of the tasks focusing on completion of the routine without involving student nurses and this compromises clinical teaching as well as supervision**.** This is in line with the responses from the participants.

Participant 1: *"And some when you are doing the procedure, they'll tell you that you are slow. They won't give you a chance. They'll tell you there are many patients*

*waiting outside. So, they'll do it themselves so that they can be fast, and in that way we don't lea*rn"

Participant 2: *"They'll be like okay, in the morning the routine goes like this…we'll go do bathing the patients and then bed making. While we are busy doing that, they will be busy doing what we are there for"*

Participant 3: *"And also the, the supervisors. They should know and understand that we are students and we will always ask questions, because sometimes when we ask they say:" no I don't want to be asked I'm busy now. I'm doing this and that". And that thing it affect us some if us, to say she's creating a boundary. So, I'm not going to ask anything"*

Participant 4: *"Some of them they'll say I want to do this. Wena go and do the dusting and do what and what"*

Participant 5: *"You are supposed to go and take temperature and give medication, I'll be doing this and then as students you have to go where they'll tell you to go if you refuse they'll say: havha vhathu a vha todi ushuma (this people do not want to work)"*

- **Sub-theme 3.7: Lack of feedback by professional nurses to students leads to uncertainties when performing procedure by students**

Student nurses in clinical areas become uncertain when performing procedures, especially if professional nurses are not giving them feedback on their performance. Giving feedback to student nurses assists them to identify the aspects they should focus on during skills performance and to gain confidence on areas of skills that were performed well. The verbatim response from one participant indicated that professional nurses fail to offer students answers to questions and to give feedback where necessary.

Participant 1: *"Some of them…some they supervise, some they don't …they just do things on their own...and come back to us and say we don't want to learn, but wena*

(you) just go and ….but sometimes they'll say no stay I'm coming. If you ask them questions, like you'll find an answer in a way that you'll feel u ri (that) this person does not answer me. So, we as students we feel bad"

Various authors share similar findings that there is inadequate support of supervisors identified in clinical areas which led to poor supervision of student nurses, assert that efficient supervision to student nurses requires provision of formal support to supervisors by their managers. This can assist in generating new ideas on improving quality patient care and supervision of student nurses. The study recommended that professional nurses should be given appropriate support by Nursing Education Institutions for the benefit of student nurses' learning in clinical areas and also patient care (Swardt, 2019:)

According to Direko (2017:7), Venkatesaperumal, Rhadakrishnan and Balachandran (2013:25) the aspect of support from Nursing Education Institutions and professional nurses to student nurses in clinical areas is a very useful tool in clinical supervision and learning. Similar recommendations were made by Kaphagawani, and Useh, (2018)who assert that Nursing Education Institutions should offer professional nurses closer support in order for student nurses to achieve learning outcomes through supervision.

On the other hand Donley, et al (2014:49) and Shafakhah et al (2015:324) state that professional nurses need to work hand in hand with Nursing Education Institutions to assist student nurses in assuming their responsibility of practicing as competent nurse practitioners. Other authors share similar sentiments by confirming that Nursing Education Institutions do not avail themselves in clinical areas for giving support to professional nurses regarding their supervisory (Bos, Sien & Kaila, 2015:39; Jamshidi et al, 2016:2).

These findings are supported by studies conducted by other authors from different countries. Bvumbwe, Malema and Chipeta (2015:927) confirm that professional nurses in Malawi are facing many challenges in clinical areas such as inadequate support. Furthermore, Rajeswaran (2016:471) reveals that lack of guidance by clinical staff, inadequate support and lack of communication between Nursing

Education Institutions and clinical areas in Botswana, are factors hampering clinical supervision of student nurses.

In South Africa, Daniels, et al. (2014:1752) in the study conducted in the Western Cape Province, identified that professional nurses in clinical areas lack support from Nursing Education Institutions, and this interferes with performance of multiple roles such as service delivery as well as student nurses' supervision.

Contrary to the findings that supervisors are not receiving support for their role, Mabuda, Potgieter and Alberts (2009:20) assert that student nurses are not receiving adequate support from professional nurses regarding clinical teaching and learning. However, Kpodo (2015:56) in the study conducted in the University of Johannesburg found that quality and best practice by student nurses can only be achieved through supervision.

4.3.4.6 Poor communication

One of the challenges revealed by quantitative findings is poor communication happening to some extent, having a mean of 2.76 displayed in Table 4.2 above. This is evident by 96 (25.0%) respondents agreeing that poor communication occurs to a very large extent, 8 (2.1%) to large extent, 171 (44.5%) some extent, 109 (28.4%) to a little extent, 109(28.4%) not to any extent at all. Existence of poor communication is supported by qualitative findings in the following sub-theme and responses from the participants.

- **Sub-theme 3.4: Inadequate and/or poor communication between Nursing Education Institutions and hospitals blamed for inadequate and/or poor supervision**

Nursing Education Institutions allocating student nurses in training hospitals should communicate student matters to clinical areas before and during placement period. However, participants in this study reveal the existence of inadequate

communication by Nursing Education Institutions. Training hospitals on the other hand, are expected to communicate back to Nursing Education Institutions regarding student nurses' matters allocated in their institutions. Inadequate communication between the two institutions is blamed for inadequate supervision of student nurses in clinical areas. This is consistent with the findings of the study and literature in this study.

Participant 1: "*So, I think there is poor communication between our institution and the hospitals"*

Participant 2: *"Now, okay, they say oh… I heard that there are students coming here, but I didn't know who those people are"*

Participant 3: *"I also think the hospital should not only communicate with the university when we are doing something that is bad only. When we are doing good job, they don't communicate, but when maybe it's Monday or Friday maybe I've made a mistake. They'll say I'm going to tell Ms Sineli that we no longer want students from Univen or we are not complying*"

The study conducted by (Joolaee et al (2015:32) reveals that clear lines of communication between Nursing Education Institutions and clinical areas is a support mechanism allowing appropriate selection and preparation of nurses to undertake the role of student supervision. However, Rajeswaran (2016:471) found that lack of guidance by clinical staff, lack of support and lack of communication between Nursing Education Institutions and clinical areas, are factors hampering clinical supervision of student nurses.

There is evidence of poor communication revealed by literature between nursing and faculty staff concerning clinical placement, specifically for clinical supervision of student nurses which displays negative attitudes (Rikhotso, Williams & De Wet, 2014:6; Magerman, 2015:2).

However, Kourkouta and Papathanasiou (2014:65) show the essence of communication in clinical supervision which should be focused, meaningful and productive, and therefore gives purpose and direction to supervisors. Clear communication of student nurses' learning outcomes by the Nursing Education Institutions to guide professional nurses to carry out their supervisory role was identified as a crucial aspect in supervision (Kourkouta & Papathanasiou, (2014:65). However, Nursing Education Institutions do not avail themselves to communicate on student nurses' learning outcomes in clinical areas as revealed by Bos, Sien and Kaila (2015:39). This is supported by Joolaee et al (2016:31) who identified respectful communication with students as a humanistic behaviour contributing to improvement of clinical abilities to student nurses. On the other hand, Rajeswaran (2016:471) found that poor communication between Nursing Education Institutions and clinical areas, are factors hampering clinical supervision of student nurses.

Shafakhah et al (2015:323) conducted a study in the Greater Durban area of KwaZulu-Natal Province of South Africa, and revealed the need of establishing clear lines of communication. This acts as a support mechanism which allows for appropriate selection and preparation of professional nurses to undertake the role of student supervision (Ohaja, 2010:14). The study conducted by Mabuda, Potgieter and Alberts (2009:19) in the Limpopo Province and Jamshidi (2016:4) shows that ineffective communication between supervisors and student nurses are common in clinical areas, and is attached to negative attitudes towards supervision. However, it is common that student nurses make mistakes during practice, due to lack of competency; professional nurses should learn to communicate those mistakes carefully and not in front of patients.

Chokwe and Nkosi (2017:130) in the study conducted in the Limpopo Province, recommends effective communication between clinical areas and Nursing Education Institutions as contributing to successful supervision of student nurses.

4.3.4.7 Inadequate supervisory skills

One of the challenges revealed by respondents in quantitative strand is inadequate supervisory skills happening to some extent. This is evident by 2 (.5%) disagreeing that it does not happen that supervisors have inadequate skills for supervising student nurses as shown in Table 4.12. About 33 (8.6%) respondents acknowledged that it occurs to a very large extent, 108 (28.2%) to a large extent, 145 (37.9%) to some extent, and 95 (24.8%) to a little extent resulting in a mean of 2.80. This is supported by a sub-theme from qualitative analysis and verbatim responses from the participants.

- **Sub-theme 2.4: Inadequate versus existence of interest in supervision based on several reasons**

Participants have revealed that some professional nurses who supervise them display inadequate interest in supervision. Meanwhile, others are not sure of what they are doing and look incompetent when it comes to demonstration of procedures.
Participant 1: *"Supervising something that a person doesn't have a little experience or she doesn't even know at all what's really going on there"*

Participant 4: *"Some they say aahh, these things of nowadays have changed or she tells you that she doesn't know the procedure, she is just doing it"*

Participant 3: *"In most hospitals you will find yourself working closer to staff nurses or even assistant nurses they show you how things are done, even when its not right. Its somehow. Yo, After some time you will discover uri (that) Other things were just not right but that's how it is"*

Supervision is one of the roles expected to be performed by professional nurses working with student nurses in clinical areas (Nursing Education Stakeholders, 2012:4). Nelson (2017:19) identified lack of opportunities for professional nurses to update their skills and knowledge and therefore this leads to unpreparedness in carrying out supervision in clinical areas.

According to Neshuku and Amakungo (2015:90) student nurses are found to be supervised by a variety of nurses lacking knowledge on procedures to be supervised and therefore clinical supervision is negatively affected. Furthermore, it was revealed byKaphagawani and Useh (2018:28) in the study conducted in Australia that some professional nurses were not adequately trained to supervise students in the clinical environment. All these factors can compromise the quality of supervision that students may receive in the clinical placement.

4.3.4.8 Inability to maintain collegial supervisory relationship

Inability to maintain collegial relationship was also identified by quantitative findings as a challenge to clinical supervision. This is happening to some extent in clinical areas since it had a mean of 3.4. Table 4.12 indicates the agreement level of respondents as 1(3%) happening to a very large extent, 25(6.5%) to a large extent, 176(46.0%) to some extent, 181(47.3%) to a little extent, and none disagreed. The qualitative findings added value to these findings however, this challenge was also identified as one of the factors influencing supervision and was discussed in detail under factors.

4.3.5 Frequency and time spent on supervision of students

The researcher decided to discuss the frequency as well as the time spent in supervision of student nurses together based on the relationship of the two concepts. The quantitative findings in Table 4.13 show that most of the supervision is done within a week and more percentages are allocated for supervision done within a week. About 105(27.1%) indicated that they supervise daily, 132(34.1%) supervise three to six times a week, and 80(20.7%) supervise twice a week.

In terms of the time spent supervising students, the majority of the supervision is done within an hour and the information is shown in Table 4.14. About 128(33.1%) indicated that the supervision takes 15-30 minutes, 115(29.9%) indicated that it takes 31-45 minutes, and 79(20.4%) indicated that it takes 46-60 minutes. Based on

these findings, it is evident that less time is spent by professional nurses on supervision and it is not regular.

Another crucial aspect showing good supervisory relationship involves regular contact in supervisory sessions in the clinical areas, which are long enough, efficient and flexible in provision of supervision to student nurses. Student nurses are encouraged to use initiatives where nursing care is consistent with what is taught in the college (Brynildsen, Bjork, Berntsen & Hestetun, 2014:405). According to SANC Nursing Education and Training Standards, a minimum of 30 minutes should be spent fortnightly supervising each student.

The qualitative findings are in support of quantitative findings as verbalised by responses from participants in the following sub-themes:

- **Sub-theme 1.4: Several institutional, professional and personal reasons/ existence of excuses specified for inadequate supervision of students**

Professional nurses are expected to fulfil multiple roles and responsibilities at different levels, this includes institutional, professional and personal. Patient care may be institutional and professional, while supervision of student nurses can be professional and working overtime institutional or personal. All these roles and responsibilities add heavy workloads on professional nurses' shoulders. Thus, supervision may fall within those roles that are not given priority.

Participant 1: *Ehh…you find that there are lots of patients in the ward, and the nurses want to be fast. Then the supervision will be ignored ….eh, eh… (Laughs). you find that there's lots if patients in the ward, then the nurses want you to be fast"*

Participant 5: *" They focus on patient care"*

- **Sub-theme 1.5 An outline that minimal supervision and skills demonstration experienced is commended by students**

Clinical supervision was rated as minimum by student nurses, this shows that student nurses agreed that they are at least supervised, but the level of supervision was low or inadequate. Professional nurses were also demonstrating skills to student nurses irrespective of challenges and this made students acknowledge the minimum efforts geared towards supervision. The verbatim response confirms this sub-theme.

"Let me explain. And then okay, I have an experience of someone was very much willing to teach you even though, like she covers all of us, cos you find that we are two, and the other one is lazy it seems she is not interested, then she will cover all of us, and go with us…and teach us some skills and it encourages and even encourage to ask questions if you don't understand ask me this, if I don't understand then I will tell you to go to someone who will explain it better than me."

- **Sub-theme 3.1: Shortage of staff and increased workload blamed for poor and inadequate students' supervision**

Based on the quantitative findings shown in Table 4.12, indicates that there is shortage of staff in the Mopani and Vhembe training hospitals and this contributes to irregular supervision as well as minimum time spent with students. These were confirmed by qualitative findings in the following sub-themes as well as the verbatim responses of the participants.

Participant 8*: ''There is shortage of professional nurses in most of the wards, and we are many."*

Participant 10: *"It is not possible for us to be supervised by professional nurses, cos they are few."*

CHAPTER 5: DEVELOPMENT OF CLINICAL SUPERVISION GUIDELINES

5.1 INTRODUCTION

The findings of this study were presented in chapter four regarding professional nurses and student nurses' perceptions of clinical supervision in training hospitals of Limpopo Province. This chapter focused on the theoretical framework for development and description of guidelines to facilitate supervision of student nurses in the clinical areas by professional nurses. The integration of findings to this study was guided by six elements of the practice orientated theory as proposed by Dickoff, James and Wiedenbach (1968:203) in Chinn and Kramer (2011:145), as well as the steps for guideline development as outlined in World Health Organization (WHO) handbook for guideline development (WHO, 2014.15). This chapter addresses the following objective:

- To develop guidelines to facilitate clinical supervision of student nurses in the clinical areas.

5.2 THEORETICAL FRAMEWORK FOR DEVELOPMENT OF GUIDELINES

The researcher followed the six elements outlined in the practice theory proposed by Dickoff, James and Wiedenbach (1968:203) in Chin and Kramer (2011:157) which are the agent, recipient, context, dynamics, procedure and terminus discussed below.

5.2.1 Agent

Dickoff, James and Wiedenbach (1968:425) describe an agent as a person responsible for performing/midwives directly responsible for clinical supervision of student nurses. Other agents who are experts in the field include the researcher, promoters of this study, clinical accompanists, operational managers of training hospitals and clinical nurse practitioners (PHC) who are knowledgeable and skillful to

assist recipients in acquiring knowledge and skills for patient care through supervision. Agents should be resourceful and be equipped to create a good learning environment to support and assist student nurses in learning how to render care to patients.

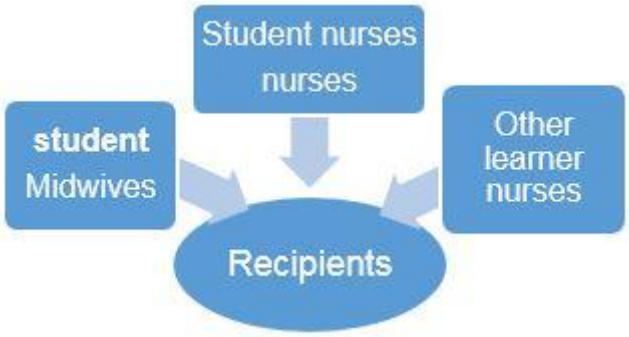
Figure 5.1: Illustration of Agents

5.2.2 Recipient

According to Kamanye, Lipinge and Van Dyk (2016:121), a recipient relates to someone who receives activities from the agent. Recipients in this study are student nurses and student midwives who are allocated in clinical areas to acquire clinical experience. The Integrative Development Model indicates that student nurses rely on professional nurses who are experts in clinical supervision to carry out their activities in the units and to integrate theory into practice. Student nurses should come to the

realisation of the fact that they are unable to provide care to patients or do procedures without supervision. Student nurses are in need of guidance on how to apply what they were taught in class to the real situation. It is the duty of experts to capacitate recipients on how to use knowledge and skills effectively on patients.

Figure 5.2: Diagram showing Recipients



5.2.3 Context

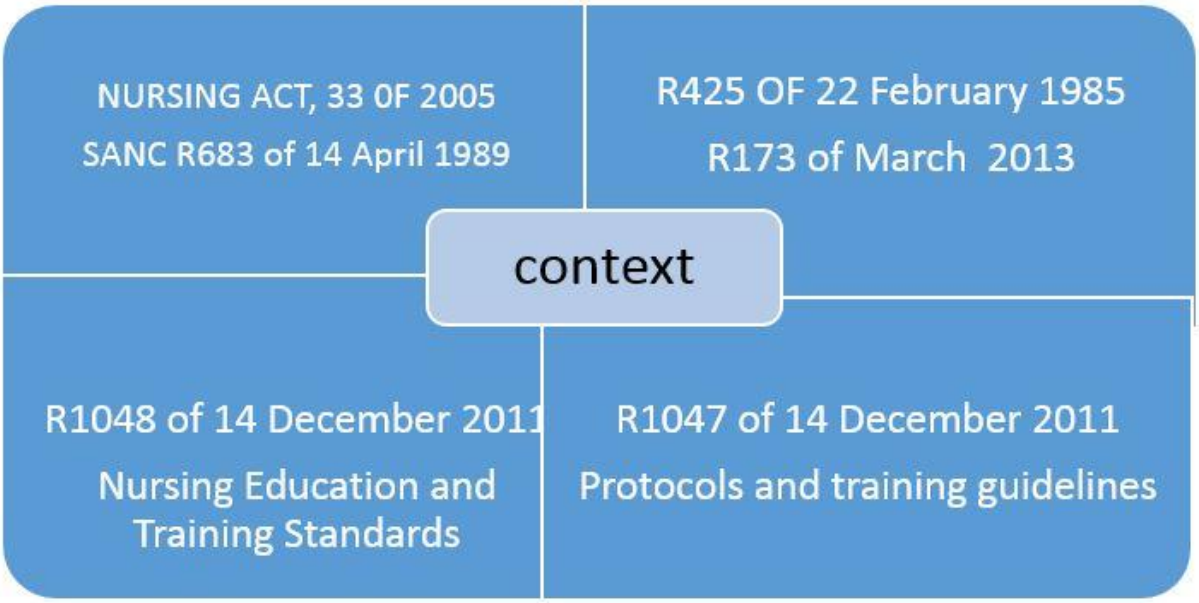
Creswell and Clark (2014:356) describe context as a place or setting where activities occur. In this study context will refer to any clinical area approved by SANC for clinical placement of student nurses, this includes training hospitals and Primary Health Care facilities. The context should be viewed in relation to activities and people within it. In this study, training hospitals and PHC facilities as contexts in which clinical placement of student nurses occur, operate within the following regulations:

- Nursing Act, no. 33 of 2005
- SANC R683 of 14 April 1989 as amended, regulation relating to the minimum requirements for a bridging course for enrolled nurses leading to registration as a general nurse
- R1048 of 14 December 2011. SANC Regulation Relating to approval of and the minimum Requirements for the Education and Training of a nurse leading to Registration as an Auxiliary nurse

- R1047 of 14 December 2011. SANC Regulation Relating to approval of and the minimum Requirements for the Education and Training of a nurse leading to Registration as staff nurse, SANC Nursing Education and Training Standards
- R173 of March 2013 SANC Regulation Relating to the Accreditation of Institutions as Nursing Education Institutions
- R425 of 22 February 1985, SANC Regulation Relating to approval of and the minimum Requirements for the Education and Training of a nurse (General, Psychiatric and Community and midwife leading to Registration
- Protocols and training guidelines, which include clinical supervision guidelines

The findings of this study revealed shortage of staff, heavy workload and high number of student nurses in clinical areas, which affect professional nurses in carrying out their supervisory role efficiently. Some of the challenges identified to have lesser impact on clinical supervision are shortage of resources, inadequate support and poor communication.

Figure 5.3: Context for student nurses' placement



5.2.4 Dynamics

Dynamics is described as the source of energy within an individual that enables achievement of a goal (Kamanye, Lipinge & Van Dyk, 2016:122). In this study the professional nurse is regarded as competent and in possession of knowledge and skills for supervising student nurses in the clinical areas. According to the Integrative Development Model, the professional nurses need adequate support to offer to student nurses through supervision, and student nurses need supervision to acquire the knowledge and skills from stage one of reliance until they reach independent stage of autonomy. It is therefore important for professional nurses as agents to usher student nurses towards that knowledge through supervision as guided by guidelines to facilitate clinical supervision. The dynamics in this study include professional competence, attitude and behaviour, commitment coupled with willingness, communication and active participation based on type of relationship that exist between the agent and recipient.

5.2.4.1 Attitude and behaviour

The attitude and behaviour of professional nurses and student nurses can have an impact on clinical supervision. Negative attitudes displayed by student nurses can affect the relationship between the two parties resulting in inadequate supervision by professional nurses. The positive attitude and behaviour displayed by both during the process of supervision will result in student nurses' willingness to learn and professional nurses' readiness to supervise student nurses in spite of challenges.

5.2.4.2 Professional nurses' competence

Supervision of student nurses should be performed by competent professional nurses to impart the relevant skills and knowledge to student nurses. The utilisation of guidelines to facilitate clinical supervision of student nurses is aiming at producing future knowledgeable clinical nurse practitioners. Professional nurses should therefore equip student nurses through supervision so that they can become competent nurses in future. The findings of the study reveal that supervision of

student nurses should be performed by knowledgeable competent professionals and therefore they should transfer this competency to student nurses in clinical areas through adequate supervision.

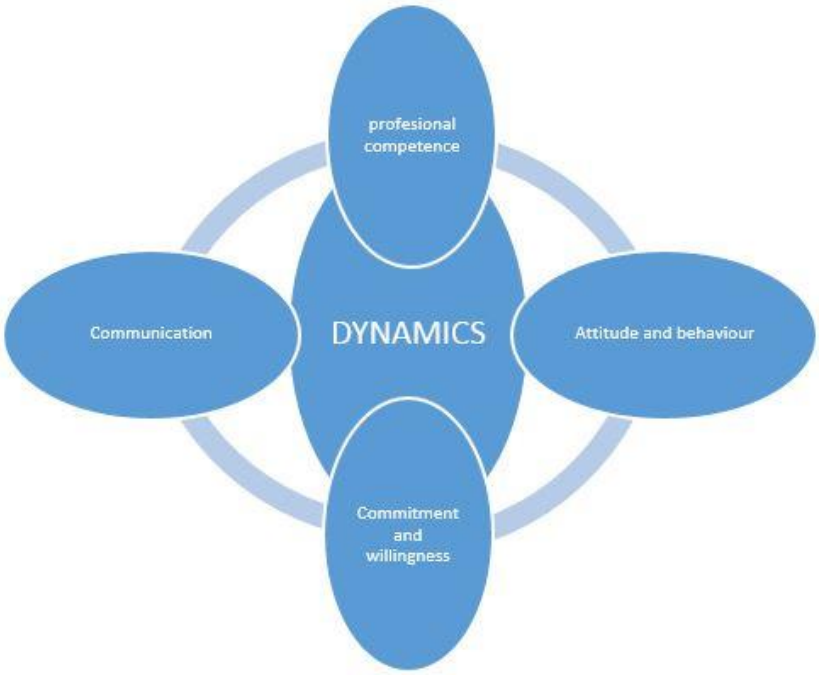
5.2.4.3 Commitment and willingness

Professional nurses are facing challenges during supervision of student nurses in clinical areas. However, both professional nurses and student nurses should show commitment and willingness in clinical teaching and supervision. This will assist them to overcome the challenges inherent in the process. Professional nurses should always show their willingness and commitment by involving themselves in clinical supervision activity by utilisation of guidelines and allocating enough time for supervising student nurses. Student nurses should also be willing to be supervised, show commitment by availing themselves and ask for clarity where necessary.

5.2.4.4 Communication

Communication is a two-way process of conveying and receiving messages, in the context of this study from agent to recipient. The findings of this study indicate existence of poor communication between NEIs and clinical areas, where in some instances student nurses were seen dropping into the units without the knowledge of the person in charge. Effective communication is needed between the professional nurses and student nurses to clarify issues on the learning outcomes. Effective use of listening skills by professional nurses is needed to understand the message conveyed by student nurses regarding the clinical supervision.

Figure 5.4: Summary of dynamics

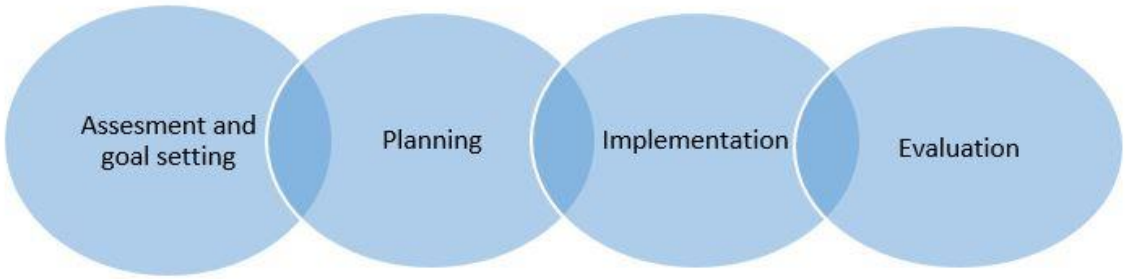


5.2.5 Procedure

Procedure is described by Dickoff, James and Wiedenbach (1968:431) as steps of guiding the activities and involves the protocols or techniques that assist the agent to achieve the goals. Sufficient information on how to carry out the activities is provided in the procedure to safeguard the agent, recipient and the context by providing such knowledge. The result of this study shows that there are no guidelines to facilitate clinical supervision of student nurses in clinical areas, and therefore supervision by professional nurses is inadequate. The developed guidelines to facilitate clinical supervision can be enhanced by applying the steps indicated in the supervision triangle.

The use of the supervision triangle indicates how supervision should be done by using four steps similar to those of the nursing process, starting from assessment and goals setting, planning, implementation and evaluation.

Figure 5.5: The Procedure



5.2.5.1 Assessment and goal setting

Assessment is regarded as the first step of the guidelines which involves everyone affected to full and open communication. This is a step where professional nurses should identify the knowledge gaps and needs of student nurses related to supervision. During this initial interactive phase, they both should have to set clear objectives/goals that need to be met. The Supervision Triangle provides a template for areas that might be included, during negotiation of the goals and methods of supervision. The current functioning of the practitioners, which is similar to each cell, is reviewed to allow the identification of their needs. Student nurses are expected to achieve their goals and have their needs met. The three cells of relevance reflected in the supervision triangle during goal setting phase are skills and knowledge, professional identity and self. The student nurse does not have appropriate knowledge and skills on working with patients in the clinical areas. Discussion of "self" cell allows professional nurses to obtain explanation from the student nurses regarding the skills which are relevant for supervision and to do follow-up on performance.

5.2.5.2 Planning

At first a brief description of the student nurse to the professional nurse regarding issues relevant to the supervision is required. The professional nurse should give the student nurse the responsibility to select the issues to be addressed during that session according to priority. This procedure contributes to both the student nurse

self-direction and training in order to conceptualise and capitalise on supervision issues to be dealt with first.

The aim of this phase is to influence student nurses' personal and professional development to show willingness and commitment in the process. Professional nurses are required to define and communicate information regarding clinical supervision and come up with strategies for implementation. Professional nurses should also outline the measures to deal with challenges or dynamics. The roles for both parties should be made clear to avoid conflicts. Furthermore an agreement should be reached concerning the problem and its intrinsic drivers as well as the expected contribution to the guidelines.

5.2.5.3 Implementation

In this phase, professional nurses should orientate student nurses, empower them through supervision as well as mentoring them. The resources for empowering student nurses on clinical supervision should be mobilised by the experts to enable offering skills relevantly by using correct equipment. Furthermore, the professional nurses should create a conducive informative knowledge sharing environment, to enable student nurses to learn reflective skills. The three learning domains of cognitive, affective and psychomotor should then be assessed.

5.2.5.4 Evaluation

According to the use of supervision triangle, in this phase the professional nurse and student nurse should have made an agreement beforehand to give an opportunity of self-monitoring by the student nurse. The professional nurse should thereafter evaluate the performance of skills within all the domains, cognitive, affective and psychomotor. The process of guideline utilisation and supervision should be reviewed by both, discussing the extent of how issues within each domain were addressed. This is where student nurses are expected to reflect their learning through giving of feedback to the professional nurse. Giving feedback assists in

improving performance of student nurses, to meet goals and expected standards. It may happen that some areas were given more attention than others during supervision and this results in competency being acquired in certain areas, while others remain the same. Student nurses should decide to take some initiative in dealing with the identified gaps which indicates a certain level of development.

5.2.6 Terminus

Dickoff, James and Wiedenbach (1968:431) in Chinn and Kramer (2011:147) define terminus as an end point of the process or activities including its accomplishment. In this study terminus will focus on the following three aspects of agent, recipient and context.

5.2.6.1 Agents

They will have improved knowledge and skills on clinical supervision to enable them to be responsible and competent professionals.

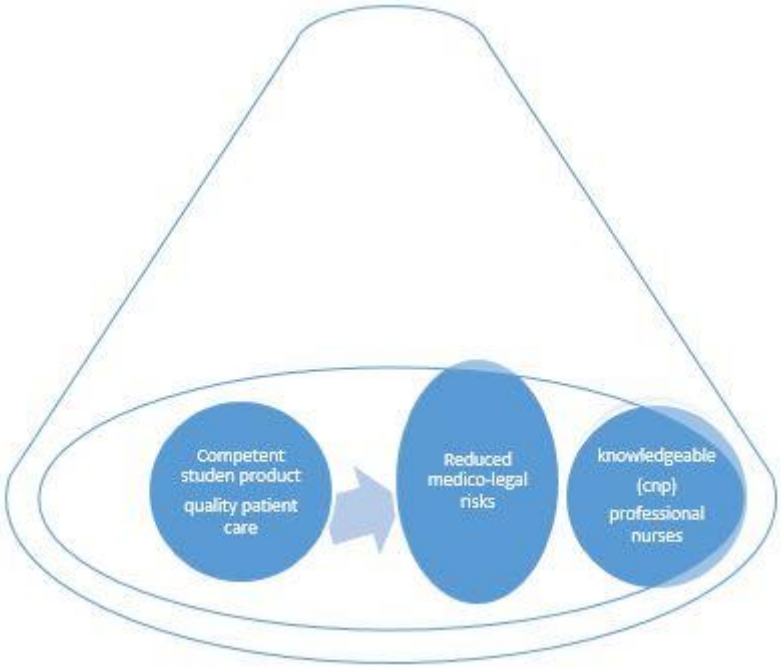
5.2.6.2 Recipients

They will become independent competent nurse practitioners.

5.2.6.3 Context

There will be improved quality patient care in the clinical areas since professional nurses will be knowledgeable clinical nurse practitioners who are able to give adequate supervision to student nurses. Student nurses produced will be of quality since they will have developed competency in clinical knowledge and skills. Furthermore, medico legal risks will be reduced since both professional nurses and student nurses will have relevant knowledge and skills for patient care.

Figure 5.6: Terminus of Clinical Supervision



5.3 GUIDELINE DEVELOPMENT

This discussion of guidelines development to facilitate clinical supervision in this section, is based on the findings in chapter 4 and 5 as well as the elements outlined in the practice theory proposed by Dickoff, James and Wiedenbach (1968:432). The researcher in this study adopted WHO's procedure for guideline development in order to develop guidelines to facilitate clinical supervision of student nurses in clinical areas of Limpopo Province. The steps are discussed as follows:

5.3.1 Establishment of Guideline Development Group (GDG)

The researcher started by establishing the Guideline Development Group (GDG) which is comprised of external experts. The aim of the group was to develop evidence based on recommendations, finalising the scope and key questions using PICO format. The members of the group were chosen from people with a range of expertise and experience on clinical supervision**.** In this study the GDG included the

area/operational nurse managers, professional nurses, the researcher and promoters.

5.3.2 External Review Group (ERG)

ERG is composed of interested people in the subject of developing guidelines as well as those who will be affected by the recommendations (WHO, 2014:28). In this study ERG consisted of principals, HODs of nursing colleges and university, nurse managers of hospitals, district managers.

5.3.3 Scoping the guideline

Who (2014:20) described scoping as the process of defining what guidelines will include and exclude, this involves the areas of practice to which guidelines will apply. In this study the areas for application of guidelines will be Training hospitals and Primary health care facilities accredited by SANC for clinical placement of student nurses.

Scoping also needs the intervention approaches or priority of topics included. The population and sub population to be affected by the recommendations is needed which in this study are professional nurses as well as student nurses. The outcomes, benefits and harms that may occur are outlined in the scope of guidelines. Key questions governing search for evidence to inform recommendations are also written. The process of guideline development can be manageable and relevant to end users if the scope is right (WHO 2014:21). On the other hand, resources are wasted if the scope is wrong and the end user will remain uncertain about the intervention approach.

According to Wollersheim and Grol (2005:189), the GDG should agree on a question/topic to be addressed which in this study is clinical supervision of student nurses. The more relevant the topic, the more likelihood for guidelines to be

accepted. There is a need for systematic analysis prior to guidelines development for successful implementation.

5.3.4 Formulating of key questions in PICO format

PICO refers to population, intervention, comparator and outcome, these four elements should be considered in any question governing a systematic search of the evidence. The useful structure to describe inclusion and exclusion criteria for the body of evidence and formulation of recommendation can be provided if PICO format is used (WHO, 2014:79). In the context of this study PICO format was used to search evidence on clinical supervision of student nurses in training hospitals of Limpopo Province.

5.3.4.1 Population

WHO (2014:79) defines population as a group targeted by the intervention of the guidelines. In this study population refers to the professional nurses working in training hospitals of Mopani and Vhembe districts of Limpopo Province. The demographic characteristics, such as age, sex, social, geographic and environmental characteristics were considered relevant in the guidelines. The student nurses utilising those clinical facilities for clinical experience are the sub-population. The educational level of student nurses, gender and geographical location were also considered.

5.3.4.2 Intervention

Intervention is defined broadly as any factor influencing the risk of a given outcome (WHO 2014:80). In this study intervention refers to facilitation of clinical supervision in the training hospitals.

5.3.4.3 Comparator

Comparator is a course of action which acts as an alternative with which to compare the recommended guidelines, this includes standard practice which may be established between the individual level and population-level intervention. Comparators closely related to current practice are regarded as important because they provide guideline developers with information needed to formulate recommendations relevant to end-users (WHO, 2014:81). In this study the comparators can be protocols, standards or policies used in training hospitals that can be used in guiding clinical supervision of student nurses.

5.3.4.4 Outcomes

Outcomes refer to purpose of the guidelines which can be client centered outcomes. The Supervision Triangle conceptual framework used in this study describes client centered as focusing only on technical issues of case management of the client. However, the supervisor in this study should consider outcomes that are process centred to cover all areas of concern in supervision. The outcomes in this section are to develop guidelines to facilitate clinical supervision.

5.3.5 Identifying and evaluating existing evidence

This is a process for identifying and evaluating existing evidence which is required to obtain information for guidelines development. The search starts by checking the existence of any clinical supervision guidelines and review of systematic literature. The search for scientific evidence and its relevance, quality and timeliness should be done before commissioning new guidelines (WHO, 2014:96).

In this study existence of guidelines regarding clinical supervision of student nurses in training hospitals of Limpopo Province were checked, however clinical supervision guidelines for student nurses were available in the two districts. The Provincial DoH was also contacted to find out if any clinical supervision guidelines were available in

other districts of Limpopo Province, but none were existing. However, Limpopo Province has different guidelines related to patient care such as maternity guidelines, guidelines for Integration of HIV/AIDS services, Primary Health Care guidelines and others.

5.3.6 Quality of evidence

The Grading of Recommendations, Assessments, Development and Evaluation (GRADE) working group defines quality of evidence as the extent to which one can be confident that an estimate of the effect or association is correct. In the context of guideline development, quality of the evidence reflects the confidence that the estimate of an effect is adequate to support a particular decision or recommendation (WHO, 2014:110). Quality of evidence can achieved by using GRADE system indicated in the table below.

Table 5.1 Quality of Evidence in GRADE

Quality level	Definition	Outcome
High	Being very confident that true effect lies close to that of estimate of the effect	Further research is very unlikely to change confidence in the estimate of effect
Moderate	Being moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, although there's a possibility that it is substantially different	Further research is likely to have an important impact on the confidence in the estimate of effect and may change the estimate
Low	Having limited confidence in the effect of the estimate: the true effect may be substantially different from the estimate of the effect	Further research is very likely to have an important impact on confidence in the estimate of effect and is unlikely to change the estimate
Very low	There's little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate	Any estimate of effect is very uncertain

GRADE: Grading of Recommendations, Assessments, Development and Evaluation

The quality of evidence was assessed based on the findings of the study conducted using explanatory sequential mixed methods approach which includes quantitative and qualitative design. Data collected from professional nurses using questionnaires and student nurses through focus group interviews is another evidence of quality of this study findings. The recommendations from findings of this study were high based on the use of GRADE and this allowed the researcher to develop guidelines to facilitate clinical supervision.

5.3.7 Developing Recommendations

The GDG has a task to formulate recommendations based on the evidence as well as assessment of quality which has been identified and synthesised. The GDG considered the GRADE framework to formulate clear, attainable recommendations. The recommendations for development of guidelines were made based on the study findings as well as the conceptual framework, which is the Clinical Supervision Model. The Recommendation is composed of policy formulation and review by the Department of Health, creation of clinical staff posts, recruitment and hiring staff for clinical supervision, identifying professional nurses interested in supervision to carry out the role, inclusion of clinical supervision as one of professional nurses' key result areas in performance agreement, adoption of guidelines and utilisation by professional nurses, funding and purchasing of material resources.

5.3.8 Producing guidelines

Coordination of inputs from contributors in guideline formulation is necessary before producing and publication of guidelines. The structure of guidelines includes the table of contents, introduction, methods, recommendations and conclusion. The lists of roles for all participants are outlined including conflict of interests and how they were dealt with. The systematic review(s), outcome ratings, summaries for findings, GRADE evidence profile including tables and relevant documentations are supplied in appendices and published electronically to reduce printing and distribution costs. Systematic reviews are reported in compliance with Preferred Reporting Items for

Systematic Reviews and Meta-Analyses (PRISMA). The appraisal instrument – Appraisal of Guidelines for Research and Evaluation (AGREE) was used to check whether the guidelines meet the quality and reporting standards before submission for clearance (WHO, 2014:158).

5.3.9 Adaptation, Implementation and Evaluation

These are the steps for completion of guidelines development process. Adaptation of clinical supervision guidelines was done considering the circumstances and resources available in training hospitals. Implementation and evaluation plans were made available to all contributors and actively supported by DoH. The list of tools and resources to be used in implementation such as checklists, quality indicators will be made available to all training hospitals. Operational and implementation research can be performed to evaluate service providers and end-users' perceptions on guidelines implementation (WHO, 2014:167). In this study the developed clinical supervision guidelines were reviewed by the promoter and co-promoter. Furthermore, the clinical supervision guidelines were sent to Limpopo DoH and training hospitals where the study was conducted.

5.4 STRUCTURE OF GUIDELINES FOR CLINICAL SUPERVISION OF STUDENT NURSES

The researcher outlined the clinical supervision in table 5.2 below.

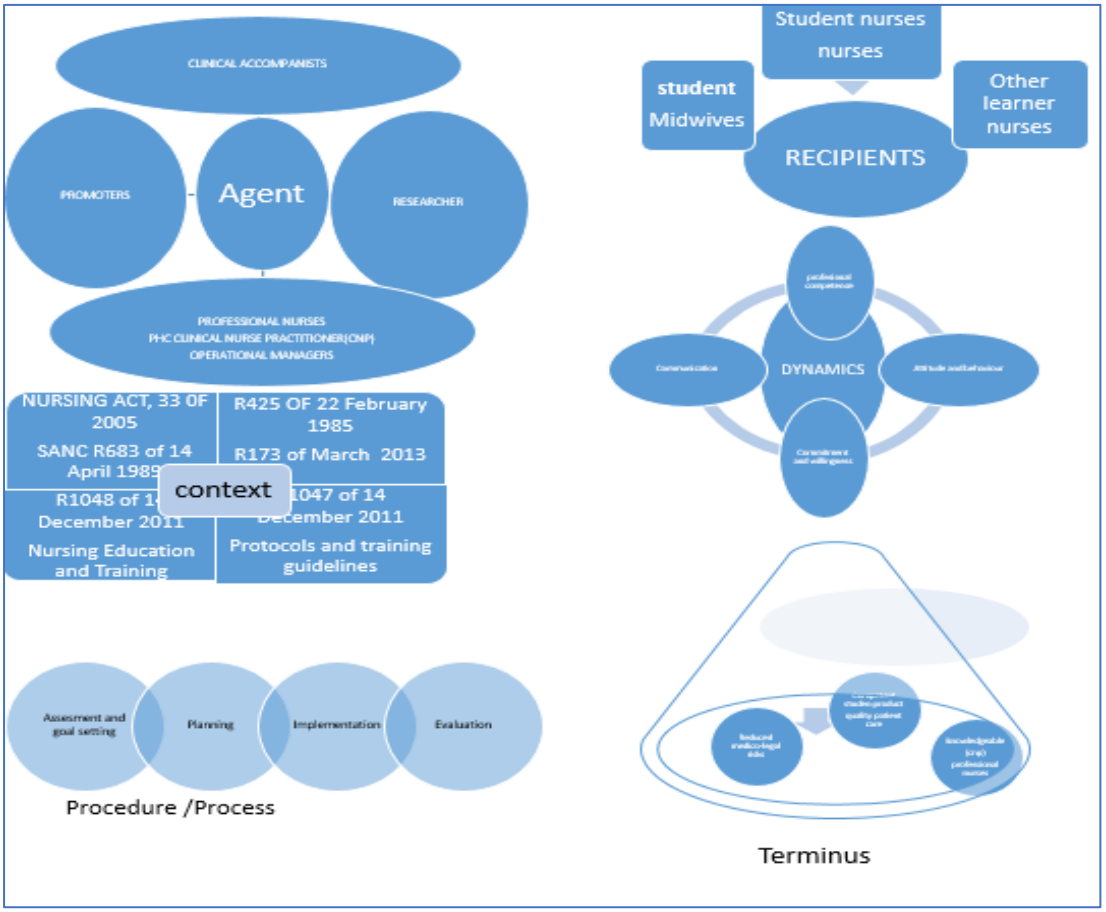
Table 5.2 Structure of clinical supervision guidelines

Title	Guidelines to facilitate Clinical supervision of student nurses
Principal Author(s)	Student: Mrs. RF Mathevula Promoter: Prof. ML Netshikweta Co-Promoter: Prof. LH Nemathaga
Special contributors	Statistician and Independent coder for assistance with data analysis Research experts contributed in development of guidelines for clinical supervision
Disclaimer	Emerging clinical and scientific advances are reflected in this document, from the date it was issued and is subject to change

	The information in this document should not be taken as dictating an exclusive course of procedure to be followed. Department of Health, Local training hospitals and Nursing Education Institutions can dictate amendments to these opinions. Amendments should be well documented if modified at local level The contents of this document may not by any means be reproduced prior to written permission
Abstract	Guidelines to facilitate clinical supervision of student nurses were developed, since there were no existing guidelines in Mopani and Vhembe districts of Limpopo Province, South Africa.
Objective **Options** **Outcomes**	A systematic review was conducted to obtain scientific evidence on the topic under study. The study questions for this research were as follows: • What knowledge do professional nurses have regarding clinical supervision of student nurses in the clinical areas? • What are the perceptions of student nurses regarding clinical supervision in the clinical areas of Mopani and Vhembe districts training hospitals? • What guidelines are available in the clinical areas regarding clinical supervision? Literature regarding the clinical supervision was reviewed and revealed challenges and factors influencing clinical supervision in the clinical areas. Shortage of staff, Heavy workload and high number of student nurses in clinical areas were rated high as challenges of clinical supervision. Some of the challenges rated as having moderate impact on clinical supervision were shortage of resources. Inadequate support and poor communication were rated to be low. Based on this findings guidelines of clinical supervision of student nurses in the clinical areas were developed.
Evidence	The evidence was found by searching from different data bases, such as Google scholar, Ebscohost, Science direct and many more. Literature related to objectives of the study and Supervision Clinical Model in which this study was based were reviewed to obtain more evidence.
Benefits, harms and costs	The guidelines to facilitate clinical supervision are having the following benefits: • Quality patient care • Competent student nurse product • Improved knowledge and skills on clinical supervision • Reduced medico- legal risks There was no harm anticipated although it will be costly to recruit and hire staff as well as purchasing material resources needed for clinical supervision of student nurses
Validation	The developed guidelines in this study were reviewed by the promoter and co-promoter. The guidelines were sent to training hospitals as well as PHC facilities for testing, in order to check their applicability and effectiveness. The GDG utilised **the AGREE tool** to evaluate the guidelines. The validation was done on the following elements: If the guidelines are known and well applied? Does the application lead to anticipated objectives?

	What is the level of rating as per GRADE? High quality guidelines can improve clinical supervision, while low quality ones can negatively affect clinical supervision. In this study they were rated of high quality based on the evidence of GRADE.
Sponsors	This research project for developing guidelines of clinical supervision of student nurses was funded by Research Directorate of the University of Venda.
Introduction	The aim of the developed guidelines is to facilitate clinical supervision of student nurses in the clinical areas of training hospitals and can be utilised by other facilities responsible for clinical supervision of student nurses such as PHC. However, the staff shortage, heavy workload and high number of students allocated in clinical areas was revealed in the study findings as having high negative impact on clinical supervision**.**
Content	The content of this guidelines is illustrated in figure 5.7: below

Figure 5.7: Illustration of guidelines content



Updating and Review	The guidelines are subject to be reviewed and updated after three years or based on new recommendations. The use of relevant methodology should be considered for the updating procedure.
Conclusion	During the development of guidelines to facilitate clinical supervision of student nurses in the clinical areas it was considered how they are going to be implemented, this will assist in introducing the guidelines successfully. The guidelines to facilitate clinical supervision of student nurses should be combined with systems and procedures in place at the training hospitals and PHC facilities accredited for clinical placement of student nurses.
Recommendations	The scientific evidence as well as clinical expertise were brought together when formulating the recommendations. The following aspects were considered: • The strength and nature of scientific evidence • The generalisation and applicability to the target population • The cost effectiveness of guidelines implementation • The achievability of implementation in terms of staff and material resources
	Guideline 1: Provision of additional professional nurses to provide clinical supervision
1.1	Provide adequate number of professional nurses in all training hospital according to professional-student nurse ratio
1.2	Professional nurse - student nurse ratio should be at 1:10 for effective supervision
1.3	Create posts for full time clinicians in training hospitals to perform clinical supervision to reduce heavy workload to professional nurses
1.4	Recruit and hire full time clinicians solely responsible for clinical supervision
1.5	Have a retention strategy in place for professional nurses in the units
1.6	Proper planning of on and off duties for professional nurses
1.7	Include clinical supervision as one of the professional nurses' key results areas to improve quality patient care.
1.8	identify professional nurses interested in education and training of student nurses and allocate them in every ward
	Guideline 2: Proper allocation of student nurses in the clinical areas
2.1	Communicate allocation needs to training hospitals and distribute student nurses' allocations in advance to assist proper planning by training hospitals.
2.2	Strengthened NEI- Clinical relationship through effective communication
2.3	Apply for accreditation of more clinical facilities by SANC to meet the

	requirements of student nurses' placement.
	Guideline: 3 unburden professional nurses workload
3.1	Adoption, distribution and utilisation of guidelines for clinical supervision to ease the process of supervision by professional nurses.
3.2	Review staffing norm in the districts to identify the gaps.
3.3	Allocate professional nurses in consideration of student nurses' need of supervision
3.4	Utilise mentors to supervise student nurses
	Guideline 4:Provision of quality medical equipments for clinical supervision
4.1	Training hospitals should be motivate for funding specifically for purchase of material resources.
4.2	Motivate for purchase of material resources useful during clinical supervision
4.3	Provide sufficient equipments to promote clinical supervision
4.4	Purchase of quality medical equipments by procurement
4.5	Train users on operation of the equipments
4.6	Keep and update inventory for all equipments
	Guideline 5: Provision of adequate support in clinical supervision
5.1	Provide learning outcomes for student nurses to clinical areas.
5.2	Empower professional nurses for supervisory role through in-service training and workshops
5.3	Strengthening constant communication between Nursing Education Institutions and clinical areas.

5.5 OPERATIONALISATION OF THE GUIDELINES

The previous section concentrated on developing the guidelines to facilitate clinical supervision of student nurses by professional nurses in the clinical areas. The aim of the section is to describe how the guidelines are going to operate. The final step in developing guidelines is its application to the situation. Clinical supervision guidelines were described in the previous section according to six elements of theory practice proposed by Dickoff, James and Wiedenbach (1968:425) as described in the following operationalisation of clinical supervision guidelines.

5.5.1 Guidelines for the agents

Agents are experts who are in possession of knowledge and skills relevant to the guidelines. This includes professional nurses, PHC clinical nurse practitioners, the researcher, the promoters of this study and area/operational managers in accredited facilities for placement of student nurses. In these guidelines professional nurses will specifically be the first agents to direct these guidelines to, because they are responsible for working with student nurses in the units on a daily basis.

- Create a conducive environment in which student nurses are able to carry out nursing activities without any uncertainties.
- Roles of professional nurses should be defined to avoid conflicts and to make other professional nurses aware of each other's roles.
- Professional nurses should be resourceful and be able to create a good learning environment to support and assist student nurses to learn how to nurse patients.
- Professional nurses should search more information concerning clinical supervision issues, so that they have enough information to clarify student nurses during the process of supervision.
- Professional nurses should offer student nurses with continuous and adequate support during supervision in clinical areas to stimulate more interest in clinical learning of student nurses.
- Professional nurses should capacitate student nurses on how to apply knowledge and skills effectively on patients.

- Professional nurses should supervise student nurses regularly on a daily basis, for the duration of at least 30-45 minutes daily to improve the level of supervision.
- Professional nurses should choose an appropriate method of supervision in line with the procedure which is being supervised.
- Professional nurses should utilise guidelines to facilitate clinical supervision of student nurses.

5.5.2 Guidelines for recipients

The following guidelines will be focused on recipients, referring to student nurses in this study.

- Student nurses should cooperate towards the process of supervision to enhance interaction with professional nurses.
- Student nurses should avail themselves for supervision for integration theory into practice.
- Student nurses should take responsibility of their own learning towards development of competency.
- Student nurses should actively participate in clinical learning.

5.5.3 Guidelines for the context

The context in this study refers to training hospitals and also PHC facilities accredited by SANC for clinical placement of student nurses. The guidelines for the context were derived from analysis of data discussed in chapter 4 and 5 of this study.

- Training hospitals should be governed by South African Nursing Council regulations, Nursing Education and Training Standards as well as protocols related to student nurses' training.
- Every unit in a training hospital should keep a file with all relevant training documents for reference while supervising students.

- The training hospitals and PHC clinical facilities should share the knowledge and skills related to clinical supervision of student nurses to all relevant stakeholders.
- Workshops and in-service training for professional nurses should be conducted within the training hospitals and PHC facilities to assess the knowledge and skills regarding clinical supervision of student nurses.
- People with expertise should be involved in facilitation of workshops and in-service training to impart the current knowledge to professionals involved in clinical supervision of student nurses.
- The relevant prescribed training acts and regulations should be applied in all sections of training hospitals including PHC facilities.
- The accredited facilities for clinical placement of student nurses should collectively seek more information regarding clinical supervision issues so that there should be continuous participation.
- All the units in training hospitals and PHC facilities should inclusively participate in clinical supervision and encourage active participation by all professional nurses allocated in the units.
- Training hospitals should develop strategies to strengthen the developed guidelines in order to ensure sustainability in the implementation process.
- There should be collaboration between the experts of clinical supervision within the training hospitals where professional nurses can obtain information and assistance.
- Training hospitals should further collaborate with local districts to obtain the support in implementation of clinical supervision guidelines by professional nurses.
- Training hospitals should be involved in education and training activities at district, provincial and national level to obtain up to date information about issues on clinical supervision for correct implementation.
- The training hospitals should allocate professional nurses responsible for clinical supervision in their workload distribution schedule.
- The organizational culture of the institution should promote clinical supervision of student nurses

5.5.4 Guidelines for dynamics

The dynamics in this study include attitude and behaviour, professional competence, commitment coupled with willingness, communication based on type of relationship that exists between the agent and recipient.

5.5.4.1 Attitude and behaviour

- Professional nurses should develop a positive attitude and behaviour towards clinical supervision.
- Student nurses should do away with negative attitudes that affect their relationship with professional nurses resulting in inadequate supervision.
- The professional nurses should display their readiness to supervise student nurses in spite of challenges.
- Student nurses should acknowledge the efforts of professional nurses by showing willingness to learn during supervision.

5.5.4.2 Professional competence

- Professional nurses supervising students should be competent professional nurses to impart the relevant skills and knowledge.
- The professional nurses should equip student nurses through supervision.
- Supervision should be performed by professional nurses with up to date knowledge and skills

5.5.4.3 Commitment and willingness

- Professional nurses and student nurses should show commitment and willingness in clinical teaching and learning.
- Professional nurses should always show their willingness and commitment by involving themselves in clinical supervision activities.
- Professional nurses should allocate enough time for supervising student nurses.
- Student nurses should show commitment by availing themselves for supervision.

5.5.4.4 Communication

- There should be a two-way communication process of conveying and receiving messages, in the context between the agents and recipients.
- NEIs and clinical areas should strengthen communication
- Effective communication is needed between the professional nurses and student nurses to clarify issues in the learning outcomes.
- Effective use of listening skills by professional nurses is needed to understand the message conveyed by student nurses regarding clinical supervision.

5.5.5 Guidelines for procedure

- Supervision should be guided by the available protocols and guidelines in the clinical.

5.6 SUMMARY

This chapter presented the description and development of guidelines to facilitate clinical supervision of student nurses as well as operationalisation of the guidelines. Six steps for practice theory by Dickoff, James and Wiedenbach (1968:425) were followed in developing guidelines for clinical supervision of student nurses as discussed in this chapter based on the findings of this study. The summary, recommendations , conclusion and limitations are discussed in the following chapter.

CHAPTER 6: SUMMARY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

6.1 INTRODUCTION

This chapter presents the summary of findings, recommendations, limitations of the study and the conclusion in line with the problem statement, objectives, research questions as well as the findings of this study. The study has analysed and identified the factors influencing clinical supervision and perceived challenges associated with it. Guidelines to facilitate clinical supervision were developed and outlines the expectations to be followed by both the professional nurses and student nurses during clinical supervision of student nurses, in order to improve clinical supervision.

6.2 SUMMARY OF FINDINGS

This study was completed under two phases focusing on the following objectives: -

- Phase 1 of quantitative design addressing the objective 1; "*To assess professional nurses' knowledge regarding clinical supervision of student nurses in training hospitals of Limpopo Province" and qualitative design which covers the objective 2:* "*To explore and describe the perceptions of student nurses regarding clinical supervision in training hospitals of Limpopo Province"*
- Phase 2 which addressed the third objective,*"To develop guidelines to facilitate clinical supervision in Mopani and Vhembe district training hospitals."*

6.2.1 Findings for quantitative and qualitative strands

The analysed quantitative data was from 387 professional nurses who participated in this study. The researcher conducted several analysis in quantitative strand to outline different issues in the current study. The findings of qualitative data was obtained from 80 student nurses interviewed using the focus group. The description of qualitative study findings were discussed under five themes and sub-themes using

direct quotes from student nurses' interviews. Validation of findings was done through literature control to clarify the findings of this study.

In quantitative strand descriptive statistics were used to determine the differences of the respondents' socio-demographic profile presented in terms of age, gender, educational qualification, working experience after registration and the unit in which one worked at the period when this study was conducted. The distribution of the ages ranged from a minimum of 20 years to a maximum of 62 years giving a range of 42 years. The mean and median ages of the respondents were 45 years and 48 years respectively. Thus, on average the professional nurses were aged 43.88 years and about 194(50.0%) were not older than 45 years. This indicates that majority of participants were middle-aged. The quantitative findings of this study reveal that age is not a determinant variable in the perceptions of clinical supervision. However, it could not be confirmed by qualitative findings as the age of student nurses were not included in their demographic profile.

Inferential statistics was employed to determine whether the profile of professional nurses had an impact on their perceptions. Amongst the professional nurses who participated in this study 319(83.9%) were females while 61(16.1%) were males. The demographic profile of student nurses included gender. Eighty level two to four student nurses participated in this study, of which 68(85%) were females and 12(15%) were males. Based on these findings, it can be concluded that there were more females than males who participated in this study

In terms of qualifications, close to 232(60.0%) professional nurses majority were in possession of a basic nursing diploma. There are about 100(26.0%) of the respondents who are degree holders and the degrees are a basic nursing degree 46(11.9%), post basic nursing degree 30(7.8%), and Honours/Master's degree 25(6.5%), while close to 60(16.0%) had post basic nursing diplomas. Student nurses who participated in this study were not yet qualified, but were in level two to four of their training. The findings of both strands show that qualification or level of study has no impact on the perceptions of clinical supervision.

Every professional nurse from the 387(100.0%) were registered as general nurses, this indicates that SANC requires all professional nurses to have this qualification as a baseline in the professional nurse stream. Three-quarters were registered as midwives, about 174(45.0%) as community nurses and close to 155(40.0%) as psychiatry nurses. However, less than 77(20.0%) were in management or were educators. It is evident based on these findings that there are few professional nurses with nursing education qualifications, who are knowledgeable in issues of education and training to supervise student nurses effectively. Student nurses were registered with SANC, for all students are expected to be registered on commencement of training. Professional registration was revealed in both quantitative and qualitative findings as having no influence on the perceptions of clinical supervision.

The number of years worked after registration by professional nurses were from a minimum and maximum 1 and 37 years respectively giving a range of 36 years. The majority of the professional nurses have worked more than five years after registration and have average experience to be equipped to supervise student nurses, while student nurses' experience ranged from one to three because of their training levels. However, the number of years and level of training was not a determinant variable on the perceptions of clinical supervision.

The professional nurses were evenly distributed across units such as medical, surgical, OPD/Casualty and maternity with close to 77(20.0%) of the respondents working in those units. This shows that perceptions of professional nurses covered different units of the hospitals where this study was conducted. The student nurses were distributed in different units: 18(26%) Medical, 15(19%) Surgical, 10(13%) Paediatric, 5(6%) OPD/Casualty, 6(8%) Theatre, 8(10%) MHCU and 18(23%) Maternity. This is evidence that perceptions of clinical supervision from both professional nurses and students covered different units of the training hospitals where this study was conducted.

There were 22 statements used to assess professional nurses' knowledge regarding clinical supervision. Out of the 22(100.0%) statements, the majority of the respondents were able to judge correctly 20(91.0%) of the statements. Only two

(9.0%) of the statements were judged incorrectly by the respondents. This shows that professional nurses had knowledge about clinical supervision issues. However, this was not supported by qualitative findings as indicated in the sub-themes that emerged from data analysis.

The statements for identifying factors that influence clinical supervision were measured on a four-point scale from 1 (strongly agree) to 4 (strongly disagree) on the issues of learning environment, supervisory relationship, learning outcomes, professional nurses' competence, method of supervision as well as attitude and behaviour. Some quantitative findings were supported by qualitative findings, while others were not as indicated in the sub-theme below.

Theme 2: Factors influencing supervision

This theme had eight sub-themes that emerged during interviews conducted with student nurses. The findings under this theme revealed poor supervisory relationship, incompetence of professional nurse, lack of interest which displays negative attitude and behaviour as factors having influence on inadequate supervision of student nurses.

Furthermore, the attitude and behaviour aspect had five statements to be assessed in quantitative strand. Attitude and behaviour of both professional nurses and student nurses were identified as having influence on clinical supervision. These findings are confirmed by the themes and sub-themes that emerged from qualitative analysis.

Theme 1: Participants' perceptions related to clinical supervision

Seven sub-themes emerged from this theme. Findings revealed inadequate supervision of student nurses related to negative attitudes from professional nurses.

Theme 4: Behaviour and attitude influencing supervision

Two sub-themes emerged from this theme, that student nurses displayed disrespectful attitudes towards professional nurses and lack commitment in the clinical area. Student nurses' attitude and behaviour contributed to inadequate supervision.

There were 14 statements to be measured on a five point Likert scale that range from 1 (to a very large extent) to 5 (not to any extent at all) used to assess the perceived challenges regarding clinical supervision. The quantitative findings revealed that shortage of supervisors, heavy workload and high number of student nurses allocated in clinical areas were challenges happening to a large extent as shown by a mean close to 2. However, other challenges identified were inadequate material resources, poor communication, inadequate support as well as inadequate supervisory skills occurring to some extent. These challenges revealed by a mean between 2.5 to 3.5, which indicate that they do happen to some extent. These findings were confirmed by qualitative findings as indicated in the following themes and sub-themes that emerged from the analysis.

Theme 3: Challenges related to supervision of students

The qualitative findings revealed the following challenges which impacted negatively on clinical supervision of student nurses in clinical areas. These are shortage of staff, high number of student nurses in clinical areas, heavy workload, shortage of material resources, poor communication, racism, lack of student nurses' involvement and lack of commitment.

Factors that influence clinical supervision had p-values greater than .05 meaning dimensions were interpreted in a similar manner by both males and females. The test for equality of means, shows homogeneity between groups in all aspects except "*perceived challenges in clinical supervision*". Independent T-tests was used to determine differences in perceptions of clinical supervision by gender. There was homogeneity in perceptions of clinical supervision between male and female professional nurses. Thus, gender was not the determinant factor in distinguishing

perceptions on clinical supervision regarding the impact on clinical supervision of the eight issues. However, it is a distinguishing variable on perceived challenges in clinical supervision, because males seem to be experiencing more challenges regarding shortage in the nursing profession with female dominance. These quantitative findings were supported by qualitative findings.

The time spent in supervision of student nurses shows that 105(27.1%) indicated that they supervise daily, 132(34.1%) supervise three to six times a week, and 80(20.7%) supervise twice a week. Most of the supervision was done within a week. The findings of this study indicates that supervision in clinical areas is not regular based on the percentages indicated above. In terms of the time spent supervising students, the majority of supervision was done within an hour. This is evidence that less time is spent by professional nurses in supervision. The findings from quantitative strand are supported by qualitative findings showing that time spent in supervision in insufficient.

The differences on perception of clinical supervision between age, educational qualifications, experience after registration and clinical units in which one worked were tested using Anova test. The findings show that there is homogeneity on factors influencing supervision and heterogeneity on perceived challenges. The Pearson's correlation analysis was used to present the degree of relationship between variables.

The findings from quantitative strand indicate that three methods of supervision are used in supervising student nurses in the units. This is confirmed by the theme that emerged from qualitative analysis.

Theme 5: Existing and suggested supervision methods

Three methods of supervision identified in both findings were suggested under this theme. Group supervision, one to one, and senior student supervising junior students were also stated by professional nurses in their responses from the questionnaires used in data collection for quantitative methodology.

6.2.2 Phase 3: Development of clinical supervision guidelines

Based on the findings from both strands as supported by literature reviewed, the researcher identified the need of developing guidelines to facilitate clinical supervision. There were no guidelines for clinical supervision in the two districts where this study was conducted and other districts of Limpopo Province, however there were different clinical guidelines related to patient care. The guidelines were developed and validated for quality.using AGREE tool.

6.3 LIMITATIONS

This study was conducted in public training hospitals, therefore, the professional nurses and student nurses' perceptions in private institutions were excluded and might have added value to the findings of this study. Furthermore, this study was conducted in the participants' working environment for it would not have been possible to remove them far away from their responsibilities, and this might have affected their relaxation thinking of their commitments in the units.

6.4 RECOMMENDATIONS

The recommendations were based on the study findings. There are still challenges faced by professional nurses working in Mopani and Vhembe training hospitals of Limpopo Province, therefore this study suggests the following recommendations to close the existing gap related to clinical supervision under the following headings:

6.4.1 Shortage of staff

- Limpopo Province Department of Health should create posts for full-time clinicians in training hospitals to perform clinical supervision.
- Nursing Education Institutions should recruit and hire full-time clinicians solely responsible for clinical supervision.

- Proper planning of on and off duties for professional nurses responsible for clinical supervision to cover all shifts.
- Training hospitals should identify professional nurses interested in education and training of student nurses and allocate them in every ward where student nurses are allocated.
- The key results areas for professional nurses working in the units should include clinical supervision of student nurses.
- Adoption, distribution and utilisation of guidelines for clinical supervision to ease the process of supervision by professional nurses.

6.4.2 High number of student nurses allocated in clinical areas

- Nursing Education Institutions should communicate allocation needs to training hospitals and distribute student nurses' allocations in advance to assist proper planning by training hospitals.
- Nursing Education Institutions should apply for accreditation of more clinical facilities by SANC to meet the requirements of student nurses' placement.

6.4.3 Heavy workload

- Training hospitals should review staffing norm in the districts to identify the gaps.
- Allocation of professional nurses in the units should be done in consideration of student nurses' need of supervision.
- Proper planning of on and off duties for professional nurses responsible for clinical supervision to cover all shifts.

6.4.4 Shortage of material resources

- Training hospitals should be funded specifically for purchase of material resources, this will enable student nurses to correlate theory into practice.
- Training hospitals should motivate for purchase of material resources useful during clinical supervision.

- **6.4.5 Inadequate support**

- Adoption of guidelines by DoH will enable the professional nurses to offer supervision to the required standard
- Nursing Education Institutions should ensure that learning outcomes are made available to clinical areas and clarified to professional nurses.
- Professional nurses should be empowered through in-service training and workshops on clinical supervision to equip them with supervisory skills.
- Strengthening constant communication between Nursing Education Institutions and clinical areas, in form of meetings.
- Professional nurses should adhere to their supervisory role to give necessary support to student nurses allocated in their units.

6.4.6 Frequency and duration of supervision

Professional nurses delegating duties to student nurses should allocate a supervisor to tasks performed by student nurses to offer supervision, This will increase frequency and duration of supervision.

6.4.7 Further research

Further research regarding clinical supervision should be conducted in other districts of Limpopo Province to identify challenges or gaps hindering clinical supervision, as well as availability of guidelines for clinical supervision.

6.5 CONCLUSION

The findings of this study led to development of clinical supervision guidelines for utilisation in training hospitals. Despite of clinical supervision challenges identified in this study, most professional nurses were found to be willing and committed to supervise student nurses in clinical areas. Nursing Education Institutions and hospital nursing managers should continuously offer support to professional nurses to enable them to carry out their supervisory role.

7. REFERENCES

Alfonsson, S., Spännargård,A., Parling, T., Andersson,G.& Lundgren,T., 2017. The effects of clinical supervision on supervisees and patients in cognitive-behavioral therapy: a study protocol for a systematic review. *Syst Rev, 6:94..*

Atanga, M.B.S., Ndong, E.B. & Titanji, P., 2014. Challenges Clinical Assessors face when assessing competencies in nursing students during clinical placements: a case study of some hospitals within the University of Buea environ, SW Region. Cameroon. *International Journal of Medical and Clinical Sciences, 1(3):018-029.*

Attrill, S., Lincoln, M. & McAllister, S., 2016. Supervising International students in clinical placements: Perceptions of experiences and factors influencing competency development. *BMC Med Edu, 16(16):180.*

Aveyard, H., 2014. Doing a literature review in health and social care: A practical guide. *3rd edition*. UK: Open University Press, McGraw- Hill Education.

Baraz, S., Memarian, R. & Vanaki., 2015. Learning challenges of nursing students in clinical environments: A qualitative study in Iran. *Journal for Education Health Promotion, 6(4):52.*

Basa, V, 2017. Supervisor-supervisee relationship and alliance. *European Journal of Counselling Theory, Research and Practice, 1(10).*

Bernard, J.M. & Goodyear, R.K., 2014. Fundamentals of Clinical Supervision. *5th edition.* Boston: Allyn & Bacon.

Bindon, S.L., 2017. Professional Development Strategies to Enhance Nurses' Knowledge and Maintain Safe Practice. *AORN J.106(2):99-110.*

Borrageiro, F., 2014. Clinical learning environment and supervision: Student nurses' experiences within private healthcare settings in Western Cape. Health Science Education.

Bos, E., Sien, C. & Kaila, P., 2015. Clinical supervision in Primary health care, Experience of district nurses a clinical supervisors - a qualitative study. *BioMed Central Nursing, 14:39.*

Brink, H., Van der Walt, C. & Van Rensburg, G., 2018. Fundamentals of Research Methodology for Healthcare Professionals. *3rd edition*. Cape Town: Juta & Company Ltd.

Broadbent, M., Moxham, L., Sander, T., Walker, S. & Dwyer, T., 2014. Supporting bachelor nursing students within the clinical environment: Perspectives of Preceptors*. Nurse Education in Practice, 14(4): 403-409.*

Brynildsen, G., Bjork, I.T., Berntsen, K. & Hestetun, M., 2014. Improving the quality of nursing students 'clinical placement in nursing homes: An evaluation study. *Nursing Education Practice, 14(6):722-728.*

Bvumbwe, T., Malema, A. & Chipeta, M., 2015. Registered nurses' experience with clinical teaching environment in Malawi. *Open Journal of Nursing, 5:927-934.*

Chinn, P.L. & Kramer, M.K., 2011. Integrated theory and knowledge development in nursing. *8th edition*. St Louis, MO: Mosby/Elsevier.

Chokwe, S. M & Nkosi, Z. Z.., 2017. The perceptions of professional nurses on student mentorship in clinical areas: A study in Polokwane municipality hospitals, Limpopo province. *Health SA Gesondheid, 22: 130-137,*

Coetzee, A., 2015. The views of different categories of nurses on clinical supervision in the South African Military Health Services. University of the Free State, South Africa.

Cohen, J., 1988. Statistical power Analysis for the behavioural Sciences, *2nd edition.* University of New Mexico, Chapel Hill.

Cooper, J., Courtney- Pratt, H. & Fitzgerald, M., 2015. The influences identified by first year undergraduate nursing students as impacting on the quality of clinical placement. A qualitative study. *Nurse Education Today, 35(9):1004-1008.*

Creswell, J.W. & Clark, V.L.P., 2014. Designing and Conducting Mixed Methods Research. *3rd edition*. Thousand Oaks, Carlifonia: SAGE Publications Inc.

Creswell, J.W. & Creswell, J.D., 2018. Research design: qualitative, quantitative & mixed methods approaches. *5th edition*. Los Angeles: SAGE edge International Student Edition.

Creswell, J.W., 2014. Qualitative enquiry and research design: Choosing among five approaches. *4th edition*. London: Sage Publication.

Creswell, J.E., Ebersohn, L., Eloff, I., Ferreira, R., Ivankova, N.V., Jansen, J.D., Nieuwenhuis, J., Pietersen, V.L. & Plano Clark, V.L., 2016. First step in Research. *2nd edition*. Pretoria: Van Schaik Publishers.

Cunze, M.J., 2016. Student nurses' perceptions of professional nurses as role models in the clinical learning environment. University of South Africa, Pretoria.

Daniels, Linda, N.S., Bimray, P. & Sharps, P., 2014. Effect of increase student enrolment for a Bachelor of Nursing programme on health care. *SAJHE, 28(6) 1750-1761.*

David, J.EN., & Thoman, J., 2017. Nursing Students' Perceptions on Characteristics of an Effective Clinical Instructor . SAGE Open Nursing, 3: 1–8.

De Swardt, H.C., 2019. The clinical environment: A facilitator of professional socialisation. *Health SA Gesondheid, 24(0): a1188*.

De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C.S.L., 2011. Research at Grass Roots. For the social sciences and human service professions. *4th edition.* Pretoria: Van Schaik Publishers.

Dehghani, K., Nasiriani, K. & Salimi, T., 2016. Requirements for nurse supervisor training: A qualitative content analysis. *Iran J Nurs Midwifery Res, 21(1): 63–70.*

Dehghani, M., Ghanavati, S., Soltani, B., Aghakhani, N. & Haghpanah.S., 2016. Impact of clinical supervision on field training of nursing students at Urmia University of Medical Sciences. Journal Advanced Medical Education, 4(2):88-92.

Department of Health, 2012/13-2016/17. The National Strategic plan for nurse Education, Training and Practice. Republic of South Africa.

Department of Health, 2012/2013-2016/2017. Strategic Plan for Nursing Education, Training and Practice. Summary document, Republic of South Africa.

Dickoff, J., James, P. & Wiedenbach, E., 1968. Theory in a practice discipline. Part1: Practice oriented theory. *Nursing Research, 17(5):415-435.*

Dimitriadou, M., Papastavrou, M.E., Efstathiou, G. & Theodorou, M., 2016. Baccalaureate nursing students' perceptions of learning and supervision in the clinical environment. *J Adv Med Educ Prof. 4(2): 88–92.*

Direko, K.K., & Davhana-Maselesele, M. (2017:7). A model of collaboration between nursing education institutions in the North West Province of South Africa. *Curationis*, *40*(1):1-10.

Donley, R., Flaherty, M., Sarsfield, E., Burkhard, A., O'Brien, S. & Anderson, K., 2014. Graduate clinical nurse preceptors: Implications for improved intra-professional collaboration*. Journal of issues in nursing, 19(3):48-52.*

Donough, G. & Van der Heever, M., 2018. Undergraduate nursing students' experience of clinical supervision. *Curationis, 41(1), a1833.*

Driscoll, J., Stacey, G. & Harrison-Dening K., 2019. Enhancing the quality of clinical supervision in nursing practice. *Nursing Standard. doi: 10.7748/ns. e11228.*

Dube, M.B., & Mlotshwa, P.R., 2018, 'Factors influencing enrolled nursing students' academic performance at a selected private nursing education institution in KwaZulu-Natal. *Curationis, 41(1): a1850.*

Farzi,S., Shahriari, M.& Farzi, S.,2018.Exploring challenges of clinicaleducation in nursing and strategies to it: A Qualitative study.improveJournal Education Health Promotion,7:115

Ferreira P.C., Machado, R.C., Martins, Q.C.S. & Sampaio, S F.,2017. Classification of patients and nursing workload in intensive care: comparison between instruments. *Rev. Gaúcha Enferm, 38(2):146.*

Ford, K., Courtney- Pratt, H., Marlow, A., Cooper, J., Williams, D. & Manson, R., 2016. Quality clinical placements: The perspectives of undergraduate nursing students and their supervising nurses. *Nurse Education Today, 37:97-102.*

Franklin, N., Leathwick, S. & Phillips,M., 2014:134). Clinical supervision at a magnethospital: A review of the preceptor-facilitator model. Journal of Nursing Education and Practice,4(1):134.

Franklin, N., Leathwick, S. & Phillips, M., 2014. Clinical supervision at a magnet hospital: A review of the preceptor-facilitator model. *Journal of Nursing Education and Practice, 4(1):134-142.*

Gemuhay, H.M., Kalolo, A., Mirisho, R., Chipwaza, B. & Nyangena, E., 2019. Factors Affecting Performance in Clinical Practice among Preservice Diploma Nursing Students in Northern Tanzania. Nursing Research and Practice, Article ID3453085, 9 pages.

Geyer, N., 2016. Scope of nurses practice: Legal and ethical column. *Professional Nursing Today, 20(1):51-52.*

Ghiyasvandian, S, Bolourchifard, F. & Parsa, Y.Z., 2014. Humanistic approach to nursing education: lived experiences of Iranian nursing students. *Glob J Health Sci. 7(2):87–93.*

Gilbert, J. & Brown, L., 2015. The clinical environment - do student nurses belong? A review of Australian literature. *Journal of Advanced Nursing, 33(1):23-28.*

Glaesser, J., 2019. Competence in educational theory and practice: a critical discussion. Oxford Review of Education, 45(1):70-85.

Government Notice No: R173, 8 March 2013. South African Nursing Council Regulation relating to accreditation of institutions as Nursing Education Institution.

Gray, J.R., Grove, S.K. & Sutherland, S., 2017. Burns and Grove's The Practice of Nursing Research: Appraisal, Synthesis and Generation of Evidence. 8th edition. Elsevier, Inc., St Louis: Missouri.

Gurkova, E., Ziakova, K., Cibrikova, S., Mugova, D., Hudakova, A. & Mroskova, S., 2016. Factors influencing the effectiveness of clinical learning environment in Nursing Education. *Central European Journal of Nursing and Midwifery, 7(2): 470-475.*

Habimana, A., Tuyizere, M. & Uwajeneza, P., 2016. Challenges of nursing students: challenges and alternatives. *Rwanda Journal Series Medicine and Health Sciences, 3(1):42-43. Sciences, 13:255-261.*

Hair, J.F., Black, W.C., Babin, B.J. & Anderson, R.E., 2014. Multivariance Data Analysis. 7th edition. Harlow: Pearson Education Limited.

Hewson, D., 2013. Clinical Supervision for Health Professionals. Australia:

Houghton**,** T.A,, 2015**.** Creating an environment for learning. Nursing Standard. 30, 29, 40-48.

Husband, C. & Hoffman, E., 2014. Transcultural Communication and Health Care Practice. UK: Royal College of Nursing.

Jamshidi, N., Molazem, Z., Sharif, F., Torabizaden, C. & Kaylani, M.N., 2016. Challenges of nursing students in the clinical learning. *The Scientific World Journal, ID 1846178, 7Pages*

Jeynes, K., 2016. Factsheet: How many South African students graduate? Africa Check.

Johnston, S., Fox, A. & Coyer, F.M., 2018. Factors Influencing Clinical Performance of Baccalaureate Nursing Majors: A Retrospective Audit. *Journal of Nursing Education, 57(6):333-338.*

Joolaee, S Farahani, M.A., Amiri, S.R.J. & Varaei, S., 2016. Support in Clinical Settings as Perceived by Nursing Students in Iran: A Qualitative Study. *Nurs Midwifery Stud, 5(1): e31292*

Kamphinda, S. & Chilemba, E.B., 2019. Clinical supervision and support: Perspectives of undergraduate nursing students on their clinical learning environment in Malawi. *Curationis, 42(1), a1812.*

Kaphagawani, N.C. & Useh, U., 2018. Clinical Supervision and Support: Exploring Pre-registration Nursing Students' Clinical Practice in Malawi. *Annals of Global Health*, 84(1):100-109.

Kaphagawani, N.C. & Useh,U., 2017. Analysis of Nursing Students Learning Experiences in ClinicalPractice: Literature Review.Journal of Studies on Ethno Medicine, 7(3):181-185.

Karami, A., Farokhzadian,J. & Foroughameri, G,, 2017. Nurses' professional competency and organizational commitment: Is it important for human resource management? PLoS One, 12(11):1-15.

Kenny, A., Kidd, T., Nankervis, K. & Connel, S., 2011. Mature age students access entry and success in nurse education: An action research study. *Contemporary nurse, 38(1):106-118*.

Kolb, D.A., 1984. Experiential Learning Theory: Previous Researched and New Directions. Case Western Reserve University: Cleveland.

Kourkouta, L. & Papathanasiou, I.V., 2014. Communication in nursing practice. *Materia socio-medica, 26(1):65–67*.

Kpodo, C.J., Thurling, C.H. & Armstrong, S.J., 2015. Best clinical Nursing Education practices in Sub-Saharan Africa. An Integrative literature review. Faculty of Health Sciences, University OF Witwatersrand: JHB.

Kumar, R., 2014. Research Methodology: a step-by-step guide for beginners. 4th edition. London: SAGE Publication Ltd, City Road.

Kuokkanen, L., Leino-Kilpi, H., Numminen, O., Isoaho, H., Flinkman, M & Meretoja, R., 2016. Newly graduated nurses' empowerment regarding professional competence and other work-related factors**.** *BMC Nursing***,15**(22):64.

Kwenda,C., Adendorff,S. and Mosito, C., 2017:41). Student-teachers' understanding of the role of theory in their practice. Journal of Education, 69:139-160.

Labeeb, S.A., Rajith,C.V., Ibrahim, M.A.& Kamal., N.A., 2017. A Qualitative study on factors affecting the clinical learning of nursing students in college of nursing, Kuwait. *Journal of Education and Practice, 8(36):141-155.*

Lawal, J., Weaver,S., Bryan, V. & Lindo, J,L.M., 2016. Factors that influence the clinical learning experience of nursing students at a Caribbean School of Nursing. Journal of Nursing Education and Practice, 6(4):32.

Lethale, S.M., Makhado, L. & Koen, M.P., 2019. Factors influencing preceptorship in clinical learning for an undergraduate nursing programme in the North West Province of South Africa. *International Journal of Africa Nursing Sciences, 10 (2019) 19–2520.*

Lincoln, Y.S. & Guba, E.G., 1985. Naturalistic Inquiry. Beverly Hills, CA: Sage Publications.

Lyberg, A., Amsrud, K.E. & Severinsson, E., 2015. Evaluation of nursing students' views of improved competence development after clinical supervision. An Educative Approach to the WHO patient safety model. *Open Journal of Nursing, 5: 725-734.*

MacPhee**,** M., Dahinten, V.S. & Havaei, F., 2017. The Impact of Heavy Perceived Nurse Workloads on Patient and Nurse Outcomes. *Adm. Sci.* 2017, *7*(1):7.

Mafumo, J.L., Netshandama, V.O. & Netshikweta, M.L., 2017. Clinical supervision as an intergral part in training for bridging course learners at selected hospitals of Vhembe District, Limpopo Province, South Africa. *Africa Journal of Nursing and Care, 6:392.*

Magerman, 2015. Clinical supervisors' experience of supervising nursing students from a higher education institution in the Western Cape. Faculty of Community and Health Sciences, University of Western Cape.

Magnani, D.D., Lorenzo, R.B., Pozzi, S., Del Giovane, C. & Ferri, P., 2014. The undergraduate nursing student evaluation of clinical learning environment: An Italian survey. *Journal of Nursing Education, 67(1):46-52.*

Makulova, L.T., & Karymbayeva, K.M., Ryskulov, T., 2015. Theory and Practice of Competency-Based Approach in Education. International Education Studies, 8 (8).

Mathebula, T.C., 2016:93. Challenges facing student nurses in the clinical learning environment in Limpopo Province. Nursing Science, University of South Africa: Pretoria.

Mbirimtengerenji, N, D., Daniels, F. & Martin, P., 2015. Challenges of Nurse Tutors' classroom and clinical performance when teaching. *Open Journal of Nursing, 5:707-724.*

McCarron, R.H., Eade, J. & Delmage, E. (2018). The experience of clinical supervision for nurses and healthcare assistants in a secure adolescent service: Affecting service improvement. *Journal of Psychiatric mental Health Nursing, 25(3):145.*

Mokoena, M.J., 2017. Perceptions of professional nurses on the impact of shortage of resources for quality patient care in a Public Hospital: Limpopo Province Health studies, University of South Africa: Pretoria

Montani, F., Courcy, F., Giorgi,G. & Boilard. A., 2015. Enhancing nurses' empowerment: the role of supervisors' empowering management practices. Journal of Advanced nursing, 71(9):2129-214.

Moyimane, M.B., Matlala, S.F. & Kekana, M.P.,2017. Experiences of nurses on the critical shortage of medical equipment at a rural district hospital in South Africa: a qualitative study Pan African Medical Journal, 28:100.

Msiska, G., Smith, P. & Fawcett, T., 2014. The “Life World” of Malawian undergraduate student nurses: The challenges of learning in resource poor clinical settings: *International Journal of Africa Nursing Sciences, 1: 35-42.*

Mueller, S.A., Naragon, R.M. & Smith, R.R., 2016. The relationship between nursing students’ perceptions of staff nurses’ attitudes towards them and self efficacy in Sophomore- and senior level nursing students*.. Honors Research Projects.202. http://ideaExchange@Akron.*

Muthathi, I.S., Thurling, C.H. & Armstrong, S.J., 2017. Through the eyes of the student: Best practices in clinical facilitation. *Curationis,40(1): a1787*

Muthathi, I.S., Thurling, C.H., & Armstrong, S.J. (2017). Through the eyes of the student: Best practices in clinical facilitation. *Curationis*, *40*(1), 1-8.

Mwale, O.G. & Kalawa, R., 2016. Factors affecting acquisition of psychomotor clinical skills by student nurses and midwives in CHAM Nursing colleges in Malawi: A qualitative exploratory study. *BMC Nursing, 15:30..*

Nduna, M. & Jewkes, R., 2012. Disempowerment and psychological distress in the lives of young people in Eastern Cape, South Africa. *Journal of Child and Family Studies, 2(1):1018-1027.*

Nelson (2017). The need for knowledgeable competent professional nurses in carrying out the supervisory role effectively is supported by

Neshuku, H. & Amakugo H.J., 2015. Experiences of registered and student nurses regarding clinical supervision in medical and surgical wards: Develop educational programme to support registered nurses. *International Journal of Medicine, 3(2):87-97.*

Ntuli, S.T. & Ogonbanjo, G.A., 2014. Midwifery workforce profile in Limpopo Province referral hospitals. *Afr. j. Prm. Health care family medicine, 6(1):2017-2928.*

O'Brien, T., McNail, K., Dawson, A., Olaisen, J.A., Veysen, M., Dempsey, S., Giles, M., Chan, S. & Gaskin, C., 2015. The role of clinical supervision in interprofessional, pre-registration student clinical education. The unmet educational need in the university wide health studies clinical practice stage. Health hunters New England.

O'Luanaigh, P., 2015. Becoming a Professional. What is the influence of registered nurses on nursing students' learning in the clinical environment? *Nurse Education in Practice, 15:450-456.*

O'mara, L., McDonald,J., Gillespie,M., Brown, H. & Miles, L., (2014. Challenging clinical learning environments: experiences of undergraduate nursing students. Nurse Education Practice, 14(2):208-213.

Odole, A.C., Odunaiya, N.A., Oyewole, O.O. & Ogunmola, O.T., 2014. Physiotherapy clinical students' perception of their learning environment: A Nigerian perspective, African Journal of Health Profession Education, 5(1):29-34.

Omisakin, F.D., 2016, Ideal Clinical Roles of Nurse Lecturers in Nigeria: A Review of the Literature. Health Science Journal,10 (5):17.

Pallant, J., 2013. SPSS Survival Manual: a Step by Step Guide to Data Analysis Using SPSS. Mainhead: Open University Press/McGraw.

Papastavrou, E., Dimitriadou, M., Tsangari, H. & Andrew, C., 2016. Nursing students' satisfaction of clinical learning environment: A research study. *BMC Nursing, 15: 44.*

Papathanasiou, I.V., Tsaras, K. & Sarafis, P., 2014. Views and Perceptions of nursing students on their clinical learning environment: *Teaching and Learning. Nursing Education Today, 34(1):57-60.*

Parvin, N., Aliakbari,F., Rafiee, V.L Dadkhah, N. & Mahasti, J.L., 2016. Nurses' attitude towards attendance of nursing students in the clinical setting in Shahrekord in 2015. *JNSM, 3(4):.20-27.*

Perry, R.D., Press, M.M., Rohatinsky, N., Compton, R.M. & Sedgwick, M., 2016. Pilot study: Nursing students' perceptions of the environment in two different clinical models. *International Journal of Nursing Sciences, 3:285-290.*

Phillips, K.F., Mathew, L., Aktan, N. & Catano, B., 2017. Clinical education and student satisfaction: An integrative literature review. *International Journal of Nursing Sciences, 4:205-213.*

Phuma-Ngaiyaye, E., Bvumbwe, T. & Chipeta, M.C., 2017. Using preceptors to improve nursing students' clinical learning outcomes. A Malawian students' perspectives. *International journal of Nursing Sciences, 10:164-165.*

Pinto, Z.G & Kolber, C., 2014. The clinical setting and possible barriers. *Journal of Allied Health, 43(1):32-37.*

Prabha, D.K., Bharti, V., Ponchitra, R., Divya, K.Y., Setia, M.S., 2016. Perceptions of nursing students on clinical teaching behaviours of teaching faculty: Correlation survey design. *IOSR journal of Nursing and Health Sciences, 5(5):37-41.*

Rafiee, G., Moattari, M., Nikbakht, A.N., Kojuri, J. & Mousavinasab, M., 2014. Problems and challenges of nursing students' clinical evaluation: A qualitative study. *Iranian Journal of Nursing and Midwifery Research, 19(1):41-49.*

Rajeswaran, L., 2016. Clinical experiences of nursing students at a selected Institute of Health Science in Botswana. *Health Science Journal, 10(6):471.*

Rankin, J C., McGuire, C., Matthews, L., 2016. Facilitators and barriers to the increased supervisory role of senior charge nurses: a qualitative study. Journal of Nursing Management, 55.

Ray, S., Raju, R. & Singh, S (2018:) Nursing students' absenteeismin class/clinics. Reasons and remedies. International Journal of Academic Research and Development,

Rhinehart, A.J., 2015. Lived Experiences of Beginning Counsellors in Harmful effects of psychotherapy. *American Psychologgist journal, 65:34-49.*

Rikhotso, S.R., Williams, M.J.S. & De Wet, G., 2014. Student nurses' perceptions of guidance and support in rural hospitals. *Curationis, 37(1):6.*

Rivaz, M., Momennasab, M., Yektatalab, S., Ebadi, A., 2017.. Adequate Resources as Essential Component in the Nursing Practice Environment: A Qualitative Study. Journal of clinical and diagnostic Research,11(6):4.

Russels, 2017 frequent sessions and supervisory relationship is crucial in clinical supervision of students (:)

Samuels, C.A., 2017. Delaying child's Starting Age for School a Tough Call for Parents. *Education week, 37(2):1-13.*

SANC, 2017. South African Nursing Council Statistics for Provincial distribution of nursing manpower versus the population of the Republic of South Africa: 31 December 2017.

SANC, R425 of 22 February 1985. Regulation relating to approval of and the minimum Requirements for the Education and Training of a nurse (General, Psychiatric and Community and midwife leading to Registration.

Saul, M., 2017. Kolb's Learning Styles and Experiential Learning Cycle.Afour stage learning cycle

Senti, N.I. & Seekoe, E., 2014. Psychosocial constraints affecting clinical skills of nursing students at Lilitha College of nursing, East London, South Africa. *AJPHERD, 3:79-88.*

Shafakhah, M., Zarshenas, L., Sharif, F., & Sabet Sarvestani, R. (2015). Evaluation of nursing students' communication abilities in clinical courses in hospitals. *Global journal of health science*, *7*(4), 323–328.

Sharma, S.K., 2014. Nursing research and statistics. 2nd edition. Rishikesh, Uttarakhand, India: Reed Elsevier.

Shekelle, P.G., Woolf, S.H., Eccles, M. & Grimshaw, J., 2018. Developing guidelines. *BMJ, 318(7183):593-596.*

Sibiya, N.E. & Sibiya, M.N., 2014. Work Integrated Learning experiences of primary health care post basic nursing students in clinical settings. A University of technology context. *SAJHE, 28(6):1943-1958.*

Singh, P., (2015:22). Causes and effect of student nurses' Absenteeism at the Kwazulu-Natal college of Nursing.

South African Nursing Council, 1984 Regulation relating to the scope practice of persons registered under the Nursing Act, 1978 as amended by Nursing Act, No 33 of 2005.

South African Nursing Council, 2005. Nursing Act, No 33 of 2005. Pretoria: Government Printers.

South African Schools Act, 84 of 1996. Explaining school admission policies. Parent24.

Sparacino, L.L., 2015. Faculty's Role in assisting new graduate nurses' adjustment to practice. *International Journal of Nursing, 2(2):37-46.*

St. Onge, J. & Eitel, K., 2017. "Increasing Active Participation and Engagement of Students in Circle Formations," Networks: *An Online Journal for Teacher Research*, *19(1):1-11.*

Stoltenberg, C.D., 2014. IDM Supervision: An Intergrative Development Model for supervising Counsellor and Therapists. 3rd edition. Routledge Publisher, USA.

Sundler, A.J., Bjork, M., Bisholt, B., Ohisson, U., Engstrom, A.K. & Gustafsson, M., 2014. Student nurses' experiences of the clinical learning environment in relation to the organisation of supervision. A questionnaire survey. *Nurse Education Today, 34(4)661-666.*

Thuss, M.E., 2014. Nursing Clinical Instructor experiences of empowerment in Rwanda: Applying Kanter's and Spreitzer's theories. Western University, London, Ontaria: Canada.

Tomlinson, J., 2015. Using clinical supervision to improve the quality and safety of patient care: a response to Berwick and Francis. *BMC Med Educ, 15:103.*

Toufic, M., Hussein, E.L., Osuji, J., 2017. Bridging the theory-practice dichotomy in nursing: The role of nurse educators Journal of Nursing Education and Practice, 7(3):20-25.

Tshitangaro, T.G., 2013. Factors that contributes to public sector nurses turnover in Limpopo Province of South Africa. *Afr J of Prm Health Care and FAM Med, 5(1):7.*

Valentino, A.L., Leblanc, L.A. & Sellers, T.P., 2016:320. The Benefits of Group Supervision and a Recommended Structure for Implementation. *Behav, Anal, Prac, 12(4):320-328.*

Van Graan, A.C., Williams, M.J.S. & Koen, M.P., 2016. Professional nurses' understanding of clinical judgement: A contextual inquiry. Health SA Gesondheid, 21: 280-293.

Van Wyk, S., Heyns, T. & Coetzee., 2015. The value of pre-hospital learning environment as part of the emergency nursing programme. *Health SA Gesondheid, 20(1):91-99.*

Wayman, S., 2017. What is the right age to start your child in primary school? *Irish Times,1.*

World Health Organisation., 2014. WHO handbook for guideline development, 2nd edition. World Health Organisation.

Zadra, J.R. & Clore, G.L., 2011. Role of affective information- NCBI-NIH, 2011. Wiley *Interdiscip Rev Cogn Sci, 2(6):676-685.*

Zakaria, A.M. & Gheith, N.A.R., 2015. I. Page Measurement Of Effectiveness Of Clinical Learning Environment For Nursing Faculty Students At Mansoura University, Egypt. *OSR Journal of Nursing and Health Science, 4(3):35-45.*

Zipp, GP., Kolber, C. & Carole,T., 2014. Identifying teachable moments in the clinical setting and possible barriers. *Journal of Allied Health, 4(1):32-37.*

8 ANNEXURES

ANNEXURE A: Ethical clearance from University of Venda

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Mrs RF Mathevula

Student No:
11523535

PROJECT TITLE: **Professional nurses and students perceptions of clinical supervision in training hospitals of Limpopo Province, South Africa.**

PROJECT NO: **SHS/16/PDC/09/1704**

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof ML Netshikweta	University of Venda	Supervisor
Dr LH Nemathaga	University of Venda	Co-Supervisor
Mrs RF Mathevula	University of Venda	Investigator - Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: August 2016
Decision by Ethical Clearance Committee Granted
Signature of Chairperson of the Committee: .....
Name of the Chairperson of the Committee: Prof. G.E. Ekosse

UNIVERSITY OF VENDA
DIRECTOR
RESEARCH AND INNOVATION
2016 -08- 2 9
Private Bag X5050
Thohoyandou 0950

University of Venda
PRIVATE BAG X5050, THOHOYANDOU, 0950, LIMPOPO PROVINCE, SOUTH AFRICA
TELEPHONE (015) 962 8504/8313 FAX (015) 962 9050
"A quality driven financially sustainable, rural-based Comprehensive University"

ANNEXURE B: Request for permission to conduct research from Department of Health

P.O. Box 1638
MALAMULELE
0982
24 October 2016

The HOD: Department of Health
Limpopo Province
Private Bag X9302
Polokwane
0700

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH:

1. The above matter refers.

2. I am a PHD student at the University of Venda and about to collect data under the study entitled" **PROFESSIONAL NURSES AND STUDENT NURSES PERCEPTIONS OF CLINICAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA"**

3. I have obtained ethical clearance from the University of Venda Research and Innovation Section and therefore wish to request further permission to conduct my study in Vhembe and Mopani district hospitals. **N.B: See attached document.**

4. Thanking you in advance for your response.

RIRHANDZU FRIDDAH MATHEVULA

24/10/2016

RIRHANDZU FRIDDAH MATHEVULA **DATE**

ANNEXURE C: Permission to conduct research from Department of Health

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Enquiries: Latif Shamila (015 293 6650) Ref:4/2/2

Mathevula RF
University of Venda
Private Bag X505
Thohoyandou
0950

Greetings,

RE: Professional nurses and students perceptions of clinical supervision in training hospitals of Limpopo Province, South Africa

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
   - Research must be loaded on the NHRD site (http://nhrd.hst.org.za) by the researcher.
   - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
   - In the course of your study there should be no action that disrupts the services.
   - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   - The above approval is valid for a 3 year period.
   - If the proposal has been amended, a new approval should be sought from the Department of Health.
   - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

Head of Department

06/10/2016
Date

18 College Street, Polokwane, 0700, Private Bag x9302, POLOKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: http/www.limpopo.gov.za

ANNEXURE D: Request for permission to conduct research from Vhembe district

P.O. Box 1638
MALAMULELE
0982
02 November 2016

The District Executive Manager
Vhembe District
Thohoyandou
0950

PERMISSION TO CONDUCT RESEARCH: VHEMBE DISTRICT HOSPITALS

1. The above matter refers.

2. I am a PHD student at the University of Venda and about to collect data under the study entitled" PROFESSIONAL **NURSES AND STUDENT NURSES PERCEPTIONS OF CLINICAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA"**

3. I have obtained ethical clearance and permission from the Department of Health, and therefore wish to request further permission to conduct my study from your institutions. **N.B: See attached documents**

4. Thanking you in advance for your response.

02/11/2016

RIRHANDZU FRIDDAH MATHEVULA **DATE**

ANNEXURE E: Permission to conduct research from Vhembe district

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OFHEALTH
VHEMBE DISTRICT

Ref: S5/6
Enq: Muvari MME
Date: 10 November 2016

Dear Sir/Madam

PERMISSION TO CONDUCT A STUDY: MATHEVULA R.F

1. The above matter bears reference
2. Your letter received on the 10/11/2016 requesting for permission to conduct a study is hereby acknowledged
3. The District has no objection to your request as the Province has already granted permission through the HOD.
4. Permission is therefore granted for the study to be conducted within Vhembe.
5. You are however advised to make the necessary arrangements with the facility concerned.
6. Wishing you success in your studies

.....
DISTRICT CHIEF DIRECTOR

11/11/2016
.....
DATE

Private Bag X5009 THOHOYANDOU 0950
OLD parliamentary Building Tel (015) 962 1000 (Health) (015) 962 4958 (Social Dev) Fax (015) 962 2274/4623
Old Parliamentary Building Tel: (015) 962 1848, (015) 962 1852, (015) 962 1754, (015) 962 1001/2/3/4/5/6 Fax (015) 962 2373, (015) 962 227

The heartland of Southern Africa – development is about people

ANNEXURE F: Request for permission to conduct research from Mopani district

P.O. Box 1638
MALAMULELE
0982
02 November 2016

The District Executive Manager
Mopani District
Giyani
0826

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH: MOPANI DISTRICT HOSPITALS

1. The above matter refers.

2. I am a PHD student at the University of Venda and about to collect data under the study entitled" PROFESSIONAL **NURSES AND STUDENT NURSES PERCEPTIONS OF CLINICAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA"**

3. I have obtained ethical clearance and permission from the Department of Health, and therefore wish to request further permission to conduct my study from your institutions. **N.B: See attached documents**

4. Thanking you in advance for your response.

02/11/2016

RIRHANDZU FRIDDAH MATHEVULA **DATE**

ANNEXURE G: Permission to conduct research from Mopani district

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Ref: S4/2/2
Enq: Mohatli IE
Tel: 015 811 6543

To Ms. Mathevula R.F
P.O. Box 1638
MALAMULELE
0982

Re: PERMISSION TO CONDUCT RESEARCH IN MOPANI DISTRICT HOSPITALS: YOURSELF

1. The matter cited above bears reference.
2. This serves to respond to the request submitted to research on the topic: **"Professional Nurses and Student Nurses Perceptions of Clinical Supervision in Training Hospitals of Limpopo Province, South Africa"**.
3. It is with pleasure to inform you about the decision to permit you to conduct research in the hospitals within Mopani District.
4. You will be required to furnish the hospital authorities with this letter for purposes of access and assistance.
5. You are further advised to observe ethical standards necessary to keep the integrity of the facilities.
6. The Mopani District wishes you well in your endeavour to generate knowledge.

pp Director: Corporate Services
Date: 07/12/2016

ANNEXURE H: Request for permission to conduct research from the hospitals

P.O. Box 1638
MALAMULELE
0982
11 November 2016

Contact: 076 486 2572
Office no: 015 962 8599
Email address;
friddah.mathevula@univen.ac.za

The CEO: Elim Hospital
Private Bag X312
Elim
0960
Attention: Nursing Service Manager

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

1. The above matter refers.
2. I am a PHD student at the University of Venda and about to collect data under the study entitled" **PROFESSIONAL NURSES AND STUDENT NURSES PERCEPTIONS OF CLINICAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA"**
3. I have obtained ethical clearance and permission from Limpopo Province Department of Health, Vhembe District, and therefore I request your permission to conduct my study in your institution. **N.B: See attached documents.**
4. Thanking you in advance for your response.

RIRHANDZU FRIDDAH MATHEVULA **DATE** 11/11/2016

- HRD
- CEO

17.11.16

P.O. Box 1638
MALAMULELE
0982

11 November 2016

Contact: 076 486 2572
Office no: 015 962 8599
Email address;
friddah.mathevula@univen.ac.za

The CEO: Malamulele Hospital
Private Bag X9245
Malamulele
0982

LIMPOPO PROVINCE
DEPARTMENT OF HEALTH
MALAMULELE HOSPITAL
2016 -11- 15
RECEIVED
P/BAG 9245 MALAMULELE 0982
TEL: 015 851 0026/FAX 015 851 0620

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

1. The above matter refers.

2. I am a PHD student at the University of Venda and about to collect data under the study entitled" **PROFESSIONAL NURSES AND STUDENT NURSES PERCEPTIONS OF CLINICAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA"**

3. I have obtained ethical clearance and permission from Limpopo Province Department of Health, Vhembe District, and therefore I request your permission to conduct my study in your institution. **N.B: See attached documents.**

4. Thanking you in advance for your response.

RIRHANDZU FRIDDAH MATHEVULA

11/11/2016
DATE

P.O. Box 1638
MALAMULELE
0982
11 November 2016

Contact: 076 486 2572
Office no: 015 962 8599
Email address;
friddah.mathevula@univen.ac.za

The CEO: Siloam Hospital
Private Bag X2432
Makhado
0920

APPLOICATION FOR PERMISSION TO CONDUCT RESEARCH

1. The above matter refers.

2. I am a PHD student at the University of Venda and about to collect data under the study entitled" **PROFESSIONAL NURSES AND STUDENT NURSES PERCEPTIONS OF CLINICAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA"**

3. I have obtained ethical clearance and permission from Limpopo Province Department of Health, Vhembe District, and therefore I request your permission to conduct my study in your institution. **N.B: See attached documents.**

4. Thanking you in advance for your response.

RIRHANDZU FRIDDAH MATHEVULA

11/11/2016

DATE

P.O. Box 1638
MALAMULELE
0982

11 November 2016

Contact: 076 486 2572
Office no: 015 962 8599
Email address;
friddah.mathevula@univen.ac.za

The CEO: Tshilidzini Hospital
Private Bag X924
Shayandima
0945

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

1. The above matter refers.
2. I am a PHD student at the University of Venda and about to collect data under the study entitled" **PROFESSIONAL NURSES AND STUDENT NURSES PERCEPTIONS OF CLINICAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA"**
3. I have obtained ethical clearance and permission from Limpopo Province Department of Health, Vhembe District, and therefore I request your permission to conduct my study in your institution. **N.B: See attached documents.**
4. Thanking you in advance for your response.

RIRHANDZU FRIDDAH MATHEVULA **DATE** 11/11/2016

P.O. Box 1638
MALAMULELE
0982

07 December 2016

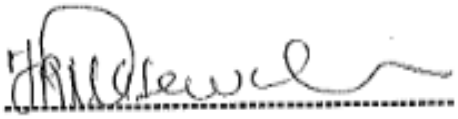
Contact: 076 486 2572
Office no: 015 962 8599
Email address;
friddah.mathevula@univen.ac.za

The CEO: KGAPANE Hospital

Attention: Nursing Service Manager/HRD Section

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

1. The above matter refers.
2. I am a PHD student at the University of Venda and about to collect data under the study entitled" **PROFESSIONAL NURSES AND STUDENT NURSES PERCEPTIONS OF CLINICAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA"**
3. I have obtained ethical clearance and permission from Limpopo Province Department of Health, Mopani District, and therefore I request your permission to conduct my study in your institution. **N.B: See attached documents.**
4. Thanking you in advance for your response.



07/12/2016

RIRHANDZU FRIDDAH MATHEVULA **DATE**

P.O. Box 1638
MALAMULELE
0982
07 December 2016

Contact: 076 486 2572
Office no: 015 962 8599
Email address;
friddah.mathevula@univen.ac.za

The CEO: Letaba Hospital

Attention: Nursing Service Manager/HRD Section

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

1. The above matter refers.
2. I am a PHD student at the University of Venda and about to collect data under the study entitled" **PROFESSIONAL NURSES AND STUDENT NURSES PERCEPTIONS OF CLINICAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA"**
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..... 07/12/2016

RIRHANDZU FRIDDAH MATHEVULA **DATE**

P.O. Box 1638
MALAMULELE
0982

07 December 2016

Contact: 076 486 2572
Office no: 015 962 8599
Email address;
friddah.mathevula@univen.ac.za

The CEO: Nkhensani Hospital
Private Bag X581
Giyani
0826

Attention: Nursing Service Manager/HRD Section

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

1. The above matter refers.
2. I am a PHD student at the University of Venda and about to collect data under the study entitled" **PROFESSIONAL NURSES AND STUDENT NURSES PERCEPTIONS OF CLINICAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA"**
3. I have obtained ethical clearance and permission from Limpopo Province Department of Health, Mopani District, and therefore I request your permission to conduct my study in your institution. **N.B: See attached documents.**
4. Thanking you in advance for your response.

07/12/2016

RIRHANDZU FRIDDAH MATHEVULA **DATE**

ANNEXURE I: Permission to conduct research from hospitals

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
ELIM HOSPITAL

Ref: S5/3/2
Enq: Baloyi I.G
Date: 2016.11.18

To: Nursing Services

From: HR Organizational Strategy and Planning.

SUBJECT: PERMISSION TO CONDUCT PROJECT RESEARCH: "PROFESSIONAL NURSES AND STUDENT NURSES PERCEPTIONS OF CLINICAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE: PHD: UNIVERSITY OF VENDA: MATHEVULA R.F

1. The above matter bears reference.

2. Kindly be informed that Ms Mathevhula F.R has been granted permission by the HOD Health and the CEO of Elim Hospital to conduct research on the above mentioned project.

3. She will resume the project research in our institution as soon as possible. See attached approvals.

.....
Deputy Director: Corporate Services

2016.11.24
.....
Date

P/Bag X312, Elim Hospital, 0960
Tel (015)556 3201/2/3/4/5, Fax (015)556 3160,
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LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
MALAMULELE HOSPITAL

REF : S 4/5
ENQ : Siwela T.S
DATE : 28/11/2016

TO WHOM IT MAY CONCERN

SUBJECT: PERMISSION TO CONDUCT A RESEARCH: MATHEVULA R.F

1. This is to certify that the above mentioned has been granted permission to conduct a research at Malamulele hospital.
2. The research topic is on the **Professional nurses and student nurses perceptions of clinical supervision in training hospitals of Limpopo Province, South Africa"**
3. Attached hereto is the applicant's letter, research proposal, Training institutions Ethics committee clearance, Provincial department approval and the research study checklist of which all the requirements were met.
4. Hopping for an effective cooperation between the participants of this research

Thank you

ACTING CHIEF EXECUTIVE OFFICER
MALAMULELE HOSPITAL

28/11/2016.
DATE

LIMPOPO PROVINCE
DEPARTMENT OF HEALTH
MALAMULELE HOSPITAL
2016 -11- 28
REGISTRY
P/BAG 9245 MALAMULELE 0982
TEL: 015 851 0026/FAX 015 851 0620

CONFIDENTIAL

Malamulele Hospital Private Bag X 9245 Malamulele 0982
Tel: (015) 851 0026/1020/1017/1019 Fax: (015) 851 0620

NB. This copy serves as a replacement of the lost Copy
19/6/2019.

TSHILIDZINI HOSPITAL ETHICS COMMITTEE

Memorandum of understanding

Tshilidzini Hospital Ethics Committee with Mathevula R.F ..... at their meeting resolved to sign a Memorandum of Understanding after the two parties have agreed on the following information:

1. Reasons for making a research at Tshilidzini hospital.

Want to identify challenges of supervision from professional nurses perspective

2. What will be the benefit of the entire hospital community out of your findings?

Improvement of supervision for student nurses and also quality patient care.

3. Who to meet in conducting your research

Professional nurses working in units responsible for supervision of students.

4. What do you do with your findings?

Disseminate findings to hospitals and developing guidelines for clinical supervision

5. We will require the hard copy of your research

To be submitted

6. We do not anticipate any information to be divulged to all types of media without the knowledge of the Ethics Committee and Hospital Board.

7. Memorandum of understanding should be signed by both parties.

Signed by:

19/6/2019
Date:

Researcher

CONFIDENTIAL

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Private Bag x 742
Ga-kgapane
0836
Tel: 015 328 7800
Fax: 015 328 4244

HEALTH & SOCIAL DEVELOPMENT
KGAPANE HOSPITAL

REF: 3/7/3/1
ENG: SELOISA M.I
DATE: 2017/01/16

TO: Ms. MATHEVULA RF

FROM: OFFICE OF THE CEO

RE: PERMISSION TO CONDUCT RESEARCH AT KGAPANE HOSPITAL

1. **Your letter dated 07/12/2016 serves as reference**
2. **Permission to conduct research study entitled.**
   - **"Professional Nurses and student Nurses perceptions of Clinical supervision in training hospitals of Limpopo Province, South Africa" at Kgapane Hospital as hereby granted.**
3. **In the course of your study there should not be any disruption of services.**

Yours sincerely

Dr Selatlha JM (Acting CEO) **Date** 18/01/2017

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LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

SILOAM HOSPITAL

Confidential

Ref : s-1/2/1/1/3
Enq : Mushaphi N.T: HRD
Date : 30 November 2016

To: Mathevula Rirhandzu Friddah

RE: PERMISSION TO CONDUCT RESEARCH: YOURSELF.

1. The above matter refers,

2. The Hospital highly acknowledges the receipt of your letter dated 1 1/1 1/ 2016 egardingthe above matter.

3. Kindly note that the institution is granting you permission to come and conduct in Professional nurses and students perceptions of clinical supervision in training hospitals of Limpopo Province, South Africa.

4. You are kindly requested to adheœ to the conditions as set out in your approval fiml the Provincial Office.

5. Hoping you will find the above in order

Chief Executive Officer

30/11/2016
Date

Private Bag X2432. Makhado, 0920
Private Bag
Tel (015) 973 0004/516, 015 973 1447/8, 015 973 1977, 015 973 1892/4/9 Fax (015) 973 0607.

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LIMPOPO
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REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
NKHENSANI HOSPITAL

Private Bag X 9581, GIYANI, 0826
Tel: 015 811 7300 Fax: (015) 812 2461

Ref: S5/1/6/2
Enq: Mathebula K.D
Date: 20 December 2016

TO: Ms. Rirhandzu Friddah Mathebula
POBOX 1638
MALAMULELE
0982

RE: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH STUDY

1. It is with pleasure to inform you that your application for the abovementioned study has been granted at Nkhensani District Hospital.

2. The approval of your research study is subject to the following conditions:

2.1 In the course of your research study, Hospital services should not be disrupted.
2.2 Upon completion of your study you should be prepared to assist in the interpretation of the study findings/recommendations where possible.
2.3 After completion of the study, it is mandatory that findings should be submitted to the Department to serve as a resource.

3. You should liaise with the Office of the Chief Executive Officer (CEO) as and when you intend to start research study.

4. Your cooperation is always appreciated.

T.W. Reed
(aka Mhlanga)
CEO NKHENSANI HOSPITAL
CHIEF EXECUTIVE OFFICER

23/12/2016
DATE

CONFIDENTIAL

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

LETABA REGIONAL HOSPITAL

Ref No: 9/2/3
From: Acting Quality Manager
Date: 06 February 2017

To: Mathebula R.F
University: University of Venda

SUBJECT: PROFESSIONAL NURSES AND STUDENTS NURSES PERCEPTIONS OF CLINCIAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA

1. The above subject matter refers.

2. You are granted permission to conduct research at Letaba Hospital as per permission granted by the Head of Department, Limpopo Department of Health.

3. Hoping that you will find this to be in order.

CHIEF EXECUTIVE OFFICER

2017/02/09
DATE

CONFIDENTIAL

ANNEXURE J: Participants information sheet

PARTICIPANT INFORMATION LETTER

TITLE OF THE RESEARCH STUDY: PROFESSIONAL NURSES AND STUDENT NURSES' PERCEPTIONS OF CLINICAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA

PRINCIPAL INVESTIGATOR/ RESEARCHER: Mathevula Rirhandzu Friddah

CO-INVESTIGATORS/PROMOTERS: Prof Netshikweta ML and Prof. Nemathaga LH

BRIEF INTRODUCTION AND PURPOSE OF THE STUDY:

Clinical supervision (CS) is described by researchers as one of the most misunderstood activity in modern nursing. The demand for both quality CS and clinical placement remains an international issue for supporting student nurses in clinical areas.

The purpose of this study is to explore and describe professional nurses and student nurse perceptions of clinical supervision in training hospitals of Limpopo Province, South Africa.

OUTLINE OF THE PROCEDURES: The study will use mixed methods, Quantintative and qualitative research designs. Participants will be drawn from four hospitals in Vhembe and Mopani districts. The study population will comprise of all student nurses registered for 2015 academic year at Univen, Giyani and Thohoyandou campus following R425 programme, and all professional nurses working training hospitals. Purposive random sampling will be used to sample districts and hospitals, cluster random sampling will be used to sample professional nurses and non-probability convenience sampling will be used to sample student nurses. Self-administered questionnaires and Focus group semi-structured interview will be used in data collection. Statistical Package of Social Science (SPSS), software version 22.0.will be used to analyse Quantintative data and Techs' methods to analyse qualitative data.

RISKS OR DISCOMFORTS TO THE PARTICIPANT: Participants were told that refusing to participate in the study will not expose them to any risks.

BENEFITS: The study would assist participants to gain knowledge and insight on how clinical supervision should be done. The guidelines will be made accessible to all nursing education institutions and clinical facilities accredited by SANC for clinical placement of student nurses, in order to improve the level of supervision, and in turn the quality standard of patient care. The

findings of this study will assist the researcher in developing guidelines to facilitate clinical supervision of student nurses in the clinical areas. The study may create awareness and influence the NEI's to employ full time clinical staff solely responsible for student nurses supervision in the clinical areas. Furthermore, the guidelines will also be submitted to Limpopo Department of Health, Nursing Service Directorate for policy review and formulation.

REASON/S FOR WITHDRAWING PARTICIPANTS FROM THE STUDY: Participants may be allowed to withdraw from the study in case of illness or any other situation that may hinder them to continue in the study without any adverse consequences to the participants

REMUNERATION: participants will not receive any remuneration in the form of monetary or other types of remunerations

COSTS OF THE STUDY: Participants will not be expected to cover any costs related to the study, but all costs to be covered by the University of Venda, Research and Innovation section.

CONFIDENTIALITY: Confidentiality, will be maintained by protecting all data collected within the scope of the project from being made public and should never be shared with outsiders unless specific permission is granted. Information provided by participants will not provide to any other person or shared with any outsiders, except the researcher's promoters.

RESEARCH RELATED INJURY: The study will not expose the participants to any form of injury since it only require information from the participants during their working period.

PERSON TO CONTACT IN THE EVENT OF ANY PROBLEMS OR QUERIES: Mathevula Rirhandzu Friddah **(Researcher)-015 962 8599,** Prof. Netshikweta M.L- 015 962 8393 or the University Research Ethics Committee Secretariat on 015 962 9058. Compiaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges Ivo Ekosse@uiven.ac.za

GENERAL: Participation in this study is voluntary and consent form should be given willingly to participate in this study.

ANNEXURE K: Consent form for participants

CONSENT FORM FOR THE PARTICIPANTS

- I hereby confirm that I have been informed by the researcher (Rirhandzu Friddah Mathevula), about the nature, conduct, benefits and risks of this study – Research Ethics Clearance Number : **SHS/16/PDC/09/1704**
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study. .
- I am aware that the results of the study,(including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into my study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant	Date	Time	Signature
I.....	.....	.....	.....

(Name of researcher) hereby confirm that the above participant has been fully informed about the nature, conduct, benefits and risks of the above study.

Full Name of Researcher

..... Date..... Signature.....

Full Name of Witness (If applicable)

..... Date..... Signature.....

Full Name of Legal Guardian (If applicable) Date..... Signature.....

ANNEXURE L: Questionnaire for professional nurses

QUESTIONNAIRE SURVEY: PROFESSIONAL NURSES

QUESTIONNAIRE ABOUT CLINICAL SUPERVISION OF STUDENT NURSES IN THE CLINICAL AREA

Instructions:
Please answer all the questions as honestly as possible. The information collected for this study will be collated and analysed in order to form an accurate picture of this research thesis about clinical supervision of student nurses in the clinical area. It will assist the researcher to make findings and propose recommendations to improve clinical supervision. You do not need to identify yourself and, similarly, the researcher will uphold anonymity in that there will be no possibility of any respondent being identified or linked in any way to the research findings in the final research report. Where required please indicate your answer with a cross (X) in the appropriate box or write a response in the space provided, using a black ballpoint pen. For the open-ended questions, please write your responses clearly and legibly in the space provided. If there is not sufficient space for your response please number a blank sheet of paper with the question number and continue writing your response on the extra piece of paper.

SECTION A: (Demographic details)

Indicate your choice by marking the appropriate selected blank block with an "X".

The following questions are **for statistical purposes only**.

Q1. State your age: ☐

Q2. Gender:

Male	1	
Female	2	

Q3. What is your highest educational qualification?

Basic Nursing Diploma	1	
Basic Nursing Degree	2	
Post Basic Nursing Diploma	3	
Post Basic Nursing Degree	4	
Honours Degree	5	
Master's Degree	6	
Doctoral Degree	7	
Other(specify)……	8	

Q4. Indicate all your professional registrations:

General nurse	1	
Psychiatry nurse	2	
Community nurse	3	
Midwife	4	
Nurse Educator	5	
Nursing Administrator/Management	6	
Other(Specify)……	7	

1

Q5. What are the number of years you have worked since you have been registered? ☐

Q6. Which clinical unit do you work for?

Medical	1	
Surgical	2	
Paediatric	3	
OPD/Casualty	4	
Operating theatre	5	
Maternity	6	
Mental Health Care Unit	7	
Other (Specify)……	8	

SECTION B: KNOWLEDGE OF PROFESSIONAL NURSES REGARDING CLINICAL SUPERVISION

Q7. Indicate whether the following statements on issues about clinical supervisions are true or false.

Function		True	False	Do not know
a)	Clinical supervision is a formal process of professional support and learning	1	2	3
b)	Clinical supervision does not enable practitioners to share and learn from experience	1	2	3
c)	In clinical supervision a student nurse does not necessarily have to be assigned to a supervisor	1	2	3
d)	Clinical supervision helps nurses, namely those that are new in the profession, to develop knowledge and competencies in the nursing domain	1	2	3
e)	Clinical supervision is about having designated time for interaction between practitioners	1	2	3
f)	Clinical supervision enhance consumer protection and safety of care in complex situations	1	2	3
g)	Clinical supervision does not allow practitioners to assume responsibility for their own practice	1	2	3
h)	A clinical supervisor need not be familiar with community resources available to student nurse in order to refer patients	1	2	3
i)	A clinical supervisor need to be familiar with the administrative and organisational policies of workplace setting of the supervisee	1	2	3
j)	Clinical supervision should be conducted in private setting with no interruptions	1	2	3
k)	A clinical supervisor need to be experienced and have expertise in the student nurse's work setting and the population served	1	2	3
l)	Clinical supervision is not for all nurses at every level of seniority and experience but for those in training	1	2	3
m)	Professional nurses are responsible for supervising student nurses in the clinical areas	1	2	3
n)	Nurse educators teaching students are responsible for supervising student nurses in clinical areas	1	2	3
o)	According to SANC clinical supervision is regarded as the key role of professional nurses	1	2	3

p)	Purpose of clinical supervision is to support students towards professional development	1	2	3
q)	It is the responsibility of nurse educators/ lecturers to supervise student nurses	1	2	3
r)	Clinical supervision assists to assess the level of clinical knowledge and competence of student nurses	1	2	3
s)	Professional nurses are solely responsible for rendering patient care in the clinical areas	1	2	3
t)	Clinical supervision ensures appropriate use of clinical skills by student nurses	1	2	3
u)	Clinical supervision can assist in prevention of medico legal hazards in the units	1	2	3
v)	Clinical supervision gives student nurses an opportunity to apply theory into practice	1	2	3

SECTION C: IDENTIFY THE FACTORS THAT INFLUENCE CLINICAL SUPERVISION

Q8. Indicate your level of agreement on the following issues in identifying factors that influence clinical supervision.

	Description	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	1. Learning environment					
a)	Period of allocation /rotation of student nurses is long enough to achieve learning objectives	1	2		3	4
b)	Number of student allocated in the unit correspond with number of supervisors allocated	1	2		3	4
c)	The unit has clinical experts or specialists supervising student nurses	1	2		3	4
d)	The unit has adequate resources to enhance clinical learning	1	2		3	4
e)	Clinical learning environment always promote good atmosphere for correlating theory into practice	1	2		3	4
	2.Supervisory Relationship					
f)	Supervisory relationship between professional nurses and student is supportive and focuses on clinical practice progress	1	2		3	4
g)	Contact supervisory sessions are efficient and flexible	1	2		3	4
h)	Professional nurses frequently supervise student nurses in the clinical areas	1	2		3	4
i)	Professional nurses are positive in supervising student nurses	1	2		3	4

	3.Learning outcomes					
j)	Clinical areas always have learning outcomes for student nurses	1	2		3	4
k)	Student nurses are involved in formulating learning outcomes	1	2		3	4
l)	Students know their learning needs and expectations	1	2		3	4
m)	Student nurses always have workbooks when allocated to clinical area	1	2		3	4
n)	Professional nurses are aware of student learning outcomes and their role in supervision	1	2		3	4
o)	Professional nurses assist student nurses to achieve learning outcomes	1	2		3	4
	4.Professional nurse's competence					
p)	Professional nurses in the clinical areas have necessary knowledge and skills for supervising student nurses	1	2		3	4
q)	Professional nurses supervising student nurses have relevant qualifications for supervising student nurses	1	2		3	4
r)	Professional nurses are equipped for supervision of student nurses through workshops, in-service training etc.	1	2		3	4
	5. Method of supervision					
s)	Professional nurses supervise student nurses on one to one basis	1	2		3	4
t)	Student nurses are supervised in a group by one supervisor at a time	1	2		3	4
u)	Senior student nurses supervise their colleagues in clinical areas	1	2		3	4
	6. Attitude and Behavior					
v)	Type of attitude displayed by both professional nurses and students affect clinical supervision	1	2		3	4
w)	Student nurses are allowed to work alone in clinical areas to learn through trial error	1	2		3	4
x)	Professional nurses are willing to supervise student nurses	1	2		3	4
y)	Professional nurses are motivated and interested to supervise student nurses in clinical areas	1	2		3	4
z)	Professional nurses are not threatened and feel comfortable when supervising knowledgeable students	1	2		3	4

SECTION D: PERCEIVED CHALLENGES IN CLINICAL SUPERVISION

Q9. To what extent are the following issues challenges in clinical supervision?

	Challenge	To a very large extent	To a large extent	To some extent	To a little extent	Not to any extent at all
a)	Lack of supervisory skills	1	2	3	4	5
b)	Staff shortage of clinical supervisors	1	2	3	4	5
c)	High number of student allocated in the unit	1	2	3	4	5
d)	Poor communication between clinical areas and nurse educators	1	2	3	4	5
e)	Lack of support of supervisors to the nursing staff	1	2	3	4	5
f)	Heavy workload of nursing staff under clinical supervision	1	2	3	4	5
g)	Shortage of resources in clinical supervision	1	2	3	4	5
h)	The inability to maintain a collegial relationship once the supervisory relationship starts	1	2	3	4	5
i)	The internal supervisors enable the supervisee carry a great deal of the supervisor's work load	1	2	3	4	5
j)	Supervisors degrade the supervisee with personal comments	1	2	3	4	5
k)	The supervisor using the supervisee as a confidante	1	2	3	4	5
l)	Existence of dual relationship between supervisor and supervisee (e.g. a relationship that is no longer just professional develops, gift giving etc)	1	2	3	4	5
m)	Failure to recognize ethical problems, as well as conflicting advice from internal and external supervisors	1	2	3	4	5
n)	Lack of access of external supervisors to documentation	1	2	3	4	5

Q10. How often do you supervise students?

Thrice or more in a week	1	
Twice a week	2	
At least every tree weeks	3	
At least every month	4	
Other (Specify).....	5	

Q11. How much time do you spend supervising each student per day?

15 – 30 minutes	1	
31 – 45 minutes	2	
46 – 60 minutes	3	
More than 60 minutes	4	

Thanking you for your time and co-operation in completing the survey.

ANNEXURE M: Interview guide for student nurses

INTERVIEW GUIDE FOR STUDENT NURSES

1. What are your perceptions regarding clinical supervision in the clinical area?

1.1 Factors influencing clinical supervision

- Learning environment
- Type of supervisory relationship between professional nurses and student nurse
- Learning outcomes
- Professional nurses competence
- Method of supervision used in the units
- Attitude and behavior displayed during supervision

1.2 Perceived challenges related to clinical supervision

- Number of Staff
- Material resources
- Workload
- Support

ANNEXURE N: Respondents' transcripts

Participant 7: (Click by the participant) "yes…… Okay.. Learning environment ….eh, like what you said, a conducive learning environment, whether it is conducive. There are so many patients in the ward and you find that the professional nurses are two, learning eh….I mean supervision sometimes you find that there won't be a supervision. They will be like sending you…"go and do this, and go and do that" just because the ward is overcrowded and there is a lot of work and there supervision will be very much low"

Participant 1: "Okay.. in my experiences some of the professional nurses they will just leave you there. They won't even mind whether you are doing something or not"

Participant 9 : "Sometimes I think…eh, eh…The professional nurses sometimes make mistakes when they are supervising us , 'cause if maybe he/she tells me go and do something, instead of telling me in a good manner or maybe taking me to a private room, and telling me okay, that one you did not do it right; she will just shout at me in front of the patient. How am I supposed to go back and do that procedure again while the patient doesn't trust me anymore 'cause I am a student"

Participant 8: "Mmm. They send us a lot than showing us procedures"

Participant 7: "Professional nurse may take blood and send you to take it to the lab. Instead of showing how she took it or maybe giving you a chance to take it"

Participant 8: "Yah yah (yes..yes) they just give us to take specimen to lab , to send oh, these kind of things"

Participant 7: "What I can say is that the relationship is not good, 'cause if ever there's a mistake in the ward . they always blame the students even if it is not us. Just because we are learning"

Participant 9: “You are bound to sometimes let it go, cos you are afraid that they might grudge you and now learning will be difficult”

Participant 4: “With me, I walk away from that professional nurse”
Participant 2: “Mmm (yes), but you will see that the relationship is not so good”

Participant 1: Sometimes you find a person who is willing to teach you something and sometimes you find person who will be blaming you”

Participant 1: “Ok, in my experience . the relationship between supervisory professional nurse and depends to…mostly depends to if I’m a Tsonga …and they take me as I’m around Malamulele”

Participant 5: “They don’t have to discriminate ku ri(to say) this person is speaking Venda or this person speaks Tsonga”

Participant 8: “Okay, there was this…..from what I have experienced, there is this other day I went to a professional nurse. I wanted to learn how to understand about the person who is infected with this Malaria. she told me, ag (bored), I’m not in the mood to teach today. Ag, and then ag, I was very discouraged and then I’ve never ask her to show any procedure anymore again because I was afraid might tell me the same story again”

Participant 4: “Let me explain. And then okay, I have an experience of someone was very much willing to teach you even though, like she covers all of us, cause you find that we are two, and the other one is lazy it seems she is not interested, then she will cover all of us, and go with us…and teach us some skills and it encourages and even encourage to ask questions if you don’t understand ask me this, if I don’t understand then I will tell you to go to someone who will explain it better than me”

Participant 3: “That is what you mean, okay and then, eh…can you tell me something about learning outcomes or objectives. Is it when you come to a clinical area you are supposed to come with the learning objectives or learning outcomes that you are to meet at the end of your allocation”

Participant 10: “And …other wards maybe it is the responsibility of the university, college, where college that students are also allocated to see to it there are learning outcomes in different wards where you are allocated. I want to hear from you, if ever, if you are observant. If there are learning outcomes in the wards, displayed or somewhere …and if ever, you are also bringing the learning outcomes to the professional nurses who are assisting you, to usher you to meeting your learning outcome. Am I clear what I have said? Displaying of the learning outcomes in the ward, are they there? If you have them, are you bringing them? And then if you bring them, do you make them visible to them to the professional nurses…and if so, they are visible to them, are they ushering, are they assisting you to meet your objectives at the end of the allocation”?

Participant 6: “Okay, I don’t know if I will be answering it right, neh! Okay, we come with the objectives and then we like… this is what we are here for, we should be knowing this when we go back to, to, to school…and like ok, if it is ordering education, ordering is ordering that maybe in the morning, you know that in general wards this, they use a routine like eh…patients …bathing patients, do this...bed making , and the person...eh …some they don’t say no they be like yes will teach you this, mara when they do the, the, the skill or that procedure they don’t call us. They’ll be like okay, in the morning the routine goes like this…we’ll go do bathing the patients and then bed making. While we are busy doing that, they will be busy doing what we are there for”

Participant 4: “Because sometimes…when it’s .. you find them doing a certain procedure but not according to the manner in which it is supposed to be done and when you ask them why you’re doing like that, they’ll tell you that what is written in the book we can, we cannot do it practically cause we don’t have time and they’ll come up with stories ‘cause they want to finish it faster and then you end up knowing wrong things instead of how the procedure should be done”

Participant 6: “Yes sometimes they will tell you u ri this is not how it must be done, it is just that I don’t know, I’m doing my way or I’m doing it the way I saw someone doing it”

Participant 5: “Okay, I will speak..some they are competent. The only problem that I found is that they always want to forge as they will be doing the skills. They will forge the results. Maybe you are taking the temperature, they will tell you this person is normal. you don’t even have to write the temperature, you don’t even write…maybe write 20…so, they are competent, the problem is forging the results”

Participant 1: “Maybe it’s time. They want to move us. They don’t want to do the procedure”

Participant: Mmm. Like you find we’re being there. We are implementing, they will write something that they didn’t write. If you can ask this thing is not done! They will say just write don’t care it’s right. But I didn’t see anyone”

STEVENS EDITING AND PROOFREADING

~ Editing ~ Proofreading ~

BA: English; Industrial psychology (UNISA)

Sole Proprietor

Membership:

PEG (SA)

August 2019

THIS IS TO CERTIFY THAT:

I have language edited a document for Ms MATHEVULA RIRHANDZU FRIDDAH.

The title of the document is: *PROFESSIONAL NURSES' AND STUDENT NURSES' PERCEPTIONS OF CLINICAL SUPERVISION IN TRAINING HOSPITALS OF LIMPOPO PROVINCE: SOUTH AFRICA*

The scope of my editing comprised:

- Spelling
- Tense
- Vocabulary
- Punctuation
- Word usage
- Language and sentence structure
- Checking of in-text referencing style

Yours faithfully,

Charlotte Stevens (Ms)

Stevens Editing and Proofreading

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[Note: Signature withheld for security purposes.]