



University of Venda

**GUIDELINES TO FACILITATE PROFESSIONAL SOCIALISATION OF
LEARNER NURSES AT PUBLIC HOSPITALS OF LIMPOPO
PROVINCE, SOUTH AFRICA**

By

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DECLARATION

I declare that the thesis on “**GUIDELINES TO FACILITATE PROFESSIONAL SOCIALISATION OF LEARNER NURSES AT PUBLIC HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA**” is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.



MAFUMO JULIA LANGANANI

(Signature)

21 APRIL 2021

DATE

DEDICATION

This work is dedicated to:

My dearest late mom Ms. D.G Sematla and dad, Mr M.A Siaga who did not live to witness the completion of this thesis.

Their interests and enthusiasm in the education of all their children is greatly cherished and appreciated. Although they are no longer of this world, their memories continue to regulate my life.

I also dedicate this thesis to my family, my husband, Moses, my G-class squad, Dzuma, Vusani, Khuliso and Ndalamo, my grandson Muwanwa and my brothers Joe & Sandy.

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ABSTRACT

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Background: Learner nurses come from different social structures and entities with different norms and values. Upon entering the nursing profession, registered professional nurses (RPN) are expected to socialize the learner nurses into the professional norms and values as well as emphasising the moral and ethical values of the profession. The process starts when the learner enters the profession and continues throughout the practice as he/she learns from previously qualified colleagues.

Purpose of the study: The purpose of the study was to develop guidelines to facilitate professional socialisation of learner nurses by registered professional nurses in public hospitals of Limpopo Province, South Africa.

Methodology: Phase 1: A sequential exploratory mixed method approach was used in the study. A qualitative explorative design was used to collect data from professional nurses through one to one semi structured interview discussions. Data was collected until data saturation was reached. For quantitative design, research instrument was developed from the results of the qualitative data. A quantitative design was used to collect data from the learner nurses through open-ended questionnaires. A total of 181 questionnaires were distributed to the participants. Tech's data analysis method was used to analyse qualitative data, and Statistical Package of Social Sciences Version 25.0 was used to analyse quantitative data. Permission to conduct the study was

obtained from the University of Venda, Limpopo Provincial Department of Health and Vhembe and Capricorn Districts and the hospitals where data was collected.

In Phase 2: To develop guidelines the researcher used ten steps of WHO guidelines as follows; selection of suitable research topic, initiating guideline development group, scoping the guidelines, developing questions using the PICOS. Validation of the guidelines was through Appraisal of Guidelines for Research and Evaluation checklist. A questionnaire was developed for the validators based on the checklist. The validation group constituted Nursing Managers, Operational Managers and Nurse Educators.

Results: The study revealed that professional nurses view themselves as role models to learners in the clinical learning areas. Professional nurses were also aware of their teaching function though there were challenges in the clinical learning areas which made this difficult for them. The clinical learning areas were found to be not supportive to learners at times leading to poor professional socialisation. Professional nurses reported that learners are sometimes not eager or committed to be socialised in the clinical learning areas. Majority of learners, almost (75.0%) found it difficult to adjust in the clinical areas as they felt that they were not supported enough by professional nurses. Some learner nurses (65.0%) indicated that professional nurses were not exemplary role models at times and this affect professional socialisation. Professional nurses and learner nurses shared similar views on many aspects of professional socialisation though there were differences in some.

Recommendations: The professional nurse as the person entrusted with professional socialisation of learners in the clinical learning areas should always behave as an exemplary role model to learners so that learners can emulate the professional behaviour and conduct. The clinical learning areas should always be supportive to learners through teaching, creating a conducive environment to learn and respecting learners. The nursing education institutions should screen the suitable candidates who are motivated and enthusiastic to learn.

Key Concepts: Clinical learning environment, Guidelines, Learner nurses, Registered professional nurses, Professional socialisation.

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LIST OF ACRONYMS

ACN	American Nurses Association
AGREE	Appraisal of Guidelines for Research & Evaluation
AM	Assistant Manager
CASP	Critical Appraisal Skills Programme.
CEO	Chief Executive Officer
CLE	Clinical Learning Environment
CS	Clinical Supervision
GDG	Guideline Development Group
LN	Learner nurse
NEI	Nursing Education Institution
NM	Nurse Manager
OPM	Operational Manager
PI	Professional Identity
PICO	Population, Intervention, Comparison, Outcome Framework
PRISMA	Preferred Reporting Items for Systemic Reviews and Meta-Analysis
PS	Professional Socialisation

RPN	Registered Professional Nurse
SANC	South African Nursing Council
SPSS	Statistical Package of Social Sciences
UHDC	University Higher Degree Committee
UK	United Kingdom
USA	United States of America
WHO	World Health Organisation

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Professional socialisation is a process by which the neophytes of the nursing profession acquire the specialized knowledge, skills, attitudes, values, norms; and interests needed to perform their roles acceptably (Moradi, Mollazadeh, Jamshidi, Tayefeh, Zaker & Karbasi, 2017). Professionally, it is necessary to involve the learner nurses in the professional practice, since this process includes the integration of the cognitive and affective domains of professional performance that governs individual behaviour. Consciously or otherwise, a profession, through its experienced members, instils the professional attitudes and values among the neophytes.

In a National Nursing Summit held in April 2011, there were concerns raised regarding the future of the nursing profession in South Africa. Concerns raised included professional ethos and a decline in the standards of nursing, the decline in both the image and the status of the profession and a lack of professionalism. The delegates discussed issues regarding an increase in the cases of misconduct against nurses, maltreatment of patients being one of them (Department of Health (DOH) 2013).

Similarly, in 2017, a study was conducted, a client satisfaction survey that aimed to determine whether the clients of the public hospital in Limpopo Province were satisfied with the health services they were receiving. A 21-item questionnaire was compiled to measure the key components of client satisfaction in public healthcare. The study revealed that most clients encountered some very serious challenges at the various facilities. These issues included inter alia lengthy waiting times, public hospital professional nurses' negative attitudes to patients and a perceived lack of professionalism among staff (Macaden, Kyle, Medford, Blundell, Munoz & Webster, 2017). From the above discussion, it is evident that there is a clear correlation between the

process of professional socialisation, and the provision of quality health care, the conduct of a nurse and behaviour that could potentially influence professionalism.

1.2 BACKGROUND

Nursing is a science and art which consists of theory and practice. Student nurses integrate theory and practice in clinical learning areas. Nursing profession also involves learning the expected moral and ethical behaviour of the profession. These are the reasons why the professionals who qualify as professional nurses are required to be prepared and empowered through professional socialisation to equip them with what the profession and the society demands of them. Professional socialisation is considered as anticipatory socialisation, which refers to the formation and internalisation of the characteristics that are typical of a profession (Dinmohammadi, Peyrovi & Mehrdad, 2017). It has been contemplated also by De Swardt, Van Rensburg and Oosthuizen (2014) as the process of involving novices of a professional group becoming immersed in the professional culture. It is a process that begins with getting acquainted with the professional roles and gaining a professional identity.

In the past few years, the nursing profession has been in the media for the wrong reasons where nurses are portrayed as uncaring and incompetent (Chokwe & Wright, 2013; Dean, 2014). As such some people felt that they would not support their family members to choose nursing as a career (Kagan, Biran, Telem, Steinovitz, Alboer, Ovadia & Melnikov, 2015). The tributes of caring which included compassion and empathy were often ignored leading to patients needs not being attended to (Johannesen, Hovland & Steen, 2014; McAllister, Downer, Hanson & Oprescu, 2014). In the 2012/13-2016/17 nursing education strategic plan document, it was indicated that in nursing standards and ethics have deteriorated over time where the communities have lost faith in the nurses. Nurses are labelled as uncaring and having a bad attitude towards their patients (DOH 2013). This uncaring kind of behaviour is displayed by some professional nurses and the lower category of nursing staff.

The professional values associated with nursing serve to guide the nurses' behaviour so that it complies with the profession's preferred standards. One of the most consequential and enduring aspects of training to become a professional nurse is that the process shapes one's professional identity (Dinmohammadi et al., 2017). The purpose of educating student nurses is to ensure that upon completion of the programme, the qualifiers should be able to provide quality nursing care to clients, family and patients per the standard set by the profession.

Therefore, socialisation introduces learner nurses to hidden cultures, practices and values of the profession, to develop professionalism (Black & Chitty, 2018). Thus, they may not have the opportunity to develop after graduation and during the early days of being newly qualified in the real bed setting or bedside. Various health professions, in which nursing is no exception, undergo the process of socializing the neophytes as a means to acquire professional skills, values, attitudes, knowledge and other ways of life established in the professional subculture through social interaction with experts and experienced personnel in the professional group.

A study in the United States of America (USA) by Babenko-Mould and Laschinger (2014), reported that the first of many steps in socialising nurses into professional practice is starting with a nursing student, since socialisation is an extensive process from being a learner until a qualified practicing nurse and beyond. Whilst Dinmohammadi et al. (2017) proclaim that socialisation could be formal (to include classroom lectures, seminars, undertaking assignments, arranged meetings with a mentor) or informal (unplanned observations, participation in student associations). However, whichever form it takes, it provides constant psychological readiness to nursing students for future practice, with the opportunity for new roles and attitudes to be learned. The truth of socialisation is the fact that individuals acquire new roles, they are automatically recognized and accepted into newer social groups as perceived by Alotaibi (2016).

Kristofferzon, Martensson, Mamhidir and Lofmark (2013) in their study, outlined that learner nurses who are first entering today in institutions that offer nursing, should be true professionals of the future. All nursing education institutions and the clinical learning environment have a responsibility to transform the learner nurses to be responsible

practitioners through professional socialisation. Learners need to be socialised into the professional values and ethics. Kristofferzon et al. (2013) showed that professional values are standards for action accepted by professionals that provide a framework for evaluating the beliefs and attitudes affecting behaviour; while Bang, Kang and Jun (2011); and Rook (2017) attest that professional values are significant in nursing practice. Mariet (2019) identified two types of professional socialisation, namely formal and informal socialisation. Formal socialisation includes lessons that are taught in the nursing education institution in the form of lectures whereas informal socialisation includes unplanned observations of a qualified professional for the learners.

In the curriculum for nurse training, Ethos and Professional Practice is a major subject in the first level of study in which student nurses are expected to pass before progressing to the next level. Hence the researcher felt that as the students have an adequate theoretical background of Nursing Ethics, the practical aspect needs to be reinforced in the CLA. Informal socialisation is more powerful and memorable than formal socialisation as it is learning through observation. The study concentrated on informal socialisation as it is the one where professional nurses are responsible for learner nurses' professional socialisation.

It could be possible that some of the student nurses might have entered the profession with a negative philosophy. Their world view is that of uncaring behaviour, that means a student nurse who did not develop love for patients, who never attached meaning to the lives of patients. Learners entering the profession come from different societies and ethnic groups with different ethics and values. They are like a blank page wherein the trained staff will put in the words and engrave the aspect of professional socialisation. It is during this process of professional socialisation when the student gradually adopts the professional values and might change the ones that they had before (Poorchangizi, Borhani, Abbaszadeh, Mirzaee & Farokhzadian, 2019).

Undergraduate nursing students require mentoring through socialisation by experienced leaders in the nursing profession, which often is a mutual understanding and agreement between the mentee and the mentor. United Kingdom study by Anthony and Yastik

(2011) advocated that nursing students should achieve essential clinical skills, by moving from one clinical role to another and gain competencies through interactive learning with mentors and preceptors which leads to better clinical performance. Whilst Chan and Smith (2016) emphasise that for students to be adequately socialised, they should spend sufficient time with their mentors, preceptors, role models or qualified senior nurses in the practice settings to gain enough exposure to nursing culture. Communication skills and ethics could as well be integrated into clinical practice to get students adequately socialised. Experiences gained by the student nurses from experienced practitioners should be regarded as an essential determinant of socialization.

Following successful completion of the programme, they join the nursing workforce as newly qualified professional nurses. This transitional process could be a shock to most newly qualified nurses since they face unexpected and challenging job demands. A similar notion was reported by Jackson (2017) that for students to become professional nurses, they will go through an inevitable process of socialisation in practice. While newly qualified nurses will need supervision to function effectively and to adapt to the scientific environment. However, the educational process of nursing students goes beyond scientific knowledge acquisition and clinical skills. They also learn the culture, values, attitudes and behaviours of the nursing profession, which will guide them later in their careers. Besides, socialisation is a lifelong process and does not end when students graduate and leave school, and it is a vital component in preparing clinically competent students.

Moradi et al. (2017) report similar findings that worldwide, nurses require relevant and updated nursing skills and knowledge through which they function meaningfully to the provision of quality nursing care. Various studies suggest that higher nursing education has a positive relation with patient outcomes and patients' satisfaction (Alotaibi, 2016; Babenko-Mould & Laschinger, 2014). However, this would require socialization to enable nurses to attain a more profound understanding of their profession. The process of socialisation among nursing students is sometimes interrupted during the training period, leading to a failed or halted process (Moradi et al. 2017). Several barriers account for this; however, due to the paucity of literature, it remains unclear. Only a few studies are known to focus on the socialisation process among undergraduate nursing students' trends.

Nursing profession as a science and art deals with human beings in whom everyone holds one precious life. Therefore, intense professional socialisation should be exercised from the first day in which a newly admitted student nurse enters the profession. Thomas, Jinks and Jack (2015) outlined that professionalism is a fundamental concept in nursing and arises from individual-workplace, interaction and interpersonal relationships, which is accomplished by professional socialisation. Consciously or otherwise, a profession, through its experienced members must instil the professional attitudes, values and norms among the neophytes of nursing. While noted that nurses are the greatest part of healthcare providers and their professional capabilities play an important role to fulfil the health system. For this reason, the professional capability of nurses is a concern for healthcare providers in different countries – South Africa is no exception. South African nursing profession is challenged by negative media reports regarding nurses' professional behaviours that also contribute to the image of a non-caring profession.

Misconduct, shortage of nurses, poor working conditions, perceived negative attitudes and ill-disciplined staff, implicated to the professional socialisation, also affect the quality of nursing care (Park, Park & Jang 2014). Appropriate socialisation of student nurses into the profession is essential. Nursing education institutions, the clinical learning environment and the students themselves are integral parts in this process of professional socialisation. It is the process through which students learn the values, attitudes and goals of the profession to form a professional identity and it is very complex, continuous and unpredictable. Professional socialisation nourishes the desirable professional attributes or whether it inhibits the development of these attributes if not well implemented. It was through this reason that the study thought to explore the professional socialisation of the student nurses which leads to the development of guidelines to facilitate the implementation of the professional socialisation.

1.3 PROBLEM STATEMENT

In the past few years unethical and inappropriate conduct by the nurses has been reported in the media where nurses are portrayed as uncaring and incompetent (Kagan, Biran, Telem, Steinovitz, Alboer, Ovadia & Melnikov, 2015; Chokwe & Wright, 2013). Nurses were labelled as lacking basic principles of caring including compassion,

empathy and patients being ignored and their needs not attended to (Johannesen, Hovland & Steen, 2014; McAllister, Downer, Hanson & Oprescu, 2014). Unethical and unacceptable conduct by trained staff negatively impacts on professional socialisation of learners. When learners are allocated in the clinical learning areas and witness such conduct, they are likely to imitate the inappropriate behaviour. Many incidents of nurses' misconduct have been reported in the media many times.

The researcher as a person responsible for clinical teaching of learners has witnessed several incidences of unacceptable behaviours by trained staff which impact on learner nurses' professional socialisation. Learners have also indicated such incidents where patients' rights and dignity were violated. Limpopo Province's Department of Health in the past two years has seen litigation cases increasing to 831 where some of them are attributed to poor nursing care, negligence and improper language used during the provision of care. Limpopo Province's claims for the period from 2011-2015, amounted to R68 906 854.00 (Bateman, 2016) which is a huge amount considering that the money could be used for providing quality care to patients. Among certain cases where nurses neglected their responsibilities, is a case where a patient was left alone in a bath of water and she was burnt and later died, a nurse not attending to patients but selling tea bags to patients at the clinic, a patient who was turned back from the clinic and delivered at the gate, and a child who was turned back from the clinic without proper assessment who later died, just to name a few. All those actions can be attributed to poor professional socialisation where nurses do not consider the patient as their first consideration.

The problem of professional nurses' misconduct is worldwide as indicated by different studies (Erasmus, 2008). A study in Canada found that from 2012-2014 cases of professional nurses' misconduct were increasing (Thomashefsky, Powel, Inglis, Zimmerman, Malenfant & Guthrie 2016). Professional nurses were found guilty of different types of misconduct and the most common were failure to accurately document patient care, criminal activities like theft and fraud and failure to provide adequate care to patients where penalties like an oral reprimand, limiting the certificate and suspension were imposed (Thomashefsky et al., 2016).

The South African Nursing Councils' statistical report on misconduct cases for nurses for the period March 2018 to October 2018 indicates that 7 nurses in two provinces

were charged for different misconducts including poor nursing care, assault on patients, maternity-related, fraud and medication-related (SANC 2018). The researcher has observed that tributes of caring, including empathy and compassion are often ignored during patient care leading to patients being ignored and their needs not attended to. It is in this light that the researcher wishes to explore the perception of professional nurses towards learner nurses' professional socialisation, challenges that affect professional socialisation and assess the knowledge of professional socialisation by learner nurses in public hospitals of Limpopo Province in order to promote a caring and compassionate provision of care.

1.4 THE PURPOSE OF THE STUDY

The purpose of this study is to develop guidelines to facilitate professional socialisation of learner nurses at selected public hospitals of Limpopo Province.

1.5 OBJECTIVES OF THE STUDY

The objectives of the study were divided according to the phases of data collection and the development and validation of the guidelines.

Phase 1 A

In this phase of the study, qualitative data collection design, the objectives were:

- To explore the perceptions of RPNs regarding their role in professional socialisation of LNs in public hospitals of Limpopo Province.
- To explore the challenges that affect professional socialisation of LNs in public hospitals of Limpopo Province.

Phase 1B

In this phase, the quantitative research design was used to collect data. The objectives were:

- To assess the knowledge, practices and attitudes of learner nurses towards professional socialisation in public hospitals of Limpopo Province.
- To determine the perspectives of LNs regarding their role in professional socialisation in public hospitals of Limpopo Province.
- To assess the perceived challenges that affect professional socialisation of LNs in public hospitals of Limpopo Province.

Phase 2A

The objective in this phase was through qualitative design where themes were developed and guided the development of the guidelines. The objective was:

- To develop guidelines for professional socialisation of learner nurses in public hospitals of Limpopo Province.

Phase 2B

The validation of the guidelines was through quantitative design. The objective was to validate the developed guidelines for:

- Covering the scope of the guidelines
- Involvement of stake holders
- Whether systematic methods were used to search for evidence
- Clarity of guidelines
- Applicability
- Editorial independence
- Overall guideline assessment

1.6 SIGNIFICANCE OF THE STUDY

Nursing Education Institutions

The findings of this study will assist the researcher in developing guidelines that will be used by nursing education institutions in enhancing that learner nurses are adequately socialised in the profession before they are qualified. The policymakers such as Nursing Education Institutions will benefit in ensuring that the guidelines are included in the training policies.

Limpopo Provincial Department of Health

The Department of Health shall benefit as learners will be properly socialised leading to practitioners who are competent and behave properly in the accepted moral and ethical codes of the profession. There will be fewer litigations caused by ignorance and incompetency.

Nursing Practice

In Nursing Practice, professional nurses will have adequate skills and knowledge to socialise learners ensuring that learner nurses are adequately skilled and competent to render quality patient care.

New learners will also benefit from the guidelines as professional nurses will have more knowledge and information on professional socialisation, whereby learners will be competent when they qualify, leading to job satisfaction in the workplace.

Body of knowledge

The findings of the study will contribute to the body of knowledge, especially in clinical practice, regarding the professional socialisation of learners whereby guidelines will be used to improve patient care.

1.7 DEFINITION OF TERMS

1.7.1 Clinical learning area (CLA)

This is also referred to as the clinical facility. SANC (Nursing Act, 2005) define clinical facility as a continuum of services to improve health and provide care to individuals and groups, used to teach learners. In the study, the clinical facilities will be hospitals where learner nurses are placed for clinical learning.

1.7.2 Clinical placement

“Clinical practice for learning” SANC (Nursing Act, 2005) definition of clinical placement is “credit-bearing, experiential learning in which students/learners work with patients/clients but do not form part of the official service/nursing offered at the place of work. It is the period and time that the learner spends in the clinical learning environment to acquire skills and competency required in the training programme”.

1.7.3 Clinical supervision

SANC (2011) defines clinical supervision as assistance and support extended to the learner nurse by the professional nurse or midwife in a clinical facility to develop a competent, independent practitioner. Clinical supervision is defined as the process where learner nurses are offered professional support and learning in developing their competency through regular discussion time with experienced and knowledgeable professional nurses (Pront, Gillham & Schuwirth, 2016).

1.7.4 Guidelines

Guidelines are recommendations aimed at assisting providers and recipients of healthcare and other stakeholders to make informed decisions. It is any document containing recommendations about health interventions, whether they be clinical, public health or policy recommendations (World Health Organization (WHO) 2012).

1.7.5 Learner nurse

A learner nurse is a person registered with the Nursing Council as a learner in an accredited nursing education institution (Nursing Act 33, 2005). A learner nurse can be registered in a course that leads to a diploma or a Bachelor of Science in nursing. In this study, a learner shall refer to any person registered in (R425) Programme leading to registration as a nurse (General, Psychiatry, Community) and Midwife, in any Nursing Education Institution (NEI) accredited by the South African Nursing Council.

1.7.6 Registered professional Nurse

A registered professional nurse is a person who is qualified and registered with the South African Nursing Council to practice nursing autonomously and who is competent to engage in responsibility for the practice (Nursing Act 33, 2005). In this study, a professional nurse refers to a healthcare professional who is registered as a professional nurse and is directly involved in basic nursing education and training programme for learner nurses.

1.7.7 Professional Socialisation

Professional socialisation is a “dynamic, interactive process through which attitudes, knowledge, skills, values, norms and behaviours of the nursing profession are

internalized and professional identity is developed” (Salisu, Dehghan Nayeri, Yakubu & Ebrahimpour, 2019). In this study, professional socialisation will be the process whereby the learner nurses learn and adopt the values and moral ethics of the nursing profession through contact with those that have already acquired the skill.

1.8 FOUNDATION OF THE STUDY

Research does not occur in a vacuum but is guided by theoretical and methodological beliefs about the nature and structure of the problem. The foundation of this study was based on the philosophical paradigm and theoretical framework.

1.8.1 Philosophical paradigm

A paradigm is defined as a loose collection of logically related assumptions, concepts or propositions that orient thinking and research (McKenzie & Knipe, 2006; Riyami, 2015). Paradigm perspective can be of positivism, interpretivism and critical theory perspective (Riyami, 2015). This study’s point of view was from an interpretivism perspective as the researcher wanted to obtain the best possible answers to the research problem. This study’s point of departure was the assumption that learners enter the profession without any skill and ethical knowledge of the nursing profession and depend on the qualified professionals to pass on those necessary skills. When the learner nurse qualifies, she/he must have acquired the minimum skills and ethics required to practice through role modelling. It is during professional socialisation where the skills and competencies are transferred from the registered professional nurses to learners.

1.8.2 Interpretivism

Interpretivism is also referred to as constructivism. Constructivism is rooted in the belief that realities are many and are socially constructed (Riyami, 2015). Constructivism aims to get a deeper understanding of the phenomenon under study and its complexity in the unique context and not generalise. The study aimed at exploring the perception of

professional nurses regarding their role in the professional socialisation of learner nurses and to assess the knowledge, practice and attitudes of learner nurses towards professional socialisation in order to get the understanding of the concept professional socialisation. The researcher used a sequential exploratory mixed method design wherein in the qualitative approach, the researcher used semi- structured interview, using observation, field notes and voice recorder in a natural setting and following the research process (Riyami, 2015). Assumptions are often described in terms of ontological, epistemological and methodological approach (Lever, 2013), which are described next.

1.8.3 Ontology

Ontology is defined as the study of being which raises questions about the nature of realities and nature of human beings in the natural world (Lever, 2013). When human beings come to interact with one another in their natural environment, there will always be multiple realities that influence their relationship. It is concerned with the assumptions we make that something makes sense or is real, or the very nature or essence of the social phenomenon under investigation (Kivunja & Kuyini, 2017). In this study, the assumption was that when registered professional nurses and learner nurses interact in the clinical areas which are natural settings, there will be a relationship between the two which will impact on the outcome of professional socialisation of the learners. Nursing learners enter the clinical areas without any skill and depend on professional nurses as their role models to pass on the skills through professional socialisation. In the study, it was further assumed that the knowledge, practices and attitudes of learner nurses towards professional socialisation will impact on the professional socialisation process. The perception of professional nurses and the knowledge of professional socialisation were explored in order to discover and to understand the concept.

1.8.4 Epistemology

Epistemology is the study of knowledge and it is a way of understanding and explaining how knowledge is obtained (Lever, 2013). Four sources of knowledge are sensation, memory, introspection and reason. To evaluate knowledge, investigation and justification are needed (Muis, Bendixen & Haerle, 2006). To investigate the perception of professional nurses regarding their role in the professional socialisation of learner nurses and the knowledge, practices and attitudes of learner nurses towards professional socialisation; qualitative data was more subjective and collected through interviews whereas quantitative data was more objective and was collected through a questionnaire. Both data were analysed and justified. Knowledge was obtained through the data collection process. From the collected data guidelines were developed and validated.

1.8.5 Axiology

According to axiology, research is rooted in philosophical belief about values, concepts, bias and the nature of knowledge (Killam, 2013). In any research values and bias of the researcher and the participants may influence the research process. During the qualitative phase of data collection, the values and bias of the professional nurses regarding their role in the professional socialisation of learner nurses may have influenced the study, as the perception was the understanding of the participants from their point of view. However, the bias was limited in quantitative phase as a questionnaire was used to collect data from the learner nurses regarding their knowledge, practices and attitudes in respect of professional socialisation.

1.8.6 Methodology

This is a research approach that offers investigators the ability to use the strength of qualitative and quantitative research designs. It is characterised as research that contains elements of qualitative and quantitative approaches (Grove, Burns & Gray, 2017). In the study a sequential mixed method research design was used where data

was collected using both qualitative and quantitative approach. The aim was to collect data from different angles in order to obtain as much data as possible about professional socialisation of learner nurses and to develop and validate the guidelines.

These paradigms influenced the assumptions that are fundamental to the theoretical reasoning of this study. Table 1.1 indicates the summarised paradigmatic perspective.

Table 1.1 Paradigmatic perspective of the study

Constructivism	Theoretical	Methodological
<p>This study's point of departure is the assumption that learners enter the profession without any skill and knowledge and depend on qualified professionals to pass on those necessary skills.</p> <p>It is during professional socialisation where the skills and competencies are transferred from the professional nurses to learners.</p>	<p>The study will be conceptualised within the Bandura's Social Learning Theory</p> <ul style="list-style-type: none"> • To explore the perception of professional nurses regarding their role in professional socialisation of learner nurses • To explore the challenges that may affect professional socialisation • To assess the knowledge, practices and attitudes of learner nurses towards professional socialisation in public hospitals of Limpopo Province. <p>Phase 2</p> <ul style="list-style-type: none"> • To develop guidelines for professional socialisation of student nurses in public hospitals of Limpopo Province • To validate the developed guidelines 	<p>An Exploratory Sequential mixed- methods research design was used</p> <p>WHO's ten steps in guidelines development.</p> <p>Appraisal of Guidelines for Research & Evaluation II (AGREE) instrument</p>

1.8.7 Theoretical Basis of the study

The study was a sequential exploratory mixed method design conceptualized within the Bandura's Social Learning Theory as stated in David (2015). The main focus of the study was on the qualitative approach in order to explore the perception of the registered professional nurses regarding their role in the professional socialisation of learner nurses. When learners are allocated in the clinical learning area, the professional nurses play the significant role in influencing the clinical learning outcome of the student. The relationship between the learner nurses and the professional nurses directly influence the outcome of professional socialisation. Bandura's Social Learning Theory was used in this study to further explain and relate the concepts in nursing education. The theory indicates that children observe the people around them behaving in different ways and this might result in them imitating the behaviour of these adults that they observe.

Learner nurses are often compared to neophytes in the profession because they do not possess the knowledge and skills of the profession. On the other hand, professional nurses act as role models to the students as they possess the knowledge and skills. Learner nurses pay attention to professional nurses and encode their behaviour as their role models. Students and professional nurses have a relationship which needs to be maintained as affirmed by Keeling and Templeman (2013). Firstly, children tend to imitate the people they perceive as like them. In this instance, students perceive professional nurses as like them therefore they are more likely to copy their behaviour. Secondly, people around the child will respond to the behaviour of the child with reinforcement or punishment where good behaviour is commended and bad behaviour is reprimanded and corrected (McLeod, 2016).

Children will behave in an approved manner to which he/she believes will earn desired approval from the adult. In the clinical learning environment, students often want to do what is right or approved because the professional nurse will congratulate and reinforce the behaviour. Lastly, children also consider what happens to other people when deciding whether to copy their actions. This means that children have the right to choose or not to

choose to copy someone's behaviour. As stated by Billett (2016) learning occurs all the time, and whilst learning can be influenced by the presence and actions of others, it is not restricted to the actions of others, meaning that the learner has a right to copy or not to copy the behaviour.

Children often identify themselves with their role models where they copy the behaviours they want to adopt. In the clinical learning environment, learner nurses will choose the kind of individual professional nurse they value as role models and want to identify with. How the professional nurses interact and communicate with patients in the presence of students may be copied by the students. Thus, learner nurses learn professional attitudes by observing the role models around them. This process of observation and acquiring professional attitudes has been defined as professional socialization.

Bandura's Social Learning Theory states that many processes make it more likely that children may copy or reproduce the behaviour of the people around them. The learner should go through the processes before the behaviour of the role model is imitated.

Attention:

This is the first process of learning according to Bandura's Social Learning Theory. It is the extent to which one is exposed to the behaviour and how the behaviour grabs your attention. Before the learner copies the behaviour of the professional nurse, such behaviour should first attract the attention of the learner. Attention is important when deciding whether the behaviour has an influence on the other person and worth considering or not.

Retention:

This is the second process. To copy the behaviour, the learner must first remember or retain the behaviour in memory. If the said behaviour is repeated often, the more it is

stored in the memory of the learner. Both good and bad behaviour if the learner witnesses them often, are likely to stay in the mind of the learner and be repeated in the future.

Reproduction:

Thirdly, when the learner nurses have memorised the behaviour of the role models, they then act it out. This is where the learner will practice what was witnessed from the role models. The behaviour of professional nurses as the role models of the students will then be reproduced.

Motivation:

Lastly, the theory further indicates that the behaviour of the learner nurses will further be influenced by the rewards or punishment that follows the conduct. If the desired behaviour is recognised and rewarded, the behaviour will be upheld and repeated. On the other hand, if the undesired behaviour is condemned, it will not be repeated. This is the desire to perform the behaviour influenced by the rewards or punishment that follow that behaviour. When students are in the clinical area and the behaviour is rewarded or praised, they become motivated to repeat the behaviour.

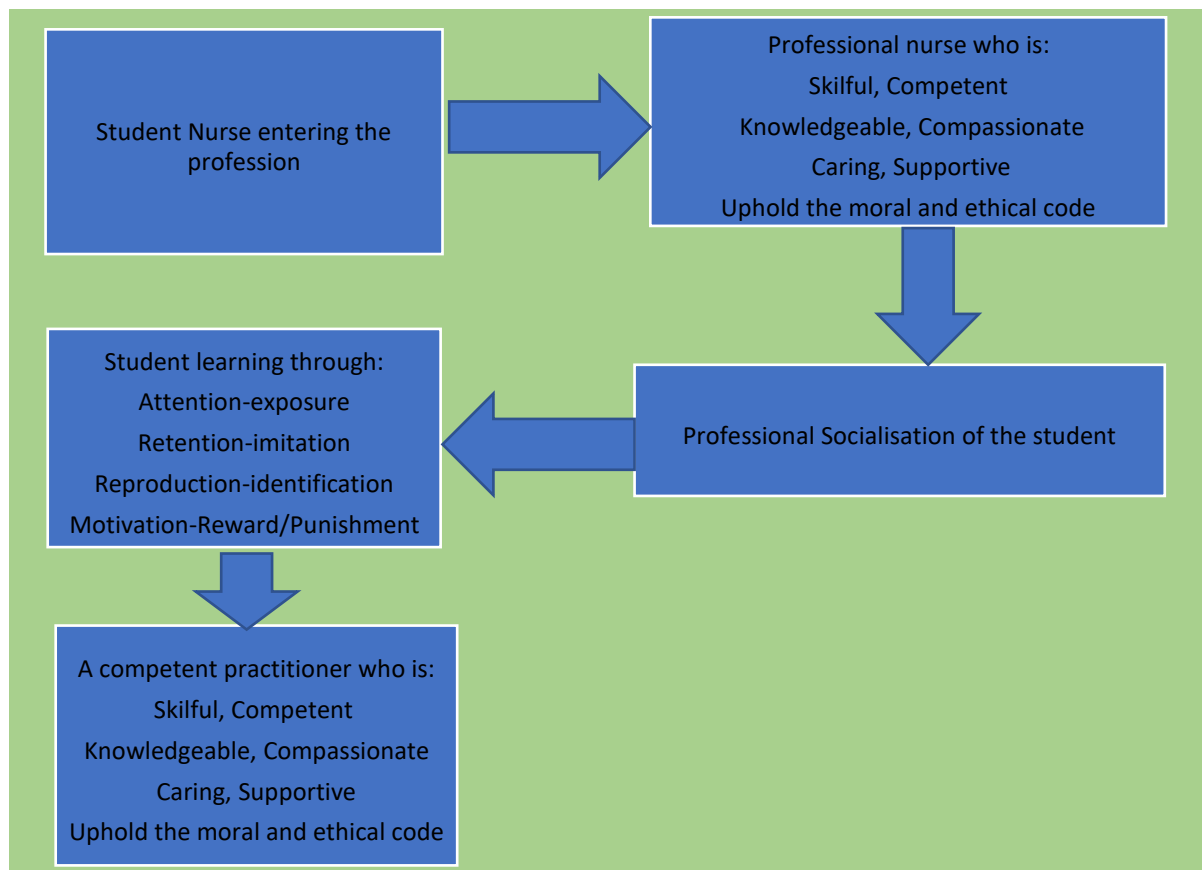


Figure 1.1 Route taken by learners during their professional socialisation according to Bandura's Social Learning theory

1.9 RESEARCH METHODOLOGY

1.9.1 Research design

In the study, a sequential exploratory mixed methods design was used whereby qualitative data was collected first then followed by quantitative data. Qualitative data was used to explore the perceptions of RPNs regarding their role in professional socialisation of LNs and to explore perceived challenges that affect professional socialisation of LNs in public hospitals of Limpopo Province. Quantitative data was used to assess the knowledge, practices and attitudes of LNs towards professional socialisation in public hospitals of Limpopo Province.

1.9.2 Study setting

The study setting was Vhembe and Capricorn Districts of Limpopo Province. The districts were sampled as each one of them had a nursing education college and a university. Two hospitals per district at different levels of care were purposively selected.

1.9.3 Phase 1A

1.9.3.1 Study population

The study population in qualitative data was RPNs working at the sampled hospitals of the two districts where LNs registered for R425 programme leading to registration as a nurse (General, Community and Psychiatric) and Midwife are allocated for clinical learning and experience.

1.9.3.2 Sample and sampling

Non-probability purposive sampling was used to sample the participants who were registered professional nurses and had an experience of three years and above in the professional socialisation of learner nurses.

1.9.3.3 Data collection process

After obtaining the ethical clearance, the researcher requested permission to conduct the study from the different stakeholders. Arrangements to collect data were made with participants to meet at a convenient time.

1.9.3.4 Data collection

A semi-structured one to one interview was used to collect data. The method was chosen as it allows participants to share their views without being influenced by others. The interview guide was used to guide the researcher in keeping the study focused and not to allow getting off the topic under study. Data were collected until data saturation was reached. Twenty-five participants were interviewed.

1.9.3.5 Data analysis

The analysis of data was through Tech's open coded method. Main themes, themes and sub-themes emerged from the study. Three main themes that emerged were the professional nurse as the mentor of learner nurses, factors in the clinical learning areas that influence professional socialisation and learner factors that influence professional socialisation.

1.9.4 Phase 1B

1.9.4.1 Population

In the quantitative approach, the study population was LNs registered for R425 programme leading to registration as a nurse (General, Community and Psychiatric) and Midwife who were in level one to four of their training.

1.9.4.2 Sampling

Non-probability purposive sampling was used to sample learners who were in first- to fourth-year level of the study at the time. This was done to give all the learners equal opportunity of participating in the study.

1.9.4.3 Sample size

The total number of respondents were 181 and only 168 were analysed as 13 of them were disqualified as they were incomplete. The sample constituted respondents from all the sampled institutions.

1.9.4.4 Data collection

Quantitative data was collected through a self-administered open-ended questionnaire to assess the knowledge, practices and attitudes of learner nurses towards professional socialisation. The instrument was developed from findings of the qualitative data.

1.9.4.5 Data analysis

The analysis of data was performed by an experienced statistician using SPSS version 25, graphs and tables were used to further elaborate on the findings.

1.9.5 Phase 2A

In this phase, guidelines to facilitate professional socialisation of learners at public hospitals of Limpopo Province were developed. WHO's guidelines for the development of guidelines were used. Themes were formed for the development of the guidelines. Findings from qualitative and quantitative approaches and extensive literature search informed the development of the guidelines.

1.9.6 Phase 2B

The developed guidelines were validated through AGREE guideline development checklist (Brouwers, Kho, Browman, Cluzeau, Feder, Fervers, Hanna & Makarski, 2010). A questionnaire was developed to validate the guidelines. Members of the guidelines'

validation group constituted Nurse Managers, Registered Professional Nurses and Nurse Educators as they are all involved in professional socialisation of learners.

1.10 MEASURES TO ENSURE TRUSTWORTHINESS AND RELIABILITY

Trustworthiness refers to the degree of confidence qualitative researchers have in their data assessed using the criteria of credibility, transferability, dependability and confirmability (Polit & Beck, 2017). In each research project, researchers need to establish the protocols and procedures necessary for a study to be considered worthy of consideration by readers (Amankwaa, 2016). To ensure the credibility of the study, the researcher should describe his or her experiences as a researcher and verify the research findings with the participants (Cope, 2014). The participants were briefed about the research topic, questions, purpose and significance to minimize any misconceptions and help them to understand the phenomenon under study. The researcher also involved the participants in guideline development after data collection.

The researcher observed the participants as they were being interviewed, probed for clarity on issues raised by participants and focussed on elements that are most relevant to the problem. The preliminary findings of the researcher were discussed with the participants. After data was analysed, the researcher returned to participants for a final member check to determine if what was transcribed was what they meant during the interviews. The researcher kept a record of all the decisions made before and during the research and the description of research, the recorded data, and all the transcripts made during data collection. The researcher and the supervisor analysed data separately then compared the results for any differences and similarities.

In quantitative data, the following measures were put in place to ensure reliability; the researcher reviewed literature extensively before the instrument was developed to have more information about the concept. The promoters were involved to assist in the modifying of the instrument. A pre-test was conducted to test the instrument before

undertaking the study. The results from the pre-test were used to improve on the instrument to measure validity.

1.11 ETHICAL CONSIDERATION

The researcher obtained permission to conduct the study from the University of Venda Research Ethics Committee, The Limpopo Province Department of Health Research Ethics Committee, The Vhembe and Capricorn District Department of Health, Chief Executive officers of sampled hospitals and participants'/respondents' consent. Information regarding the aim of the study and the information needed was explained and how data will be collected and used and then a written consent was sought from participants and respondents. Participants and respondents were informed about the right to decide whether to participate or not in the study and they have a right to withdraw from the study if they do not wish to continue to participate.

Further than that, the researcher issued an informed consent letter to the registered professional and learner nurses. Written consent was obtained. The researcher indicated to the participants that there would be no legal implications because of them giving their opinion about their perception of professional socialisation of learner nurses and perceived challenges in professional socialization. Participants and respondents were selected fairly, conveniently and treated fairly. Furthermore, their participation was voluntary. The use of real names of participants and respondents was prohibited in this study; each participant was provided with a code. A master list of participants and the matching number was kept in a safe place.

1.12 ORGANISATION OF THE STUDY

The study is divided into nine chapters.

Chapter 1 Overview of the study

The chapter discusses the introduction and background to the study and the problem statement. The purpose, objectives, significance of the study are also described. The concepts to be used in the study were clarified. The methodological assumption of the study was explained. A brief description of the research design, methodology and ethical principles were described. The theoretical framework used in the study was also described.

Chapter 2 Literature review

This chapter described the systematic literature review on professional socialisation to strengthen the study and consider what is already known about the phenomenon under study. Literature searched included information on the development of factors that promote or prevent professional socialisation.

Chapter 3 Research methodology

Chapter 3 describes the detailed research design and methodology, the study setting population, sampling, data collection and data analysis. Measures to ensure trustworthiness, validity and reliability of the study are discussed. The two data methodologies were described.

Chapter 4 Qualitative results and discussions

The chapter discusses the findings, analysis and discussions of qualitative findings that emerged in phase 1A from the professional nurses through unstructured one to one interview.

Chapter 5 Quantitative results and interpretation

Chapter 5 described the findings of quantitative data from the learner nurses in phase 1B of the study. Descriptive statistics were used to analyse the data. Results were presented in frequency tables and bars.

Chapter 6 Integration of qualitative and quantitative results

This chapter discusses the integrated data from phase IA and 1B that were used for the formulation of guidelines.

Chapter 7 Development of the guidelines

In this chapter guidelines to facilitate professional socialisation of learner nurses at public hospitals of Limpopo Province, South Africa were developed and discussed. WHO's guidelines were used to develop guidelines.

Chapter 8 Validation of guidelines

This chapter described the validation of the developed guidelines. The AGREE checklist was used to validate the guidelines. Professional nurses, operational managers, assistant managers and nurse educators formed the guideline development group.

Chapter 9 Conclusions, limitations, recommendations and summary

The chapter discussed the summary of the study findings, recommendations for further research, limitations of the study and conclusions drawn from the findings.

1.13 SUMMARY

The chapter discussed the introduction and background, problem statement, purpose, significance, objectives, definition of terms, a brief description of the research methodology, trustworthiness and ethical considerations of the study. A short description of guideline development and validity was also discussed. The organisation of the study was tabled. The research methodology will be detailed in chapter three of the study. The next chapter will be on the literature review of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter described an overview of the study. The introduction and background of the study were discussed. Bandura's Social learning theory was the basis for the theoretical framework of the study. The current chapter describes the literature review in a comprehensive summary of previous research about the topic under study. In the literature review, the researcher surveys books, scholarly articles and any source relevant to the phenomenon under study. In addition, literature reviews are essential for identifying what has been written on a topic; determining the extent to which a specific research topic reveals any interpretable trends or patterns; aggregating empirical findings related to a narrow research question to support evidence-based practice; generating new frameworks and theories; and identifying topics or questions requiring more investigation (Paré & Kitsiou, 2017). There are many types of literature review but in the current study, the researcher used systematic review.

2.2 SYSTEMATIC REVIEW

A systemic review is defined as method/process/protocol in which a high-level overview is done on a focused objective that identifies, selects, synthesises and appraises all high-quality research-based evidence relevant to the objective posed (Kysh, 2019). The use of systematic review exposes the researcher to search extensive data related to the professional socialisation of learner nurses. It is advantageous to use this method since this could assist the researcher to obtain rich information which might help generate theoretical models, conceptual models, identifying research gaps, and provide evidence

for the development, implementation and evaluation of health interventions (Tong, Flemming, McInnes, Oliver & Craig, 2012).

In many health sciences' disciplines, the body of research has grown and so is the need for rigorous synthesis. Systematic review stands out to be the answer to rigour in health sciences' research. A systemic review refers to a literature review which is associated with a clearly defined research question that uses systematic explicit methods to identify, select and critically appraise relevant research from previously published studies related to the research question (Ham-Baloyi & Jordan, 2016).

2.2.1 Characteristics of a systematic literature review

The following are the characteristics of a systematic review as stated by Aromataris and Pearson (2014).

- Clearly articulated objectives and questions to be addressed
- Inclusion and exclusion criteria should be indicated before the search commences.
- A comprehensive literature search to identify all relevant studies both published and unpublished.
- Appraisal of the quality of the studies included, validity of the results to be assessed and report any exclusion based on quality.
- Analysis of extracted data from the included research.
- Presentation and synthesis of the findings extracted.
- Transparent reporting of the methodology and methods used to conduct the review.

2.2.2 Advantages of a systematic review

The systematic review has many advantages in research. As stated in Mallett, Hagen-Zanker, Slater and Duvendack (2012), the following are the advantages of systemic review:

- Systematic reviews help to reduce implicit researcher bias. Since only the literature that meets the eligibility criteria will be selected, the researcher will not cite irrelevant sources.
- The researcher will avoid citing the same studies already known to the author.
- The review process remains tightly focused.
- The careful construction of the research question, at the onset and identification of the population, intervention comparator and outcome ensures that the researcher only focuses on what is stated.
- The systematic review encourages the researcher to engage with studies more critically and to be consistent in prioritising empirical evidence over preconceived knowledge.
- The use of systematic review is effective in keeping the researcher on track and improving the methodological transparency of the review.

2.2.3 Disadvantages of a systematic review

On the other hand, Ham-Baloyi and Jordan (2016) indicate that there are also disadvantages of systematic review which the researcher might encounter during the review. Those are:

- Time-consuming. Systematic review could be time-consuming depending on the amount of relevant literature available.
- The researcher may also have to update literature to ensure that no new data was published during the time of analysis of the data.
- Capacity constraints. This can be a problem if the supervisors in the facility are not trained in systematic review methods and are not competent.
- Infrastructure and financial constraints. Systematic review requires that the researcher visits many databases for literature search and if there is no adequate access to a network this can be challenging to the researcher.
- Depending on the research question. If the literature on the topic is not adequate, this can influence the review process.
- Assessment tools and tested algorithms. If these are not available, the researcher may experience challenges.

- Publication constraints. Systematic reviews are often difficult to publish in peer review journals.

2.3 SYSTEMATIC LITERATURE SEARCH

There are different methodologies for synthesis reviews of qualitative health research. The different methodologies provide a framework which informs the approach to literature search and selection, appraisal of primary studies and synthesis of results. The following are the types of methodologies in systemic review according to Tong, Palmer, Craig and Strippoli (2016).

2.3.1 Meta-ethnography

This methodology is aimed to develop higher-order interpretations based on findings reported in primary studies. The approach assesses the relevance of the study. The analytic principles and techniques of the approach were based on the translation of concepts from individual studies to identify first and second-order constructs (reciprocal translation analysis). The approach also deals with exploration and explanation of differences and contradictions among studies (reputational synthesis). Meta-ethnography deals with theorizing based on synthesising translations and comparisons of the differences and similarities in the data (Tong et al., 2016).

2.3.2 Critical interpretive synthesis

This approach was aimed to build a new theoretical conceptualisation (synthetic construct). A literature search is through theoretical sampling for studies that will inform theory development. Its quality appraisal method determines the degree to which the research findings inform theory development. The analytical principles and technique of this approach are through concurrent iteration of the research question, extracting data

and summarizing reports, development of a critique and generating themes (Tong et al., 2016).

2.3.3 Meta-study

This methodology in a systematic review is aimed at describing differences in research findings and to develop a new interpretation of the phenomenon under investigation.

To ensure quality appraisal, the approach focusses on epistemological soundness and rigour of the research methods. Its' analytical principles and techniques are based on analysis of findings, analysis of methods, analysis of theory and combining the three components of the analysis (Tong et al., 2016).

2.3.4 Thematic synthesis

This methodology intends to generate analytical themes that offer a new interpretation that goes beyond the findings offered by primary studies. A literature search was comprehensive and systematic. For quality appraisal, the approach addresses the aims, context, rationale, methods, and findings, reliability, validity, appropriateness of methods for ensuring findings are grounded in participant perspectives. Analytical principles and technique of this approach include line by line coding of results and/or conclusions from the primary studies, Codes are then organised into descriptive themes. Lastly, data are further interpreted to develop analytical themes (Tong et al., 2016).

2.4 STEPS IN SYSTEMATIC REVIEW

The systemic literature review method consists of five steps as stated Khan, Kunz, Kleijnen and Antes (2003). The steps are as follows:

2.4.1 Selection of the objectives or questions for review

This is the first step in the systematic review. It is also referred to as scoping. The step should indicate the problem that the researcher intends to address. Framing the research question is the most important and crucial part of the research integrity. The objective or question should be clear, unambiguous and properly structured before the review process starts. The commonly used framework to determine if the objective or question is relevant or can be answered is through assessment of Population, Intervention, Comparison, Outcome (PICO) (Eldawlatly et al., 2018) as indicated in figure 2.1.

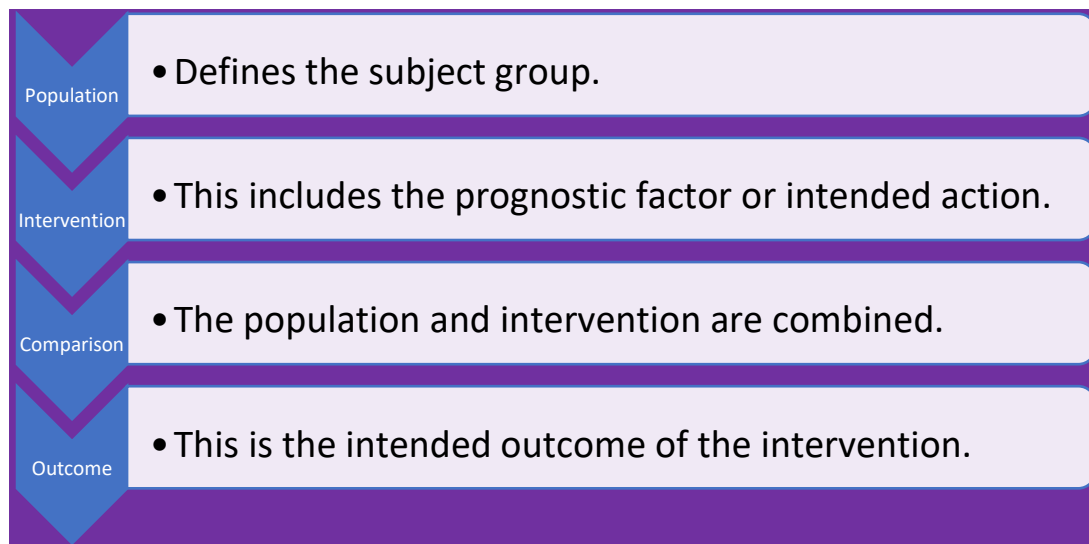


Figure 2.1: Selection of question or objective according to PICOS

In the current study, PICO was applied as follows:

- **Population:** Defines the subject group. In the current study learner nurses were the population of this study
- **Intervention:** This includes the prognostic factor. In the current study, the professional socialisation of learner nurses was the intervention wherein professional nurses were expected to socialise learner nurses in the profession.

- **Comparison:** The population and intervention are combined. In this case, learner nurses and professional socialisation were compared from the time since the learners entered the profession.
- **Outcome:** This implies the intended outcome. In the current study, the outcome was that learner nurses were effectively and properly socialised in the skills and ethical principles of the profession.

2.4.2 Search Methods

This is the planning phase of the systematic review process. The research questions or objectives are broken down into concepts to create search terms (Siddaway, 2014). In this stage, alternative terms and concepts which address the same question or objective are searched. It is at this stage where the inclusion and exclusion criteria are determined.

2.4.3 Search identification and selection

This stage aimed to find all available published and unpublished work which addresses the research question or objective. The database selected should be relevant to the area of study considering also the inclusion and exclusion criteria set. The researcher should at least search two different databases (Siddaway, 2014). During this phase, the potentially eligible articles are checked if they meet the selection criteria. The pool of articles can be reduced by focussing on the inclusion and exclusion criteria. A record of why each piece of published or unpublished work was rejected should be kept in order to increase the transparency of the selection process (Siddaway, 2014).

2.4.4 Quality appraisal

This is the step that details assessing the literature for quality. Selected studies are assessed to ascertain if they provide information about the phenomenon under study. Articles of low methodological quality are excluded. Different methods can be done to enhance quality in the systematic review. Critical appraisal is the step in the systematic

review. Critical appraisal is important to avoid poorly conducted, reported and unreliable findings, and may bias the outcome. A quality appraisal is aimed to ensure credibility, rigour, and trustworthiness of the synthesis as well as assist in transparency of the decision-making process (Soilemezi & Linceviciute, 2018). Tong et al. (2012) identified three rationales underpinning quality assessment and the methods used to appraise quality can be broadly characterised into three approaches, namely;

- Assessment of study conduct
- Appraisal of study reporting
- The implicit judgement of the content and utility of the findings

2.4.5 Data extraction and synthesis

All relevant articles that meet the inclusion criteria are selected then the findings of all the selected studies are summarised. In summarising the reviewed literature, the meaning of the primary studies should not be distorted (Khan et al., 2013). Steps in systematic literature review on diagram 2.2.

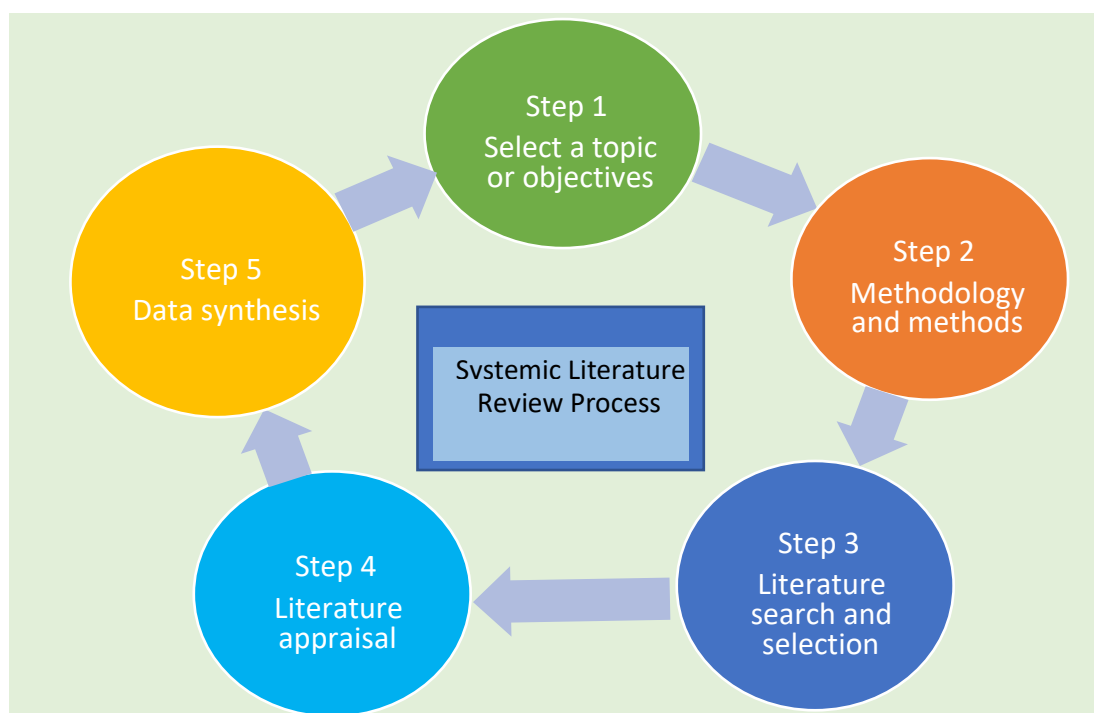


Figure 2.2: The outline of systematic literature review according to Khan, Kunz, Kleijnen and Antes (2003).

2.5 REVIEW PROCESS

For this study, the researcher used a thematic synthesis systematic review to review the literature. The researcher chose the method as it aimed at generating the analytical themes that offer a new interpretation that goes beyond findings offered by primary studies (Tong et al., 2016). The researcher chose the systematic review to produce a transparent, detailed finding from multiple qualitative studies that can provide a range and depth of meanings, experiences, and perspectives of participants in professional socialisation of learner nurses. This method is aimed at pulling together data across different contexts, generating new theories, identifying research gaps, informing the development of primary studies, and providing evidence for the development and implementation of guidelines for professional socialisation of learner nurses (Tong et al., 2012).

2.5.1 Selection of the objectives/questions for the review

The first step in a systematic literature review is the identification of the topic or objectives which the review aims to answer. This is an important step because if it is not properly done, it may impact on the time and effort needed to move to the next step of the process (Soilemezi & Linceviciute, 2018). As stated by Eldawlatly, Alshehri, Algahtani, Ahmad, Al-Dammas and Marzouk (2018), a well-formulated research question was the initial step in conducting a quality research project in evidence-based clinical practice. It is therefore important that the topic or objectives are properly structured.

The researcher used the framework to assist in the formulation of the questions based on the research topic. The objectives of this systematic review were to explore the quality of literature relating to the following questions:

- What are the factors that contribute to professional socialisation?
- Do professional nurses act as role models of professional socialisation among learner nurses in Limpopo Province?

2.5.2 Search methods

Systematic review aimed to extensively search along with a wide range of primary research so that the researcher can produce comprehensive information (Aromataris & Pearson, 2014). The first step in the literature search was to identify which database to use to reflect the nature of the research question (Soilemezi & Linceviciute, 2018). The search strategy was guided by the review questions and objectives. It was important to use a multiple and specialist database to ensure that extensive literature was used. Tong et al. (2016) suggested that searching multiple databases was important as different databases yielded different results.

An extensive systematic search of databases for this review was conducted in CINAHL, MEDLINE and Science Direct. The search focused on the professional socialisation of learner nurses. The literature published from 2008 to 2018 was used as the researcher assumed that literature over a decade can provide adequate information regarding the studies conducted on professional socialisation. The titles and abstracts of the searched topics were first reviewed by the researcher and thereafter full-text version of the article that described the qualitative design were retrieved. Studies with only abstract without full text were not included in the study.

2.5.2.1 Search terms

In searching for literature, the search may combine terms related to the population, with the clinical or health topic and terms relating to qualitative methodology and social phenomena (Tong et al., 2016). In this study, the following keywords were used to retrieve relevant literature for this review: “professional socialisation” or “professional development”, “student nurse” or “learner nurse”, “professional nurse” or “registered nurse”.

2.5.2.2 Inclusion and exclusion criteria

The inclusion and exclusion phase is also referred to as the study selection. It places the review question in practical context and acts as a clear guide for the reviewer as they determine which studies should be included or excluded (Aromataris & Pearson, 2014). In the inclusion criteria, the reviewer intends to match the studies in the search that are conducted with the same population, use intervention of interest, and record the predetermined outcome. The included studies should also answer the review question (Aromataris & Pearson, 2014).

In the inclusion criteria, the reviewer considered whether the article addressed the phenomenon under study and the research question, keeping in mind the time period agreed in the protocol, language eligibility, population of interest and the study design process (Soilemezi & Linceviciute, 2018). The inclusion criteria identified for this review were qualitative full text articles on professional socialisation published from 2008 to 2018, research undertaken with undergraduate nursing students on professional socialisation of learners and written in English.

The exclusion criteria for the review was articles that were quantitative, mixed methods research work, research undertaken with health sciences students who are not nurses on professional socialisation of learners and those that were not written in English.

The inclusion and exclusion criteria for this study are summarised in table 2.1.

Table 2.1: Inclusion and exclusion criteria of reviewed literature

INCLUSION CRITERIA	EXCLUSION CRITERIA
Articles describing professional socialisation of learner (student) nurses	Articles that do not describe professional socialisation of learner nurses
Full text qualitative studies	Quantitative studies
Research published from 2008 to 2018	Research not published from 2008 to 2018
Written in English	Written in any language other than English
Research undertaken with undergraduate nursing students on professional socialisation of learners	Research undertaken with health sciences' students who are not nurses on professional socialisation of learners

2.5.3 Search outcomes

Extensive literature searches from different databases were conducted. Preferred Reporting Items for Systemic Reviews and Meta-Analysis (PRISMA) was used to search for literature. PRISMA is an evidence-based minimum set of items for reporting in systematic review in which authors can ensure a transparent and complete reporting as stated in Liberati, Altman, Tetzlaff, Mulrow, Gotzsche, Ionnidis, Clarke, Devereaux, Kleijnen and Moher (2009). The search produced a total of 3 045 articles. After a thorough study selection process 13 articles remained. The full study selection process was illustrated in diagram 2.2.

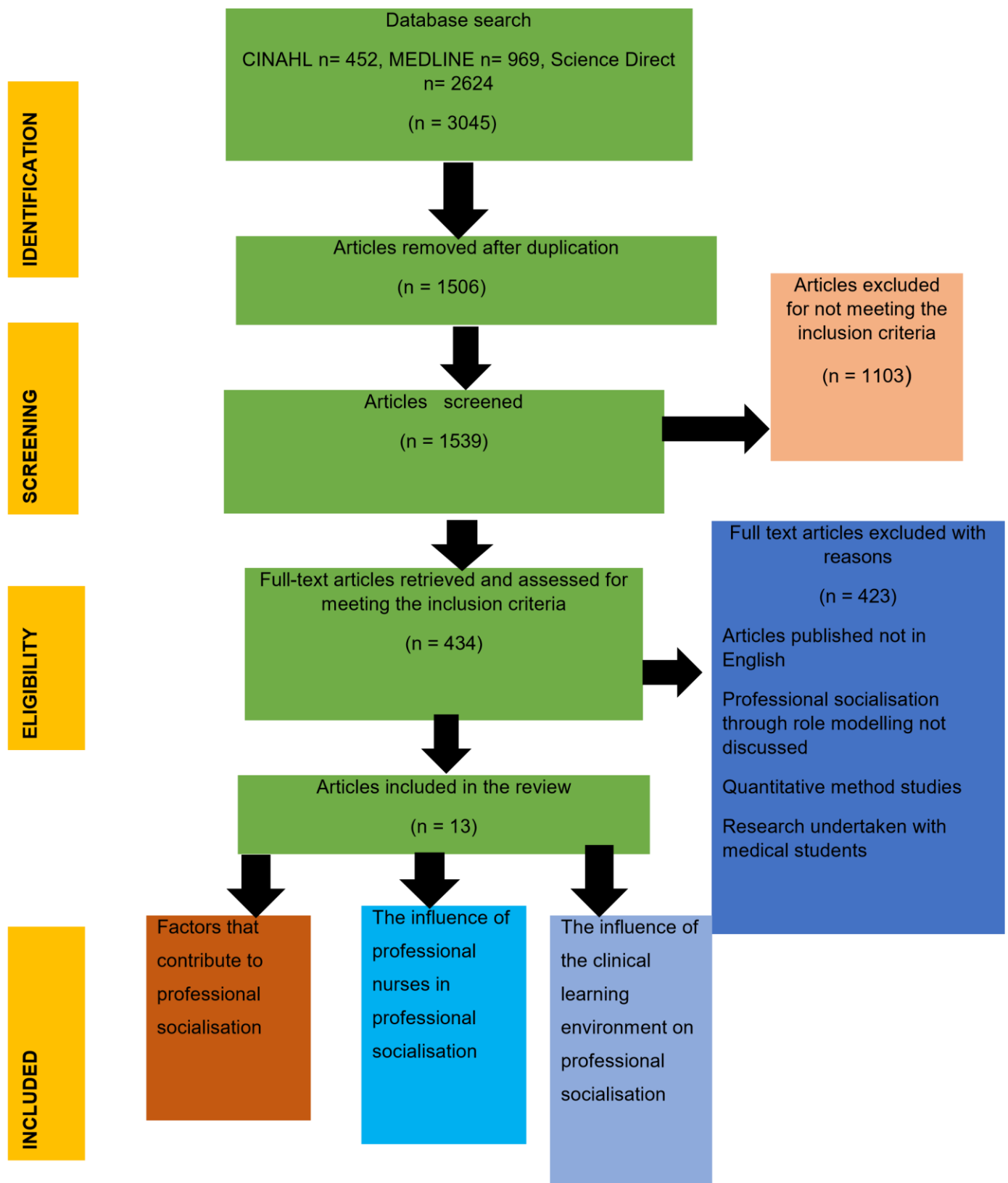


Figure 2.3 Search outcomes according to Prisma flow chart

2.5.4 Quality appraisal

This step is an in-depth appraisal of the selected studies to ensure that the reported research not meeting the inclusion criteria can be excluded from the final sample (Ham-Baloyi & Jordan, 2016). The researcher first assessed the articles and then gave them to the two promoters for their appraisal using Critical Appraisal Skills Program (CASP) research checklist and the Critical Appraisal Skills Program (CASP, 2013) to assess the quality of data. Each reviewed the articles separately and then came together to discuss the findings. Table 2.2 indicates the CASP checklist that was used in the appraisal. All the reviewed articles were evaluated based on the checklist as in table 2.2.

Table 2.2: Critical Appraisal Skills Program (CASP) checklist

CRITICAL APPRAISAL SKILLS PROGRAM (CASP)	CRITERIA USED
Clear statement of the aims of the research	The reviewed articles were assessed for aim and objective of research, significance and if the research was relevant. All articles were compliant.
Was qualitative methodology appropriate and methodology used	The reviewed literature used qualitative methodology and systematic review to collect data. All the methodologies used in all the studies were appropriate.
Was the research design appropriate to address the aims of the research	All the designs used in the reviewed articles were appropriate and suitable for the research. The research designs were justified.
Was the recruitment strategy appropriate to the aims of the research	The reviewed literature thoroughly explained and justified the selection and recruitment of participants.
Was the data collected in a way that addresses the research issue	The literature explicitly indicated and justified the research setting, the data collection method, the role of the researcher during data collection and the duration thereof.
Was the relationship between researcher and participants adequately considered	The literature reviewed explained and justified the researcher as the instrument for data collection and the interaction between the researcher and the participants.
Have ethical issues been taken into consideration	The reviewed literature thoroughly explained the ethical considerations. Participants' rights to participate were explained and not violated. The permissions to conduct the research were obtained from different stake holders concerned. Participants' rights to privacy were protected.
Was the data analysis sufficiently rigorous	Data analysis processes were explained, themes that emerged were discussed and sufficient data to support the findings were provided.
Was there a clear statement of findings	Findings of the reviewed literature were explicit. Discussions were vigorous, credibility of findings was discussed and the findings were discussed in relation to the research questions. Literature was searched to support the findings.
Was the research valuable	The reviewed literature added to the body of knowledge, recommendations for further research were indicated. Limitations of the studies were discussed.

2.5.5 Data extraction and synthesis

2.5.5.1 Data extraction

Once the data has been assessed for quality, relevant data aligned to the inclusion criteria of the review are extracted for the all-important synthesis of findings (Aromataris & Pearson, 2014). Data extraction is defined as the process by which the researchers obtain the necessary information about the study findings from the included studies (Ham-Baloyi & Jordan, 2016). The articles extracted for this study are shown in table 2.3. The extracted literature was evaluated using the Critical Appraisal Skills Programme.

Table 2.3: Articles selected for review for the professional socialisation of learner nurses

	Reference	Country	Sample	Sample size and data collection	Research aim	Findings
1.	Brown, Stevens and Kermode (2012)	Australia	Newly graduated registered nurses and clinical teachers	Two focus groups Semi structured interview	To develop understanding of the role of the clinical teacher in the process of professional socialisation of student nurses as expressed/perceived by clinical teacher and newly graduated registered nurses	Professional role concept or identity is affected by many factors in the clinical learning environment Clinical learning environments provide students with exposure to the nursing role allowing them to internalise values and norms Role modelling provides students with the opportunity to emulate the behaviour of nurses
2.	Condon & Sharts (2010)	Japan	Nursing students	8 participants Interviews	Explore the socialisation process experienced by Japan nursing students	Openness to accommodate others is significant to professionalisation of nursing students

						<p>Effective communication in the clinical learning areas if pivotal in professional socialisation</p> <p>Teamwork in the clinical learning areas create an environment conducive for professional socialisation</p> <p>Feedback should be part of learning in the clinical learning areas to give students time to reflect on their performance</p>
3.	De Swardt, Van Rensb and Oosthuizen (2014)	South Africa	Professional nurses and student nurses	14 Professional nurses and 48 students Two focus groups interviews	To explore the perception of professional nurses regarding their role in the professional socialisation of student nurses and the experiences of the students of professional socialisation as members of the nursing profession	<p>Students felt unsupported and not properly mentored</p> <p>Professional nurses viewing students as arrogant</p> <p>Professional nurses involved in</p>

						<p>misconduct in the presence of students</p> <p>Some students came to nursing because of other reasons not the core values of the profession</p>
4.	De Swardt, Van Rensb and Oosthuizen (2017)	South Africa	Professional nurses student nurses	Five focus groups	To develop and validate guidelines to support professional nurses and educators in the professional socialisation of student nurses	<p>The significance of a positive clinical learning environment</p> <p>Educators to be role models to students</p> <p>The importance of shaping students' behaviour at an early stage</p> <p>Fostering a professional identity</p>
5.	Felstead and Springett (2016)	United Kingdom	Nursing students	12 Face to face in-depth interviews	To explore the students lived experiences of role modelling through an interpretive phenomenological analysis approach aiming to understand the impact of their development as professional practitioners	<p>Professional nurses have a strong influence on nursing students' perception of role models and professional development</p> <p>Role modelling of good conduct by</p>

						professional nurses is significant in student learning
6.	Habibzadeh, Ahmadi a Iran Vanaki (2013)		Registered nurses	18 Semi structured interviews	To explore facilitators and obstacles to nursing professionalisation from Iranian nurses' perspective	Communication in the clinical learning areas to be conducive to increase the gaining of better professional identity of students Students to be self-motivated and have a positive attitude in order to be properly socialised in the profession Organisational structures like human resources directly impact professional socialisation of students Students' support in the clinical learning areas is significant towards professionalisation.

7.	Norman, K. (2015). How mentors can influence values, behaviours and attitudes of nursing students through positive professional socialisation	Zimbabwe	Systematic Review	Nine articles	To explore and describe the concept professional socialisation in nursing.	Attributes to professional socialisation. Antecedents and consequences of professional socialisation Consequences of professional socialisation
8.	Keeling, J. and Temple J. (2013)	United Kingdom	Final year nursing students	10 Focus group and semi structured interviews	To explore final year nursing students' perceptions using a reflective approach	Students frustrated by the attitudes of the society regarding their caring ability which affects their professional identity. Behaviour of professional nurses significant to the learner in development of professional identity and socialisation
9.	Melrose, Miller, Gordon Janzen (2012)	Canada	Student nurses	27 Face to face interview and focus group	To describe student nurses experience with professional socialisation as they transitioned into a more complex role.	Professional identity is important in professional socialisation

						Interactions including acceptance and acknowledgement by others in the clinical learning areas are key socialising agents
10.	O' Lúanaigh, P.O. (201	Australia	Student nurses and registered nurses	5 students' individual interview Two focus groups for registered nurses	Explore the influence of registered nurses on the nursing students' learning in the clinical environment.	Students learn effectively through interaction with others Students need to belong to interact and be professionally socialised Teamwork in the clinical learning environment supports professional socialisation Role modelling influences the professional identity of the students by providing positive examples of good nursing.

11.	Zarshenas, Sharif, Molazem, Khayyer, Zaid and Ebadi (2014)	Iran	Nursing students and registered nurses	43 students 8 registered nurses Five focus groups interviews	To increase the understanding of professional socialisation in nursing and explore the related factors from the perspective of registered nurses and nursing students	Sense of belonging can influence the process of professional socialisation. Development of positive professional identity assist the student to understand the meaning of nursing and helps in professional socialisation. Students needs to have intrinsic motivation which helps to form a professional identity. Role models in the clinical learning areas assist students in professional identity and socialisation.
12.	Salisu, Nayeri and Yakubu (2019)	Iran	Systematic Review	8 Articles	Identify challenges of professional socialisation	Challenges of professional socialisation.

					Identify facilitators of professional socialisation	Facilitators of professional socialisation.
13.	Hunter, K and Cook, C (2018).	New Zealand	Registered nurses	5 Semi structured face to face interviews	To explore new graduate nurses experience of professional socialisation by registered nurses in hospital based practice setting and to identify strategies that support professional identity development.	Recognising positive role models and accessing clinical support of students Prioritising holistic ethical care with the use of clinical judgement, effective communication and patient advocacy Team support for confidence and a sense of belonging in the clinical learning environment

2.5.5.2 Data synthesis

Data synthesis process is the coding of findings reported by the primary study, identifying themes, comparing across studies, determining how studies are related, synthesising themes and generating new knowledge (Tong et al., 2016). It is the step in which all relevant findings meeting the inclusion criteria are combined to form the evidence regarding the research questions asked.

- What are the factors that contribute to professional socialisation?
- Do professional nurses influence professional socialisation among learner nurses in Limpopo Province?

From the ten articles on professional socialisation of nursing learners that were reviewed, the researcher came up with the following findings that contribute to professional socialisation of learner nurses.

2.5.5.2.1 Professional development and identity

A positive professional development and identity leads to effective professional socialisation. The perception of learners was that during clinical placement and training, they have changed from what they were before the allocation to their current status. Students expressed that the experiences helped them to develop professionally and be aware of many professional issues in the profession. Students also described that their personal journey led to them developing professionalism. Students described how the development of a nursing identity is an important factor in student success. Students and clinical teachers both indicated how the role of the Clinical Teacher is significant in supporting students to develop strong and positive nursing identities. This is supported by studies 1, 4, 6, 8, 9 and 11 in table 2.3.

2.5.5.2.2 Communication

Communication between Nursing Education staff, Clinical staff and Learners and the entire health team promotes effective professional socialisation of nursing learners. Learners indicated that in the clinical learning areas there is support but not adequate because some professional nurses in certain instances fail to provide solutions to questions posed by learners regarding patients' conditions. Learners further stated that the NEI staff do not come often to offer them support in the clinical learning areas. Students stated that at times they are not given enough time to study before tests as the NEI's and clinical learning areas fail to communicate to arrange for students to be given time to prepare for the test.

Learners also indicated that they were not taught how to properly communicate in the clinical areas. They indicated that proper communication should be considered important in fulfilling a professional role. Students indicated that communication increased the possibility of gaining a better professional identity and an important tool for professional socialisation. Students further stated that communication should include the patient and other members of the health team. The findings were in studies 2, 6, 9 and 10 in table 2.3.

2.5.5.2.3 Motivation and attitude

The students felt that a person must be motivated in order to be adequately socialised in the profession. They stated that when nurses are motivated they believe in themselves and feel free to participate in the activities taking place in the units. The findings revealed that there were negative and positive attitudes from clinical staff that the student experienced during clinical placement. Students indicated incidents of hostility and stereotyping from the professional nurses. Furthermore, it was revealed that these affected the students'

ability to learn and they become delinquent. The researchers also indicated that motivation can be intrinsic whereby the learner needs to be self-motivated in order to learn. This can be shown by the learner asking questions and for help during clinical placement. Articles 6, 11 and 13 articulate the findings.

2.5.5.2.4 Teamwork

The reviewed literature argued that the significance of teamwork among all professionals and learner nurses in the clinical learning environment as very important. When learners become part of the team they feel relaxed and this encourages them to be eager to learn. Learners need to be considered as members of the health team and be involved in all the activities depending on the level of training. Learners should be part of the decision making team regarding patient care and unit management in the clinical learning areas. The studies indicated how students experience teambuilding that makes them feel part of the group, and when they feel that they belong they can learn. Students indicated that working with patients and families, accommodating colleagues' behaviour to facilitate teamwork was a major task for new nurses. The findings are in articles 2,6, 12, and 13 of table 2.3.

2.5.5.2.5 Clinical support and learning

Studies revealed that students needed support from competent and experienced staff so that they can access new knowledge needed for the development of skills in the clinical learning area. It was further revealed that students working with professional nurses made them aware of different professional behaviours and attributes that they could emulate. Support was expected from the professional nurses and nurse managers in the institutions. Studies 3, 6, 7, 8 and 12 of table 2.3 support the findings.

2.5.5.2.6 Values and belief system

The studies showed the violation of ethical codes where patients were physically abused and students humiliated and exploited. Patients' dignity was violated. Participants indicated situations in which patients were not allowed to make an informed decision, nor enable them to participate actively in their own care. Studies revealed that when professional nurses uphold the moral and ethical codes of the profession, students tend to internalise those behaviours through observing them in action. This will help the student to develop a healthy self-concept and social identity consistent with and accepted by other members of the profession. This is supported by studies 1, 3, 7 and 11 in table 2.3.

2.5.5.2.7 Role modelling

Students view professional nurses as their role models. The effect of professional nurses' role modelling further supports the Social Learning Theory on which the theoretical framework of this study was based. The studies revealed that students specified that there were situations wherein professional nurses behave in such a manner that they would not want to behave whereas other studies revealed that students observed exemplary role modelling from professional nurses. Professional nurses need to behave in a manner that will not bring the profession into disrepute. The studies also revealed that when there are good role models in the clinical learning areas, students' attitudes towards nursing were more positively shaped. Results are supported by articles 1, 4, 5, 7, 10, 11 12 and 13 in table 2.3.

2.6 DISCUSSION

The review findings clearly suggest that multiple factors in the clinical learning environment influence the professional socialisation of learner nurses. Those factors are from the student, the clinical learning environment and the professional nurses. The interrelationship of the factors is indicated in diagram 2.4.

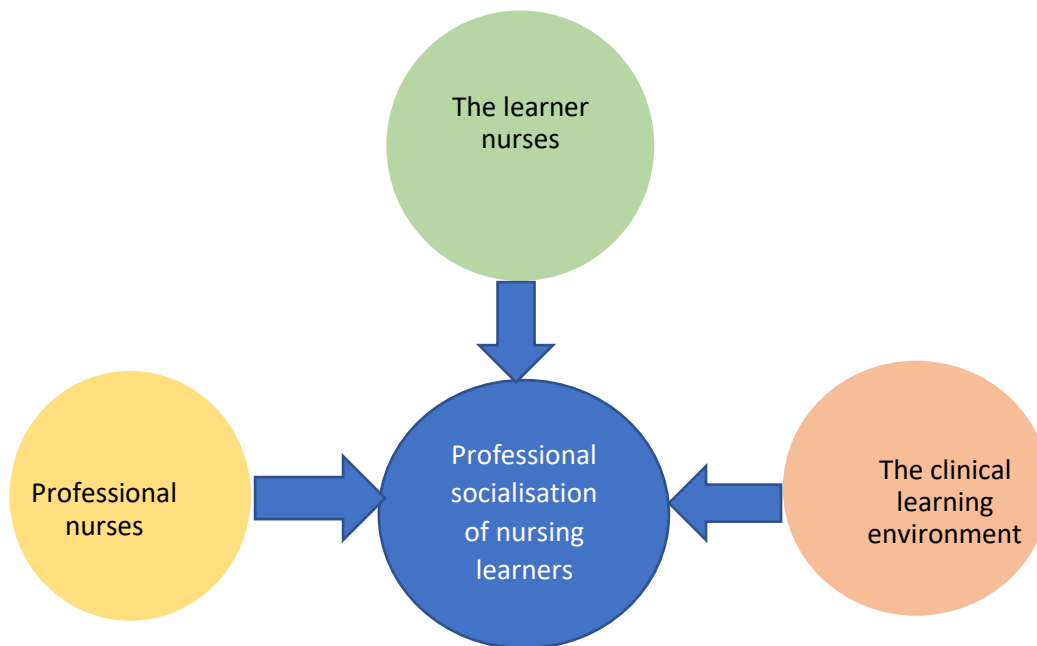


Figure 2.4: Factors that influence professional socialisation of nursing learners in the clinical learning environment

2.6.1 Professional identity (PI)

Professional identity includes professional, educational and social values and is essentially perceived as what makes a person a professional and distinguishes one profession from another. The development of a positive identity and motivation of the learner nurse, nature of the clinical learning environment and the conduct of the professional nurses impacts

learner nurses' professional socialisation. Guo, Yang, Ji and Zhao (2018) define professional identity as the professional self or self-concept of nursing that represents how nurses or nursing students perceive the nursing profession.

Professional identity is part of the individual's overall identity. It is usually perceived as what makes the person a professional. The learner needs to develop a positive professional identity as this will influence learning in the clinical learning areas. The first journey in professional socialisation is the development of professional identity and it includes transitioning into the chosen field. Developing a professional identity is essential for students to form an impression of their chosen profession and acculturate into that profession. A positive professional identity can lead to personal, social and professional fulfilment whereas a lack of professional identity may be a contributing factor in nursing students leaving the nursing programme, and graduate nurses leaving the profession (Guo et al., 2018), or poor professional socialisation leading to incompetency, malpractice and poor job satisfaction.

Learners begin to shape their professional identities even before they commence their training because before they choose the profession they have preconceived ideas about that profession. Studies done before indicate that there is a correlation between a strong cohesive professional identity and job satisfaction, meaning that the learner who has developed a strong professional identity will be motivated and eager to learn making professional socialisation real (Browne, Wall, Batt & Bennett, 2018). Learners come into the profession with different expectations and sometimes are disillusioned. The confusion can be worrisome if the professional nurses do not provide adequate support and guidance to the learners (Traynor & Buus, 2016).

As stated by Hao, Niu, Li, Yue & Liu (2014), self-image is the core concept of professional identity as the learner who is confident in her or his practice will be motivated to learn and

complete the training. Positive professional identity is the foundation for proper professional socialisation as learners with positive professional identity are able to handle the stress in the clinical learning areas. The learner will be able to focus on the main objective because of the intrinsic motivation developed during professional identity. This is supported by findings in the study by Sun, Gao, Yang, Zang and Wang (2016) which revealed that professional identity is an internal incentive factor of individual career development and has the strongest impact on the nursing students' level of role stress.

2.6.2 Nature of the clinical learning environment

The other theme that emerged from the reviews is the nature of the clinical learning environment. It is in clinical practice where learners acquire skills and knowledge of the profession. The nature of the clinical learning environment and experiences can strongly influence the development of learner nurses' professionalism in the nursing profession and help them to smoothly transition and adjust to future practice after qualifying as a nurse. The clinical learning staff should create an environment that is favourable for learning and professional socialisation.

A more positive and supportive clinical learning environment promotes student learning and professional socialisation. In the clinical learning area, the atmosphere should be created where students feel appreciated and supported in clinical practice by professional nurses and other members of the health team. A clinical learning environment comprising a positive atmosphere, interaction with clinical nurses, patients, and nurse teachers and patient care are appreciated by students. Also, learners appreciate clinical learning areas that enhance cooperation between the nurse teacher and staff nurses, ward atmosphere of being treated like younger colleagues and nursing care following nursing philosophy that enhanced learning. This sentiment was shared by D'Souza, Kaskada, Parahoo & Venkatesaperumal (2015) who further stated that in such learning environments, quality of student teaching, nursing and patient care improves.

The relationship between the clinical learning areas and the nursing education institutions can monitor and improve the professional socialisation of learner nurses. A positive clinical learning environment that offers positive interactions and support between the students and clinical staff is significant in promoting learning and professional socialisation, contrary to the clinical environment where there are poor relations and absence of mutual respect (Dadgaran, Parvizy Peyrovi, 2013; Madhavanpraphakaran, Shukri & Balachandran 2014). The clinical environment that promotes learning should create a situation where learners feel that they are part of the larger health society and not excluded in matters of the unit. Guidelines are needed for professional nurses to create an environment that will lead to professional socialisation of learners.

As stated by Hegenbarth, Rawe, Murray, Arnaert and Chambers-Evans (2015), in their studies on establishing and maintaining the clinical learning environment for nursing students, the ideal learning environment units envision for their students is characterized by openness, taking them underwing, and structuring to meet goals. A sense of belonging for learners in the clinical learning area is significant in promoting professional socialisation. Belongingness influences learners' capacity and motivation for clinical learning. Learners need to feel that they are accepted and they are part of the team in the clinical learning areas. If learners are accepted they will feel free to ask questions and to interact with the other members of the health team.

McKenna, Gilmour, Biro, McIntyre and Bailey (2013) claimed that if learners have a sense of belonging in the clinical areas, they appeared most comfortable in asking for advice and assistance when needed and could be involved in activities on the placement. Professional nurses in the clinical areas may promote a sense of belonging for learners by being friendly, enthusiastic and welcoming, respecting the learners as an individual and team member, allowing the students to meaningfully contribute in patient care, allowing them to engage in critical decision-making in the units, and acknowledge and confirm the student's proposed care (Perry, Henderson & Grealish, 2018).

A sense of belonging, as belonging and acceptance are a basic human need and placed in the middle level of five tiers as described in Maslow's (1987) hierarchy of human needs. The need to be accepted is deep-seated, and the fear of rejection or exclusion can be demoralising (Maslow & Lewis, 1987). Belonging as a nursing student impacts on the student's ability, capacity, and motivation to learn and to make the most of their educational experiences as well as their ability to socialise on a professional basis and develop a professional identity (Maginnis, 2018).

A study on nursing students' belongingness and workplace satisfaction (Borrott, Day, Sedgwick & Levett-Jones, 2016) revealed that there is a relationship between belongingness and workplace satisfaction. If learners are accepted and feel that they are part of the team, they perform better and feel eager to learn to enhance their professional socialisation process (Van Rooyen, Jordan, Ham-Baloyi & Caka, 2018). When learners form part of the health team and are included in the nursing activities like being given the responsibility to monitor patient care, tasks that encourage critical thinking and creativity, it builds their confidence and encourages them to want to learn more (Minton & Birks, 2019). This makes the learner feel free to be part of the major health team and professional socialisation will be enhanced.

Feedback to learners should be part of learning in the clinical environment. This will allow the learner to introspect and make corrections if necessary. Also, the students can be motivated to improve if they know what their performance is. As stated by Sweet and Broadbent (2018), feedback is a well-known component of teaching and learning that can enhance and motivate a learner, or conversely intimidate and demotivate them depending on how it is given and received. A learner who is motivated to learn finds it easier to adopt to the expectations of the profession, making professional socialisation more effective.

2.6.3 Professional Nurses as role models

Thematic analysis revealed that learner nurses viewed professionals as their role models who influence their learning. As role models, professional nurses create an image for the student to aspire to. Role modelling process does not only take place consciously; it can take place unconsciously and involuntary through acculturation and assimilation during interaction. The way the professional nurse communicates with patients and colleagues influences how the learner will further engage in the profession. Professional nurses and clinicians are viewed as strong role models by learners.

As role models, professional nurses need to demonstrate therapeutic communication, critical thinking, compassion, enthusiasm and positive attitudes all the time in the clinical areas. This is supported by Gibbs and Kulig (2017), indicating that learners describe that the clinical instructors who in this case are the professional nurses, was an important factor in shaping their ability to think critically. De Swardt, Van Rensburg and Oosthuizen (2017) in their study on supporting students in professional socialisation concluded that students consider nurses in the clinical field as the most influential role models in shaping their clinical practice, consequently their socialisation process. The study further revealed that professional nurses in the clinical area who act as role models demonstrated good communication skills, positive attitudes, caring and excitement.

The presence of exemplary role models in nursing practice is very important as this kind of behaviour and attitude in the profession will empower the learners to have appropriate skills, knowledge, values and belief of the profession. Learners are inspired by professional nurses who have a positive attitude to challenging situations, who can multitask with diligence, who effectively communicate with patients, members of the health team and manage challenging clinical situations professionally. They consider such professional nurses to be role models and want to emulate such behaviour and conduct. The sentiment was shared by Tang and Chang (2019) who indicated in their study that the clinical teachers, in this instance the professional nurses, implicitly acted as role models for the

learners, enabling them to recognise the professional roles of nurses and shape their professional attitudes through a socialisation process.

In another study by Mendes, Da Cruz and Angelo (2015), students perceived that their instructors possessed both positive attitudes and a caring demeanour. The appearance of the professional nurse influences the image of the profession. Even how the professional nurses dress in their uniform can influence the way the learner turns out to dress in the near future. The professional nurse's role in influencing the professional socialisation of the learner does not only help the student to succeed in their training but also in their personal and professional journey to become a competent and skilful practitioner, one who is caring and compassionate, who cares for people in a human way and one who has the resilience to challenge those who are not demonstrating humanised care (White, Stainer, Cooper & Waight, 2018).

In a situation where professional nurses act in a manner that does not uphold the moral and ethical principles of the profession, they are unintentionally sending the wrong message to the learners that it is "acceptable" to act as such. This is supported by Paliadelis and Wood (2016) in their study wherein learners indicated that negative role models could have a positive influence on their practice and they demonstrated how reflections on negative events allowed them to re-imagine them more positively. Diagram 2.4 summarises the attributes that influence professional socialisation of learner nurses in the clinical learning environment.

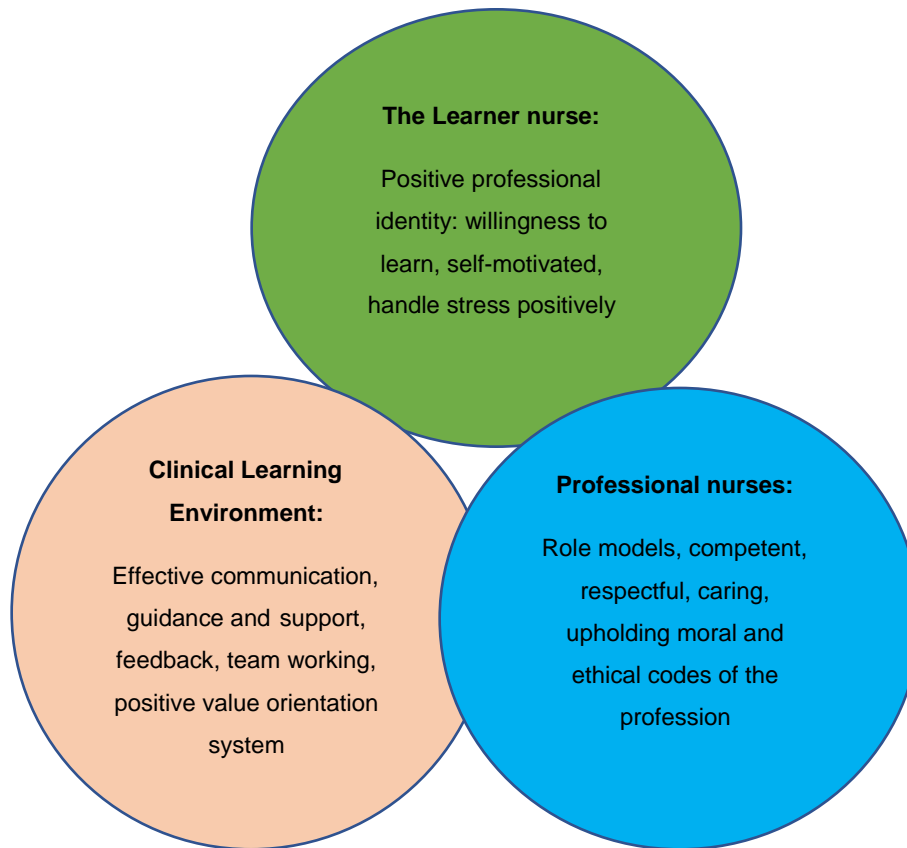


Figure 2.5: Attributes that influence professional socialisation

2.7 SUMMARY

The chapter familiarised the concept of professional socialisation and described factors that contribute in promoting professional socialisation of learner nurses. The views of different authors on the concept of professional socialisation of learner nurses were reviewed. Professional socialisation was identified to be the result of many interrelated factors. Those factors are from the learner, the clinical learning environment and the clinical staff – the professional nurses included. The concept of the professional nurse as the role model was discussed as the study is based on Banduras' Social learning theory which describes the influence of the professional nurse as the role model on the professional socialisation of the learner nurse. The next chapter will describe the methodology in the study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous chapter described the systematic literature review of the study. Factors that impact professional socialisation were identified. This chapter discusses the research methodology in two phases. Methodology is defined as the study of methods and procedures used to gain knowledge (Burns & Grove, 2011). The first phase describes the research methods that were applied during the qualitative face to face interview and the quantitative process of eliciting data from learner nurses, and the second phase is the development and validation of the guidelines. The focus of this study was to explore the perception of professional nurses regarding their role in the professional socialisation of learners, and to explore the challenges faced during professional socialisation and to assess the knowledge, practice and attitudes of learners towards professional socialisation. The study adopted a sequential exploratory mixed-method design. The chapter describes the research approach, design, research setting, sampling method, mode of collecting data, data analysis measures to ensure trustworthiness and ethical considerations.

3.2 RESEARCH APPROACH AND DESIGN

Research design is the overall plan for gathering data in a research study, this includes obtaining, collecting, organizing, analysing and interpreting data (Brink, Van Der Walt &

Van Rensburg, 2012). In this study, an exploratory mixed-method research design was used.

3.2.1 Mixed method research design

Mixed method research is defined as “research in which the investigator collects and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative approaches or methods in a single study or program of inquiry” (Doorenbos, 2014). The approach offers investigators the ability to use the strength of qualitative and quantitative research designs. It is characterised as research that contains elements of qualitative and quantitative approaches (Grove, Burns & Gray, 2017). The mixed-method is often used to represent the mixing of research methods that cross the quantitative-qualitative divide. The advantages and disadvantages of mixed method research according to Driscoll, Appiah-Yeboah, Salib and Rupert (2007) are discussed below.

3.2.1.1 Advantages of mixed-method research

The following were indicated to be the advantages when one is using mixed method research:

- The methodology provides strength that counterbalances the weakness of both qualitative and quantitative research. The strength for each approach will counteract the weakness of the other.
- It provides a more complete and comprehensive understanding of the research problem than either quantitative or qualitative approaches alone.
- The mixed-method approach provides a better understanding for developing better, more context-specific instruments.
- Lastly, it helps to explain findings or how causal process works.

3.2.1.2 Disadvantages and limitations of mixed-method research

The methodology has the following disadvantages and limitations:

- The research design may be very complex and difficult to implement
- It is time and resource-consuming during planning and implementation of the research
- Sometimes it might be difficult to plan and implement one methodology based on the findings of the other
- It may be challenging to resolve the differences that arise in the interpretation of the findings.

In order to overcome the disadvantages, the researcher ensured trustworthiness through member checking, triangulation and prolonged engagements with the participants.

3.2.1.3. Types of mixed-method research approach

Mixed-method research design can be of two origins, namely Sequential exploratory design and Sequential explanatory design. The two designs have both strengths and weaknesses which are discussed below.

3.2.1.3.1 Sequential exploratory design

In sequential exploratory design, qualitative data collection and analysis is followed by quantitative data collection and analysis. The priority is given to the qualitative aspect of the study, and the findings are integrated during the interpretation phase of the study. An exploratory design is often used to test or measure the qualitative exploratory findings (Creswell, Klassen, Plano Clark & Smith, 2011). The exploratory mixed-method approach offers investigators the ability to use strengths of qualitative and quantitative research

designs wherein the researcher will start exploring the phenomenon under study, then use the findings from explorative study to build on the tool for quantitative design (Grove et al., 2017).

The exploratory research design allows the researcher to first understand the phenomenon under study in its depth and complexity and later generates propositions which could be tested in quantitative approach on a larger sample (Bentahar & Cameron, 2015). De Vos, Strydom, Fouche and Delpont (2017) further argue that the design is more useful when the researcher intends to explore the phenomenon in depth and measure its prevalence. The method encourages the researcher to collaborate some relationships between qualitative and quantitative research.

3.2.1.3.1.1 Strengths of Sequential exploratory design

- The design is easy to implement because the steps fall into clear, separate stages.
- The design is easy to describe and the results easy to report.

3.2.1.3.1.2 Weaknesses of Sequential exploratory design

- The design requires a substantial length of time to complete all data collection given the two separate phases.
- It may be difficult to build from the qualitative analysis to the subsequent data collection.

In this study a sequential exploratory mixed-method research approach was used to explore the perception of the professional nurses in their roles in professional socialisation of learner nurses, to explore the challenges that are faced during professional socialisation of learner nurses and to assess the knowledge, practices and attitudes of learner nurses towards professional socialisation. To overcome the disadvantages, extensive literature

search on the design was done. The design was chosen as the researcher intended to first explore the perceptions of professional nurses regarding their role in professional socialisation of learner nurses in detail and to identify challenges that may affect professional socialisation, and then develop measuring instruments depending on the initially collected qualitative data. Also, the method was chosen because the researcher wanted to corroborate the results of the two research methodologies in the professional socialisation of learner nurses.

The research methodology was divided into Phase 1A and 1B. The methodologies of the two phases will be described separately. The outline of the research process is shown in figure 3.1.

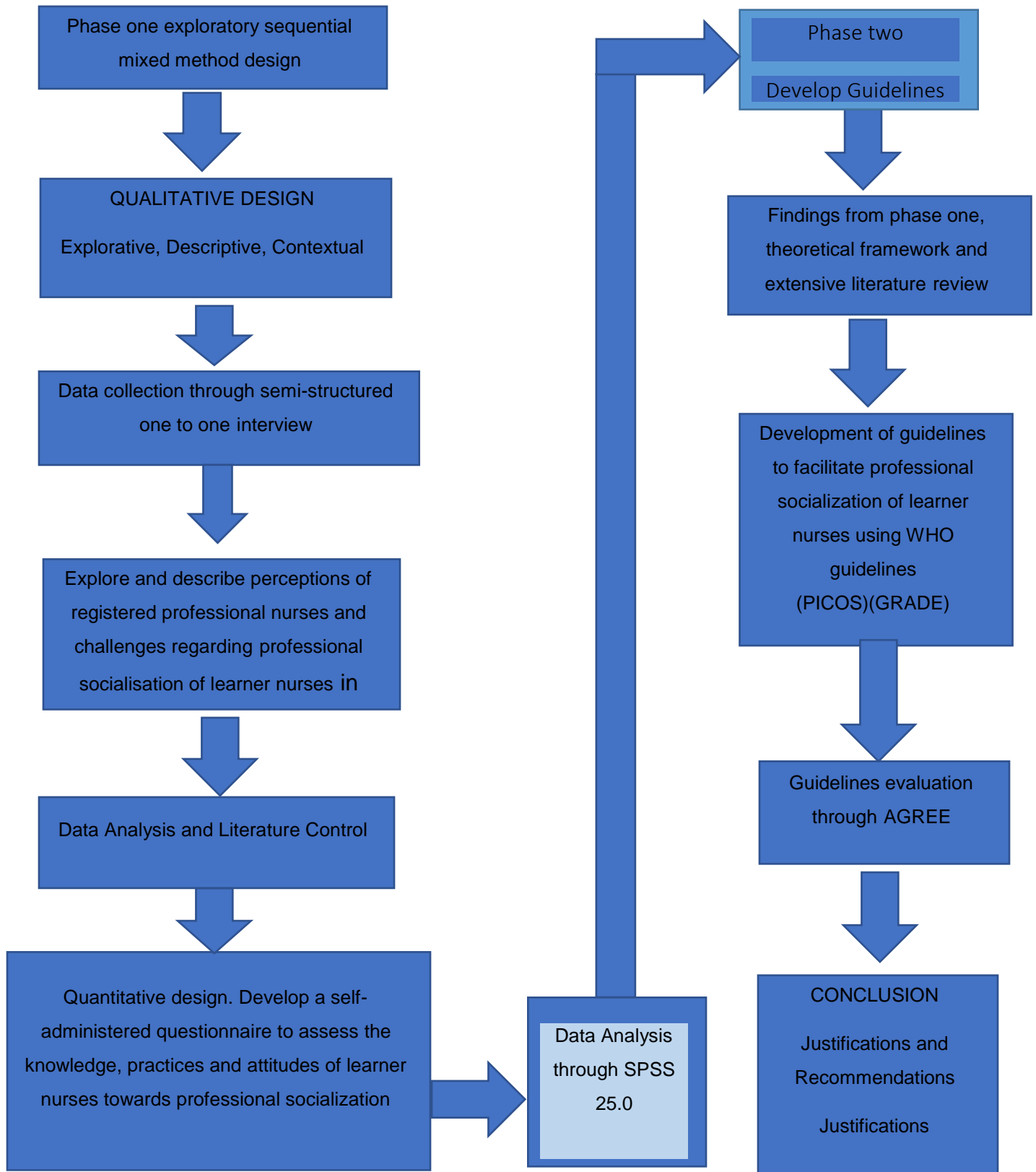


Figure 3.1 Outline of the research process

PHASE 1 A

3.2.2 Qualitative approach

In phase 1A of the study, an exploratory, descriptive and contextual qualitative design was used to explore the perception of professional nurses regarding their role in professional socialisation of learner nurses and challenges faced during professional socialisation. Creswell and Poth (2018) define qualitative research as research that studies things in their natural setting, attempting to make sense of, and interpret phenomenon in terms of meanings people bring to them.

3.2.2.1 Characteristics of qualitative design

The following characteristics of qualitative design as described by Kim, Sefcik, Bradway (2016), influenced the researcher's decision in choice of method for data collection:

- Qualitative design attempts to understand the phenomenon in its entirety, rather than focusing on specific concepts
- The design is more complex and broad
- Qualitative design has few preconceived ideas and stresses the importance of people's interpretations of events and circumstances rather than the researcher's interpretation
- The design collects information without formal structured instrument
- Qualitative design does not attempt to control the context of the research, but rather tries to capture that context in its entirety
- The design assumes that subjectivity is essential for the understanding of human experience

- Qualitative design analyses narrative information in an organised but intuitive fashion
- Qualitative design involves sustained interaction with the people being studied in their own language, and on their own turf
- Qualitative design's inductive and dialectic reasoning are predominant.

This approach was used as the researcher intended to make sense of reality, explore and describe the social world in the natural setting without alteration of the environment as stated in Gray, Grove and Sutherland (2017).

Exploratory

The aim of the exploratory research is to get facts, gather new data and determine if there are interesting patterns in the data. Furthermore, exploratory method is typical when a researcher examines a new interest or when the subject of the study is relatively new (De Vos et al., 2017). In this study, the perceptions of professional nurses regarding their role in professional socialization of learner nurses was explored. The registered professional nurses explained their perception from their own understanding.

Descriptive design

Burns and Grove (2011) indicate that a study is descriptive when it intends to describe the phenomenon accurately within its specific context and when it is based on the data collected. In the current study the participants, who are professional nurses, described their perception of their role in professional socialization of nursing learners as they experienced it.

Contextual

In contextual study, the researcher can claim to understand the phenomenon if he/she understands it against the background of the whole context, and such context confirms the meaning of the phenomenon concerned (Babbie, 2011). This study was contextual in one to one interviews and was conducted with nurses at sampled hospitals in the Limpopo Province. The phenomenon under study was investigated without including other concepts that do not form part of the study.

3.2.2.1 Research setting

Gray, Grove and Sutherland (2017) define study setting as the location where the research study is conducted. The study was conducted in Limpopo Province. The province consists of five districts namely, Capricorn, Mopani, Sekhukhune, Vhembe and Waterberg. Two districts, Capricorn and Vhembe were purposively selected as they both have colleges and the universities training learner nurses for R425 programme. The University of Limpopo and Sovenga Nursing Campus are situated in Capricorn District whereas the University of Venda and Thohoyandou Nursing Campus are situated in Vhembe district.

3.2.2.1.1 Vhembe district

Vhembe District municipality is located at the North-western tip of South Africa in the Limpopo Province. It is situated in the Northern part of Limpopo Province. It is bordered by Zimbabwe to the north and Botswana to the northwest. The Limpopo river valley forms the border between the district and its international neighbours. Through the Kruger National Park the Vhembe District also Borders Mozambique on its Eastern border. It has a population of 1 294722 people per the 2011 census. The district is comprised of four local municipalities namely, Makhado, Musina, Collins Chavani and Thulamela where

Thohoyandou town is situated. The district is predominately rural with many people unemployed. Poverty is rife in the district. Unemployment rate is high (Bakali, Ligavha-Mbelengwa, Porgieter & Tshisikhawe, 2017). The district has mostly Tshivenda and Xitsonga speaking nationalities. Many people in the district depend on public health facilities as there is no private hospital in the district. Hence the researcher viewed that there is a need for effective and efficient socialisation of learner nurses to provide quality care as expected by the entire population in the district. 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. The hospitals are Donald Fraser, Elim, Malamulele, Tshilidzini, Siloam and Hayani.

The district has one Nursing College campus, Thohoyandou and University of Venda which train nurses for R425 programme. The study was conducted in two training hospitals, namely Tshilidzini as a Regional Hospital, and Donald Fraser as a District Hospital. The two hospitals are accredited by South African Nursing Council (SANC), for clinical placement of student nurses following R425 programme leading to registration as a nurse (general, psychiatry, community) and midwifery.

3.2.2.1.2 Capricorn District

Capricorn District is situated in the centre of the Limpopo Province, sharing its borders with four district municipalities namely; Mopani (east), Sekhukhune (south), Vhembe (north) and Waterberg (west). Many people in this district speak Sepedi. Capricorn District has a population of 1 261 463 people. The district is situated at the core of economic development in the Limpopo Province and includes the capital of the province, that is, the City of Polokwane. The surface area of the district is 21705 km². The district has the highest unemployment rate of 51 percent and 41 percent of people are living in poverty (Garidzirai, Meyer & Mudzindutsi, 2019). The district has five municipalities, namely, Polokwane,

Aganang, Blouberg, Molemole and Lepelle-Nkumpi. Capricorn District has eight hospitals which are Botlokwa, Helena Franz, Lebowakgomo, Mankweng, Polokwane, Seshego, WF Nobel and Zebediela. The district has one Nursing College Campus Sovenga and one University Limpopo which train learner nurses for R425 programme leading to registration as a nurse (general, psychiatry, community) and midwifery. The study was conducted at the two hospitals, Polokwane as a tertiary health care institution and Seshego Hospital as a district hospital. The researcher wanted to explore the perception of professional nurses regarding professional socialisation of learner nurses at different levels of healthcare in the province.

Figure 3.2 indicates the two districts of Limpopo Province, namely Vhembe and Capricorn and the hospitals where data was collected

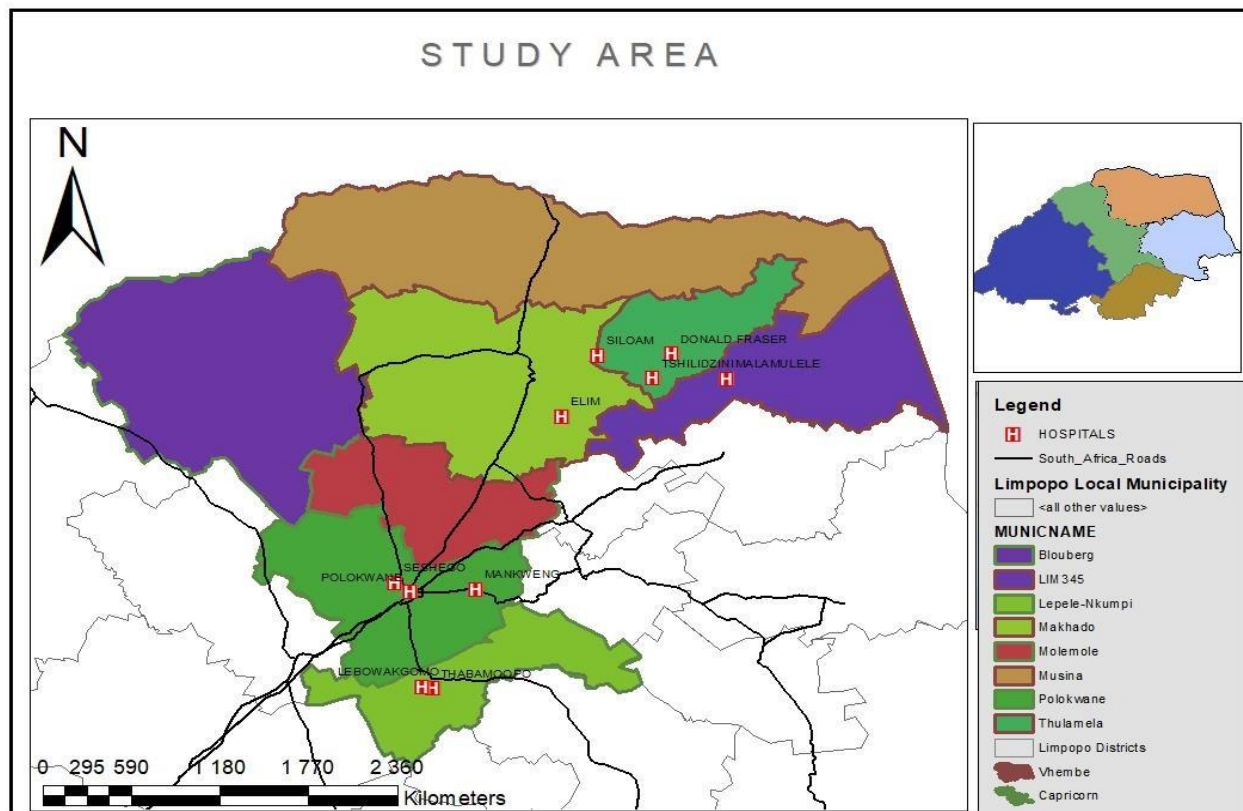


Figure 3.2 Vhembe and Capricorn districts of Limpopo Province

3.2.2.2 Research population

Research population is the entire set of elements that the researcher would like to make generalisations that meet the criteria that the researcher is interested in studying (LoBiondo-Wood & Haber, 2014; Brink, Van der Walt & Van Rensburg, 2012; Burns & Grove, 2011). The population in the study was professional nurses responsible for professional socialization of learner nurses and working at the sampled hospitals where learner nurses are allocated for clinical learning experience in Vhembe and Capricorn Districts of Limpopo Province.

3.2.2.2.1 Accessible population

Accessible population as the portion of the target population that the researcher has access to (Gray, Grove & Sutherland, 2017). In this study, the accessible population was professional nurses allocated in the training hospitals where students are allocated for clinical learning experience in Vhembe and Capricorn Districts of Limpopo Province.

3.2.2.2.2 Target population

A target population is the part of the general population left after its modification, which is defined as the group of individuals or participants with the specific characteristics of interest and relevance (Asiamah, Mensah & Oteng-Abayie, 2017). In the study, the target population was professional nurses responsible for professional socialisation of learner nurses and working in the units where students are allocated for clinical learning experience in Vhembe and Capricorn Districts of Limpopo Province.

3.2.2.3 Sampling

Sampling is defined as the process of selecting a group of people, events, behaviours or other elements with which to conduct the study (Burns & Grove, 2011). Furthermore, Kumar (2014) defines sampling as a process by which a researcher selects a few respondents from a larger group to participate in the study. The researcher sampled professional nurses from the hospitals in the two districts of Limpopo Province. Sampling of the hospitals and the participants are described below.

3.2.2.3.1 Sampling of hospitals

Purposive sampling was used to sample the four hospitals. In Capricorn district, two tertiary hospitals cater for the entire province. One tertiary hospital, Polokwane was purposively selected to obtain data from professional nurses at the highest level of care in the province. The hospital had the highest number of professional nurses. A district hospital, Seshego was purposively selected to obtain data from professional nurses at a different level of care in the district.

In Vhembe district, there are five district hospitals and one mental health hospital. One District Hospital, Donald Fraser was purposively sampled and one Regional Hospital, Tshilidzini was purposively sampled to have data from different levels of care in the district. The sampled hospitals were purposively selected as they are accredited by the South African Nursing Council for clinical placement of learner training. The number of professional nurses in the sampled hospitals is indicated in table 2.2.

Table 3.1 Number of registered professional nurses at sampled hospitals

Name of Institution	Number of professional nurses
Tshilidzini Hospital	278
Donald Fraser Hospital	196
Seshego Hospital	148
Polokwane Provincial Hospital	313
TOTAL	935

3.2.2.3.2 Sampling of participants

Non-probability purposive sampling was used to select the participants. RPNs are custodians of learning for learner nurses in the clinical environment. The Nursing Act (33 of 2005) indicates that it is the responsibility of professional nurses to mentor and supervise learner nurses in the clinical learning areas. In so saying, professional nurses working in the units where learner nurses are allocated for clinical learning, were purposively sampled to participate in the study as they have more knowledge regarding professional socialisation of learners.

3.2.2.3.3 Inclusion criteria

Inclusion criteria is also referred to as eligible criteria. Inclusion criteria in sampling refers to the list of characteristics essential for membership or eligibility in the target population (Gray, Grove & Sutherland, 2017). It is part of a fraction or of a whole or a subject of a larger set, selected by the researcher to participate in a research study (Brink, Van der Walt & Van Rensburg, 2012). In this study, the inclusion criteria were as follows:

- The participants were professional nurses working in the sampled hospitals who were allocated in the units where learner nurses are allocated for clinical learning.
- They all had experience of three years and above in professional socialization of learner nurses.

3.2.2.3.4 Sample size

In qualitative research, the general guideline for sample size indicates that it is not only to study the few sites or individuals but also to collect extensive detail about each site or individual studied (Creswell & Poth, 2018). In this study, 25 professional nurses were interviewed until data saturation was reached. After data saturation was reached, the researcher interviewed five more participants to ensure that indeed no new data is coming forth. Data saturation is described as a state where no new information that is relevant to the study emerges (Holloway & Wheeler, 2010) and themes that emerge become repetitive (Brink et al., 2012).

3.2.2.4 Data collection

Grove, Gray and Burns (2015) define data collection as “identification of subjects and precise, systematic gathering of information (data) relevant to the research purpose or the specific objectives, questions, or hypothesis of the study”. This section details the data collection method. In this study data was collected through one on one semi structured interviews. The method was chosen to obtain information from individual participants as the perception of everyone may differ. Again, the researcher wanted to avoid a situation wherein the participants may influence each others’ response. An interview guide was used to guide the researcher on the questions to be asked. An interview guide is an instrument containing a set of questions, directions for asking those questions and space to record the respondents’ answers (Brink et al., 2012).

3.2.2.4.1 The characteristics of semi structured interviews

The following are the characteristics of semi-structured interviews (Cohen & Crabtree, 2006) which the researcher took into consideration when choosing the method for data collection:

- The interviewer and the respondents engage in a formal interview

- The interviewer develops and uses an interview guide which has the list of questions to be asked in order to cover all the aspects in the phenomenon under study
- Semi-structured interviews allow participants the freedom to express their views in their own understanding and terms
- The interview provides reliable, comparable qualitative data.

3.2.2.4.2 Advantages of the semi structured interview

The researcher opted for the semi structured interview method for data collection as it has the following advantages (Keller & Conradin, 2010):

- The interview is prepared ahead of time allowing the researcher to be prepared and appear competent during the interview
- The method allows the participants the freedom to express their views in their own terms
- The method can provide reliable, comparable qualitative data
- Semi-structured interviews allow two-way communication between the reviewer and the participants
- It confirms what is already known but also provides the learning opportunity. The information obtained will not just provide answers but the reason for the answers

3.2.2.4.3 Disadvantages of semi structured interviews

Even if the method was chosen as the best for the study, it still has some disadvantages which the researcher needed to guard against. Those were:

- The researcher should have interview skills to obtain adequate information from the participants
- Places limits on what is asked
- The method may not guarantee honesty of the participants
- Flexibility of interview may lessen reliability

- Time consuming and resource intensive (Keller & Conradin, 2010)

The following processes were followed during data collection: preparation; data collection; and the role of the researcher. These are discussed below.

3.2.2.4.4 Recruitment of the participants

After permission to conduct the study was granted, the researcher first made an appointment with managers of the sampled institutions to visit the hospitals where the study was conducted. Possible and willing participants who met the criteria were approached beforehand through the operational manager who in turn arranged the meeting. Invitation letters to participate in the study were given to the willing participants.

3.2.2.4.5 Preparation for data collection

The researcher secured appointment dates for a subsequent visit for data collection with the participants. Contact numbers of the researcher were given to the participants and hospitals' management so that the researcher could be contacted in case of changes in the arrangements.

3.2.2.4.6 Pilot study

A pilot study is a small-scale version or dummy of the major study to identify and prevent unforeseen problems that might arise. During the project, the identified flaws may have severe consequences on the scientific value, rigour, time, money and effort of the study (Brink et al., 2014). Once such problems are identified they are corrected by adjusting in the research questions and reassessing feasibility of the study project (Brink et al., 2014). A pilot study is done by including a few individuals who meet the inclusion criteria but will

not be part of the major study. The collected data does not form part of the study project (Brink et al., 2012).

A pilot study was conducted with six professional nurses from one of the sampled institutions in Vhembe District. The participants didn't form part of the major study. The participants were asked the question "as a professional nurse, what is your perception regarding professional socialisation of learner nurses in this institution?". The first three participants struggled to respond to the question. The question was then rephrased, "as a professional nurse, what is your perception regarding your role in the professional socialisation of learner nurses in the clinical learning area?". The last three participants responded well to the question therefore the question was considered to be feasible for the study.

3.2.2.4.7 The role of the researcher

The researcher was the main instrument in data collection. During data collection, the researcher observed, interviewed, recorded, analysed, and interpreted as accurately as possible what participants had said.

3.2.2.4.8 Data collection procedure

The researcher requested a private place or office where there were minimal disturbances for data collection. Signage for no disturbances and no noise were placed to ensure that there were no disturbances during the data collection process. The researcher first explained the ethical implications of the research. The participants were assured of their privacy, their safety and well-being, they were informed of the right to refuse to participate in the study. The participants were informed that they have the right to withdraw from the study without victimisation or prejudice at any time if they felt they no longer wanted to participate. The participants who were willing to participate were given a consent form to sign.

The interview was conducted in English, Tshivenda, Xitsonga and Sepedi as some of the participants indicated that they could express themselves better in their own mother tongue, which the researcher accepted. The interviews lasted for 35 to 45 minutes per participant. The interview was directed by the following questions.

- Kindly share with me your perception regarding your role as a professional nurse in the professional socialisation of learner nurses.
- Are there any challenges that you have experienced during professional socialisation of learners?

The researcher listened to each participant attentively and interruptions of the participants during speaking was avoided. Non-verbal communication such as nodding of the head and maintaining eye contact was used to encourage communication.

3.2.2.4.8.1 Probing

Brink et al. (2012) define probing as prompting questions that the researcher asks that encourage the participants to elaborate on the phenomenon under study. This assisted in getting clarity and the reflection of the true meaning of the phenomenon under investigation. Following up on the answers the participants were giving, the researcher probed to explore the role of a professional nurse as the role model and measures that are in place to motivate acceptable behaviour and condemn unacceptable behaviour. As the theoretical framework of the study is based on Bandura's Learning Theory the role of the professional nurse as a role model and motivation to behave in a professionally acceptable manner was significant in the interview.

3.2.2.4.8.2 Audio recording

Digital recording of an interview is often helpful as the researcher might not be able to capture all that the respondents are saying during the interview. In the study the researcher used a voice recorder to collect data. The participants were made aware of the voice recorder and if they were comfortable with the use thereof (Creswell & Creswell, 2017). The anonymity of the participants during recording was ensured, participants were coded. The participants were shown the stop button for the recording, if during the recording they feel uncomfortable they may stop the recording. The data collected was transcribed as soon as possible (using the verbatim method) on the note pad. Creswell and Creswell (2017) state that the interview should be transcribed as soon as possible while the information is still fresh in the memory.

3.2.2.4.8.3 Field notes

During data collection, the researcher took field notes which she later used to compare with the transcript from the voice recorder. Field notes are records of what the researcher notices and observes, including the information given by participants during data collection (Grove et al., 2017). Field notes assisted in recording non-verbal communication that could not be recorded on an audiotape recorder so that important information is not missed.

3.2.2.5 Data analysis

Qualitative data analysis is defined as “the classification and interpretation of linguistic (or visual) material to make statements about implicit and explicit dimensions and structures of meaning-making in the material and what is represented in it” (Flick, 2013). The final aim is often to arrive at generalizable statements by comparing various materials or various texts of several cases. In addition, Brink, et al. (2012) state that data analysis entails categorizing, ordering, manipulation and summarizing the data, and describing them in meaningful terms. In this study, a data analysis guide developed by Tesch’s open coding

method (Creswell, 2014) was used to analyse data. This method of data analysis was chosen because it is a useful method when a researcher is working within a participatory research paradigm with participants as collaborators (Braun & Clarke, 2006).

Figure 3.3 indicates the steps in data analysis.

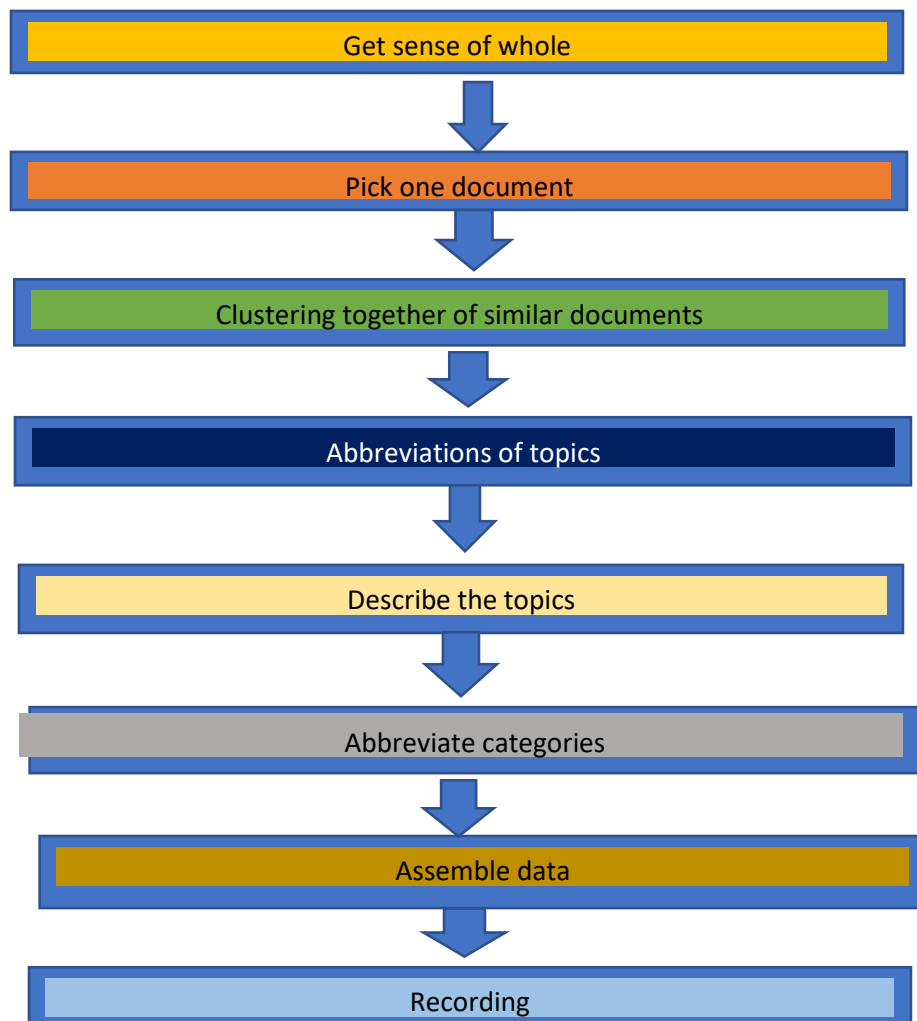


Figure 3.3 Summary of steps in qualitative data analysis according to Tech's Coding method (Creswell, 2014).

i. Get sense of whole

The researcher read through all the transcripts carefully, to gain a sense of the whole several times, to acquaint the researcher with data collected and jotting down some ideas which came to mind. The researcher was becoming immersed in the data (Brink et al., 2012) capturing the entire meaning of the information.

ii. Picking one document

One document which was the most interesting and was short was picked, read through over and over in order to make sense out of it. Then underlined thoughts that came out were written in the margin. The researcher then made reflective and marginal remarks as the meaning was coming to the fore (Brink et al., 2012).

iii. Clustering of similar topics

Then similar topics were clustered together. All the topics were listed and those that were similar were clustered together. These topics were then formed into columns arranged as major topics, unique topics, and leftovers. Leftovers were placed separately.

Different coloured pens were used to simplify the task.

iv. Abbreviation of topics

The clustered topics were coded and written next to the appropriate segments of the text. Coding involves aggregating the text into small categories of information, seeking evidence for the code (Creswell & Poth, 2018). Thereafter, the researcher organised the scheme to see if new categories and codes emerged.

v. Describe the topics

The most descriptive wording for the topics were turned into themes and sub themes (Creswell & Poth, 2018). The total list of categories was reduced by grouping topics that relate to each other and then lines were drawn between the categories to show interrelationships.

vi. Abbreviate categories

A final decision was made on the abbreviation for each category and codes, and they were arranged alphabetically. This was done after going through the codes several times making sure that all codes were noted.

vii. Assemble data

Data material that was similar was assembled and a preliminary analysis was done. These made it easier for the researcher to come up with the themes and sub themes based on the grouping.

viii. Recording

All the existing data was recorded to ensure that no data was missing.

The data analysis method is summarised in figure 3.3.

3.2.2.5.1 Organising data

Data analysis was started during data collection like when field notes are taken. All important information was recorded through writing. Data collected through the audiotape

was transcribed word by word. The researcher read through the transcripts in order to immerse in the data and get a sense of the whole. Interesting and useful information was picked and meaning assigned in order to get rich data (De Vos et al., 2017).

3.2.2.5.2 Finding patterns from collected data

The researcher used inductive and deductive reasoning to come up with patterns and to categorise data into segments. The segments were coded. The coded data was organised closely from the words used by participants. The researcher validated the findings by transcripts from the participants (Brink et al., 2012).

3.2.2.5.3 Categorising data

After data was coded, it was reduced and examined closely for similarities and differences. Similar data were grouped into main themes, themes and sub themes.

Columns were created according to the themes in order to indicate and show how data were related. Before finalisation of data analysis, it was given to an independent coder who further analysed the data to ensure credibility and reliability of the study (De Vos et al., 2017).

3.2.2.5.4 Final analysis of data

After the credibility and reliability of study was confirmed, data was analysed through Tech's open coding method. The results were presented in three main themes, themes and sub-themes (see chapter 4).

3.2.2.6 Trustworthiness of the study

Trustworthiness of a research study is important in evaluating its worth and credibility (Henry, 2015). Trustworthiness refers to the degree of confidence qualitative researchers have in their data assessed using the criteria of credibility, transferability, dependability and

confirmability (Polit & Beck, 2017). To establish trustworthiness requires determining the extent to which the findings represent empirical reality and assessing if constructs devised by the researcher represent the categories of human experience that occurred (Henry, 2015). Table 3.2 summarises measures to ensure trustworthiness of the discussions, which follows:

Table 3.2 Summary on measures to ensure trustworthiness.

Criteria	Measures to ensure trustworthiness
Credibility	Prolonged engagement
	Persistent observation
	Peer examination
	Triangulation
Transferability (applicability)	A thorough description of the research process
Dependability (Consistency)	Description of the research process
Confirmability (Neutrality)	Audit trail
Authenticity	Member checking
	Prolonged engagement

3.2.2.6.1 Credibility

Credibility implies confidence in the truth of the data and the interpretation thereof (Brink et al., 2012). To ensure credibility the researcher needed to carry out the study in a manner that would enhance the believability of the findings to the people (De Vos et al., 2017). In this study, credibility was achieved through the following measures:

3.2.2.6.2 Prolonged engagement

Prolonged involvement entails staying in the field until data saturation has been reached (Brink et al., 2012). In this study, the researcher collected data over a period of eight months allowing more time spent with the participants so that in-depth understanding of the phenomenon of professional socialisation of learner nurses was obtained. Prolonged engagement encouraged the researcher and the participants to develop trust towards each other as this is significant in qualitative research.

3.2.2.6.3 Persistent observation

Persistent observation is persistently pursuing interpretations in various ways (Brink et al., 2012). The researcher used mixed method approach to collect data so that perceptions of professional socialisation can be obtained from different populations using different methods of data collection.

3.2.2.6.4 Member checking

Member checking is assessing the intention of the participants, to correct obvious errors and to provide additional information (Brink et al., 2012). In this study, member checking was done throughout by deliberate probing and asking for clarity during the interviews. The preliminary findings of the researcher were discussed with the participants. After data was analysed, the researcher went back to participants for final member checking to determine if what was transcribed was what they meant during the interviews.

3.2.2.6.5 Peer examination

Peer examination is also referred to as peer debriefing. It involves seeking the ears of the peers or people who have similar status and not novices. The information should be sought from experts (Brink et al., 2012). This was maintained through discussion of the findings

with the experienced promoters. An experienced qualitative researcher was consulted who gave guidance on handling of data to ensure trustworthiness.

3.2.2.6.6 Triangulation

This involves asking different questions, seeking different sources and using different methods (Brink et al., 2012). During data collection, the researcher used a mixed- method research design in order to investigate the phenomenon from different angles. Furthermore, probing, and field notes were taken and a voice recorder was used to ensure that all information is captured.

3.2.2.6.7 Transferability (applicability)

Transferability refers to the ability to apply the findings to other contexts or to other participants (Brink et al., 2012). To ensure transferability the researcher provided an in-depth description of the research process and the results of the study. Participants were purposively selected to meet the criteria of the intended population. Furthermore, transferability was ensured by densely describing the background information of participants.

3.2.2.6.8 Dependability (Consistency)

This is the provision of evidence such that if it were to be repeated, with the same or similar participants in the same or similar context, its findings would be similar (Brink et al., 2012). In this study, the researcher did a pre-test with five participants from one of the sampled hospitals. The aim was to test the research questions for clarity and were they well understood by the participants. The questions were found to be usable. The researcher and the supervisor analysed data separately. They then compared the results for any differences and similarities and if the results were similar then dependability would be achieved.

3.2.2.6.9 Confirmability (Neutrality)

Creswell and Creswell (2017) describe confirmability as “the degree of neutrality or the extent to which the findings of a study are shaped by the participants and not by researcher bias, motivation, or interest”. Confirmability also describes the potential for congruency of data in terms of accuracy, relevance or meaning as stated by Brink et al. (2012). In this study confirmability was ensured by storing the voice records, field notes and transcripts of the collected data in case there is an audit that needs to be done. Interviews were recorded and later discussed with participants to check if what they have said is what they meant and will try to be non-judgmental, and strive to report what is found in a balanced way.

3.2.2.6.10 Authenticity

This applies to the extent to which the truth of the information is ensured (Polit & Beck, 2017). The researcher explored the perception of professional nurses' role in professional socialisation of learner nurses in the understanding of the professional nurses. Member checking was done and the results were discussed with the participants in order to ensure that they confirm the information.

Table 3.3 Summary of the methodology in Phase 1 A

Objective 1	Research design	Population	Sampling method of hospitals	Sampling method of professional nurses	Data collection Method	Data analysis
<p>1. To explore the perception of professional nurses regarding their role in professional socialisation of learner nurses in the sampled public hospitals of Limpopo Province</p> <p>2. To identify perceived challenges that affect professional socialisation of learner nurses in public hospitals of Limpopo Province</p>	<p>Qualitative, exploratory, descriptive, and contextual</p>	<p>Professional nurses</p>	<p>Non-probability Purposive</p>	<p>Non-probability Purposive</p>	<p>Semi-structured one to one Interview</p>	<p>Tech's open coding method</p>

PHASE IB

3.2.3 Quantitative approach

Quantitative design is a formal, objective, systematic study process that counts or measures in order to answer questions and its data analysis is done numerically (Gray et al., 2017). In this phase, quantitative approach was used to assess the knowledge, practices and attitudes of learner nurses towards professional socialisation. The development of the research instrument was influenced by the results of the qualitative study. After the analyses of qualitative data in Phase 1A, a data collection instrument was developed. The researcher chose this method of data collection to assess the knowledge, practices and attitudes of professional socialization by learner nurses in public hospitals of Limpopo Province as these can be put in a numerical form where different variables were investigated.

3.2.3.1 Characteristics of quantitative design

The following are features of quantitative design which the researcher considered during the process of data collection as adopted from Brink et al. (2012):

- Quantitative design focuses on a relatively small number of concepts (concise and narrow)
- In quantitative research, structured procedures and formal instruments are used to collect information.
- Quantitative design begins with preconceived ideas about how the concepts are interrelated.
- Quantitative design also collects information under conditions of control
- In quantitative design emphasis is on objectivity in the collection and analysis of information

- Quantitative design analyses numeric information through statistical procedures
- In quantitative design the investigator does not participate in the events under investigation and is most likely to collect data from a real distance.

3.2.4 Research setting

Research setting refers to the specific place or places where the data will be collected (Brink et al., 2012). In this phase, data was collected at the four sampled clinical areas where learners were placed for clinical experience. The institutions were purposively selected, as they offer clinical placement for learner nurses registered for R425 course leading to registration as a nurse (General, Psychiatry and Community) and (Midwifery). The institutions were Tshilidzini, Donald Fraser, Pietersburg and Seshego Hospitals.

3.2.5 Sampling

Non-probability purposive sampling was done to sample the clinical placement areas where professional socialisation takes place. The institutions were sampled as they offered training for learner nurses undergoing R425 programme.

3.2.6 POPULATION

3.2.6.1. Accessible population

Grove et al. (2017) define an accessible population as the portion of the target population that the researcher has access to. The accessible population in this study was learner nurses registered for R425 course leading to registration as a nurse (General, Psychiatry

and Community) and (Midwife) at the University of Venda, University of Limpopo, Thohoyandou Nursing Campus and Sovenga Nursing Campus. The table below indicates the number of learner nurses from level 1 to level 4 registered for R425 course leading to registration as a nurse (General, Psychiatry and Community) and (Midwife) in Vhembe and Capricorn districts nursing colleges and universities. Table 3.4 indicates the number of learner nurses at the Universities and Nursing Colleges of Limpopo Province.

Table 3.4 Number of students in the NEIs in Limpopo province

LEVEL OF TRAINING	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	TOTAL
University of Venda	89	83	82	75	329
University of Limpopo	79	66	67	50	262
Limpopo College of Nursing	148	142	209	205	704
TOTAL	316	291	358	330	1295

3.2.6.2. Target population

Target population was first to fourth level learner nurses. The researcher chose the first to fourth level because professional socialisation starts when learner nurses enter the profession and continues throughout the period of training and practice. Learner nurses are allocated in the clinical learning areas from first year of study so learners at all levels had knowledge and experience regarding professional socialisation in the clinical learning areas.

3.2.6.3. Sampling of respondents

A sample comprises of elements or subjects of the population considered for actual inclusion in the study (De Vos et al., 2017). Probability cluster sampling of respondents was used to sample the participants, where learner nurses were grouped into two. The first group was learners from the colleges and the second one was those from the universities.

The number of the questionnaire was distributed evenly to the university and college students to obtain representative data to avoid having data from learners of a particular group as this may affect the results.

3.2.6.4. Inclusion criteria

The criteria for sampling used for the study was that:

- The respondents were learner nurses in first to fourth level of study registered in (R425) programme leading to registration as a nurse (General, Psychiatry, Community) and (Midwife).
- The learner nurses were registered at the University of Venda, University of Limpopo, Thohoyandou Nursing Campus and Sovenga Nursing Campus.
- Learner nurses who were registered for other programmes did not form part of the study.

3.2.6.5. Sample size

Sample size is the number of subjects, events, behaviours or situations examined in the study (Gray et al., 2015). Regarding the number of subjects in quantitative research, Stoker (1985) in De Vos et al. (2017) states that when the population is 1 000 and above, the sample size should be 14% of the population. In the current study, the total sample of respondents is 1 295. The sample size was 181 respondents. The learners were first grouped into two categories, according to their NEI, universities or colleges. Ninety questionnaires were distributed to the university learners and 91 to the college learners in order to ensure proportional representativeness of the population.

3.2.7 Data collection

3.2.7.1 Preparation

The researcher first visited the clinical placement areas to make appointments with the learners for data collection. The managers in the clinical areas were informed about the arrangement of the researcher with the learners. The researcher assumed that the learners were more accessible in the clinical learning areas than disturbing lessons in the NEIs. Dates for data collection were arranged. The contact numbers for the researcher were left at the NEIs for communication if there were any changes in the arrangements.

3.2.7.2 Data collection instrument

Self-administered open ended questionnaires were used as an instrument to collect data. The questionnaire was given to the supervisors and the statistician for validity. The questionnaire was in Likert scale. The open-ended type of questionnaire was used because it has the following benefits:

- The respondents can give honest answers and detail the answers
- The respondents' thinking process is revealed
- Complex questions can be adequately answered
- Thematic analysis of respondents will yield extremely interesting information, categories and subcategories.

The open-ended question also has disadvantages which the researcher guarded against during data collection. Those are:

- The amount of detail given may differ among respondents
- Coding of answers may be difficult
- Respondents may need time to think and write down their responses

- Open questions are difficult for illiterate or semi-illiterate people to answer
- Statistical analysis is difficult.

The research instrument consisted of four sections, A B, C and D.

Section A: Biographic data

The section contained four sub-sections which sought to obtain information about the age, gender, level of training and clinical learning areas covered during the period of training. The information was also necessary to secure descriptive profile of respondents to ensure a basis for data analysis.

Section B

This section contained 26 questions designed to assess the knowledge of learner nurses on professional socialisation. This was aligned to the objectives of the study where the knowledge of the learner regarding professional socialisation was assessed.

Section C

This section had 22 questions. The questions were on assessing the practices of professional socialisation by all nurses in the clinical learning areas. This was in line with the objectives of the study.

Section D

The section consisted of 14 questions designed to assess the attitudes of learner nurses towards professional socialisation. These too, were aligned to the objective in the study.

A four point Likert scale was used in which the respondents chose the most suitable answer from strongly disagree, disagree, agree and strongly agree. Questionnaires were formulated in English since all the respondents were learner nurses who understood the

language. The instructions were outlined in the questionnaires to guide learner nurses on how to complete the questionnaires.

3.2.7.3 Data collection process

3.2.7.3.1 Pre-test

The research instrument need to be pretested to assess its length, clarity and overall adequacy (Polit & Beck. 2017). The instrument was first pre-tested with two groups of learner nurses from one of the sampled Nursing Education Institutions. The first group was level two learners then the second group was level four learners. This was done to test validity and reliability of the instrument. A pre-test is necessary to investigate possible flaws in the instrument which may be ambiguous instructions or wording, inadequate time limits as well as the understanding of the used variables (Polit & Beck, 2017). The results of the pre-test indicated that the instrument was valid and reliable and could be used. The learner nurses used in the pre-test did not form part of the study.

3.2.7.3.2 Data collection

After appointments with the nursing education institutions, the researcher and the research assistant assisted with the collecting of data. First the researcher briefed the assistant with the content of the questionnaire and the instructions on the questionnaire. On the day of data collection, the researcher and the research assistant explained the purpose and the significance of the study to the respondents. The respondents were explained about their rights to participate or not to in the study. Consent forms were given to the respondents to sign indicating that they are participating voluntarily. The respondents were asked to use black pens provided by the researcher to fill in the questionnaires.

3.2.8 Data analysis

Descriptive and inferential statistics were utilised to analyse raw data collected through an ordinal measurement scale. This method of data analysis was chosen because it describes and summarises data and explains what the data set looks like (Brink et al., 2012). The descriptive statistic was chosen based on their characteristics namely:

- The statistics convert and condense a collection of data into an organised, visual presentation, or a picture in a variety of ways so that the data have some meaning for the readers of the report.
- Descriptive and inferential statistics employ measures such as frequency distributions, measures of central tendency and dispersion or variability and measures of relationships.

The collected 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 the data. The levels of reliability of the instrument were tested and descriptive statistics were computed to provide the overall picture of the data. Data was analysed using Statistical Package of Social Sciences (SPSS), soft-ware version 25.0.

Charts, graphics and tables were used to display the findings (see chapter 5).

Table 3.5 Summary of the methodology in Phase 1 B of the study

Objective 1	Research design	Population	Sampling method of hospitals	Sampling method of learner nurses	Data collection Method	Data analysis
Assess the knowledge, practices and attitudes of learner nurses regarding professional socialisation of learner nurse	Quantitative, descriptive,	Learner nurses	Non-probability	Probability cluster sampling	Open-ended questionnaire	Statistical Package of Social Statistics Version 25.0

3.2.9 Validity and reliability

The findings of the study can only be considered accurate and truthful if the testing instrument was evaluated for validity and reliability. The sentiment is supported by Brink et al. (2012) and Mohajan (2017) who specified that reliability is part of validity because an instrument that does not yield reliable results cannot be valid.

3.2.9.1 Validity

Validity of an instrument refers to the extent to which the instrument measures what it is supposed to measure (Heale & Twycross, 2015; Brink et al., 2012). The researcher used the following measures to ensure validity and reliability of the instrument.

3.2.9.1.1 Face validity

Face validity refers to the extent to which the instrument appears valid (Mohajan, 2017). It simply means that does the instrument measure what it is supposed to measure. Face validity is the weakest kind of instrument validity as the validity is based on an intuitive judgement made by the experts in the field and literature on the content (Brink, 2012). In this study, the researcher extensively searched literature about professional socialisation of learner nurses to ensure that adequate information is included in the instrument. The instrument was given to the promoters who have extensive knowledge on instrument development for evaluation and comments.

3.2.9.1.2 Content validity

Content validity refers to the extent to which the instrument covers the complete content of the particular construct that it is set out to measure. An instrument should cover all that supposed to be measured because if not so the researcher cannot claim to be measuring whatever is of interest (Brink et al., 2012). The researcher consulted extensively on literature for professional socialisation. The promoters evaluated the instrument before data was collected as they had knowledge on professional socialisation of learner nurses.

The results from the pre-test were also used to improve on the instrument to measure validity.

3.2.9.1.3 Criterion-related validity

Criterion related validity refers to a pragmatic approach to establish a relationship between the scores on the instrument in question and other external criteria (Brink et al., 2012). This can be done by comparing the scores of an existing instrument which is known to measure the same construct (Heale & Twycross, 2015). The more the correlation the more the validity. The researcher used the results of the pre-test to evaluate if there was any correlation between the results which was found to be high. The researcher also reviewed measuring instruments that were used by other researchers on professional socialisation of learner nurses.

3.2.9.1.4 Construct validity

Construct validity is concerned with what construct the instrument is actually measuring. It measures the relationship between the instrument and the related theory (Brink et al., 2012). The researcher compared the instruments with others developed before for similar studies that have been found to be reliable in determining relevance of the questions in the study. The researcher also worked in consultation with the promoters who have extensive knowledge on professional socialisation of learner nurses.

3.2.9.2 Reliability

Reliability of an instrument assesses if the same instrument used at different times or administered to different respondents from the same population, would yield similar results (Heale & Twycross, 2015). It simply means the extent to which an instrument is repeatable and consistent. The different types of reliability are:

3.2.9.2.1 Test-retest reliability

This type of reliability is achieved by administering the instrument to the same respondents on two or more occasions whereby if the score for the different occasions is more or less the same, then the instrument is reliable (Heale & Twycross, 2015). The reliability is used

to test stability of the instrument. In the study, the pre-test of the instrument was done with the learner nurses from one of the sampled Nursing Education Institutions. The results were more or less similar therefore the instrument was reliable.

3.2.9.2.2 Equivalent form reliability

This measure of reliability is obtained by administering the same instrument and then on a second occasion administer an equivalent instrument measuring the same construct to the same respondents (Heale & Twycross, 2015). When the two sets are compared, and give similar or related results, a degree of reliability can be obtained. Again, pre-test was used to test equivalent form reliability.

3.2.9.2.3 Homogeneity

This type of reliability is also referred to as split half or split halves reliability. To measure this type of reliability, the items that make up the instrument are divided into two, forming two separate instruments. Scores of the two separate half instruments are then compared by means of correlation coefficient and then compared (Heale & Twycross, 2015). In the study, during pretesting the respondents were divided into two groups and the results were compared. Findings were within similar range and an indication that the instrument was reliable.

3.2.9.2.4 Internal reliability

This is also referred to as internal consistency. When an instrument is formulated to measure a certain construct, variables should have a high degree of similarity among them since they are supposed to measure one common construct. If the degree of similarity is high, then the instrument is reliable (Heale & Twycross, 2015). In the study the variables used included the *knowledge*, *practices* and *attitudes* of learner nurses towards

professional socialisation. All the variables are related to the construct under investigation – an indication that the measuring instrument was reliable.

3.2.10 Ethical considerations

Research project should adhere to the moral and ethical aspects of human dignity. The constitution of the country and different legislations always advocate for the respect of human life and dignity. Every research project should be based on mutual trust, acceptance, cooperation, promises and well-accepted communication and expectation between the researcher and all people involved (De Vos et al., 2017). In this study the following ethical considerations were observed:

3.2.10.1 Ethical clearance

The researcher presented the proposal to the Department of Advanced Nursing science research committee, then to the School of Health Sciences research committee and the University Higher Degree Committee (UHDC) of the University of Venda. After UHDC approval the researcher applied to the University of Venda Ethics Committee for ethical approval to conduct the study which was granted (Annexure A).

3.2.10.2 Approval

After obtaining ethical clearance from the University of Venda Research Ethics Committee, letters for requesting to collect data were sent to the following institutions where permission to conduct the study was granted:

- The Limpopo Province Department of Health Research Ethics Committee
- The Vhembe and Capricorn District Department of Health

- Chief Executive officers of sampled hospitals
- Participants'/Respondents' consent

3.2.10.3 Informed consent

Informed consent implies that the participants have adequate information about the study, and have power of free choice enabling participants to consent, or to refuse to participate in the study (Polit & Beck, 2017). In addition, Brink et al. (2012) describe the concept informed consent as the ethical principle of voluntary participation and protecting the participants from harm. The authors further describe the three major elements of informed consent as the information needed from the research participants, the understanding that the participants must have to enable them to give consent and the fact that the participant has the choice to want or not want to participate in the study. The information regarding the research topic, aim of the study and the information needed from the participants were explained and how data would be collected and used. Written consent was sought from participants and a verbal response was given by the respondents.

3.2.10.4 Principle of beneficence and maleficence

Beneficence is the duty to minimize harm and maximise benefits (Polit & Beck, 2017; Brink et al., 2012). De Vos et al. (2017) further argue that participants should not only be prevented from harm during the process but to prevent harm even after the project. The researcher protected the participants from physical, psychological, emotional, spiritual, economic, social and legal harm (Brink et al., 2012). The researcher gave the participants all the necessary information about the study and the risks involved. An opportunity was given for the participants to raise questions and concerns which were clarified by the researcher to allay any anxiety.

3.2.10.5 The right to self-determination

The right to self-determination means that the participants have the right to decide to participate voluntarily, or not, in the study (Polit & Beck, 2017). The authors further detail that the participant has the right to ask questions, to refuse to give information and to withdraw from the study. This was ensured by allowing participants and respondents to decide whether to participate in the study and they have a right to withdraw from the study if they do not wish to continue to participate. In addition, informed consent letters were issued to the participants and respondents.

3.2.10.6 Principle of justice

Polit and Beck (2017) describe the principle of justice as participants' right to fair treatment and right to privacy. In addition, Brink et al. (2012) argue that principle of justice is the participant's right to fair selection to participate and fair treatment.

3.2.10.7 Right to fair treatment

The principle indicates that there should be equitable distribution of benefits and burden of research. Participants should be selected on merits and not vulnerability (Polit & Beck, 2017). During sampling, the researcher sampled the participants based on the criteria. Participants were given equal opportunity to participate in the study by ensuring that those who participated were willing and not forced.

3.2.10.8 Right to privacy

Participants have the right to privacy of their identity and all the information that they have given (Polit & Beck, 2017). The use of real names of participants and respondents were prohibited; each participant was coded and provided with a number. A master list of participants and matching numbers were kept in a safe place. Data gathered during the study were made available only to persons directly involved with the study.

In the data collection phase, diagram 3.3 summarises the process that was followed from the preparation to the end.

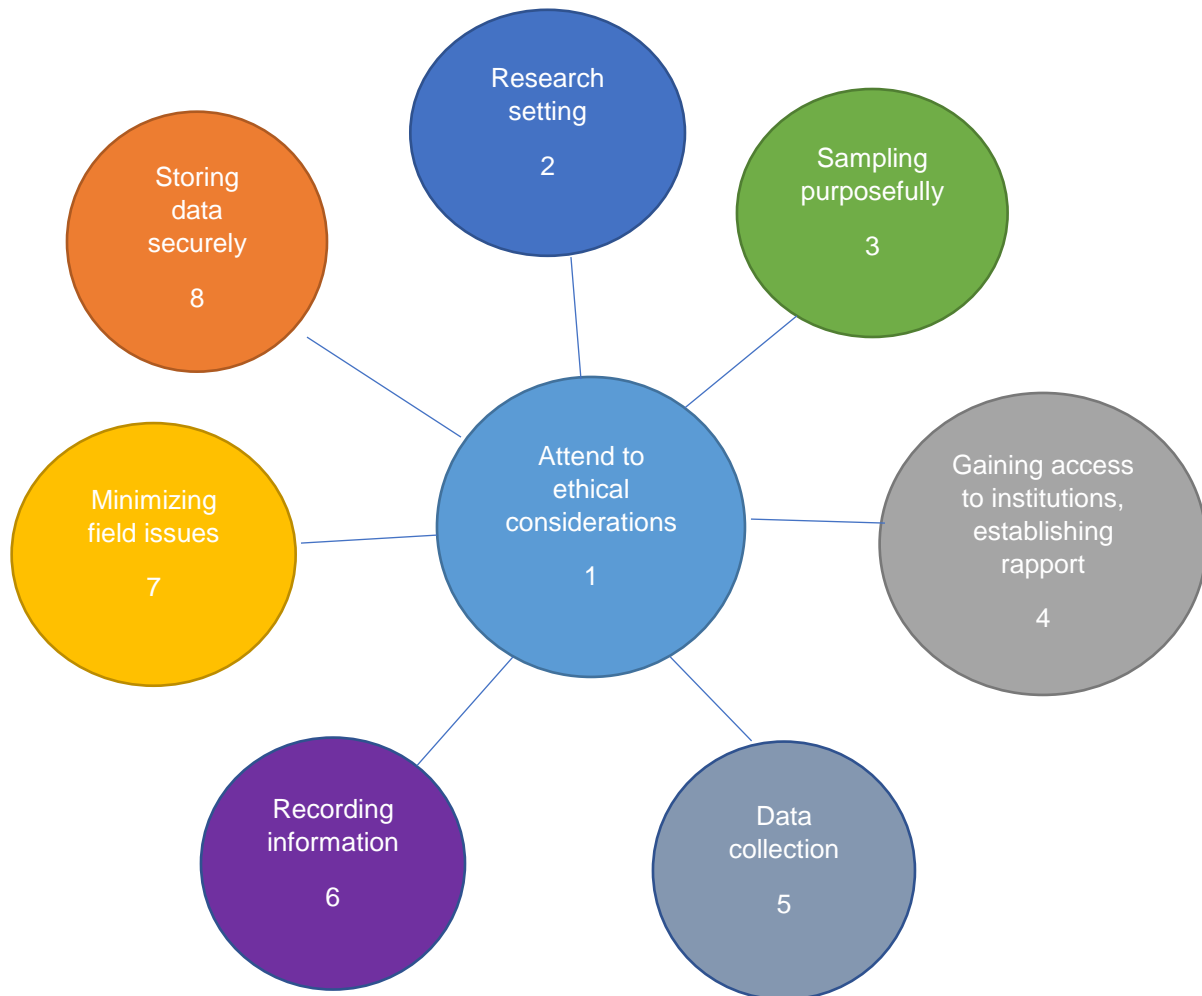


Figure 3.4 Data collection activities according to Creswell and Poth (2018).

PHASE 2:

3.3 GUIDELINE DEVELOPMENT

3.3.1 Objective

- Develop guideline for professional socialisation of learner nurses at public hospitals of Limpopo Province, South Africa.

3.3.2 Development of guidelines

The findings from phase 1A and 1B and literature review influenced the development of the guidelines. The researcher used WHO's globally accepted guidelines model (WHO 2012) to develop guidelines to facilitate professional socialisation of learners. The guidelines were intended to assist professional nurses in the facilitation of professional socialisation. The model has the following steps (Figure 3.5):

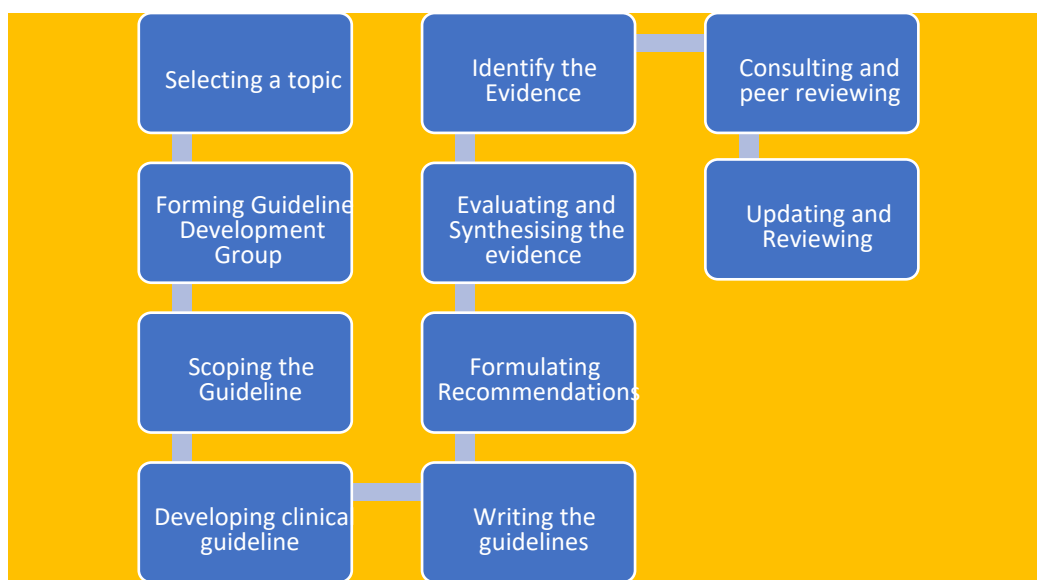


Figure 3.5: WHO guideline development process

3.3.2.1 Selecting the topic

The topic in the study was “Development of guidelines to facilitate professional socialisation of learner nurses at public hospitals of Limpopo Province, South Africa”.

3.3.2.2 Forming the guideline development group

The guideline development group was formed by nurse managers at different levels, professional nurses and nurse educators who are experts in professional socialisation of learners. The group was constituted by ten members who were experts in professional socialisation of learners. The composition of the group was as follows: two nurse managers, two nurse educators and four professional nurses from the two sampled hospitals in Vhembe district. The professional nurses were from different sections of the hospitals and were involved in professional socialisation of learner nurses.

3.3.2.3 The scoping of the guidelines

To scope the guidelines, the objectives for the study were clearly defined, the participants in the guideline development group were experts in nursing education and professional socialisation of learners. The timeline for the development of a guideline was over a period of six months. After the results and findings of the study were analysed, they were shared amongst the guideline development group. The group communicated frequently and a workshop to consolidate the guidelines was held. Communication was mainly through phones and email. Only one meeting was held where the group members shared their inputs and ideas. The group members declared that there was no conflict of interest in participating in the study.

3.3.2.4 Developing Clinical Questions

The researcher used PICOS model in formulating the questions for the guidelines (Figure 3.6)



Figure 3.6: The PICOS model of guideline development

3.3.2.5 Identifying the Evidence

Systematic literature search was done to support and identify the already existing literature. The review identified the following aspects of professional socialisation:

- Professional development and identity
- Communication in and within the clinical learning areas
- Motivation and attitudes of learners
- Teamwork in the clinical areas
- Support of learners in the clinical learning areas
- Values and beliefs in the clinical areas
- Professional nurses as an exemplary role model

3.3.2.6. Evaluating and Synthesising the Evidence

To evaluate and synthesize the evidence, the researcher used extensive literature search. Empirical data from the participants and the inputs of the guideline development group was also used in development of the guidelines. Data was collected through an exploratory mixed method to obtain as much needed information as possible.

Trustworthiness, reliability and validity of the study was maintained throughout.

3.3.2.7 Formulating Recommendations

✚ Evidence Based Recommendation

Through literature review and data collection from the participants and respondents, the researcher came up with evidence based recommendations.

✚ No-Evidence-Based Recommendations

Experts in professional socialisation of learners provided recommendations through inputs and discussions during the guideline development process.

3.3.2.8 Writing the Guidelines

Guidelines were developed in a simple language that the end user could understand. Each developed guideline has a motivation for justification and findings that lead to the development of the guideline. Guidelines were further summarised for those who would prefer to refer to the summary.

3.3.2.9 Consulting and peer review

Guidelines were discussed and shared with the experts in professional socialisation before they were finalised. They were shared with the nurse managers, professional nurses and nurse educators. Guidelines were validated using the AGREE checklist to assess if they are easy to understand and implement.

3.3.2.10. Updating and Reviewing

The guidelines are to be updated and reviewed after five years in order to consider new information that could emerge. The review process will not form part of the study and is recommended as an area for further research.

3.4 GUIDELINES VALIDATION

3.4.1 Objective

- ✚ Validate the developed guidelines to facilitate professional socialisation of learner nurses at public hospitals of Limpopo Province, South Africa.

Validation is a scientific process where the developed guideline or strategy is checked for accuracy (Chinn & Kramer, 2015). Once guidelines are formulated, the next step is to assess if they are feasible and could be implemented. The researcher used a quantitative approach to validate the guidelines.

3.4.2 Research design

The researcher used a non-experiential intervention validation design to test if the intended interventions would be applicable to implement in the clinical learning areas (Grove et al., 2017). The methodology was as follows:

3.4.2.1 Population

The population was nurse managers, professional nurses and nurse educators who were not members of the guideline development group and were directly involved in professional socialization of learners. This was to avoid conflict of interest by the GDG.

3.4.2.2 Sampling

Non-probability purposive sampling was used to recruit professional nurses, managers and nurse educators responsible for professional socialisation of learners in the clinical learning areas.

3.4.2.3 Sample size

Thirty respondents were selected for the study. Twenty professional nurses, four operational managers, two assistant managers and four nurse educators. The professional nurses were the majority as they are directly involved with professional socialisation of learners in the clinical learning areas.

3.4.2.4 Data Collection

A quantitative design was used to validate the guidelines. A questionnaire was developed based on AGREE checklist to validate the guidelines. The questionnaire had sections which the respondents responded to.

3.4.2.5 Data analysis

Descriptive statistics were used to analyse data. The full discussion is in chapter 8. Tables and graphs were used to further explain the findings.

3.5 DISSEMINATION OF THE STUDY FINDINGS

To disseminate the findings, the researcher will submit the document to the Nursing Education Directorate in Limpopo Province. The results will be shared through accredited journals and presentations at conferences (Botma, Greeff, Mulaudzi & Wright, 2010). Workshops and in-service trainings will be conducted in the training hospitals of Limpopo Province.

3.6 SUMMARY

The chapter described the research design and methods used. A sequential exploratory mixed-method design was used. The rationale for choosing the design was described. The methodology for guideline development and validation was discussed. Measures to ensure trustworthiness and reliability of the study were described. Ethical considerations were adhered to during data collection. The next chapter will present the findings and discussions of the qualitative data collected during Phase 1 A of the study.

CHAPTER 4

QUALITATIVE RESULTS AND DISCUSSIONS

4.1 INTRODUCTION

The previous chapter described the research methods and designs. An exploratory sequential mixed-method design was used to collect data. The sampled population in qualitative data was professional nurses and in quantitative data respondents were learner nurses. Non-probability purposive sampling was used to select the population. The current chapter presents the results of qualitative methodology. The objective of the chapter is to explore the perception of professional nurses regarding their role in the professional socialisation of learners in public hospitals of Limpopo Province, South Africa. The qualitative findings were supported by the transcripts from the participants.

4.2. QUALITATIVE DATA

In the qualitative methodology, the objectives were to explore the perceptions of professional nurses regarding their role in professional socialisation of learner nurses and to explore perceived challenges that affect professional socialisation of learner nurses in public hospitals of Limpopo Province. Twenty-five PN in the four sampled hospitals were interviewed regarding their perceptions in their role in the professional socialisation of learner nurses and any challenges that they have faced during professional socialisation of learner nurses.

One to one semi structured interview was used to collect data. Twenty participants were females and five were males. The interview lasted for 45-50 minutes for each participant. Data saturation was reached at participant 20 but the researcher continued to ensure that no important information was missed. Data in this methodology was analysed using Tesch's eight steps of inductive, descriptive and open coding techniques (Creswell, 2014). Main themes, themes and sub-themes emerged from the data analysis.

Discussions in the study are supported by literature review and conceptualized within the Bandura's Social Learning Theory as stated in McLeod (2016). The theory indicates that PN act as role models to learner nurses in the clinical learning environment. The theory indicates the four processes that the learner goes through during professional socialisation as attention, retention, reproduction and motivation. The results of the study indicate the role of the PN in relation to her behaviour, conduct, competency and involvement in the professional socialisation of learners. The results indicated the attitudes of the LNs in relation to the process of professional socialisation.

Table 4.1: Theme one (1) that emerged from the qualitative data analysis

Main Themes	Themes	Sub-Themes
1.The professional nurse as the mentor of learners in professional socialisation	1.1 Professional nurse as an exemplary role model	<p>Appearance of a professional nurse</p> <p>Professional nurses behave accordingly in provision of care</p> <p>Professional nurses not behaving according to the moral and ethical codes of the profession</p>
	1.2 The professional nurse as the custodian of teaching and supervision in the clinical learning areas	<p>PNs providing teaching and learning to learners in the clinical learning areas in provision of care</p> <p>PNs reluctant to providing teaching and learning to learners in the clinical learning areas in provision of care</p> <p>Professional nurses providing support to learners in teaching and learning in the clinical learning environment</p> <p>Professional nurses as an interdisciplinary mediator between learners and other members of the health team in the clinical learning environment</p> <p>Professional nurses being knowledgeable of the conditions and activities in the clinical learning area.</p> <p>Professional nurses as a passionate, inspirational, caring, ability to create open communication, having good interpersonal relationship</p> <p>Theory – practice gap</p>
	1.3 Professional nurse as person entrusted with the provision of patient care	<p>Professional nurses advocate for patient’s rights</p> <p>Professional nurses experienced, confident and competent practitioner</p> <p>Incompetency of some professional nurses in execution of their responsibilities</p>

Table 4.2: Theme two (2) that emerged from the qualitative data analysis

Main Themes	Themes	Themes
2 Factors in the clinical learning areas that influence professional socialisation	Theme 2.1 Values and morals in the clinical learning area	2.2.1 Professional nurses upholding positive values and morals in the clinical learning areas 2.2.2 Ignorance and lack of knowledge regarding professional values
	2.2 Communication in and within the clinical learning areas	2.2.1 Ineffective communication between nursing staff 2.2.2. Ineffective communication between other members of the health team and nursing staff 2.2.3 Ineffective communication between the clinical learning areas and NEIs.
	2.3 Attitudes in the clinical learning areas	2.3.1 Attitudes of professional nurses 2.3.2 Attitudes of learner nurses
	2.4 Governance	2.4.1 Insufficient discipline of staff members 2.4.2 Insufficient discipline of learners
	2.5 Managerial issues in the clinical learning environment	2.5.1 Shortage of human resources

Table 4.3: Theme three (3) that emerged from the qualitative data analysis

Main Themes	Themes	Sub-Themes
3 Learners' factors that influence professional socialisation profession	3.1 Career choice	3.1.1 Nursing not first choice of career 3.1.2 Nursing not meeting learner's expectations
	3.2 Professional identity	3.2.1 Failing to adjust in the profession 3.2.2 Lack of commitment
	3.3 Knowledge of profession conduct and behaviour	3.3.1 Lack of knowledge regarding professional conduct and behaviour

4.3 DISCUSSIONS OF THE FINDINGS

Three main themes emerged from the qualitative data analyses. Themes and sub- themes also emerged and each was discussed.

4.3.1 Main theme 1: The professional nurse as the mentor of learners in professional socialisation

The findings in the study revealed that professional nurses view themselves as mentors in the professional socialisation of learner nurses. Tuomikoski, Ruotsalainen, Mikkonen, Miettunen, Kääriäinen (2018) define a mentor as facilitator, peer instructor, preceptor, clinical guider, clinical instructor and supervisor. Professional nurses are the people who are given the responsibility for ensuring that learning in the clinical learning area is implemented and enhanced. As stated in the Nursing Act 33 Of 2005, the philosophy states that all registered nurses or midwives are indispensable in the supervision of the student.

Therefore, the professional nurses in the clinical learning areas are responsible for professional socialisation of learner nurses through supervision.

4.3.1.1 Theme 1.1 Professional nurse as a role model

The findings indicated how professional nurses view themselves as role models whose behaviours influence the professional socialisation of learner nurses. The theoretical framework of this study is based on Bandura's Social Learning Theory which indicates that an adult is a role model for shaping the behaviour of the young ones. In the current study learner nurses look upon professional nurses as role models (McLeod, 2016). Professional nurses were aware of their responsibilities in influencing the behaviour of the learners through role modelling. Positive role models in the clinical learning areas provide the learner with the opportunity to observe good practice and can imitate the practice (Brown, Stevens & Kermonde, 2011; Tang & Chang, 2019). A study by Setati and Nkosi (2017) in Limpopo Province, South Africa, found that learner nurses copy what they observe from the professional nurses whom they value as their mentors which further enhances professional socialisation.

4.3.1.1.1 Sub-theme 1.1.1 Appearance of a professional nurse

The findings revealed that professional nurses viewed their appearance and the manner in which they dress as influences on how learner nurses view the profession. The appearance of a professional nurse indicates the image of the profession. Regulation 1201 of the Nursing Act (33 of 2005) states how the uniform of the nurse should be worn. The uniform is not only the attire but the inclusion of distinguishing devices. If the professional nurses put on the uniform as prescribed by the institution, learner nurses will be able to copy and feel that they too have the responsibility to wear the prescribed uniform. The transcript below supports the role of the professional nurse in professional socialisation:

Participant B from PLK said:

“My perception of my role as a professional nurse in professional socialisation is that I must be a role model. The professional nurse must always be in a complete full uniform with distinguishing devices. The hair style must also be acceptable not like where a person can have pink or purple coloured hair. If as the professional nurse I am like that, the students will see how I dress and want to be like me. This include manicures, professional nurses should not have long nails and manicures as they are sources of infection. If the professional nurse does not dress accordingly, you will not be able to tell the student how to dress properly. So, I know that I must be a good role model to the students.”

The professional image of nursing creates a context in which the public views nurses and the nursing profession. The professional image of a nurse is emotional connection with a patient and the nurse and the care that the patient receives (Hatfield, Pearce, Del Guidice, Cassidy, Samoyan & Polomano, 2013).

Shaw and Timmons (2010) share the sentiment that nurses’ uniform holds personal significance, especially to those who wear it and it upholds the value of nursing heritage and tradition. Furthermore, they argued that the uniform also acts as a powerful symbol that represents the professional identity and image. Therefore, the professional nurses need to be in full uniform to uphold the image of the profession which is part of professional socialisation. Wills, Wilson, Woodcock and Gillum (2018) share the sentiments.

4.3.1.1.2. Sub-theme 1.1.2 Professional nurses behaving accordingly in the provision of care

In this sub-theme, professional nurses mentioned their role in their behaviour and conduct that influence the professional socialisation of learners. The professional nurse as the role model needs to behave in a manner that will uphold the moral and ethical codes of the profession. Again, learner nurses see professional nurses as role models and whatever they do the student might want to imitate. Cunze (2017) reported that exposure of learners to positive behaviours by professional nurses in the clinical learning environment, provide

the learner with opportunities to develop their own professional behaviours by observation and imitation. The author further states that the characteristics and behaviours that are requested from professional nurses for them to act as role models are positive attitudes and behaviour, high self-esteem, honesty, trustworthiness, reliability, self-respect, integrity, fairness and energy. Nursing has its values and characteristics which all who are in the profession should adhere to (Niederriter, Eyth & Thoman, 2017).

The following was said by one of the participants:

Participant F from TSH

“My role in professional socialisation is to be a role model. I must behave in such a way that it is not bad for learners to copy wrong things. I must speak to patients and staff politely in a respectable manner and not shout at people. Also as a professional nurse I must always tell the truth and not lie. I must not steal patient food because if I do that, learners will be observing and they will do the same tomorrow. My other role in professional socialisation is that I must not hold grudges and be angry. I must always be positive even if the ward is very busy I must not just complain as learners will copy the behaviour.”

4.3.1.1.3. Sub-theme 1.1.3 Professional nurses not behaving according to the moral and ethical codes of the profession

The findings revealed that in the clinical learning areas, sometimes students witness situations where professional nurses are behaving in unacceptable behaviour. Negative role modelling is there and the participants stated this fact that in other instances students witness incidents which are against the principles and values of nursing. This was shared by the following participant:

Participant A from SES

“Sometimes professional nurses in the clinical learning areas behave bad. Students are sometimes exposed to situations where patients are not attended to in time or where professional nurses steal medication and food for patients. Though we try by all means to do the right thing, there will always be some who do not do right. This is not good because the learner nurses may copy the behaviour and want to imitate. Also, the very same person who is doing wrong will not be able to reprimand the learner whenever things go wrong.”

As indicated earlier, negative role modelling is considered to be bad for professional socialisation of learner nurses as students look up to professional nurses as their role models. A study by De Swardt, Van Rensburg and Oosthuizen (2017) support the negative role modelling where students were exposed to situations where professional nurses were behaving inappropriately. Negative role modelling can at times lead to students emulating such practice leading to poor outcomes of professional socialisation (Jack, Hamshire & Chambers, 2017). Contrary to that, even if the learner observes negative behaviour from professional nurses, ultimately it is the learner who should make the decision to repeat or not to repeat the negative behaviour.

The learner nurse might as well learn something from the negative experience. This is supported by O’ Lúanaigh (2015) who states that learners can distinguish between good and bad whereby if they observe any bad or inappropriate behaviour, they may choose to or not to emulate the behaviour. The authors further stated that learners in the study learnt to be more compassionate after observing a situation where the dead was not respected and vowed not to repeat the behaviour.

4.3.1.2 Theme 1.2 The professional nurse as the custodian of teaching and supervision of learner nurses in the clinical learning areas

The professional nurse has the responsibility to teach students. Meyer, Naudé, Shangase and Van Niekerk (2011) mentioned that the responsibilities of the professional nurse in the

clinical area include provision and supervision of patient care, unit administration, teaching and research. When learner nurses are in the clinical learning areas, they need to be assisted to integrate the theory acquired at the NEIs with the activities in the clinical learning environment. Professional nurses were aware of the obligation to do so.

4.3.1.2.1 Sub-theme 1.2.1 PN providing teaching and learning to learners in the clinical learning areas in provision of care

The findings of the study revealed that professional nurses were willing to teach learners. Professional nurses felt that they need to teach learners and evaluate their performance. They accepted teaching of learners in the clinical areas as their responsibility and indicated the significance of teaching to learners. The following transcripts support the theme:

Participant D from DFH

“My role in professional socialisation of learners is to teach them when they are in the clinical learning areas. In our ward, we have a teaching programme where we offer teaching three times a week on the common conditions that are in the ward. We even delegate learners to teach. Also during performance of procedures, I usually want the student to be nearby so that I teach them what I am doing and give them the opportunity to ask questions. Whenever I teach the student the procedure, I usually ask the learner to demonstrate the procedure again so that I can be able to see if the learner has acquired the skill. It is through this where I evaluate if the learner is serious or not as sometimes you can call I learner and they dodge to come and see especially when the procedure in not so comfortable.”

From the above transcript, it was deduced that the professional nurses are aware of their teaching function and responsibilities as required by the Nursing Act (33,2005). The findings are supported by a study in Australia by Anderson, Moxham and Broadbent (2018) that revealed that the professional nurses have insight on their teaching and support function to learner nurses. The authors further assert that the professional nurses believed

that teaching students is the right thing to do and they have the responsibility to ensure that it happens.

The teaching function of professional nurses is further described by O' Lúanaigh (2015) who highlighted that professional nurses need to be responsive to learners' learning needs. The author further associated performance of professional nurses to interest in learner teaching by saying that the professional nurses who were good in their work, were also interested in learning of learners. Setati and Nkosi support the idea of professional nurses stating that mentoring of learner nurses by professional nurses is the core to teaching and professional socialisation of learners.

4.3.1.2.2 Sub-theme 1.2.2 PN reluctant to providing teaching and learning to learners in the clinical learning areas in provision of care

Findings also revealed that some professional nurses were not eager to teach. They indicated the barriers to teaching as not interested in teaching and feel that the responsibility of learners is with the NEIs even when they are in the clinical learning areas. These participants claimed that it is too much for them as they are busy with patient care and teaching of learners is an extra burden put on them. This is supported by the following transcript:

Participant X

"I don't have time to teach students because the ward is always busy. I cannot sacrifice patients for learners. Teaching is time consuming and when will I attend to patients when I am busy with students? Students at least have their lecturers from the College and the University who should come and teach them. Patients depend on me only. The ward is so busy and full and my priority is the patient not the learner. I am also not having a qualification in nursing education so those who have the qualification should teach."

The above saying clearly indicates that some professional nurses did not have or will not make time for teaching of learners in the clinical learning areas. Sometimes the nature of the clinical learning environment can be so busy that the professional nurses feel patient care should take priority and not learner training. This sentiment is shared by Harrison-White and Owens (2018) whose study in the UK revealed that time constraints may affect learner training needs in the clinical learning environment, because the priorities of health services are necessarily based on healthcare provision rather than on the needs of learners in these environments.

In addition, some professional nurses are not aware that they are requested to teach learners in the clinical learning environment as required by the Nursing Act (33 of 2005) and consider teaching of learners an extra job. This is indicated by Anderson et al. (2018) whose study revealed that professional nurses lack awareness of standards and were not aware of their teaching function and considered teaching as an extra job which affected their daily activities.

4.3.1.2.3 Sub-theme 1.2.3 Professional nurses providing support to learners in teaching and learning in the clinical learning environment

The findings further revealed that they are aware of their teaching and supervisory role towards learners in the clinical environment. Professional nurses expressed certain challenges that they experience related to their teaching function. As mentors in the clinical learning environment, the professional nurses need to support the student in the clinical learning areas. Learners are often faced with challenges whereby they need to be supported to be able to learn. Professional socialisation of learners is facilitated by the support that the learners receive from the professional nurses. The findings revealed that professional nurses in the clinical learning areas have insight on the support they need to offer learners in the clinical learning areas. The findings were supported by the following transcript:

Participant B from SES

“My role in the professional socialisation of learners is that whenever there are students in the ward, I should support them”.

Researcher “May you please share with me the kind of support that you offer to those learners?”

Participant B from SES

“During the first year of clinical placement, learners are often shy and scared and not free. They also don’t know what to do or what to ask. I ask the students about what is that they want to learn and when they tell me I make an appointment to teach them. I also ask about how they are coping, whether they have any challenges and even ask about their wellbeing. I just care about them and tell them that if there is anything that they do not understand they should ask. I often tell them to feel at ease and ask where they do not understand”.

This indicates that the professional nurses are aware of their supportive role in the clinical learning environment and the positives that the learners can benefit in the process. Learners find it easier to learn in an environment where they feel that they are supported and valued. The findings are supported by Gehumay, Kalolo, Mirisho, Chipwaza and Nyangena (2018) whose study in Tanzania revealed that learners need all the support they can get from professional nurses so that they become responsible, accountable, and independent practitioners within their scope of practice. Pront and McNeill (2019) and Quinn and McAuliffe (2019) support that a supportive environment is conducive for learning, especially in learners who have just entered the profession.

Contrary to the above findings, there are instances whereby professional nurses failed to support learners in the clinical learning environment. This was shared by O’ Lúanaigh (2015) whose study with Australian nursing students revealed that lack of support and poor engagements by clinical staff were the major key blocks to teaching and learning of learners.

De Swardt et al. (2017) alluded the supporting role of the professional nurses in the professional socialisation of learners where they mentioned that professional nurses as clinical supervisors should support the learners in the integration of theory and practice in the clinical learning environment. In addition, Niederriter, Eyth and Thoman (2017) and Valiee, Moridi, Khaledi and Garibi (2016) expressed that learner nurses appreciate the professional nurses who offer support by teaching and wanting to help them to do their best in the clinical learning areas.

4.3.1.2.4 Sub-theme 1.2.4 Professional nurses as an interdisciplinary mediator between learners and other members of the health team in the clinical learning environment

The professional nurses indicate their role in the socialisation of learner nurses within the health professionals. They indicated their role in the integration of learners in the entire health team. When a learner is in the clinical learning environment, the learner interacts and communicates with other members of the health team. Holistic care implies that the patient will be seen by healthcare providers from different disciplines in the hospital. As the patient is in the ward and is under 24 hours care of the professional nurse, other members who come to see the patient will interact with the professional nurse. The learner nurse needs to be introduced into the communication and interactions involved in this health conundrum. The participant had this to say:

Participant J from PLK

“As the professional nurse, during learner nurses’ allocation in the ward I teach them how to deal with patients’ referrals to other members of the health team like physiotherapists, radiographers, occupational health therapists and many more. I teach the learner how to communicate and what information should be included in the patients’ records. Often when students are there they have don’t know and this lead to complains from those members. I also tech them the aspects of professional communication between members of the health team. I want them to

be part of the team and not feel like they are not involved. I also teach them on how to interact and communicate with doctors in the ward”.

The findings revealed that the professional nurses are aware of their role in mediating between learners and the other members of the health team. The findings revealed that the professional nurses are integrating the learners in the health team as a process of professional socialisation. In professional socialisation of learners, it is important that learners are prepared for their future expected roles and to function effectively in the health team (Wong, Wong, Chan, Ganotice & Ho, 2017). Tang and Chan (2019) showed that when learners connect with members of the health team in the clinical learning environment, the communication gap is bridged and learning becomes effective.

In addition, Perry, Henderson and Grealish (2018) and Al Sebaee, Aziz, Mohamed (2017) alluded that students feel valued when they are not excluded but involved in the clinical decisions regarding patient care as members of the health team. This leads to effective professional socialisation as the learners will understand communication with nursing staff and other members of the health team.

When students feel that they are part of the team, they consider themselves to be valued and experienced a sense of belonging, which increased their true feeling of being a nurse (Allboushi, Ferguson, Stamler, Bassendowski, Hellsten & Kent-Wilkinson, 2019; Boardman, Lawrence & Polacsek, 2019; Lamont, Brunero & Woods, 2015). In such instances, professional socialisation of the learner nurse is effective.

4.3.1.2.5 Sub-theme 1.2.5 Professional nurses being knowledgeable of the conditions and activities in the clinical learning area

The findings revealed that professional nurses are aware of their responsibilities to be competent in their performance. They are also aware on how their competency may influence professional socialisation of learners. In addition, they showed how incompetency may affect the learners and their professional image in the eyes of the learner. The following transcript supports the findings:

Participant D from TSH

“The role that I play as the professional nurse in the professional socialisation of learners is that I must be competent in whatever I do in the clinical learning environment. In the ward, there are many activities that are done that I am involved with in daily basis. I can’t be with student and do wrong things in front of the students. This will lead to students not having trust in me and at the end whatever I do they will doubt. Also as a professional nurse when the student come to you with a question, I must be able to answer correctly so that the learner can have the correct and accurate information. It is also embarrassing for the professional nurse to give the learner the answer that you don’t know how somethings are done. The students will feel disappointed that how can they be taught by someone who doesn’t know. That is why I am saying that the professional nurse should know all the procedures and activities in the ward, including knowing about the different conditions and treatment.”

The above sentiment supports the fact that a professional nurse as the mentor of learners needs to have knowledge about the activities and conditions in the ward. The professional nurses need to be competent. Chesbro, Jensen and Boissonnault (2018) describe competency as the abilities of an individual to integrate knowledge, skills, attitudes, and values that are observable, measurable, and assessable.

The professional nurse who is knowledgeable will be able to provide care in a commendable manner. If the professional nurse is knowledgeable, he/she will have the ability to answer questions posed by learners and making professional socialisation effective. Learner nurses enjoy being supervised by a person who has knowledge and insight. This is supported by previous studies conducted in Australia which concluded that learners appreciate being supervised by professional nurses who are confident in their work (Reid-Searl & Happell, 2011).

Incompetency of professional nurses was found to be a major concern in professional socialisation of learners in a study conducted by Donough and Van der Heever (2018) who stated that learners were affected by the incidences where supervisors were not able to execute certain procedures requested by learners. Learner nurses have expectations that the professional nurse must be someone who is knowledgeable and experienced in

the clinical learning areas and who are familiar with the patient population and disease process common in the unit where they are working (Niederriter, Eyth & Thoman, 2017; Laske, 2019).

4.3.1.2.6 Sub-theme 1.2.6 Professional nurses as a passionate, inspirational, caring, ability to create open communication, having good interpersonal relationships

Professional nurses were aware of their responsibilities regarding their relationship with the learners in the clinical learning areas. Someone who is more friendly and more welcoming is easy to talk to and relate to. The professional nurse expressed the following that supports the sub-theme:

Participant X from DFH

“My perception of my role in professional socialisation of learners is that I must be able to guide them. I must be the person who is friendly whom the learner nurses can feel free to approach. As the professional nurse, I always stay positive and extend a professional friendship with the learners. I also sit with them and tell them to tell me if they have any challenges in the clinical learning areas and how we can address them together. I mind about their adjustment in the clinical learning area.”

The above transcript supports other studies which revealed that qualities of a good mentor in the clinical learning areas include ability to be passionate and communicate with learner nurses. This is in consistency with the study by Gibbs and Kulig (2017) who revealed that nursing instructors who in this instance are professional nurses, were identified as role models for learners through creation of a positive attitude, compassion, enthusiasm and therapeutic environment. Valee et al. (2016) in their study in Iran revealed that effective communication and respect of learners, and having confidence in their abilities in the clinical learning areas improve their motivation to learn. Learning is a process of professional socialisation. In addition, Mc Connell and Mc Kay (2018) support the findings

in their study in Canada that found that positive learning experiences are influenced by staff who were described as approachable, positive, kind, humble and compassionate.

4.3.1.2.7 Sub-theme 1.2.6: Theory – practice gap

The findings revealed situations wherein professional nurses feel that the NEIs are not doing enough to update them about the latest information regarding patient care. They felt that the learners come with new information which they do not have and as such they don't know how to assist the learner. The findings were supported by the following transcript:

Participant S from PLK.

“The college does not inform us about the new developments like new processes to be followed when reporting an infectious disease. They usually get the latest information as they communicate with the Department and they attend meetings. When students come in the clinical learning areas they are often surprised at how we do other things and say they are old fashioned. This lead to disintegration of theory and practice as what is learnt in theory differs from what is done in the clinical learning areas.”

The findings were supported by Greenway, Butt and Walthall (2019) who indicated that the problem of theory practice gap in nursing education is common. The authors further indicated the causes of such as problems in relations between the NEIs and the clinical areas, practice failing to reflect theory and where theory is perceived as being irrelevant to practice. As indicated in the study where relations between the NEIs and clinical areas are inadequate. The authors further stated that the theory practice gap is felt by both experienced and newly qualified and nursing learners. Safazadeh, Irajpour and Haghani (2018) shared the same sentiment and cited the causes as those that affect the student, the environment, the instructor and organizational processes in place.

4.3.1.3 Theme 2.1 Professional nurse as a person entrusted with the provision of patient care

Patient care is one of the fundamental functions of a professional nurse. The professional nurse who is entrusted with supervision of learner nurses, needs to teach the learners their responsibilities in ensuring that patients are given what they deserve.

4.3.1.3.1. Sub-theme 2.1.1: Professional nurses as an advocate for patients' rights

Professional nurses have insight about their role in the advocating of patients' rights. The professional nurses in the clinical learning areas need to advocate for the patient so that these patients receive the care that they desperately need. The findings were supported by the following transcript:

Participant L from PLK

'My role in the professional socialisation of the learner nurse is to teach the learners how to advocate for the patients. Patients are often ignored and their care is compromised. In other instances, other members of the health team fail to properly communicate with the patient. In such cases I become involved to ensure that the rights of the patients are upheld. Also, I teach the learners that they should not keep quiet whenever they see that something wrong is done to the patient. As the professional nurse, I always tell them that they are the lawyers of the patient to protect their rights.'

On probing, the following was said:

Researcher "Can you share with me what you mean about patient advocacy?"

Participant L from PLK

"Patient advocacy is when as the professional nurse I protect the patient from wrong procedures and medications given, insisting that the doctor explains the

procedure fully so that the patient can make an informed decision and when other people are shouting at the patient I have to protect them Also children and those who have mental illness I protect them from the ill treatment of other people”.

The findings were supported by a study conducted in Ghana by Nsiah, Siakwa and Ninnoni (2019) who mentioned that the responsibilities of the professional nurse are to protect the patient from harm, to be the voice of the patient, to support the patient and to have a good interpersonal relationship with patients. Teaching learners the advocacy of patient role is significant for professional socialisation of learners as these aspects should be acquired before the learner qualifies.

4.3.1.3.2. Sub-theme 2.1.2: Professional nurses as experienced, confident and competent practitioners

The scope of practice R786 of the Nursing Act (33 of 2005), indicates that the professional nurse is expected to be competent in provision of care to patient. Competency starts during training though professional socialisation and continues throughout the practicing career of an individual. Competency is associated with patient safety and professional nurses need to be competent so that learner nurses under their supervision and professional socialisation can be competent. The following transcript supports the findings:

“My perception in the professional socialisation of learner nurses is that as a professional nurse, I must be competent when I do my work. Learners should see me doing the correct things so that they know what is correct. Again, I will be protecting patients from harm as when you do wrong things to patients, you will cause harm. The most important thing is that as the professional nurse I must be competent and skilful for the sake of the patients and teaching the learners the correct thing. Learners are future professional nurses so if they learn the right things from me, they will practice them.”

The professional nurses are aware of their responsibilities to teach learners to do the right thing. The findings were supported by Lamont et al. (2015) who mentioned that competency is one of many factors that influence positive clinical placement which is important in professional socialisation of learners. A study by Muthathi, Thurling and Armstrong (2017) affirms the findings by indicating that professional nurses have the responsibility and accountability to ensure that a patient receives quality care and that they have a moral duty to teach, mentor and supervise learners during clinical placement to ensure that learners can provide quality patient care and ensure safety.

4.3.1.3.3. Sub-theme 2.1.3: Incompetency of some professional nurses in execution of their responsibilities

Professional nurses cited challenges wherein professional nurses are not competent. Participants posed this as some of the challenges whereby if one is not competent, you will teach learners wrong things. When probed further, professional nurses indicated that usually the newly qualified are not competent. They either avoid certain tasks or do them in a manner that is not satisfactory. The sentiment was supported by the following transcript:

Participant W from SESH

“The challenge that we face during professional socialisation is when the professional nurses are incompetent. Sometimes they do wrong things in the presence of the learners and at the end learners learn doing procedures in the wrong way. Sometimes when you allocate them to do other tasks, they dodge and will forever tell you that they are still busy with other things and ask someone to do the task. If someone dodges to do something more than twice, then we know that the person does not know how to do that.”

Researcher “Would you elaborate more on what kind of tasks you think some professional nurses are incompetent with?”

Participant W from SESH

“They are many depending on the unit where one is allocated. The other day I walked upon a professional nurse cleaning the tracheostomy stoma without sterile pack and she was with the student. Also, procedures like suturing many professional nurses are incompetent in them.”

Researchers: Are the senior staff aware of the incompetence, and if that is the case, what are they doing about it?

Participant W from SESH

“The sisters in charge are aware, sometimes they tell us to teach them but it is not possible all the time.”

4.3.2 Main theme 2: Factors in the clinical learning areas that influence professional socialisation

The clinical learning environment is an agent whereby professional socialisation of learners takes place. Many factors in the clinical learning environment influence the professional socialisation of learners. These factors may positively or negatively impact professional socialisation of learners. Findings in this study revealed both factors as influencing these learners.

4.3.2.1 Theme 2.1 Values and morals in the clinical learning area

The findings revealed that professional nurses are aware of their responsibilities in upholding the ethical principles and values of the profession. The professional nurses acknowledged that there are incidences in the clinical learning areas where the clinical staff violate those principles.

4.3.2.1.1 Sub-theme 2.1 Professional nurses upholding positive values and morals in the clinical learning areas

Findings in the study revealed that professional nurses were aware that they have the responsibility and obligation to uphold the ethical codes and moral codes of the profession. Professional nurses indicated the significance of doing good so that the learners may copy the desired behaviour. This is what professional socialisation is all about. The following transcripts support the findings:

Participant L from DFH

“My role in the professional socialisation of learners is to be the nurse who always do what is right. I should be the professional who respects the patient, not willingly harm the patient, the person who would want to do good to everyone and who treat patient equally without considering their social status. I should be a professional nurse who is caring, who tells the truth always, who does not discuss patient conditions in corridors and treat patients with dignity.”

Researcher *“Can you kindly share with me how this can affect professional socialisation.”*

Participant L from DFH

“As we know that learners copy what they see being done by their seniors, in the clinical environment, they will also learn to be responsible nurses by copying what I do. It is the same as if the parent lie children will also lie. I know that learners are still fragile in the profession and whatever they see they want to emulate. If I am doing what is right by respecting the pledge that I took, learners will be able to know and copy the right thing. In the ward, we also offer lectures on ethics so that we bring it into conscience to each other on the correct conduct of a nurse.”

The above transcript indicates that the professional nurses are aware of the code of ethics included in the Nurses Pledge of Service and the responsibility to teach the learners about those principles. The findings are supported by Bah and Sey-Sawo (2018) who state that

learner nurses need guidance on ethics and values from professional nurses through role modelling and supervision. In addition, the authors urged that the professional nurses must have experience and be of good moral disposition. Professional nurses are expected to have a clear idea of their values in the clinical learning area and to practice those values in their daily actions (Dehghani, Mosalanejad & Dehghan-Nayeri, 2015).

4.3.2.1.2. Sub-theme 2.2 Ignorance and lack of knowledge regarding professional values by professional nurses

The other finding on ethics and values revealed that there are incidences in the clinical learning areas where patients' rights and dignity are violated. Some incidences of patient abuse were reported to have occurred in that particular facility. To support the finding the following was said by the participants:

On a follow-up probing question the researcher asked the following question:

Researcher *"Is every professional nurse in the clinical learning area sharing the same view and doing the right thing like you say you do?"*

Participant JJ from TSH

"No there are incidences where professional nurses and other staff abuse patients. In other instances, patients were denied the right to treatment or are spoken to in a manner that is disrespectful. You have heard about many situations in this institution whereby patients report dissatisfaction about the care received. I think this is bad for professional socialisation of learners as in the process of patient abuse, learners are observing that behaviour."

The findings are supported by Albina (2016) whose study in the United States revealed that many cases of violation of patient's rights by staff were attributed to many factors, lack of knowledge and ignorance being some of them.

In addition, Joubert and De Villiers (2015) in the thesis for doctoral studies, alluded that professional nurses in the clinical learning areas lacked sufficient knowledge regarding

ethical-legal responsibilities leading to inappropriate conduct in these areas. The author further stated that there were many unacceptable cases of patient abuse reported in South Africa.

Sometimes these violations are witnessed by students who are aware that such actions are wrong but cannot do anything about it as they are students. The sentiment is shared by Monrouxe, Rees, Endacott and Ternan (2014) who report the experiences of a learner who witnessed patient abuse but was unable to challenge the status quo in the clinical learning environment. It is in such instances wherein professional socialisation of learners is negatively affected as they are aware of the wrong done by clinical staff. Ethical content builds upon the learners academic and clinical experience (Parandeh, Khaghanizade, Mohammadi & Nouri 2015).

4.3.2.2 Theme 2.2 Communication in and within the clinical learning areas

Communication in and within the clinical learning areas affected the activities taking place there. Findings revealed that there are challenges in communication in the clinical learning area which impacts on professional socialisation of learners. Professional nurses found themselves not talking to each other or being rude towards one another. The following sub-themes emerged:

4.3.2.2.1 Sub-theme 2.2.1 Ineffective communication between nursing staff

The findings revealed that there is poor communication between the clinical staff, nurses and other members of the health team included. Poor communication affects the provision of care and the professional socialisation of learners.

This is supported by the following transcripts:

Participant M from DFH

“Some of the challenges that I have experienced is poor communication in the clinical learning areas. At times reports are not properly given leading to situations where the patients are denied care. Sometimes even during shift change reports are not properly given. Students are not involved in giving of reports and this denies them the opportunity to learn about the activities in the ward. In the olden days, learners were given the opportunity to give the report about patients and this allowed them to know more about the conditions of the patients.”

Report giving is crucial in nursing practice as it affects the continuity of patient care in the clinical environment. The findings are supported by Ghiyasvandian, Zakerimoghadam and Peyravi (2015) who mentioned that nurses are the facilitators to professional socialisation in the clinical environment. The authors further state that communication between nurses is important and is a primary source of patient care. If such communication is not practiced, learners will end up with poor communication in the clinical learning area. Such will affect the professional socialisation as it will result in a practitioner who does not possess the adequate skill of communication in the clinical learning environment.

4.3.2.2.2 Sub-theme 2.2.2 Ineffective communication between nursing staff and other members of the health team

Findings in the study revealed that communication between the nursing staff and other members of the health team was poor. Professional nurses felt undermined by other members and their opinions ignored. Professional nurses indicated that sometimes learners are caught in the middle as they witness the unwarranted kind of attitude.

Participant X from TSH indicate that:

“Communication with doctors also pose as a challenge in the clinical learning areas because doctors sometimes do not respect nurses. They just come in and go straight to the patient without talking to you. Sometimes they prescribe things and not inform the nurses and when you ask them why they did that they just ignore you or give a rude answer. This affect patient care and student learning as we teach the students about effective communication with members of the health team and now the communication is not followed.”

Research points out that communication between nursing and medical staff has been faced by many challenges where lack of respect and incivility were identified. Ghiyasvandian et al. (2015) highlighted that in the process of professional communication between the nurses and other members of the health team, nurses are occasionally treated with unkindness.

4.3.2.2.3 Sub-theme 2.2.3 Ineffective communication between clinical staff and Nursing Education Institutions

The findings revealed that there was poor communication between the professional nurses in the clinical environment and the Nursing Education Institution. In some units, the professional nurses were not aware of the objectives for the different levels of training. Whereas in other units, objectives were there but incomplete, making it difficult for the professional nurses to properly socialise the learners as they are not aware of what they want to achieve in the unit. The findings were supported by the following transcript:

Participant J from SESH

“The challenge that I see in the clinical learning area is lack of communication from the College and the University. They don’t come for clinical accompaniment as they should and sometimes when you want to ask something regarding learners you don’t get clarity. There are situations where the learners tell you that their allocation has changed but we as the professional nurses were not informed.”

In other instances, the students are not having learning objectives on arrival to the clinical area. We use our experience to know that at level one two three or four what need to be done. If learners do not have objectives, it is difficult to assess and give feedback.”

The findings are supported by Atakro, Armah, Menlah, Garti, Addo, Adatara and Boni (2019) whose study in Ghana indicated that in the clinical learning areas, learners are often left unsupervised and the lecturers only visited the clinical areas occasionally. The study also revealed that learning objectives were not provided to the clinical areas leading to underperformance of students.

4.3.2.3 Theme 2.3 Attitudes in the clinical learning areas

Attitudes of professional nurses, learner nurses and those of other members of the health team may either enhance or negatively impact professional socialisation of learners.

4.3.2.3.1 Sub-theme 2.3.1 Attitude of professional nurses in the clinical learning areas

The findings mentioned that some professional nurses are not supportive of training of learner nurses. They felt that learner nurses are the responsibility of the Nursing Education Institution even though they are in the clinical learning areas. Some professional nurses indicated that they have no qualification in nursing education so they should not be expected to teach the learners. The transcripts that support the findings states;

Participant M from TSH

‘I am a professional nurse and not a nurse educator. When I come to work I know that I am there for the patients. I don’t have time to call the learners and follow them on what they are doing. They have the lecturers who are paid to do that who

must come and see that the learners are getting what they want. This ward is so busy that I can't have time to teach and provide care to patients."

Researcher

"As the professional nurse, is supporting and supervision of learners allocated in your ward not your responsibility?"

Participant

"I am aware but I won't do that as my first priority is patient care.

The negative attitude towards supervision and support of learners impacts the professional socialisation of learners. Learners are socialised in the profession through supervision and support. The findings are supported by Reid-Searl and Happell (2011) who affirmed that some professional nurses were found to be reluctant to work with learners, citing issues of busyness of the wards and the attitudes of the learners as among the factors contributing to poor support of students. The findings were affirmed by Adibelli and Korkmaz (2017) whose study indicated that the negative attitudes of staff towards learners may negatively impact on their learning.

4.3.2.3.2 Sub-theme 2.3.2 Attitudes of learner nurses in the clinical learning areas

The findings alluded that the attitudes of the learner can influence professional socialisation positively or negatively. A learner who is willing to be supported and supervised can be adequately socialised, whereas the one who is not willing will be negatively affected.

Participant B from PLK

"The challenge that we face as professional nurses is the students who are arrogant and who do not want to take instructions or be delegated. Some

students have a negative attitude and behave like they don't care about their learning. This lead to us ignoring the student and not involve them I the ward activities. Such students when they leave the unit, do so without gaining anything."

The findings clearly indicate the challenge that learners themselves contribute to poor professional socialisation as they don't want to be socialised. The findings are supported by De Swardt et al. (2017) whose study found that learners sometimes exhibit disruptive behaviours which impacts their professional socialisation and consequently affects patient care.

Participant S from PLK

"A challenge that I have noticed in the clinical learning area is when seniors look down on juniors and not respect them This is so common that we know that if matron so and so is on duty, we are going to be shouted in the presence of the patients and learners. This lead to a situation whereby learners do not trust you anymore as they think that you are not competent. That is my worry. If you now want to ask the student to do something, they give you that look like who are you and you don't know anything."

4.3.2.3.3 Sub-theme 2.3.3 Attitudes of other members of the health team in the clinical learning areas

Findings mentioned that at times other members of the health team do not treat learners with respect and refuse to be assisted by these learners. Professional nurses felt that if learners are not given the opportunity to work with doctors, especially specialists, they will not learn. When the students move to another unit they will not have acquired the necessary knowledge which will lead to poor professional socialisation. The following transcript supports the findings:

Participant T from PLK

“During professional socialisation, learners also need to be taught on how to have good communication and interpersonal skills in the workplace. We teach them how to work with doctors, physiotherapists, radiographers and others. This is important in professional socialisation as the nurse does not work only with nurses but with other members of the health team. Sometimes we experience challenges when the doctors refuse to work with learners citing things like they don’t want to work with juniors they want professional nurses. It feels like the look down upon learners and do not want to interact with them, it is not right.”

Researcher: Have you brought it to their attention that learners need to be part of those activities so that they can learn?

Participant T from PLK

“We tried, the problem is mostly with the specialists and we only say it once as we are also afraid of them They shout at us at times even when they want something which is out of stock and they can’t have. When you are with the learner during ward rounds and they tell you that the learner is not welcomed, we just tell the learner to go and do something else.”

4.3.2.4 Theme 2.4 Governance in the clinical leaning area

The findings of the study stated that there were incidences of misconduct in the clinical learning areas which were not handled properly. Professional nurses indicated that it is not easy to report that a colleague has done something wrong. Ensuring that discipline and good conduct is upheld in the clinical learning area lies in the management of the institutions. If such measures are not followed this leads to lawlessness as there are no consequences for the misconduct.

4.3.2.4.1. Subtheme 2.4.1 Insufficient discipline of staff

Participants reported incidents where staff shouted at patients, failed to perform their duties, took long breaks for lunch and tea which the seniors failed to reprimand or correct. This is supported by the following transcript:

Participant P from DFH

“My role in professional socialisation of learners is to ensure that I do the correct things always for the learners to emulate that. But there are other trained staff who do not care. Some verbally abuse patients, are not competent, come on duty late, when they go for tea or lunch they take their time and that is not correct. In a way, they teach the student to do the same thing.”

On further probing, the researcher asked the following question;

Researcher *“When such conduct happens what does the senior staff say about it?”*

Participant P from DFH

“Often the seniors are not aware as we are afraid to report them. Sometimes they are but they don’t say anything as they are afraid of them. They know that if they ask they will shout at them.”

In addition, the findings revealed that the managers are not implementing disciplinary code to the staff, so they conform to what is expected either because they are not aware or they are reluctant to act. Failure to report misconduct may be due to factors like not wanting to be the witness or not knowing the procedure for reporting such misconduct. The study is supported by Maurits, De Veer, Groenewegen and Francke (2016) who concluded that nursing staff find it difficult to report misconduct of a colleague even when they have witnessed the incidence. The sentiment was shared by Weenink, Westert, Schoonhoven, Wollersheim, and Kool (2014) who indicated that many healthcare workers do not know how to deal with a colleague who is performing a misconduct and they fear to report such as they say that the misconduct cannot be proven.

4.3.2.4.2. Subtheme 2.4.2 Insufficient discipline of learners

The findings revealed that there are problems regarding ensuring discipline for learners. There was no code of conduct for learners in all the institutions. Professional nurses were just doing what they thought was right based on experience. Certain professional nurses said that they were not doing anything to discipline the students as they don't know what they are expected to do. The following transcripts support the findings:

Participant M from TSH

“Another challenge that I have witnessed in the clinical learning area is lack of discipline by learners. Senior learners are the most troublesome as they often come late or refuse delegation and tell you that they don't want to do basic nursing care they only do nursing administration. They know that you will not do anything to them.”

Researcher “When learners behave inappropriately are there no measures in place to ensure that they behave accordingly?”

Participant M from TSH

“There are no measures we only talk to them and when they repeat the same behaviour we feel that we can't say anything. We report them to their lecturers when they come who talk to them. Others will again repeat the same behaviour even after that. I once tried to discipline a student who went for lunch from twelve to two. I told the student that he will knock off at five and he told me that where is the regulation that I am using to tell him to knock off in that hour. The learner ended up knocking off at 16h00.”

Similarly, a study by Rikhotso, Williams and De Wet (2014) reports that learners indicated that they deliberately disrespect professional nurses in the clinical learning areas,

especially those who have one bar because they feel that those professional nurses are not knowledgeable.

4.3.2.5 Theme 2.5 Managerial issues in the clinical learning environment

The findings showed that there were management issues in the clinical learning environment that impacted on professional socialisation of learners. Those factors included shortage of staff and supplies.

4.3.2.5.1 Sub-theme 2.5.1 Shortage of staff

The findings revealed that in the hospitals there was a shortage of professional nurses who should be supporting and teaching the learners professional socialisation. Professional nurses indicated that even if they want to be there for the learners, sometimes it is impossible due to the work that they are expected to do and a staff shortage. The following transcript supports the findings:

Participant A from DFH

“My role in the professional socialisation of learners is to support, guide them and teach them about the procedures and the ward routine. The reality is that in the ward it is often not possible to do that. In most cases, you will find that there are only two professional nurses who are responsible for giving injections, writing the report, handling of emergencies and many other activities. You find that you don’t have that time to be with the learner and teach them about the ward activities. It is even worse when you have the large number of students in the ward you can’t have them around you when doing the procedure at the same time. In the end, few students are guided the rest are left unsupervised or unsupported.”

Shortage of staff has been a challenge in the clinical learning environment especially in rural hospitals. The findings are consistent with a study by Rikhotso, Williams and De Wet (2014) who found that shortage of staff in the rural hospitals directly impacts on learning, as the small number of professional nurses makes it difficult for them to take full responsibility of training learners. The findings correspond with what was found by Kamphinda and Chilemba (2017) who stated that shortage of professional nurses in the clinical learning areas led to situations where learners are left to practice on their own without the supervision of a professional nurse.

Setati and Nkosi (2017) alluded to the present findings that shortage of staff posed as a barrier to mentoring of learners. Learners need mentoring in their professional socialisation journey. Due to shortage of professional nurses, learners are sometimes used to balance the staff and cover the shortage instead of treating them as learners who should be supported and guided (Gemuhay, Kalolo, Mirisho, Chipwaza & Nyangena, 2019).

4.3.2.5.2 Sub-theme 2.5.2 Shortage of equipment and supplies

The results of the study found that there was shortage of equipment and supplies in the clinical learning areas. This directly affects professional socialisation as some procedures were flawed due to the absence of a particular equipment or supply and leaves the learner confused. Students find it difficult to correlate theory and practice as the learner would have seen a procedure demonstrated in the simulation laboratory by the lecturer, using the correct equipment but now the equipment is not there. The findings were supported by the following transcript:

Participant L from PLK

“Another challenge in the clinical learning area that affect professional socialisation is shortage of equipment. Most of the time in the clinical learning areas we must compromise when we do procedures because there are no equipment or supplies. Theoretically I know that when you do bed bath you need two towels and a face cloth. Those things are no longer there and we use what

we have. First year students only know types of beds theoretically. There is always no adequate linen to make those types of beds. We put one sheet when we make a bed. So, it's not the correct procedure but we don't have any means."

Other studies done before also support the findings. Halcomb, Antoniou, Middleton and Mackay (2018) found the learners who were working in the Primary Healthcare facilities indicated the shortage of equipment as frustrating and impacting on their learning. Learners had to rely on other measures to provide care as there was a shortage of equipment. The lack of supplies and equipment also lead to learners ignoring clinical practice as stated by Gemuhay et al. (2019).

4.3.3 Main theme 3: Learner factors that influence professional socialisation

The learner nurse has as much a responsibility to be professionally socialized as the professional nurses who facilitate the process. Bandura Social Learning theory states that as much as the learners copy the behaviour of the adults, they have the decision to want to or not to want to. The personality, character, behaviour and conduct of the learner nurse may influence whether the process of professional socialisation is effective or is hindered.

4.3.3.1 Theme 4.1: Career choice

Choosing a career is based on many factors. Every person has a reason for having chosen the career where they are now. Extensive literature supports that people who are satisfied in their job are those that indicated to have chosen the career that they loved most. Choosing nursing as a career can be influenced by factors like wanting to have a secure, stable and respectable career, personal reasons and ideas where the learner wants to contribute in helping other people, the influence of family or significant others, and lastly knowing or admiring someone in nursing (Wikes, Cowin & Johnson, 2015; Mooney, Glacken & O'Brien, 2008).

Contrary to the influence that parents and significant others may have on the influence of choosing nursing as a career, Neilson and McNally (2013) argue that many parents who

are nurses themselves discourage their children or relatives to study nursing due to the stress associated with the work. In the learner nurses' choice of career the following citation indicates how professional socialisation can be influenced by career choice:

Participant E form PLK

“In the clinical learning areas, we find students who love nursing and this makes our responsibility to teach and mentor them easy. The other day I was talking to the level one nurse who was so enthusiastic and asking questions and willingness to learn. I recognized the positive attitude and asked the student how she was feeling about being a nurse. The student stated that she felt good she enjoyed being a nurse and loved nursing since she was in primary school. The student indicated that she likes to help people and feel that she has made a right decision by choosing nursing as a career. The student further stated that she has an aunt who is a nurse who inspires her all the time.”

The above sentiment supports the fact that learners who have made a good career choice find it easy to learn and adjust in the clinical learning areas. This is supported by a study done by Yilmaz, Ilce, Cicek. Yuzden and Yigit (2016) who found that students who voluntarily chose nursing and have given it a high preference are more settled and appear to be satisfied with their progress.

Participant C from TSH

“Sometimes I find it difficult to work with a student who is not interested in learning. The students are sometimes so bored to an extent that they tell you that they didn't know what nursing is all about when they applied for training. Some even indicated that they were not aware that they will be training going to hospitals but thought they will be at the university for four years and then go to the hospital when they have passed. Male students will tell you that they can't bath a patient as this is more of a female responsibility and is not to be done by me.”

The information cited above by the participant indicates that the learner is not happy with the career choice he/she has made, therefore this learner will make little or no effort to

learn in the clinical learning area and therefore influencing professional socialisation. This sentiment is supported by Raymond, James, Jacob and Lyons (2018) who found that during career guidance, learners were not aware of how diverse nursing and midwifery roles were and as a direct result some come to the profession without adequate information. This may result in disappointment when the expectations are not met. Adibelli and Korkmaz (2017) indicated that many recruits in the nursing profession do so due to employment opportunities, family preferences, good salary and their will to help other people.

4.3.3.1.1 Sub-theme 3.1.1 Nursing not first choice of career

There are instances where vacancies in certain faculties of study, are limited and few students are admitted. Whenever students fail to get space in the particular faculty, they will choose the second option which is available. In most cases, it was not the first, they only took it because it was the only available one. On the other hand, the students may not have had adequate credits to be admitted in the first choice but registered in nursing as the credits that are needed are less.

Liaw, Lopez, Chow, Lim, Holroyd, Tan and Wang (2016) found that in Singapore and UK nursing was perceived to be the profession for low inclined academic students. Contrary to that other studies done in Hong Kong, Kuwait and Nigeria suggest that the requirement of good academic performance was perceived to be a requirement to study nursing. In other instances, learners register in nursing knowing that they will be able to branch off to their career of choice later in their studies. Such students are not fully committed because nursing to them is not about passion but used as a bridge to advance to the other profession. The following abstract supports the findings:

Participant A from SES

“I understand that I have a role to play in the professional socialisation of learners but there are often challenges that we experience as professional nurses. When you try to guide the student to do the correct thing, they often indicate that they are

not interested. Sometimes you would ask the student to perform a certain procedure and the learner will openly tell you that nursing is too strenuous and you are expected to be next to the patient and do simple tasks that the person can do for him/herself. Students also feel that nurses are not well respected or recognized like doctors in the community. The particular student stated that she hates nursing. She just wants to finish training and go to train medicine.”

Learners who did not willingly choose nursing find it really hard to adjust to the profession. A study in Iran by Farahani, Ghaffari, Oskouie and Tafreshi (2017), shared the view that students often choose nursing despite being uncomfortable with the activities and do so due to obligations to choose nursing. Those obligations are when the student does want to perform other legal obligations like military services and when they want to fulfil cultural obligations of being registered to a university and study.

The authors further argued that some students chose nursing because of the possibility of more easily bypassing the entrance exams, and the strong possibility that the student could be admitted to other fields in particular, medicine. To support the fact that it is not all nurses who chose nursing as their first choice, Lim and Muhtar (2016) on factors that influence career choice in nursing in Malaysia, found that only 41% of their respondents chose nursing as their first choice.

4.3.3.1.2 Sub-theme 3.1.2 Nursing not meeting learners' expectations

Learners come into the nursing profession with expectations. In other instances, the reality that the learner is faced with, especially in the first year of study, does not meet the expectations of the learner. This leaves the learner disappointed and confused not knowing what to do – whether to continue or to abandon the training. Farahani et al. (2017) established that often students find differences between expectations and experiences in the clinical learning areas as the main factor that lead to students dropping out from their training.

The authors further indicated that learners encounter numerous differences between their initial clinical experiences and their expectations, and ultimately negative experiences. In some instances, learners come to the profession with very little information about nursing. Learners who have adequate knowledge of the professional healthcare history, provide the learner with a sense of perspective and connectedness, better professional judgement and deeper appreciation of professionalism (Kelly, Watson, Watson, Needham & Driscoll, 2017). A study in Turkey affirms the findings through their study which revealed that learner nurses in their first year of study had no knowledge about what nursing entails and what nurses do (Kaya & Boz, 2019). This is supported by the following transcript:

Participant C from DF

“My perceptions about my role in professional socialisation is to guide the student in the responsibilities of nursing. This include teaching the student about the procedures that are done and the behaviour of a nurse in the wards. But sometimes we find it difficult to do this as it is not all learners who are eager to learn. Some are not interested in the activities starting from day one of the allocation. I once had a student who would constantly indicate that nursing is so tiring and demoralizing. When I asked her what she meant, she indicated that in nursing you are sometimes faced with very ill and dying patients and when you are out of the ward you always think of those situations. I could then see that when the student came to nursing she didn't expect that much but now that was the reality in the clinical areas.”

From the above transcript, it is clear on how professional socialisation can be affected by the preparedness of the learner. If the learner is not ready for the profession, then professional socialisation is affected. This is supported by Anderson and Edberg (2012) who found than in other instances, students' perceptions and personal goals may obstruct their learning process though it may not be generalized to all the students.

The sentiment was shared by Bowen, Kable and Keatinge (2018) who indicated that sometimes students in the clinical learning area lack initiative whereby they just stand and watch the professional nurses working and having no clue of what is happening. They further stated that students only wait to be told what to do. Some learners may have come to nursing without having adequate knowledge and when reality hits, they are shocked.

This was supported by Adibelli and Korkmaz (2017) who indicated that learners have limited information about the nursing profession.

4.3.3.2 Theme 3.2 Professional identity

Positive professional identity leads to effective professional socialisation. Developing a professional identity is essential for learners to form an impression of their chosen profession and fit into that profession through acculturation. The development of professional identity starts before the learner joins the profession and continues throughout the career of the person (Browne, Wall & Bennet, 2018). The authors further argued that professional identity has a strong relation to job satisfaction. If the learner fails to identify with the profession, the learner will not be happy and therefore fails to take charge and be part of the profession.

4.3.3.2.1 Sub-theme: 3.2.1 Failing to adjust in the profession

Any situation where there is stress has negative consequences on the people concerned. A study in the UK by Burnard, Rahim, Hayes and Edwards (2007) found that nursing students are known to experience high levels of stress during their first clinical exposure. The authors further argued that the students believe that they are responsible for the lives and health of others whereby they always fear making mistakes, harming patients or the negative reactions that they will receive from staff if they make mistakes.

In another study in the United Kingdom (UK), Edwards, Burnard, Bennet and Hebden (2010) acknowledged that nursing is a stressful occupation and the stress does not only start when the nurse qualifies but is evident during nurse training and may affect academic clinical performance and student wellbeing. Another study in Jamaica by Graham, Lindo, Bryan and Weaver (2016) indicated that the clinical learning environment is the major source of stress among nursing students. On the other hand, the causes of stress in the clinical learning environment were identified by Burnard et al. (2007) to be initial ward experience, handling of emergencies in the clinical learning areas, death of a patient, negative attitudes of staff and relationships with clinical staff.

The following transcript for the participant supports the theme:

Participant S from SES

“In the clinical learning areas we sometimes meet challenges to deal with students who are stressed and are not coping well. This becomes difficult for you as a professional nurse to properly socialize the student as you can see that the student is under stress. The students who have stress will usually indicate that they feel overwhelmed by the activities and relation in the clinical learning areas. Sometimes the students indicate that they feel that they are not good enough to be nurses as they can’t help patients due to the intense stress that they have. I have witnessed several students who would breakdown because of that. This lead to me as a professional nurse not knowing whether to tell the student to quit or to preserve. Often I tell them to relax.”

The above quote support sub-theme 4.1.1.2.1 as the professional nurse indicated the situations where learner nurses are affected by the stress in the clinical learning environment that directly influence their learning.

4.3.3.2.2 Sub-Theme 3.2.2 Lack of commitment

The findings revealed a lack of commitment from the learners. Professional nurses indicated that learners are not enthusiastic about their training and just want to roam around the unit. The findings further revealed that a learner who is committed to learning makes it easier for the professional nurses to socialise them in the profession. Those who have little or no commitment, make it difficult for the process of professional socialisation to take place. If a person is committed to doing something, the person will do everything possible to make it succeed. The same applies with the learners in their clinical learning environment. If the learner is not committed to the profession, he/she might not make any

effort to want to learn more about the profession. The subtheme is supported by the following transcript:

“As a professional nurse the challenge that I have noticed with the learners are lack of commitment. These students are not interested in what is happening in the ward they are just in the wards to acquire the hours as needed by SANC. The students will just sit in the ward when everybody is busy and they know that they need to be involved in patient care but they choose not to. This poses a challenge because such student who is not enthusiastic and not committed to the profession you feel you must just as well not teach or call to come and see what is happening behind the screens. The senior male students are worse than the juniors because they will tell you that they know what you are doing so there is no need for them to come closer and be part of the activity.”

The findings are supported by Kong, Chen, Shen, Li, Gao, Zhu, Lou and Li (2016) who conducted a study in China that professional commitment determines people’s work behaviours and this influences the work performance.

The commitment is shaped during training and continues throughout the professional career of an individual, it does not only start and end during training but is ongoing. In addition, the study indicated that there are many factors in the clinical learning environment that may influence commitment of learners. These factors were level of training wherein students in the first level were more committed than their seniors, the personality of the learner also contributed to commitment in the clinical area. The study failed to associate gender with commitment which is contrary to Labrague, McEnroe, Pettite, Tsaras, Cruz, Colet and Gloe (2018) who found that females were more committed to their work than their male counterparts.

4.3.3.3 Theme 3.3 Knowledge of professional conduct and behaviour

Professional nurses indicated the lack of professional values from the learners. They indicated that students lack basic information on professional values.

4.3.3.3.1 Sub-theme 3.3.1 Lack of knowledge regarding professional conduct and behaviour

The findings revealed that students do not possess adequate knowledge and information about professional values. Professional nurses indicated that when they ask learners about basic concepts of professional values, they can't provide information. This was supported by the following transcripts:

Participant V from DFH

“The challenges that I have noticed from the learners is that these people seem not to know what nursing is. They would come with their shirt out of the trousers, they call each other to the top of their voices in the wards. Some even whistle in the ward and when you tell them that the behaviour is not acceptable, they act surprised. Boys and girls would walk with holding and covering each other, Walking with hands in their pockets. It is like they are not prepared on how to behave when they are in the clinical learning areas. Some of them will take corrections positive but others negative. You will see that they see nothing wrong in the manner in which they behave.”

Participant I from TSH

“The challenge in professional socialisation that I have experienced is when learners know nothing about etiquette, about the nurses' pledge and everything nje. These learners do not stand up when seniors come to the ward, they do not understand when we tell them not to eat when walking or chewing gum. They are just like they were not prepared before they came to the wards. Again, they answer the telephone unprofessionally, even when you tell them the right thing they repeat the mistake just to show that they don't understand how important it is to answer the phone properly.”

The study in Lebanon confirm their findings whereby Clinton, Ezzeddine, Doumit, Rizk and Madi (2018) found that learners who are directly from high school have no knowledge of procedures and activities in the clinical learning area and need to be guided.

4.4 SUMMARY

The chapter described the results of qualitative research where the professional nurses express their role in the professional socialisation of learner nurses. Challenges that professional nurses faced were described. The main themes that emerged from the findings were, the professional nurse as a mentor of learners in professional socialisation, factors in the clinical learning environment that influence professional socialisation and learner factors that influenced professional socialisation. The next chapter will describe the results of quantitative findings.

CHAPTER 5

QUANTITATIVE RESULTS AND INTERPRETATION

5.1 INTRODUCTION

The previous chapter described the findings from the qualitative phase of the study. The findings from the qualitative data influenced the development of a questionnaire used in the quantitative phase of the study. This chapter will describe the findings in the quantitative design of the study. In the quantitative design, an open-ended questionnaire was used to collect data from the learner nurses. The objective of the study was to assess the knowledge, practices and attitudes of learner nurses towards professional socialisation in public hospitals of Limpopo Province.

The sample size was 181 respondents. The number was determined based on literature by Stoker (1985) in De Vos et al. (2017) who mentioned that when the population is 1 000 and above, the sample size should be 14.0% of the population. Of the total number of questionnaires issued, 13 were found to be incomplete and did not form part of the analysed data therefore, 168 questionnaires were analysed for the study. Data was analysed through the Statistical Package for Social Sciences software version 25.0. Charts, graphics and tables were used to display the findings. This report presents data analysis, presentation and reporting of results. The report used frequencies, descriptive statistics and reliability statistics were used to describe and understand data collected from the survey participants.

5.2 DATA PREPARATION

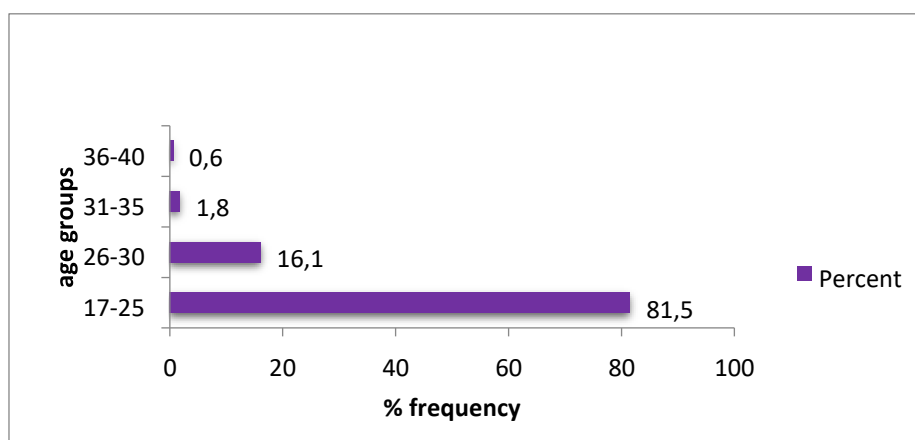
Collected data was coded and captured using SPSS Version 25.0. Captured data were then cleaned prior to commencing the data analysis process. Missing data were handled by replacing missing values by their corresponding variable averages. Cleaned data were then analysed using the Social Package for Social Sciences (SPSS Version 25.0) with the help of the Statistician. Frequency distributions were used to give a summary of responses given by the study participants. Descriptive statistics (measures of central tendency and measures of dispersion) were used to describe and understand the gathered data.

5.3 FREQUENCY DISTRIBUTION OF DEMOGRAPHIC DATA OF THE RESPONDENTS

5.3.1 Ages of respondents

The majority, nearly (82.0%) of the respondents were between 17 and 25 years old, followed by (16.1%) reportedly between 26 and 30, (1,8%) were 31-35 years old and only one respondent was aged between 36 – 40 years old. Many students in the universities and colleges enter immediately after a senior certificate. The majority of learners having started school at age six, obtain their senior certificate at ages 18-20. Figure 5.1 indicates the distribution of survey respondents by age groups.

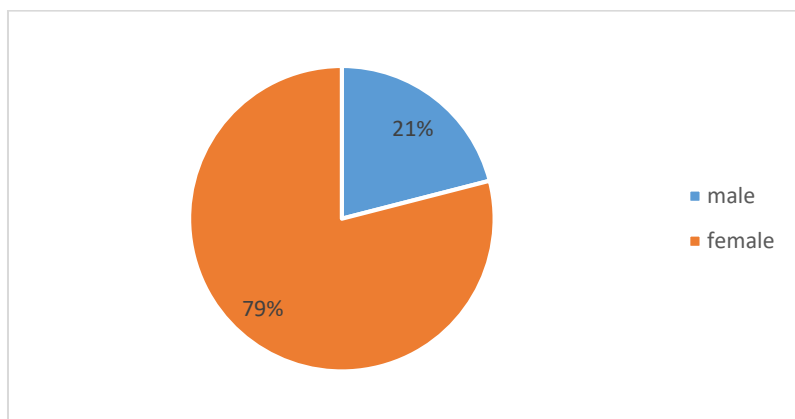
Figure 5.1. Ages of respondents



5.3.2. Gender

Out of the 168 participants who were considered for statistical analysis, the majority, approximately (79.0%) were females while the remaining (21.0%) were males. Hence, approximately eight in every ten respondents were females while the remaining two respondents were males. Nursing is predominantly a female dominated profession hence the highest number of females compared to males. The findings confirmed that nursing is a career choice for females (Ashkenazi, Livshiz-Riven, Romem & Grinstein-Cohen, 2017). The comparison is indicated in Figure 5.2.

Figure 5.2. Gender of respondents

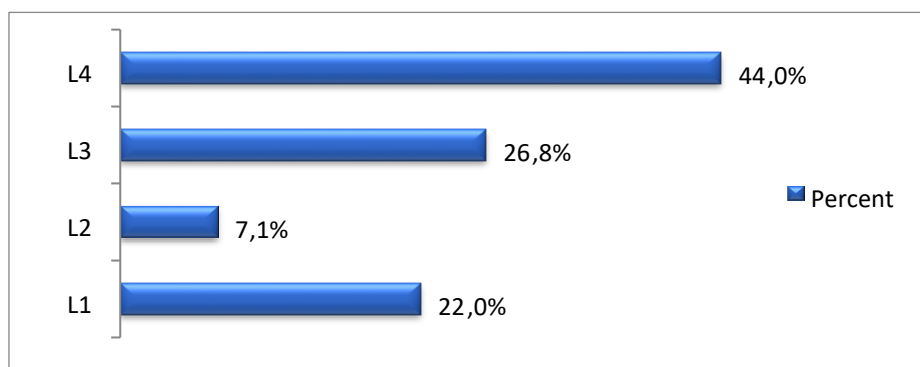


5.3.3. Level of training

Nearly (44.0%) of the respondents had received level 4 training, followed by approximately (27.0%) of the respondents who had received level 3 training and (22.0%) of the respondents reportedly received level 1 training, while only (7.0%) of the respondents had received level 2 training. Thus, approximately four in every ten respondents had L4 training, followed by three in every ten who had L3 training and two in every ten who had L1 training, while nearly one in every ten respondents was L2-trained. The increased number of level four was influenced by the fact that with the experience that they have for training, they would understand more about professional

socialisation than the first entering students. Figure 5.3 stipulates the distribution of survey respondents by their level of training.

Figure 5.3. Level of training of the respondents



5.3.4 Clinical areas covered during clinical allocation

The results reflect that the majority of learner nurses, approximately (74.0%) were allocated to more than one clinical area, followed by those who were allocated to surgical (8.3%), then medical (6.0%), while the remaining portion were allocated to clinical areas such as operating theatre (1.2%), paediatrics (4.2%), outpatient and casualty (2.4%), psychiatry (1.2%), maternity (0.6%) and clinic (1.8%). Thus, nearly seven in every ten respondents were allocated to more than one clinical area, while approximately one in every ten respondents were allocated to a surgical clinical area. The allocation of students to different sections during training is a requirement by SANC (R425). The higher the level of training, the more the exposure to different clinical areas in the hospital. Table 5.1 elaborates the distribution of survey respondents by their areas of clinical allocation.

Table 5.1. Clinical learning areas allocated during period of training of respondents

Clinical Area	Frequency	Percent	Valid Percent	Cumulative Percent
Operating theatre	2	1.2	1.2	1.2
Medical	10	6.0	6.0	7.1
Surgical	14	8.3	8.3	15.5
Paediatrics	7	4.2	4.2	19.6
Outpatient and casualty	4	2.4	2.4	22.0
Psychiatry	2	1.2	1.2	23.2
Maternity	1	.6	.6	23.8
Clinic	3	1.8	1.8	25.6
Any combination of the 8 clinical areas	125	74.4	74.4	100.0
Total	168	100.0	100.0	

5.4 FREQUENCY DISTRIBUTION FOR KNOWLEDGE-RELATED QUESTIONS' RESPONSES

5.4.1 Moral and ethical principles of nursing

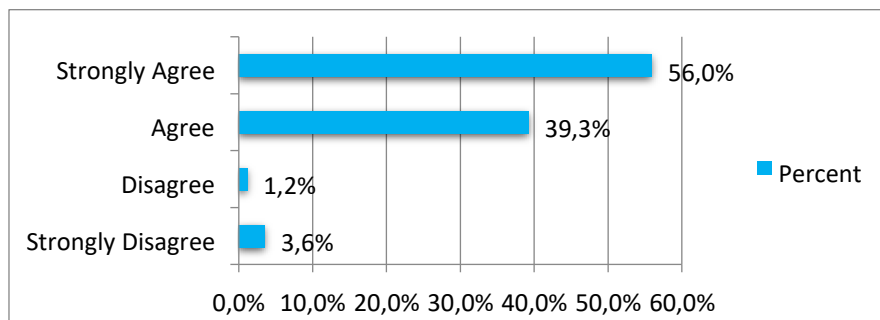
This section of the questionnaire was developed as during interviews with the professional nurses, it emerged that learners have no adequate knowledge regarding moral and ethical principles of nursing. Therefore, the information had to be tested from the students. In this section, the distribution of responses highlighting respondents' levels of agreement or disagreement to six moral and ethical principles of nursing are presented.

5.4.1.1 Doing good for others

Figure 5.4 indicates the distribution of responses to respondents' level of agreement with the statement "doing good for others". Results showed that (95.0%) of the respondents

agreed, whereas (5.0%) disagreed that nurses should do good to others while the remaining minority disagreed with the moral and ethical principle of doing good for others. Almost all respondents believed that nurses should do good to others.

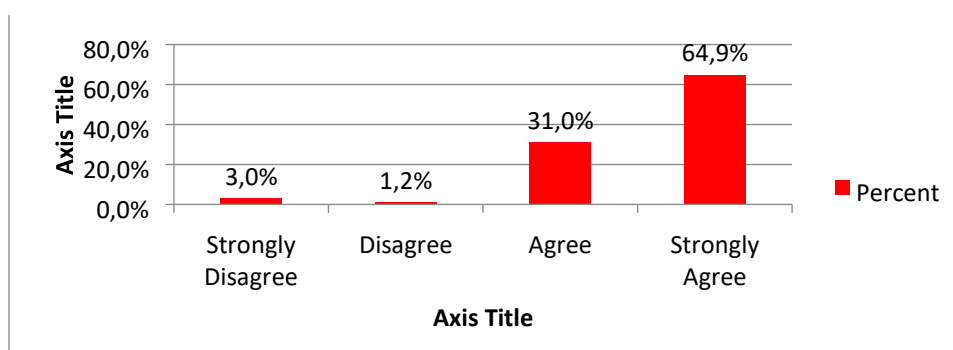
Figure 5.4. Response on doing good for others



5.4.1.2 Refrain from doing harm

Respondents were asked to comment on the principle of refraining from harming patients. Results indicated that (96.0%) of the respondents agreed that nurses should refrain from doing harm while the remaining (4.0%) disagreed with the statement. In other words, (4.0%) of the participants do not regard moral and ethical principles of nursing as important and abiding. However, almost every respondent agreed that nurses should refrain from doing harm. The results are tabled in Figure 5.5.

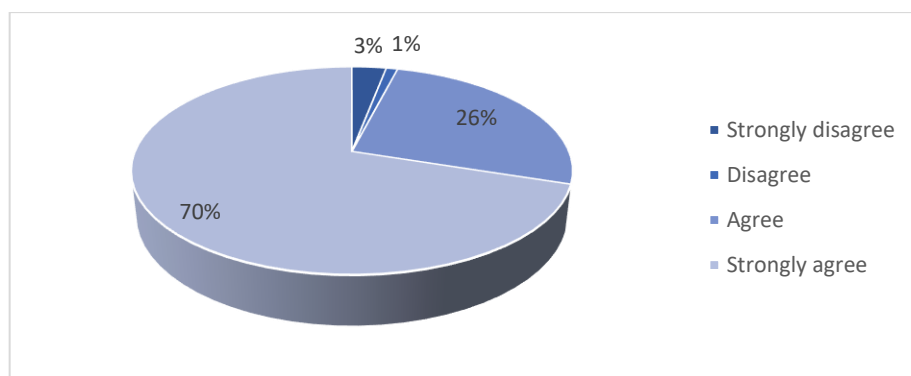
Figure 5.5. Response on refraining from doing harm



5.4.1.3. Caring for others is significant in nursing

Results indicated that (96.0%) of the total respondents agreed with the nursing principle of caring for others while the remainder of (4.0%) disagreed. Thus, nearly ten in every ten participants agreed that nurses must be caring professionals. The respondents who didn't agree didn't provide any motivation for that. The findings are supported by Ten Hoeve, Castelein, Jansen and Roodbol (2017) who indicate that learners consider nursing as a caring profession. The findings are illustrated in figure 5.6.

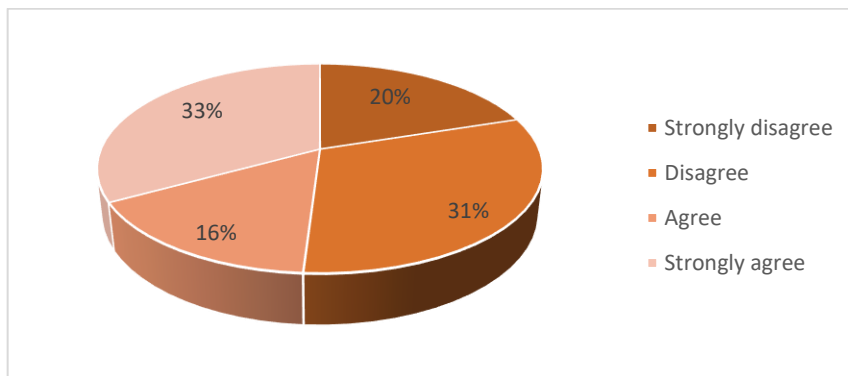
Figure 5.6 Response on caring as significant in nursing



5.4.1.4. Respect for others including patients

Results further revealed that the higher number of respondents (96.5%) agreed that nurses should have respect for others, including the patients while only the remaining small proportion (3.5%) reportedly disagreed. The majority of learners share values in the profession. Those that disagreed in the open-ended section of the questionnaire, cited things like respect is earned therefore if one doesn't respect the other, he/she does not deserve to be respected. Figure 5.7 indicates the results.

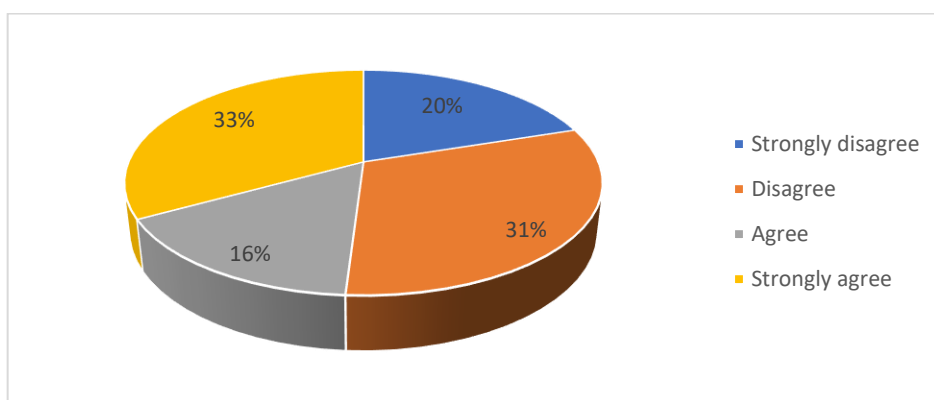
Figure 5.7 Response on respect for others including patients



5.4.1.5 Showing concern for others

Professional nurses cited empathy and sympathy as significant in nursing practice. Learner nurses were asked to determine their knowledge on the concept. Results indicated that (93.5%) of respondents agreed that nurses must show concern for others while the remaining minor proportion (6.5%) disagreed with the statement of commitment to show concern for others by the nurses. Showing sympathy is core in nursing as patients expect to be shown affection and caring (Khademi, Mohammadi & Vanaki 2019). Figure 5.8 indicates the results on showing concern for others.

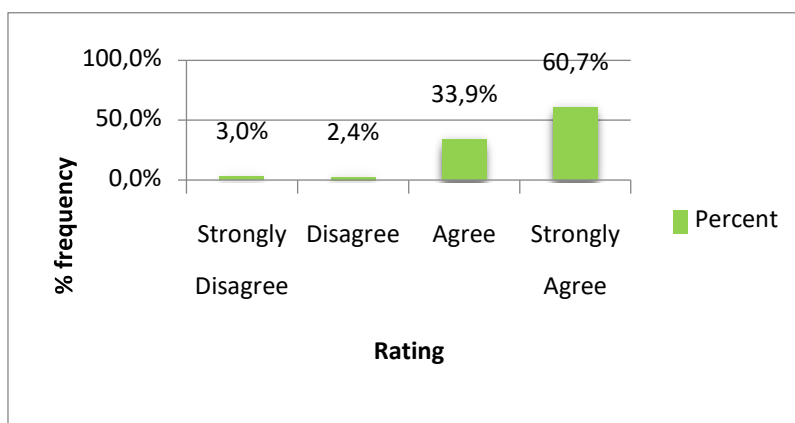
Figure 5.8 Response on showing concern for others



5.4.1.6 Truthfulness

In the qualitative findings, professional nurses revealed that truthfulness is significant in professional nurses to teach the learners to be truthful and honest, for them to be professionally socialised learner nurses. The results show that (94.6%) of respondents agreed that nurses should uphold the principle of truthfulness all the time, while the remaining small proportion, nearly (5.4%) of respondents disagreed. Nonetheless, nearly all respondents agreed that nurses should hold the principle of truthfulness. The ones that agreed indicated that sometimes they lie due to fear of being attacked by professional nurses for doing wrong. Figure 5.9 demonstrates the distribution of responses by their level of agreement or otherwise to the principle of truthfulness.

Figure 5.9 Response on truthfulness of nurse practitioners



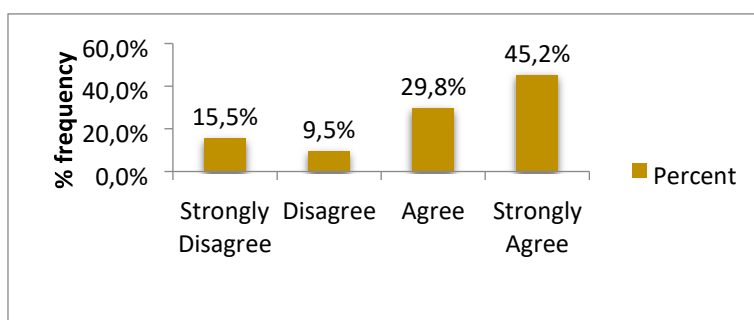
5.4.2 Unacceptable behaviours for nurses when in clinical learning area

Professional nurses raised issues regarding behaviour of colleagues and learners in the clinical learning areas that impacts on professional socialisation. In this section, the distributions of responses are presented, highlighting respondents' levels of agreement or disagreement totalling six behaviours which are not acceptable when nurses are in clinical learning areas.

5.4.2.1 Chewing when providing care

The results indicated that the large number of learner nurses, approximately (75.0%) of the total population agreed that chewing while providing care was unacceptable while remaining small proportion, while (25.0%) disagreed and believed that the behaviour was acceptable. Figure 5.10 indicates the distribution of responses by the respondents according to their level of agreement or disagreement with the unacceptable behaviour of chewing while providing care.

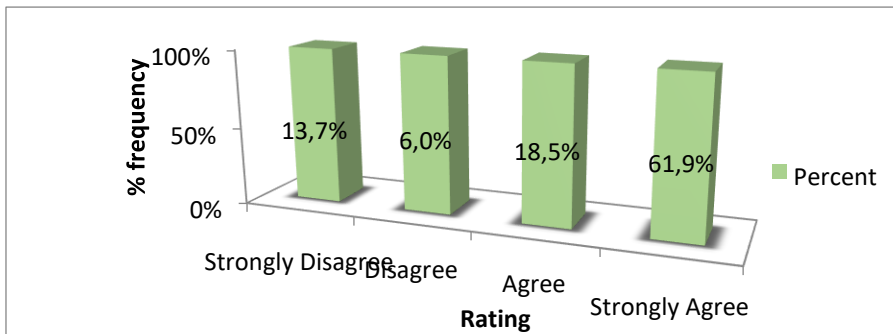
Figure 5.10 Response on chewing when providing care



5.4.2.2 Shouting in the ward and corridors

The issue regarding communication in the workplace was raised by professional nurses who indicated that people shout from one corner of the corridor to the other, making patients uncomfortable in the clinical learning areas which impacts negatively on professional socialisation of learners. Learner nurses were asked to respond to the comment. Most respondents, (80.0%) believed that shouting in the ward and corridors represented an unacceptable form of behaviour while the remaining (20.0%) believed that nurses could still shout in the corridors and wards. Hence, nearly eight in every ten nurses believed it was wrong to shout in wards and corridors while the remaining two in every ten viewed shouting as a non-acceptable behaviour. Those who felt that the behaviour is acceptable, indicated that during an urgent situation you should shout for help. Results are summarised in figure 5.11.

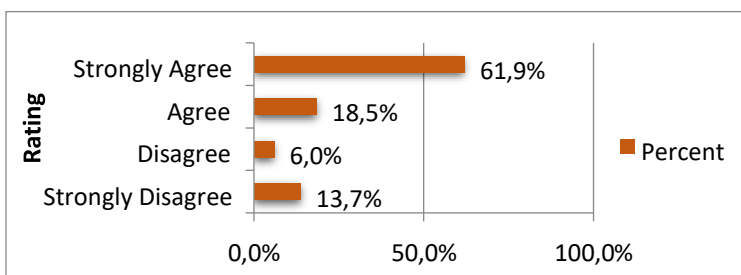
Figure 5.11 Response on shouting in the ward and corridors



5.4.2.3 Shouting at patients and colleagues

Majority of the respondents, (80.0%) felt that shouting at patients and colleagues represented an unacceptable form of behaviour while the remainder, (20.0%) of the respondents, believed that nurses could shout at patients and colleagues. Thus, nearly eight in every ten nurses believed it was wrong to shout at patients and colleagues while the remaining two in every ten-viewed shouting at patients and colleagues as a behaviour which is acceptable. In the open-ended section, respondents viewed that sometimes they need to defend themselves against attack by both patients and trained staff. Figure 5.12 summarises the findings.

Figure 5.12: Response on shouting at patients and colleagues

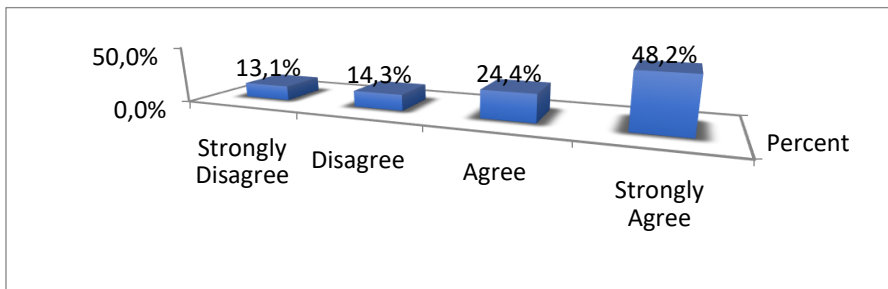


5.4.2.4 Using a mobile phone during provision of care

Respondents had divided opinions regarding the use of cell phones during provision of care in the clinical learning areas. Of the respondents, (73.0%) of the agreed that it was unacceptable to use a mobile phone while providing care to patients while the remaining (27.0%) disagreed. Most learners shared the sentiments with Westrick (2016) who stated

that the use of cell phone in clinical areas poses challenges as in the process it distracts the learner and can lead to taking of pictures from patients without consent. Findings are summarised in figure 5. 13.

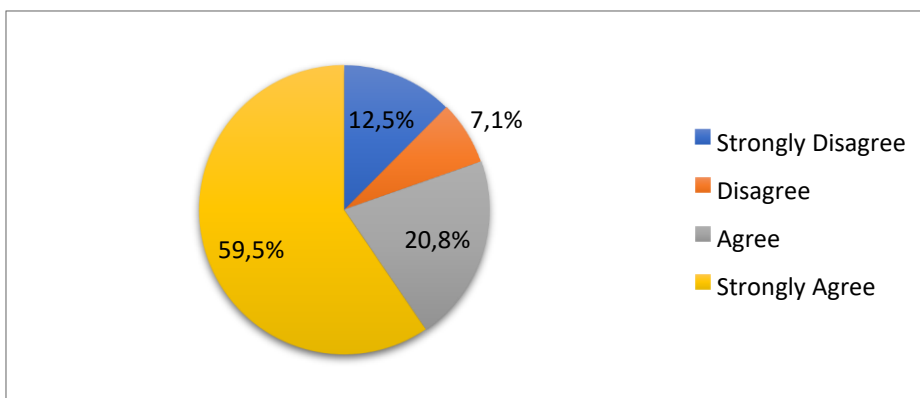
Figure 5.13: Response on using a mobile phone during provision of care



5.4.2.5 Eating when walking in the clinical learning area

The aspect was included in the questionnaire as professional nurses indicated that learners no longer respect the clinical areas as they are found eating in corridors and in the wards. This was aimed at assessing if learners view the behaviour as acceptable or not. The results indicated that (80.0%) of the total respondents agreed that eating when walking in the clinical area constituted inappropriate behaviour for nurses. The remaining (20.0%) disagreed and believed that it was appropriate to eat while walking in the clinical learning area. This implies that, nearly seven in every ten respondents believed that eating when walking in the clinical learning area represented an unacceptable form of behaviour by nurses while nearly three in every ten believed it was appropriate. In the open-ended portion, learners indicated that they were not provided with dining areas in the clinical learning areas where they could sit and eat.

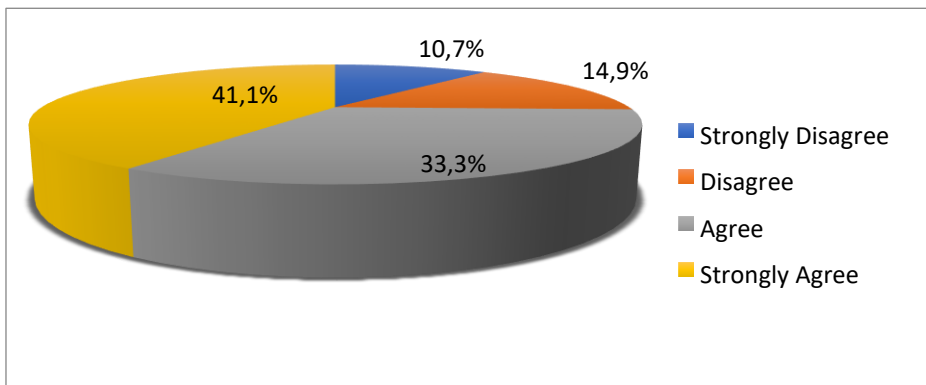
Figure 5.14: Response on eating when walking



5.4.2.6 Putting on headsets when providing care

In this aspect, the findings indicated that (74.0%) of the total respondents agreed that it constituted inappropriate behaviour for nurses to put on headsets when providing care while the remaining (26.0%) of the respondents disagreed and believed that it was appropriate to put on headsets when providing care. This implies that, nearly eight in every ten participants believed that putting on headsets when providing care represented an unacceptable form of behaviour by nurses while nearly two in every ten believed it was appropriate. In the open-ended questions respondents cited technology as important in this time era as they need to be informed of what is happening in the world all the time. Figure 5.15 supports the findings.

Figure 5.15 Response on putting on headsets when providing care



5.4.3 Important behaviours in Nursing

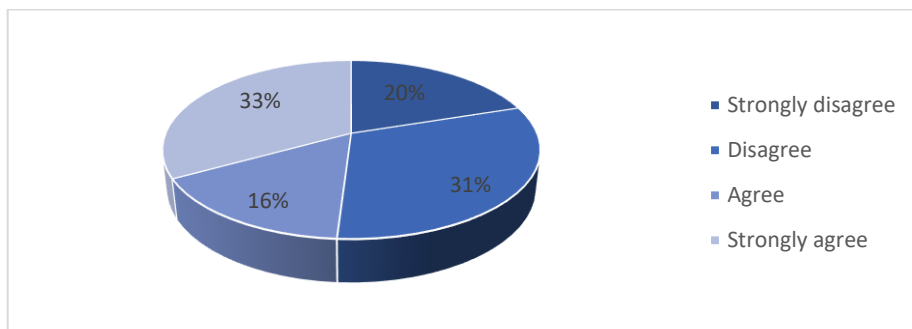
The section was involved in the questionnaires as it emanated from the interviews with professional nurses who indicated that during professional socialisation, it is important to behave according to the ethical and moral codes so that the learners can see and emulate the behaviour. In this section, the distribution of responses on some the most important behaviours in nursing are presented.

5.4.3.1 Involving the patients in decisions that involve their care

The findings revealed that (95.9%) of the total respondents agreed that patients need to be involved in the decisions regarding their care while the remaining (4.1%) of the

participants believed that it was not important. This implies that, nearly all participants believed that involving patients in decisions that involve them was important. In the open-ended section, some respondents felt that sometimes patients have no adequate information so the doctors and nurses should decide for the patient. The findings are indicated in Figure 5.16.

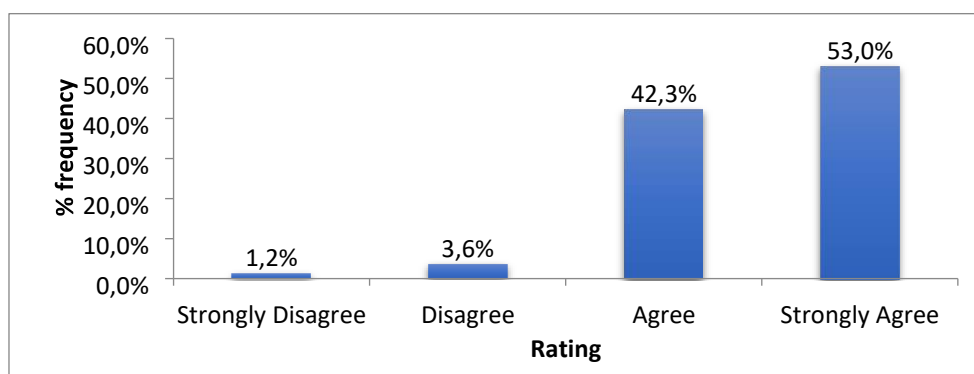
Figure 5.16 Response on involving patients in decisions involving their care



5.4.3.2 Greeting patients and colleagues with a smile

In this aspect, (95.0%) of the total participants agreed that it was important to greet patients and colleagues with a smile while the remaining (5.0%) of the participants believed that it was not important. Thus, nearly all participants believed that involving patients in decisions that involve them was important. The findings are reflected in figure 5.17.

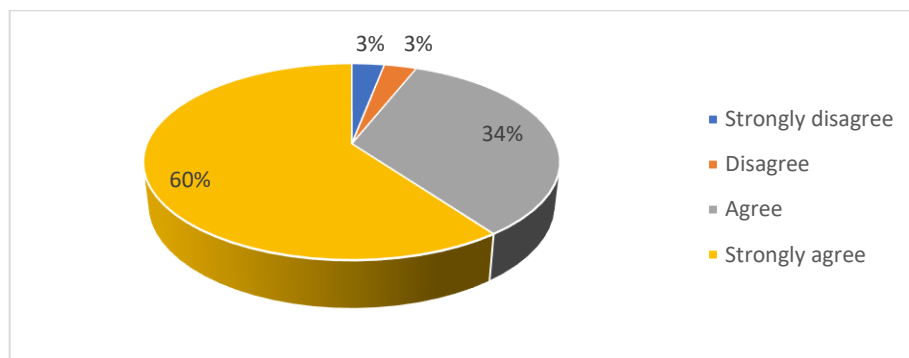
Figure 5.17 Response on greeting patients and colleagues with a smile



5.4.3.3 Showing empathy to patients all the time

In this aspect, respondents valued empathy as very significant in nursing practice, (94.6%) of the total population agreed that it is important to show empathy to patients all the time while the remaining (5.4%) of the respondents believed that it was not important. Thus, nearly all respondents believe in showing empathy to patients all the time. While this is viewed as what all nurses should value (Khademi, Mohammadi & Vanaki 2019) few that didn't value sympathy in the provision of care didn't give reasons for their opinion. The results are indicated in figure 5.18.

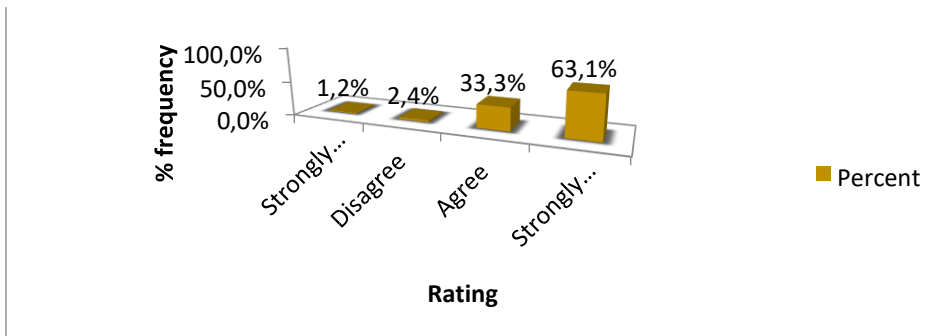
Figure 5.18 Response on showing empathy to patients all the time



5.4.3.4 Putting patients' needs first

Results in this aspect indicated that most learners, nearly (96.0%) of the respondents, viewed that putting patients' needs first as important in nursing practice while the remaining (4.0%) believed that it was not important. Hence, nearly all respondents believed it was important to put patients' needs first. Figure 5.19 indicates the distribution of responses summarizing the participants' view on whether it is important to put patients' needs first. The few that disagreed with the aspect didn't motivate the reason behind the disagreement in the open-ended part of the questionnaire.

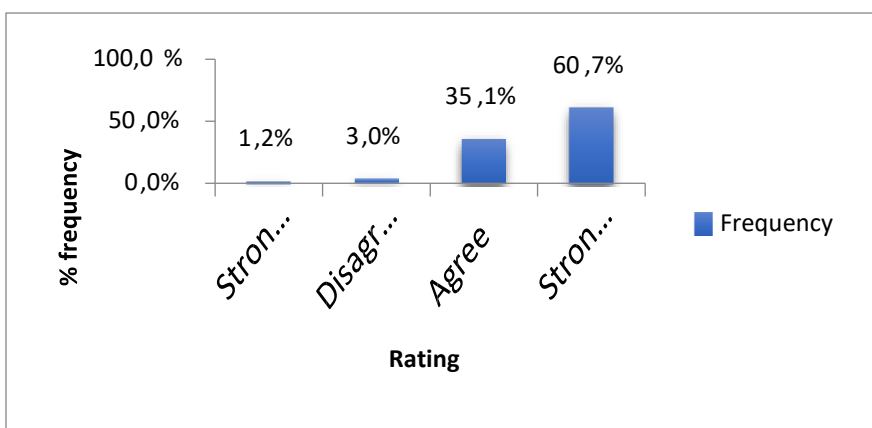
Figure 5.19 Response on putting patients' needs first



5.4.3.5 Attending to patients' needs all the time

The findings revealed that respondents had insight regarding attending to patients' needs all the time. The distribution of responses summarized the respondents' views on whether it is important to attend to patients' needs all the time, (96.0%) of the participants viewed attending to patients' needs all the time as important while the remaining (4.0%) believed that attending to patient's needs all the time was not important. According to the scope of practice R2558 of the nursing Act (2005), nurses should ensure that all health needs of the patients are met. Findings for this aspect are indicated in figure 5.20.

Figure 5.20 Response on attending to patients' needs all the time

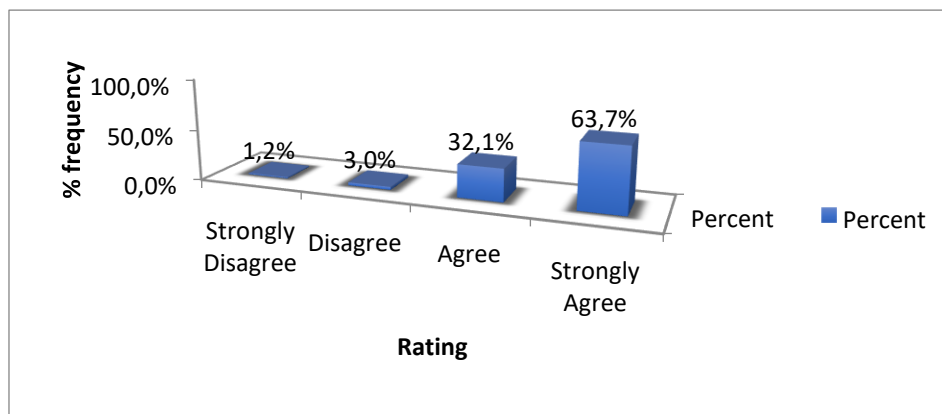


5.4.3.6 Competency in performance of nursing skills

Competency in skills performance was cited as very important in clinical learning areas as it directly contributes to professional socialisation of learners. Learner nurses were

assessed if they hold similar views to professional nurses (96.0%) of the respondents viewed competency in performance of nursing skills as important while the remaining (4.0%) believed that competency in performance of nursing skills was not important. It was significant to note that competency was highly valued by learners. Results are summarised in figure 5.21.

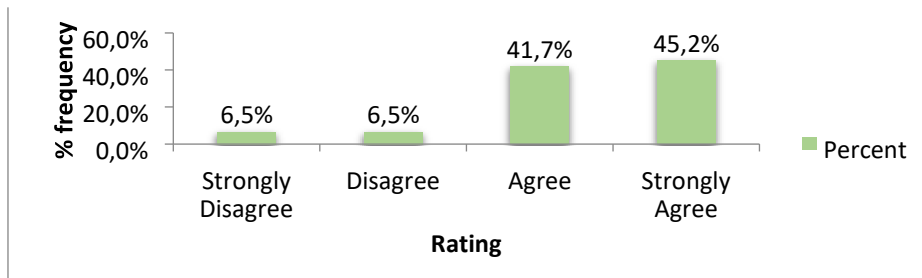
Figure 5.21 Response on professional nurses' competency



5.4.3.7 Standing up and greeting seniors when they enter the units

Good interpersonal relationships and communication was raised by professional nurses as an important factor in professional socialisation of learners. The aspect in the questionnaire aimed to assess if learners share the same sentiment. The respondents had different views regarding the aspect, (87.0%) of the total respondents agreed that it's important to stand up and greeting seniors when they enter the units while the remaining (13.0%) of the respondents believed that it was not important. Thus, nearly all respondents believe that standing up and greeting seniors when they enter the units is important. Those who didn't agree indicated that most of the time the wards are so busy that there is no time for chit chat with senior staff. Findings are in figure 5.22.

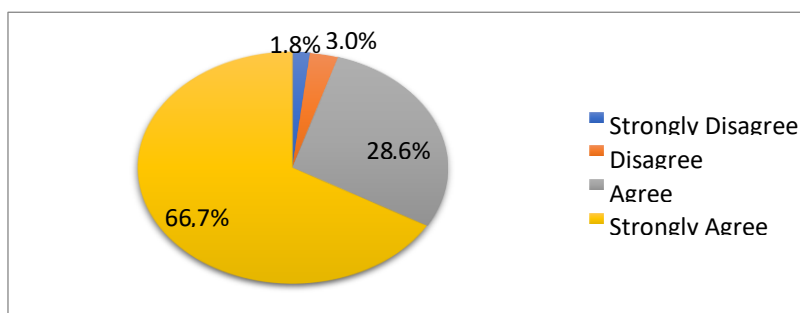
Figure 5.22 Response on standing up and greeting seniors when they enter the units



5.4.3.8 Wearing a complete and clean uniform all the time

Professional nurses indicated that as role models they need to put on complete clean uniform in order to inspire learners to do the same. Role modelling was viewed as important in professional socialisation. Learners' views were assessed if they shared the same views regarding the uniform, (95.3%) agreed that it is important to wear a complete and clean uniform all the time while the remaining (4.7%) of the participants believed that it was not important. The findings concur with a study by Alino, Aprosta, Lugod, Montilla, Tabuan, Uba and Dejarme (2012) which stated that nurses put on uniform proudly as they consider it to be a pride of the profession. A summary of findings is in figure 5.23.

Figure 5.23 Response on wearing a complete and clean uniform all the time

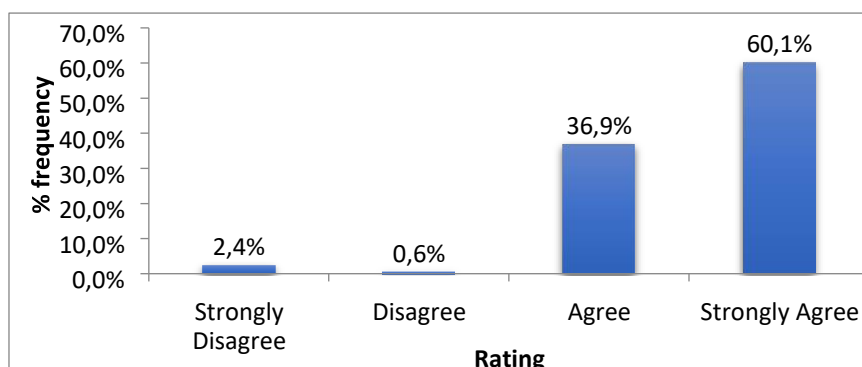


5.4.3.9. Reporting on duty on time

Professional nurses shared the view that in role modelling one must do things right, including reporting on duty on time in order to teach learners to do the right things. The

subject wanted to assess the learners' views on the aspect. The findings revealed that (97.0%) of the total respondents agreed that it is important to report on duty on time while the remaining (3.0%) of the participants believed that it was not important. Upholding sense of duty is part of professionalism which is expected from all professionals. The sentiment is shared by who alluded that accountability, sense of duty and honor are important in nursing profession. Figure 5.24 indicates the summary of findings.

Figure 5.24 Response on reporting on duty on time



5.4.4 Discussions on means and standard deviation values for items used as proxies for assessing knowledge on professional socialisation

Table 5.2 provides means and standard deviation values for items used as proxies for assessing knowledge on professional socialisation. Overall, respondents at least agreed with almost every knowledge aspect on professional socialisations that was sought from them.

Table 5.2 Means and standard deviation values for items used as proxies for assessing knowledge on professional socialisation

Item	Mean	Std. Deviation	N
Eating when walking in the clinical learning area	3.05	.996	168
Chewing when providing care	3.05	1.082	168
Using a mobile phone during provision of care	3.08	1.072	168
Shouting in the ward and corridors	3.20	1.064	168
Standing up and greeting seniors when they enter the units	3.26	.848	168
Putting on headsets when providing care	3.27	1.048	168
Shouting at patients and colleagues	3.29	1.073	168
Greetings patients and colleagues with a smile	3.47	.628	168
Doing good for others	3.48	.700	168
Truthfulness	3.52	.692	168
Showing empathy to patients all the time	3.53	.656	168
Show concern for others	3.55	.707	168
Item	Mean	Std. Deviation	N

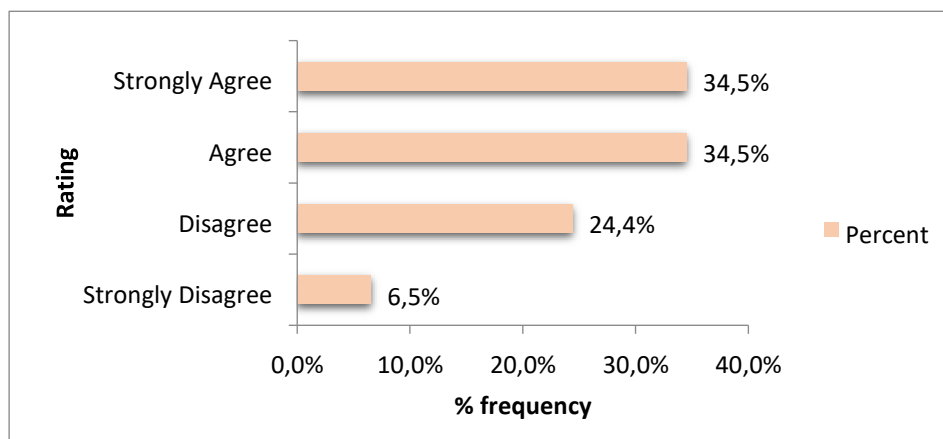
Reporting on duty on time	3.55	.636	168
Attending to patients' needs all the time	3.55	.617	168
Refrain from doing harm	3.58	.670	168
Competency in performance of nursing skills	3.58	.613	168
Putting patients' needs first	3.58	.604	168
Wearing a complete and clean uniform all the time	3.60	.639	168
Involving the patient in decisions that involve his/her care	3.60	.631	168
Respect for others including patients	3.63	.635	168
Caring	3.64	.633	168

5.4.5 Practices of Professional Socialisation Displayed

5.4.5.1 Professional nurses always act as positive role models in the clinical area

The study was based on Bandura's Social Learning Theory, therefore role modelling of professional nurses in the clinical learning theory plays an important part in professional socialisation of learners. Respondents were asked if professional nurses always act as positive role models in the clinical area. The respondents had different views on the aspect. Only (69.0%) of the respondents agreed that professional nurses always act as positive role models in the clinical area while the remaining (31.0%) did not agree with the statement. The results concur with findings by De Swardt et al. (2017) who state that professional nurses do not always behave as role models in the clinical learning areas. Figure 5.25 indicates the findings.

Figure 5.25 Response on professional nurses acting as positive role models

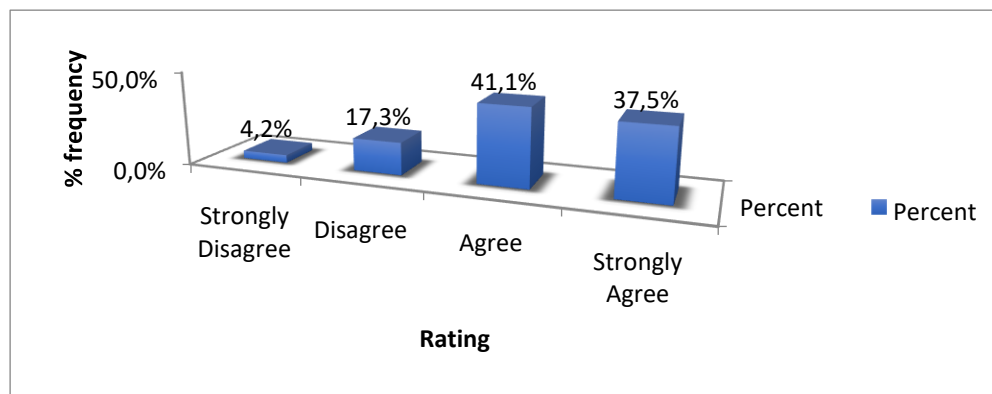


5.4.5.2 Professional nurses demonstrate compassion and care in their daily encounter with patients

Respondents had divided views regarding whether professional nurses demonstrate compassion and care in their daily encounter with patients. Almost (79.0%) of the respondents agreed that professional nurses demonstrate compassion and care in their daily encounter with patients while the remaining (21.0%) did not agree with the statement. Thus, nearly eight respondents in every ten equally agreed and strongly agreed with the statement, while two in every ten disagreed that professional nurses

demonstrate compassion and care in their daily encounter with patients. The findings are indicated in figure 5.26.

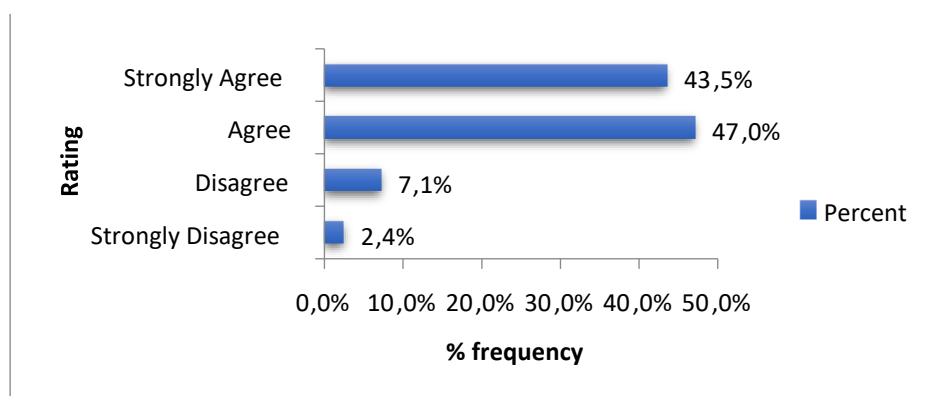
Figure 5.26 Response on professional nurses' demonstration of compassion



5.4.5.3 Professional nurses are knowledgeable in the skills of patient care

As role models in the clinical learning areas, professional nurses are expected to be knowledgeable about patients' conditions in the clinical learning areas. A larger percentage, (91.0%) of the respondents agreed that professional nurses were knowledgeable in the skills of patient care while the remaining (9.0%) did not agree with the statement. Thus, nearly nine in every ten equally agreed and strongly agreed that professional nurses were knowledgeable in the skills of patient care, while the remaining one in every ten disagreed that professional nurses are knowledgeable in the skills of patient care. Figure 5.27 indicates the findings.

Figure 5.27. Response on professional nurses' knowledge of conditions

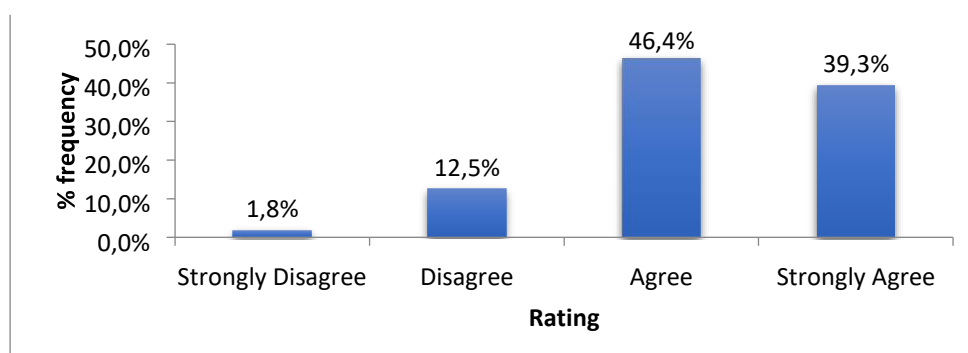


5.4.5.4. Professional nurses always take decisions that improve the quality of patient care in the wards

In the interviews held with professional nurses, they indicated that their responsibilities in professional socialisation included making decisions concerning the quality of patient care. Respondents had different views regarding the aspect though the majority agreed, (86.0%) of the respondents agreed that professional nurses always take decisions that improve the quality of patient care in the wards while the remaining (14.0%) did not agree with the statement. Thus, nearly nine in every ten agreed and strongly agreed that professional nurses always take decisions that improve the quality of patient care in the wards. The remaining one in every ten disagreed that professional nurses always take decisions that improve the quality of patient care in the wards.

Findings are tabled in figure 5.28.

Figure 5.28 Response on professional nurses taking decisions that improve the quality of patient care

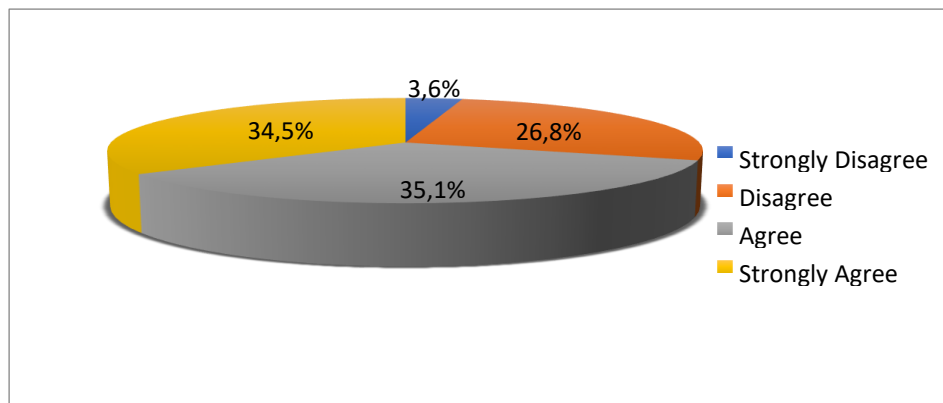


5.4.5.5 Professional nurses treat patients with dignity and respect all the time

Findings in this results show that majority, approximately aspect indicated different views revealed that (70.0%) of the respondents agreed that professional nurses treat patients with dignity and respect all the time while the remaining (30.0%) did not agree with the statement. Thus, nearly seven in every ten equally agreed and strongly agreed that professional nurses treat patients with dignity and respect all the time while the

remaining three in every ten disagreed that professional nurses treat patients with dignity and respect all the time. Figure 5.29 indicates the findings.

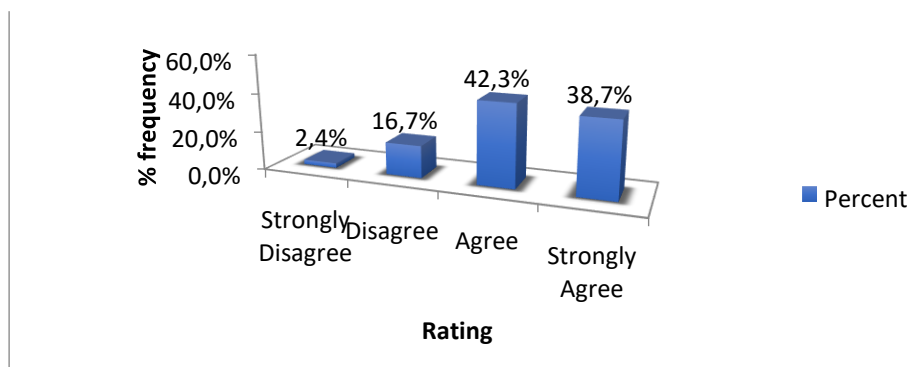
Figure 5.29 Response on professional nurses treating patients with dignity



5.4.5.6 Professional nurses attend to patients' needs accordingly

Findings of the study revealed that learner nurses had different opinions regarding the professional nurses attending to patients' needs accordingly, (81.0%) agreed that professional nurses attend to patients' needs accordingly while the remaining (30.0%) did not agree with the statement. Thus, nearly eight in every ten agreed and strongly agreed that professional nurses attend to patients' needs accordingly while the remaining two in every ten disagreed that professional nurses attend to patients' needs accordingly. Findings are in figure 5.30.

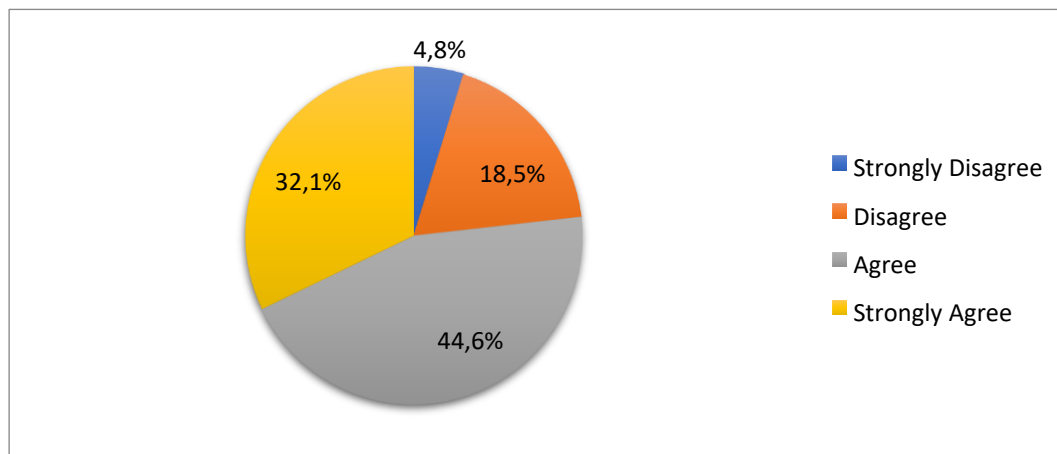
Figure 5.30. Response on professional nurses attending to patients' needs accordingly



5.4.5.7 Professional nurses uphold the moral and ethical code of the profession

Findings revealed that respondents had different views regarding the professional nurses upholding the moral and ethical codes of the profession. The results revealed that the majority, approximately (77.0%) of the participants agreed that professional nurses uphold the moral and ethical code of the profession while the remaining (23.0%) did not agree with the statement. Thus, nearly eight in every ten equally agreed and strongly agreed that professional nurses uphold the moral and ethical code of the profession while the remaining two in every ten disagreed that professional nurses uphold the moral and ethical code of the profession. The findings are tabled in figure 5.31.

Figure 5.31 Response on professional nurses upholding the moral and ethical codes of the profession

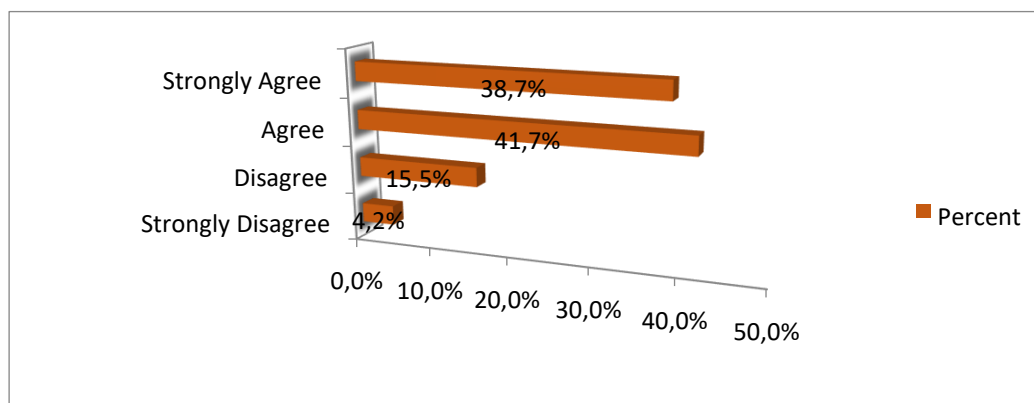


5.4.5.8 Professional nurses are always in clean and neat uniform as prescribed in the institution

The good appearance of an adult may inspire the young ones to do the same. The Social Learning Theory describes that learning happens through copying of behaviour from role models. Learner nurses had different views regarding the professional nurses' uniform and appearance. Some viewed professional nurses as always being

in full uniform whereas others had a different opinion. The findings revealed that majority, approximately (80.0%) of the respondents agreed that professional nurses are always in clean and neat uniform as prescribed in the institution while the remaining (20.0%) disagreed with the statement. Thus, nearly eight in every ten equally agreed and strongly agreed that professional nurses are always in clean and neat uniform as prescribed in the institution. The remaining two in every ten disagreed that professional nurses are always in clean and neat uniform as prescribed in the institution. The findings are indicated in figure 5.32.

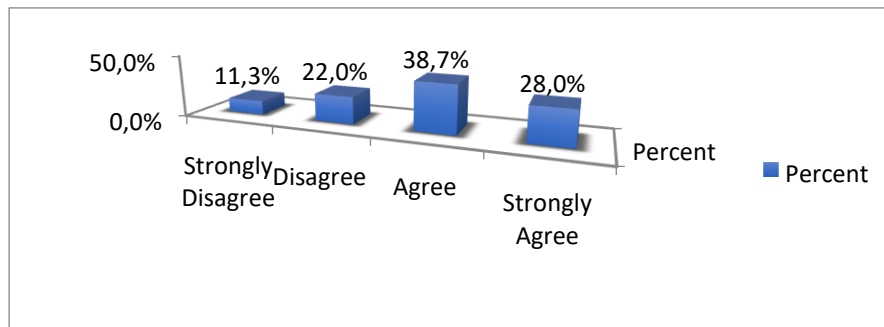
Figure 5.32 Response on professional nurses wearing clean and neat uniform as prescribed in the institution



5.4.5.9 Professional nurses always respect meal times

Professional nurses as role models need to respect time. Time management is important in professional socialisation of learners as this affects patient care. If professional nurses role model time management correctly, learners might emulate the behaviour. In this aspect, the respondents had different views. The results highlighted that majority, approximately (67.0%) of the respondents agreed that professional nurses always respect meal times while the remaining (33.0%) disagreed with the statement. Thus, nearly seven in every ten equally agreed and strongly agreed that professional nurses always respect meal times while the remaining three in every ten10 disagreed that professional nurses always respect meal times. Figure 5.33 indicates the findings.

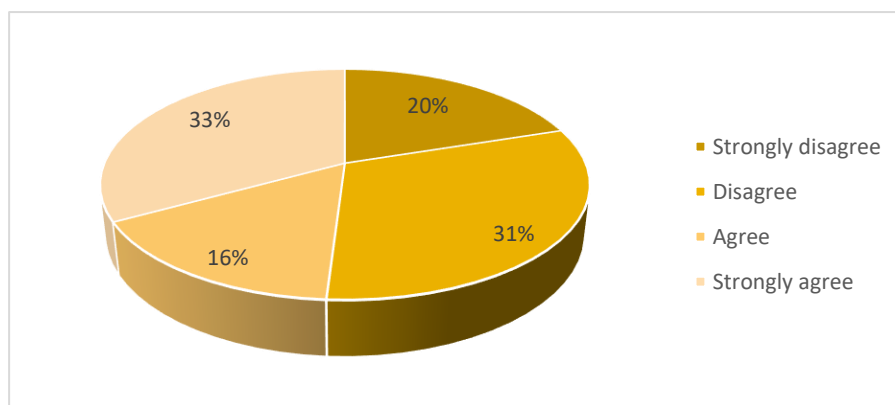
Figure 5.33 Response on professional nurses respecting meal times



5.4.5.10 Professional nurses treat learners with respect

The aspect emanated from the interviews with professional nurses who indicated that in professional socialisation, they need to treat learners with respect so that learners could in turn, respect them. The aspect was included in the questionnaire to assess if learners shared the same views. Respondents seemed to be divided on the issue as half had a different opinion to the other half. The findings revealed that approximately (49.0%) of the respondents agreed that professional nurses treat students with respect while the remaining (51.0%) disagreed with the statement. Rikhotso et al. (2015) shared the same sentiment when they stated that learners indicated incidents of being bullied in the clinical learning areas. Figure 5.34 indicates the findings.

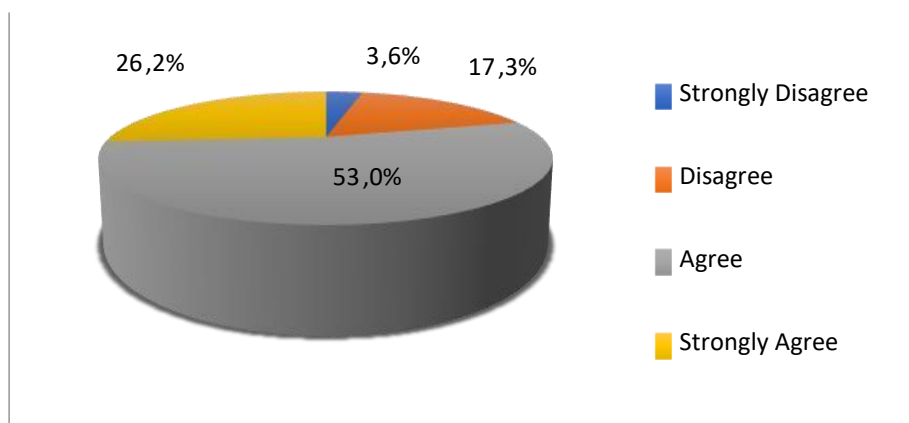
Figure 5.34 Response on professional nurses treating learners with respect



5.4.5.11 Professional nurses advocate for their patients all the time

In professional socialisation, learners need to know how to advocate for the rights of the patients. They can only learn this if the professional nurses are doing that. Respondents shared different views on the topic. The results revealed that (79.0%) of the respondents agreed that professional nurses advocate for their patients all the time while the remaining (21.0%) disagreed with the statement. Thus, nearly eight in every ten agreed that professional nurses advocate for their patients all the time while the remaining two in every ten disagreed that professional nurses advocate for their patients all the time. Figure 5.35 indicates the findings.

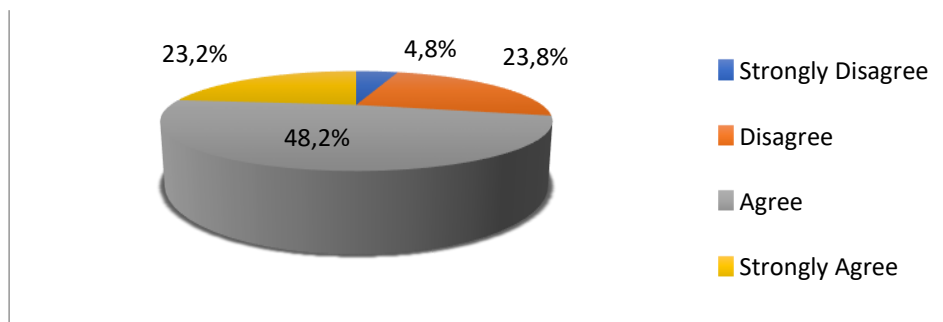
Figure 5.35 Response on professional nurses advocating for their patients



5.4.5.12 Ethical values are discussed in the clinical areas

Values can only be learned if they are discussed and instilled in the young. Professional nurses indicated that in the clinical learning area so that learner nurses are aware of them. Respondents had different views on the topic. The findings revealed that approximately (71.0%) of the respondents agreed that ethical values were discussed in the clinical areas while the remaining (29.0%) disagreed with the statement. Thus, nearly six in every ten agreed that ethical values are discussed in the clinical areas while the remaining four in every ten disagreed that ethical values are discussed in the clinical areas. Findings are shared in figure 5.36

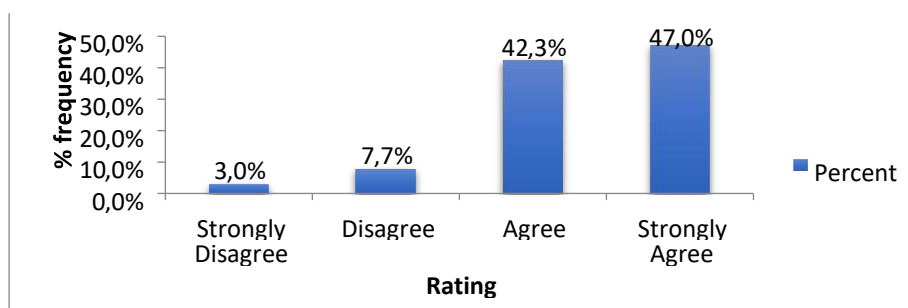
Figure 5.36 Response on discussion of ethical values



5.4.5.13 Patients’ rights and Batho-Pele principles are displayed in the clinical learning areas

Batho–Pele is the government’s strategy to improve patient care and dignity in the public service. It is an important aspect of professional socialisation that learners are socialised into respecting and treating patients with utmost dignity. The findings alluded that approximately (89.0%) of the respondents agreed that patients’ rights and Batho-Pele principles are displayed in the clinical learning areas while the remaining (11.0%) disagreed with the statement. Thus, nearly nine in every ten agreed that patients’ rights and Batho-Pele principles are displayed while the remaining one in every ten disagreed that patient’s rights and Batho-Pele principles are displayed. Figure 5.37 has the findings.

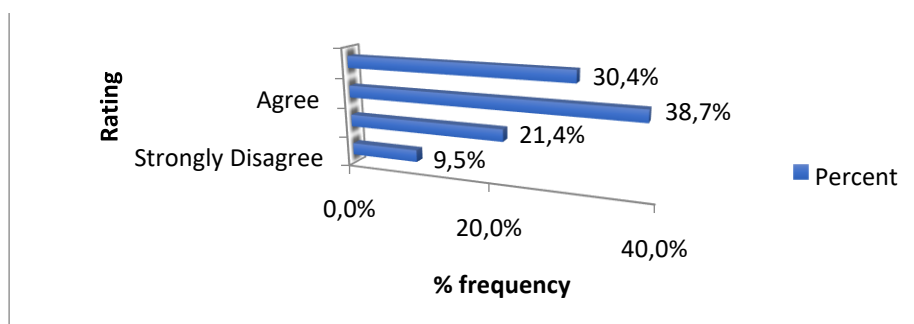
Figure 5.37 Response on displaying of Patients’ rights and Batho-Pele principles



5.4.5.14 Nurses Pledge of Service is always displayed in the clinical learning area

The Nurses Pledge of Service is a constant reminder for nurses to do what is right in the clinical area. If the pledge is displayed all the time it can assist in professional socialisation to bring into consciousness the expected conduct. Respondents had different views regarding the aspect. The results acknowledged that approximately (69.0%) of the participants agreed that Nurses Pledge of Service is always displayed in the clinical learning area whereas the remaining (31.0)% disagreed with the statement. Nurses Pledge of service was not displayed as expected though it is believed that there is a direct link between nurses' awareness of the code of conduct and their behaviour (White, Phakoe & Rispel 2015). Figure 5.38 indicates the results.

Figure 5.38 Response on displaying of Nurses Pledge of Service

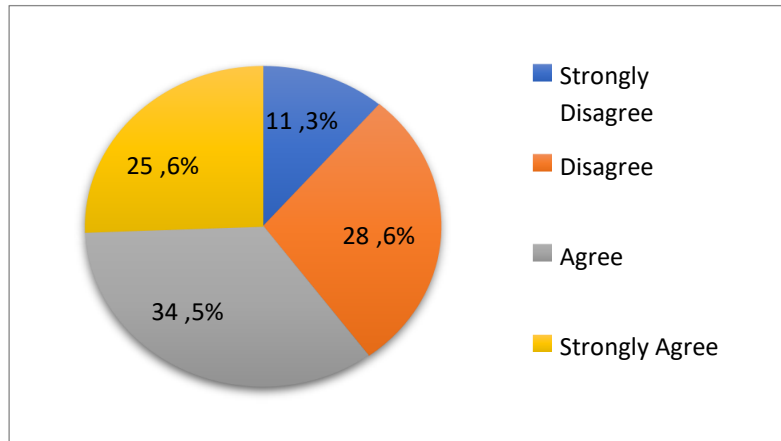


5.4.5.15 Staff who violate ethical codes are sanctioned

In professional socialisation, it is important that any unacceptable behaviour is reprimanded. The social learning theory indicates that when the behaviour is correct, it should be rewarded and when it is wrong, sanctions should be applied. The aspect was included to assess if the learners were aware of any unacceptable conduct that was sanctioned. The results highlighted that approximately (69.0%) of the respondents agreed that staff that violate ethical codes are sanctioned while the remaining (31.0%) disagreed that nurses were sanctioned for violating ethical codes. Thus, nearly seven in every ten agreed that staff who violate ethical codes are sanctioned while the remaining

three in every ten disagreed that staff who violated ethical codes were sanctioned. These findings are indicated in figure 5.39

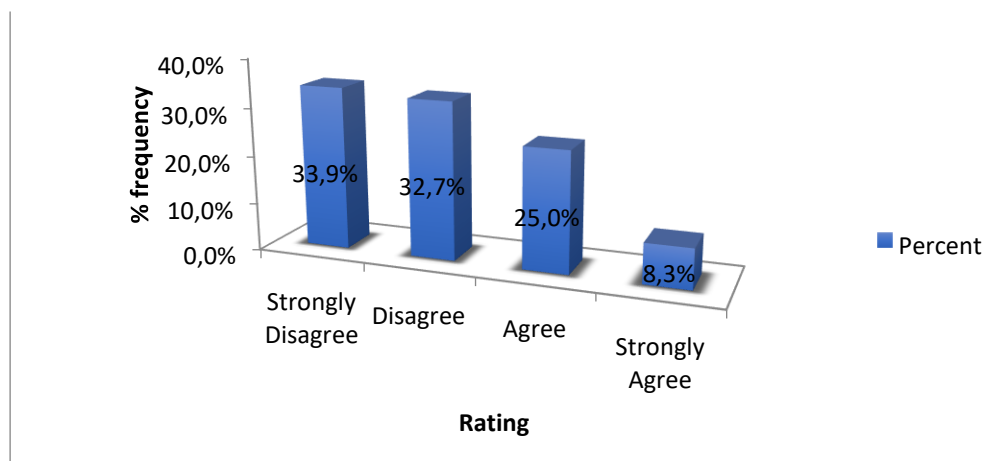
Figure 5.39 Response on sanctioning of staff who violate ethical codes



5.4.5.16 There are always adequate resources in the clinical learning areas to care for patients

Resources in the clinical learning areas ensure that adequate care is provided. This influences professional socialisation as learner nurses will observe the provision of care in an equipped environment. Respondents had conflicting views regarding this aspect. (33.0%) of the respondents agreed that there are always adequate resources in the clinical learning areas to care for patients while the majority; approximately (67.0%) disagreed that there were always enough resources in the clinical learning area. Thus, nearly three in every ten agreed that there are always inadequate resources in the clinical learning areas to care for patients while approximately seven in every ten disagreed on the matter. The findings are tabled in figure 5.40.

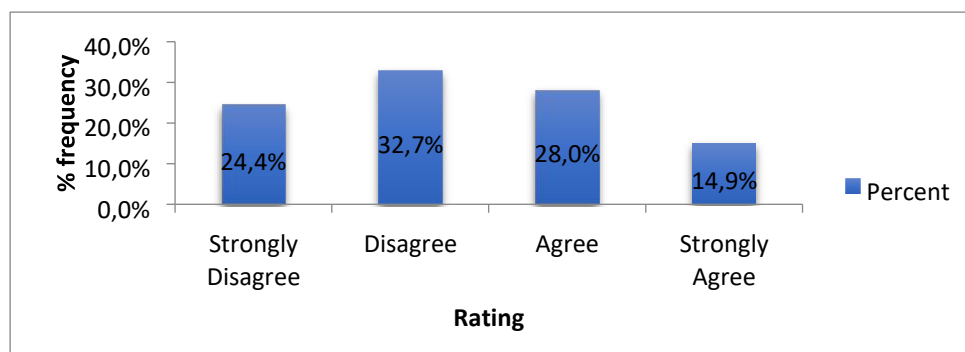
Figure 5.40 Response on the availability of adequate resources



5.4.5.17 Other members of the health team treat students with respect

Learner nurses do not only meet professional nurses but other members of the health team too. Communication and relations need to be healthy to ensure that professional socialisation is effective and efficient. On this aspect, respondents shared different views. The findings revealed that nearly half, approximately (43.0%) of the respondents agreed that members of the health team treated students with respect while more than half; approximately (57.0%) disagreed that other members of the health team treated students with respect. The majority of learners are not satisfied with the treatment received from clinical staff. Bullying and mistreatment of nursing students is a common phenomenon worldwide (Birks, Budden, Biedermann, Park & Chapman 2018) where learners are exposed to such. Figure 5.41 indicates the findings.

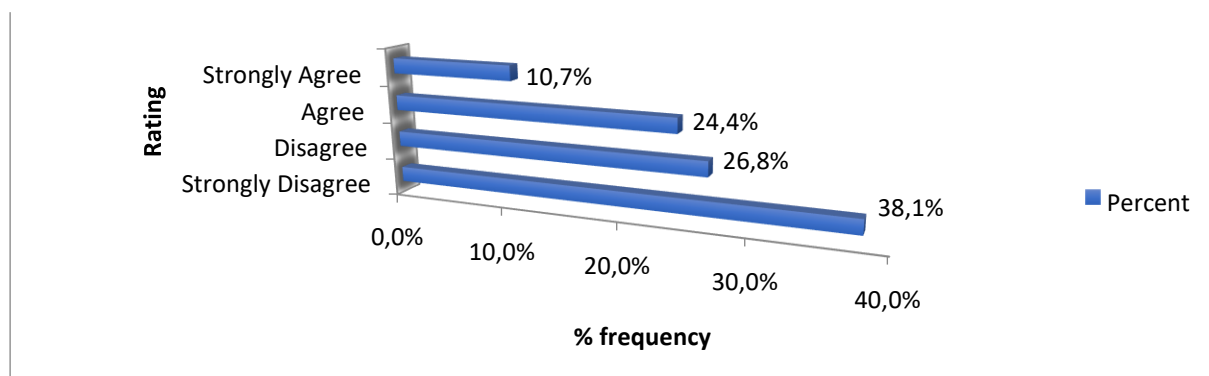
Figure 5.41 Response on other members of the health team treating students with respect



5.4.5.18 There is enough staff in the clinical learning areas to attend to patients' care and student learning

The number of staff in the clinical learning area has an impact on professional socialisation as the number of professional nurses should correspond with the number of students. Respondents showed a great disagreement with the aspect. The results stated that about (35.0%) of the respondents agreed that there is adequate staff in the clinical learning areas to attend to patients' care and student learning whereas approximately (65.0%) disagreed. Four in every ten respondents agreed that there was adequate staff in the clinical learning area while approximately six in every ten believed the staff was inadequate. The findings are in figure 5.42.

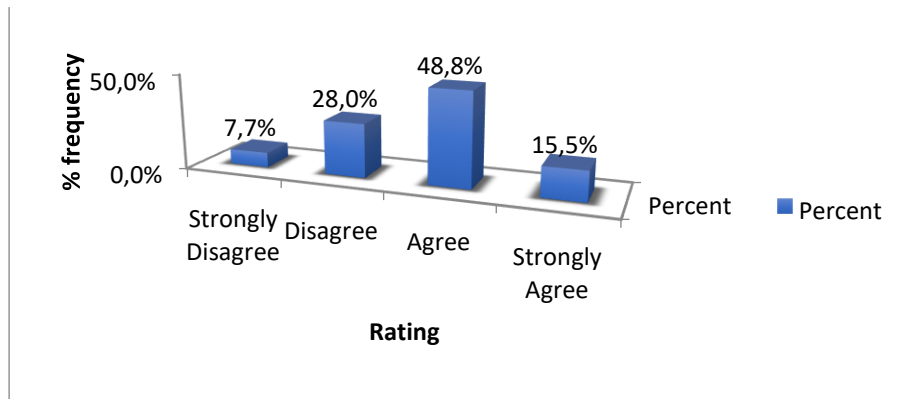
Figure 5.42 Response on adequate staff



5.4.5.19 Staff in the wards always display high moral integrity

Professional nurses in the clinical learning areas act as role models to learners. In professional socialisation, if the professional nurses display high moral integrity, learners will emulate the behaviour. Ironically respondents shared different views. The results alluded that only (36.0%) of the respondents agreed that the staff in the wards always displayed high moral integrity whereas approximately (64.0%) believed the staff in the wards did not always display high moral integrity. This kind of behaviour is not acceptable in the profession though the results indicate otherwise. The unethical behaviour of staff is common and could be attributed to personal or work related stress in the clinical areas (Albina 2016). Findings are indicated in figure 5.43.

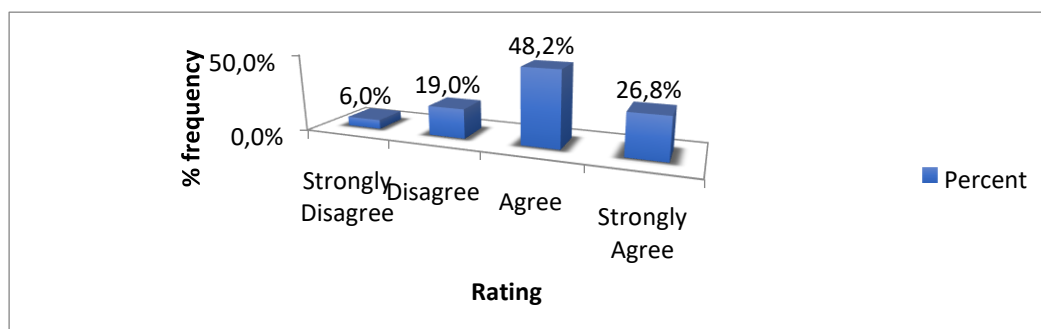
Figure 5.43 Response on staff displaying high moral integrity



5.4.5.20 Learners in the wards display high moral integrity

In the interviews with professional nurses, they shared that learners are sometimes ill disciplined and did not display high standards of moral integrity. The aspect was included in the questionnaire to obtain the views of the learners. The results brought to light that the majority, about (75.0%) of the respondents agreed that learners in the wards displayed high moral integrity whereas approximately (25.0%) believed the learners were not displaying high moral integrity when working in wards. Sometimes students behave inappropriately in the clinical areas. The results concur with findings by Rikhotso (2014) who indicated that learners at times are disrespectful to the clinical staff. Findings are summarised in figure 5.44.

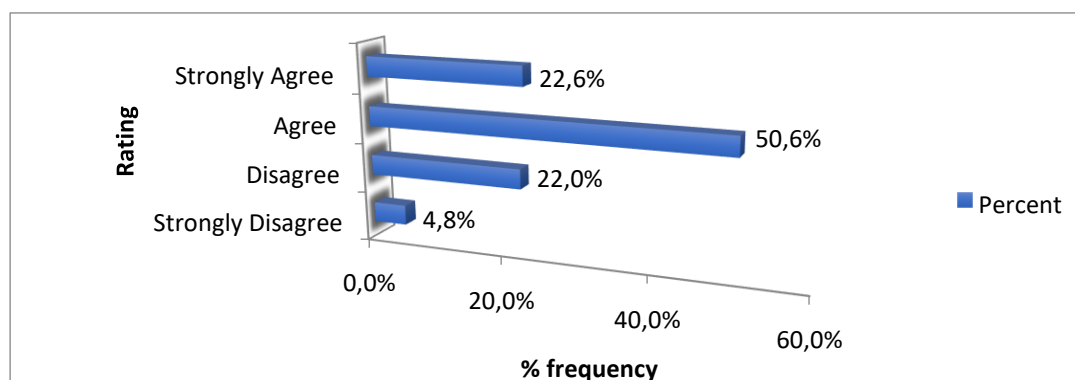
Figure 5.44 Response on learners displaying high moral integrity



5.4.5.21 Professional nurses are supportive of your learning

During professional socialisation, learners need support from professional nurses as they are the ones who are custodians of learning in the clinical learning areas. Respondents gave different views regarding the support from the professional nurses. The results of the study revealed that the majority, about (73.0%) of the respondents agreed that professional nurses are supportive of their learning whereas approximately (27.0%) believed professional nurses were not supportive of nurses' learning. Learners are not supported all the time as stated by De Swardt et al. (2017) who alluded that professional nurses didn't support learners adequately in the clinical areas. Findings are indicated in figure 5.45.

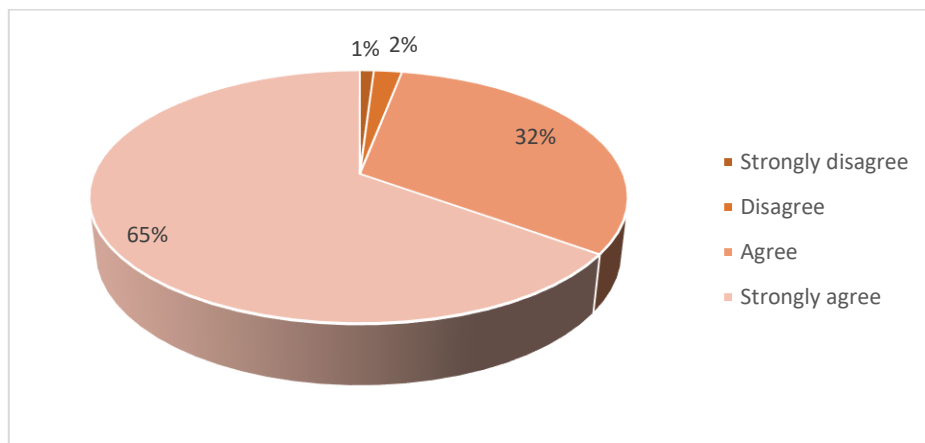
Figure 5.45 Response on professional nurses being supportive of learning



5.4.5.22 Professional nurses offer teaching to learners

Teaching in the clinical learning areas is important in professional socialisation as it involves imparting knowledge and sharing of information. Learners are professionally socialised through teaching. Respondents shared their views on the aspect. The findings of the study revealed that majority, (81.0%) of the respondents agreed that professional nurses offered teaching to learners while approximately (19.0%) believed professional nurses were not offering teaching to learners. Thus, almost eight in every ten respondents agreed that professional nurses offered teaching to learners while the remaining two in every ten disagreed that professional nurses offered teaching to learners. Findings are indicated in figure 5.46.

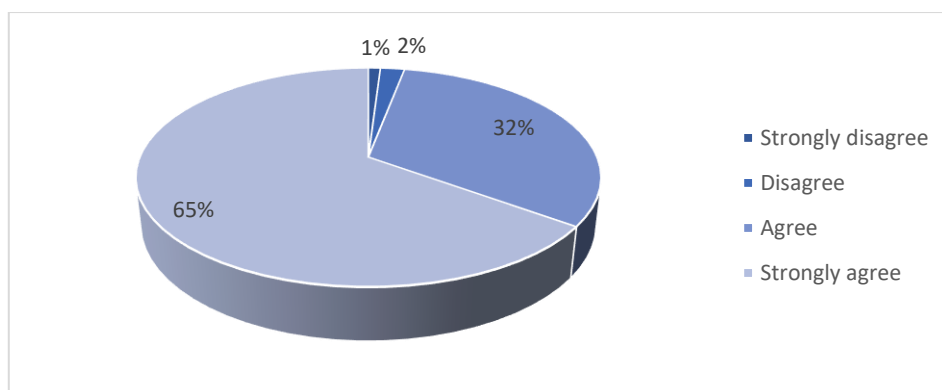
Figure 5.46 Response on professional nurses offering teaching to learners



5.4.5.23 Other things are differently done in practice than what you were taught in theory

Professional nurses indicated that there are challenges when students seem to know more than they do. Professional nurses indicated that learners have more knowledge especially regarding research than they do. Almost (95.0%) of the respondents agreed there are other things that are done differently in theory as compared with what is done in practice while the remaining (5.0%) of the respondents believed that it was not as such. A summary of findings is in figure 5.47.

Figure 5.47 Response on procedures done differently in practice than in theory

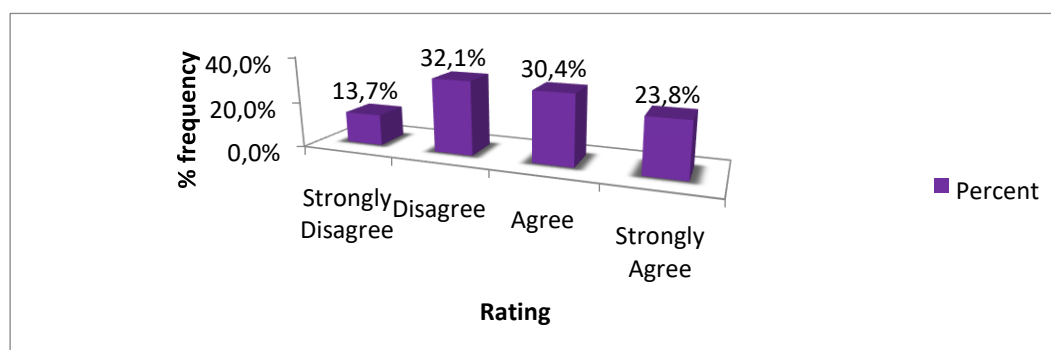


5.4.5.24 Your learning objectives are met every time when you are in the clinical learning area

Each clinical learning area has objectives according to level of training of learners. These should be met before the learners move to the next clinical placement.

Respondents shared different views on the topic. The results indicated that slightly more than half, approximately (54.0%) of the respondents agreed that their learning objectives were met every time when they were in the clinical learning area while approximately (46.0%) believed their learning objectives were not met every time when they were in the clinical learning area. Five in every ten respondents agreed that their learning objectives were met every time when they were in the clinical learning area while the remaining five in every ten disagreed on the matter. Figure 5.48 indicates the findings.

Figure 5.48 Response on meeting of objectives



5.4.5.25 Discussion on means and standard deviation values for items used as proxies for measuring practices of professional socialisation displayed

Overall, participants at least agreed with the majority of items presented to survey respondents on practices of professional socialisation displayed. However, respondents on average disagreed with items related to whether professional nurses treated students with respect, adequacy of resources in the clinical learning area, whether other members of the health team treated students with respect and adequacy of staff in the clinical learning areas to attend to patient care and student learning. The findings are tabled on table 5.3.

Table 5.3 Table on means and standard deviation values for items used as proxies for measuring practices of professional socialisation displayed

Items	Mean	Standard. Deviation	N
Professional nurses always act as positive role models in the clinical area	2.97	.925	168
Professional nurses demonstrate compassion and care in their daily encounter with patients	3.12	.839	168
Professional nurses are knowledgeable in the skills of patient care	3.32	.710	168
Professional nurses always take decisions that improve the quality of patient care in the wards	3.23	.734	168
Professional nurses treat patients with dignity and respect all the time	3.01	.872	168
Professional nurses attend to patients' needs accordingly	3.17	.789	168
Professional nurses uphold the moral and ethical code of the profession	3.04	.836	168
Professional nurses are always in clean and neat uniform as prescribed in the institution	3.15	.831	168
Professional nurses always respect meal times	2.83	.964	168
Professional nurses treat students with respect	2.46	.966	168
Items	Mean	Standard. Deviation	N
Professional nurses advocate for their patients all the time	3.02	.762	168
Ethical values are discussed in the clinical areas	2.90	.809	168
Patient's rights and Batho-Pele principles are displayed	3.33	.748	168
Nurses Pledge of Service is displayed	2.90	.945	168
Staff who violate ethical codes are sanctioned	2.74	.966	168
There are always adequate resources in the clinical learning areas to care for patients	2.08	.960	168
Other members of the health team treat students with respect	2.33	1.007	168
There is enough staff in the clinical learning areas to attend to patients' care and student learning	2.08	1.027	168
Staff in the wards demonstrate high moral integrity	2.72	.818	168
Learners in the wards demonstrate high moral integrity	2.96	.836	168
Professional nurses are supportive of students' learning	2.91	.795	168
Professional nurses offer teaching to learners	3.01	.750	168

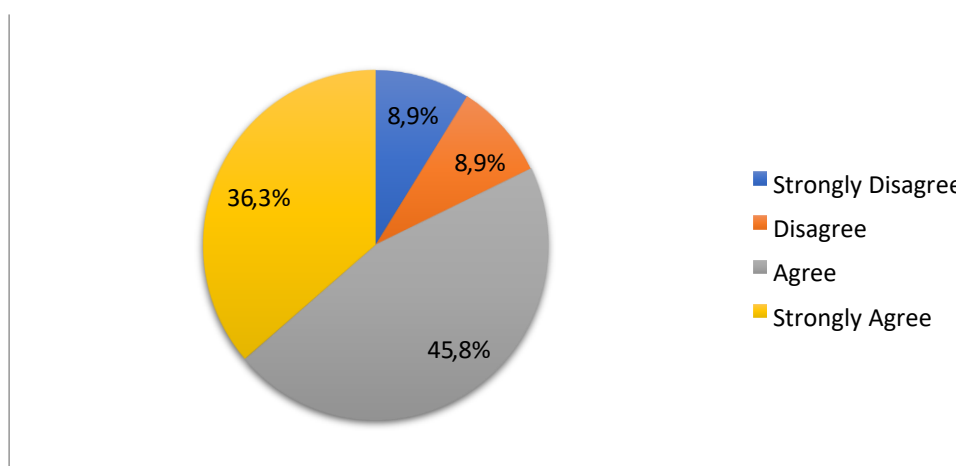
Certain things are differently done in practice than what you were taught in theory	3.15	.831	168
Your learning objectives are met every time when you are in the clinical learning area	2.64	.993	168

5.6 FREQUENCY DISTRIBUTION FOR ATTITUDES TOWARDS PROFESSIONAL SOCIALISATION

5.6.1 Job security

The process of professional socialisation is also affected by the attitude of the learner who is to be socialised. A positive attitude will enhance the process whereas a negative one will hinder the process. The reason for joining the profession impacts on the professional socialisation process of the learner. The results show that majority, approximately (82.0%) of the respondents agreed that their decision to choose nursing as a career was influenced by the need for job security while the remaining small proportion, (18%) believed job security had not influenced them in choosing nursing profession as their careers of choice. Therefore, nearly eight in every ten participants agreed that job security influenced their decisions while the remaining two in every ten disagreed and hence believed, they were not influenced by the need to have job security. Findings are indicated on figure 5.49.

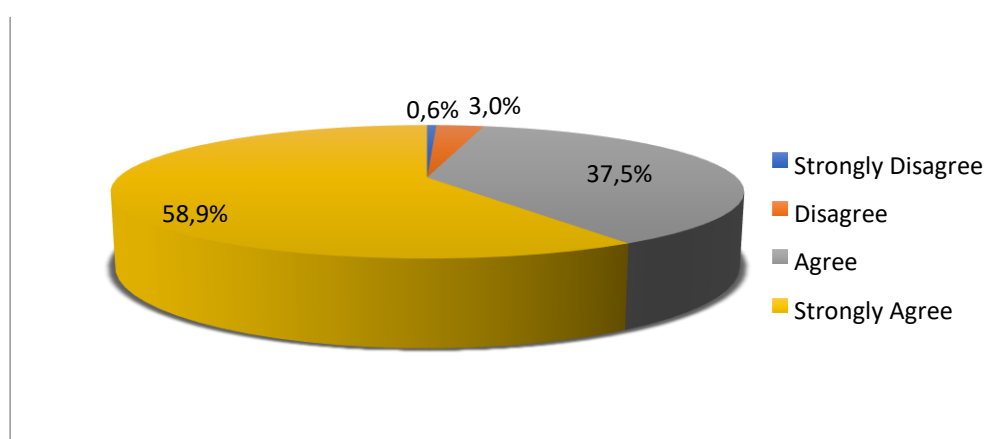
Figure 5.49. The results of job security as influencing choosing nursing as a career



5.6.2 The need to help people

Some people chose nursing as a career in order to help people whereas others had different reasons. This impacted professional socialisation of the learner as, if caring is not at heart, professional socialisation will be difficult. The findings of the study revealed that an overwhelming majority, approximately (96.0%) of the total participants agreed that their decision to choose nursing as a career was influenced by the need to help people while the remaining small proportion, (4.0%) disagreed. Almost all respondents agreed that the need to help people influenced their decisions while approximately no-one disagreed they were influenced by the need to help people. Figure 5.50 indicates the findings.

Figure 5.50 Findings on participants who joined the profession with the need to help people

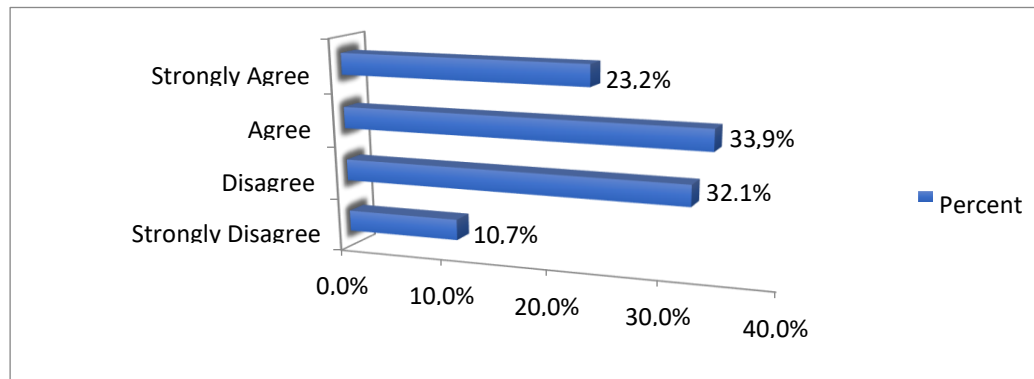


5.6.3 Easy access

Figure 5.51 presents a summary of frequencies of responses on respondents' level of agreement to the view that their decision to choose nursing as a career was influenced by the easy access to the profession. The results show that majority, approximately (57.0%) of the total respondents agreed that their decisions to choose nursing as a career was influenced by easy accessibility to the profession while the remaining (43.0%) believed they were not influenced by the easy access to the profession in choosing nursing as a career of choice. This is confirmed by Lim and Muhtar (2016) who

acknowledged that learners at times come to the profession due to lax admission requirement as compared to other faculties.

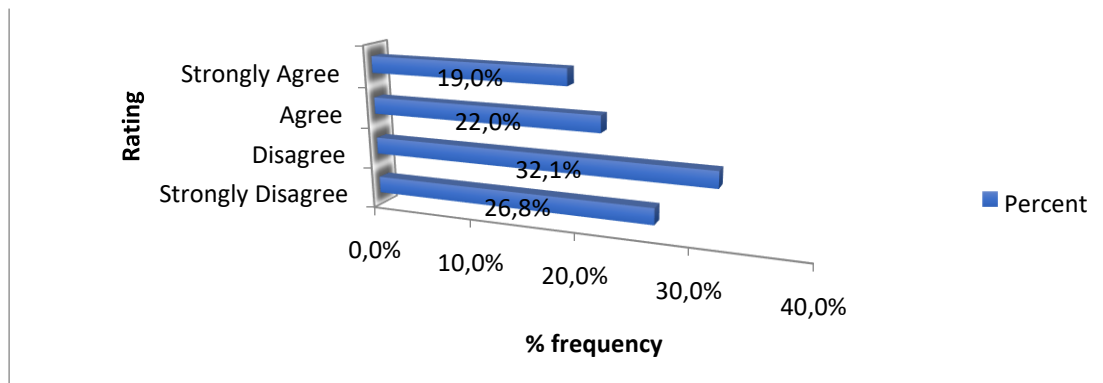
Figure 5.51 Participants' level of agreement to the view that their decision to choose nursing as a career was influenced by the easy access to the profession



5.6.4 Family influence

Figure 5.52 presents a summary of frequencies of responses on respondents' level of agreement to the view that their decision to choose nursing as a career was influenced by family members. The results show that less than half, approximately (41.0%) of the total participants agreed that their families influenced their decisions in choosing nursing as a career of their choice while the remaining majority of (59.0%) believed their families had not influenced them in reaching their decisions to choose nursing as a career of their choice. The results suggest that family influence plays a significant role in shaping the future career of an individual contrary to a study by Wu, Low, Tan, López and Liaw (2015) who found that family and friends influence alone do not have direct influence in influencing one's career choice.

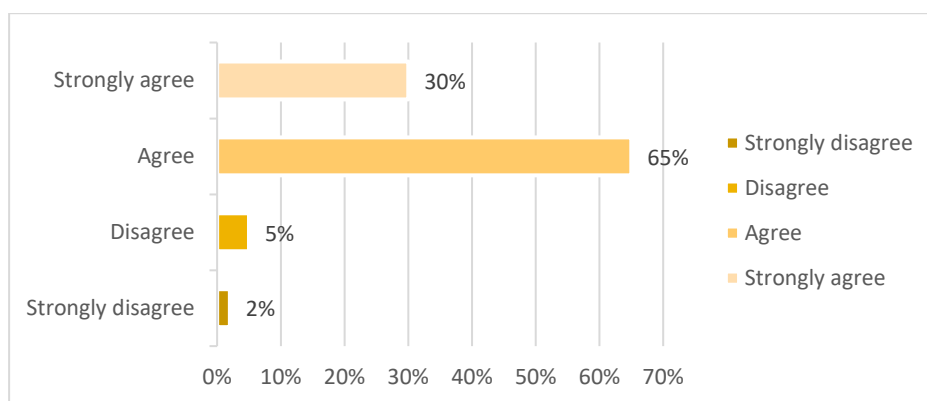
Figure 5.52 Participants' level of agreement to the view that their decision to choose nursing as a career was influenced by family members



5.6.5 I consider nursing as a calling

Figure 5.53 presents a summary of frequencies of responses on respondents' level of agreement to the view that respondents considered nursing as a calling. The results highlighted that majority, approximately (73.0%) of the total respondents agreed that nursing was their calling while the remaining majority of (27.0%) believed that nursing was not their calling. Thus, nearly seven in every ten respondents agreed that nursing was their calling while three in every ten respondents believed they had not been called into nursing.

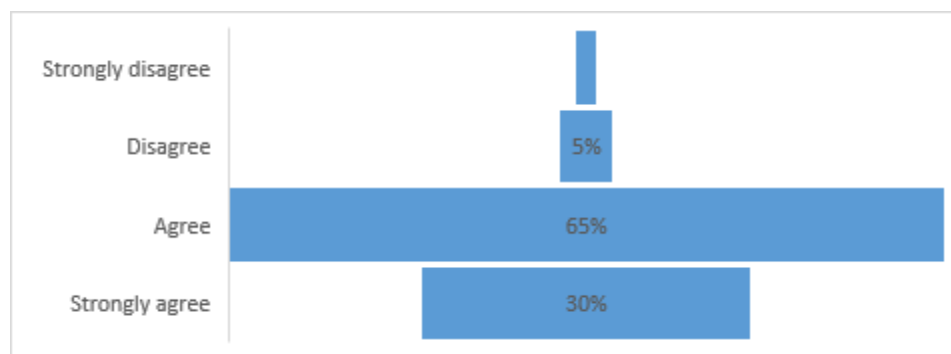
Figure 5.53 Participants' level of agreement to the view that participants considered nursing as a calling



5.6.6 I consider nursing as a profession like any other

Figure 5.54 presents a summary of frequencies of responses on respondents' level of agreement to the view that respondents considered nursing as a profession like any other. The results show that majority, approximately (79.0%) of the total respondents agreed that they considered nursing as a profession like any other while the remaining majority (21.0%) believed nursing could not be considered as a profession like any other. Thus, nearly eight in every ten respondents agreed that they considered nursing as a profession like any other while two in every ten respondents believed otherwise.

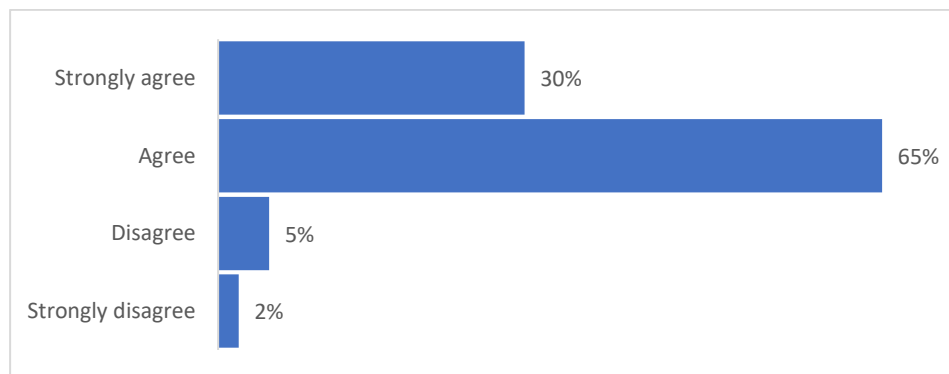
Figure 5.54 Response on “I consider nursing as a profession like any other”



5.6.7 Respondents' attitude on loving being a nurse

Figure 5.55 presents summary frequencies to responses regarding their level of agreement to the view that respondents loved being nurses. The results stated that majority, approximately (92.0%) of the total respondents agreed that they loved being nurses while the remaining (8.0%) believed they did not love being nurses. Thus, nearly nine in every ten respondents loved being a nurse while one in every ten respondents said they did not love being nurses.

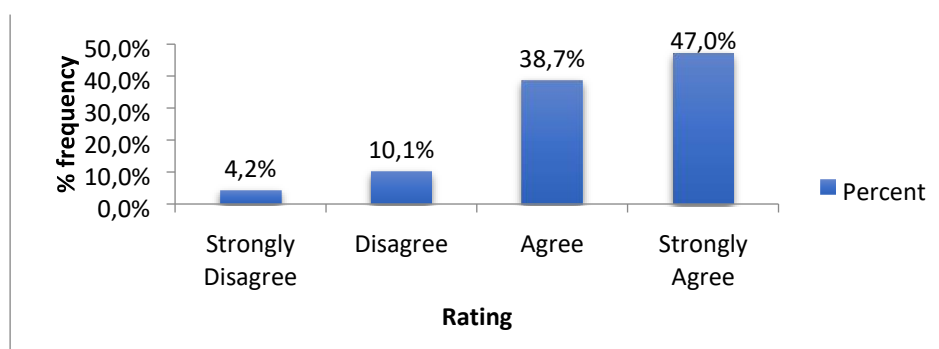
Figure 5.55. Response on loving the profession



5.6.8 I have made a right choice by choosing nursing as a career

Figure 5.56 presents summary frequencies to responses regarding their level of agreement to the view that respondents had made a right choice by choosing nursing as a career. The results acknowledged that the majority, approximately (86.0%) of the total respondents agreed that they had made a right choice by choosing nursing as a career while the remaining (14.0%) believed they had not made a right choice by choosing nursing as a career. Thus, nearly nine in every ten respondents agreed the decision to choose nursing as a career was right while one in every ten participants could not agree with the view that they had made a right choice by choosing nursing as a career.

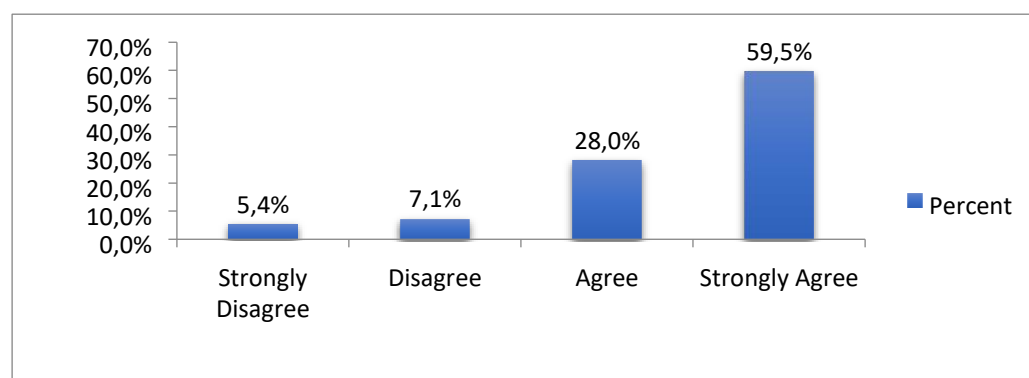
Figure 5.56. Response on choosing nursing as a career



5.6.9 I consider improving my qualifications to become a clinical nurse specialist in the near future

Figure 5.57 presents summary frequencies to responses regarding their level of agreement to the view that participants considered improving their qualifications to become a clinical nurse specialist in the near future. The results alluded that a majority, approximately (88.0%) of the total respondents agreed that they were considering improving their qualifications to become clinical nurse specialists in the near future while the remaining (12.0%) said they were not considering it. Thus, nearly nine in every ten respondents agreed that they were considering to improve their qualifications so that they could become clinical nurse specialists in the near future while one in every ten respondents did not see themselves improving their qualifications to becoming clinical nurse specialists in the near future.

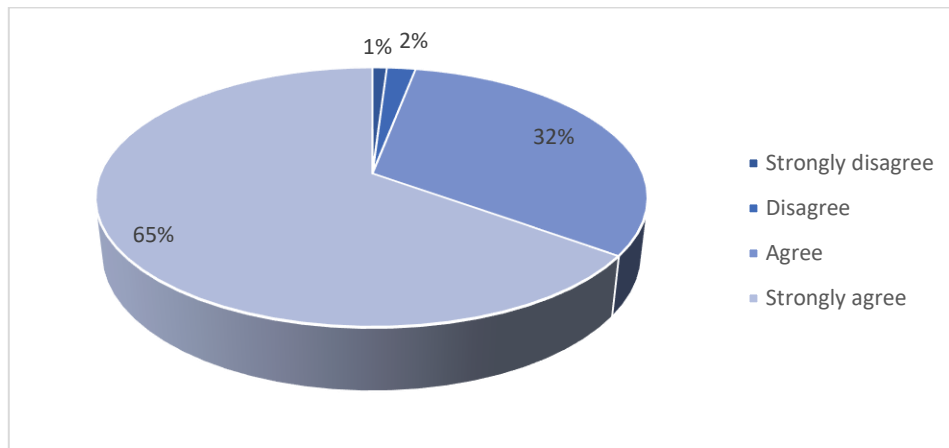
Figure 5.57 Response on intending to improve qualifications after completion



5.6.10 Nursing is a profession that entails caring

Table 5.59 presents summary frequencies to responses regarding their level of agreement to the view that “nursing is a profession that entails caring”. The results show that an overwhelming majority, approximately (97.0%) of the total respondents agreed that nursing was a profession which entailed caring while the remaining small proportion of (3.0%) believed nursing did not entail caring. Thus, almost all respondents agreed that nursing was a profession that entailed caring while almost none believed otherwise.

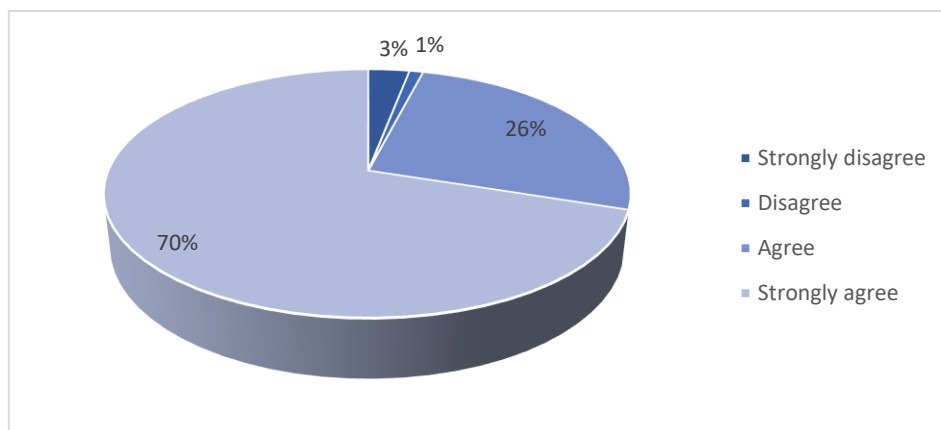
Figure 5.58 Response on nursing as a caring profession



5.6.11 Ethics in nursing should be prioritised

Figure 5.59 presents summary frequencies to responses regarding their level of agreement to the view that ethics should be prioritised in the clinical areas. The results show that overwhelming majority, approximately (96.0%) of the total respondents agreed that nursing was a job which entailed caring while the remaining small proportion of (4.0%) believed that ethics is not a priority in nursing. Thus, almost all respondents agreed that ethics in nursing should be prioritised while almost none believed otherwise.

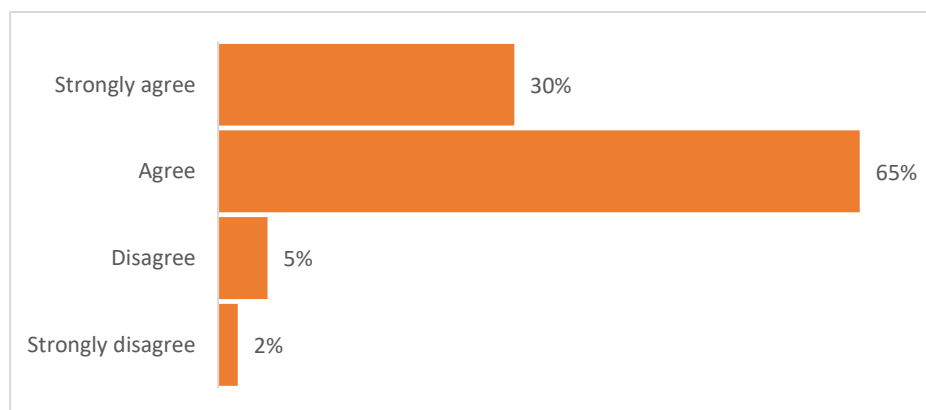
Figure 5.59 Response on prioritising ethics in nursing



5.6.12 My rights should be above the patient's rights

Figure 5.60 presents summary frequencies to responses regarding their level of agreement to the view that “respondents’ rights should be above the patient’s rights”. The results show that overwhelming majority, approximately (57.0%) of the total respondents agreed that their rights should be above the patient’s rights while the remaining small proportion of (43.0%) believed that their rights should be above the patient’s rights. Thus, nearly six in every ten respondents agreed that their rights should be above the patient’s rights while almost four in every ten believed otherwise.

Figure 5.60 Findings on whether nurses’ rights are above those of the patient

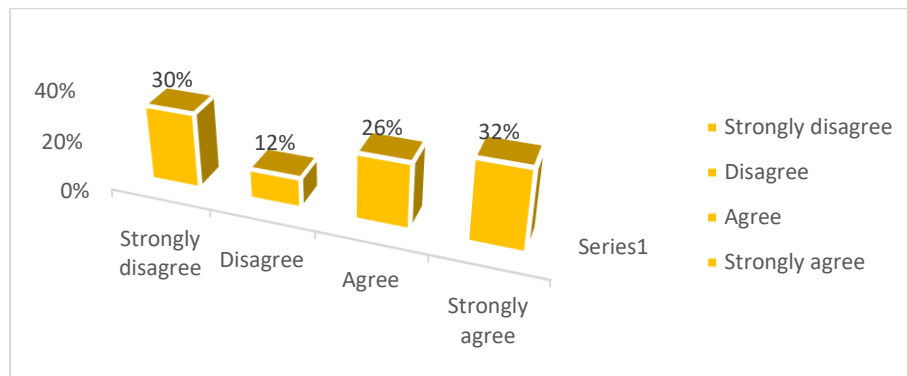


5.6.13 Nurses have the right to refuse providing nursing care to patients if they were not happy in the clinical area

Figure 6.61 presents summary frequencies to responses regarding their level of agreement to the view that nurses have the right to refuse providing nursing care to patients if they are not happy in the clinical area”. The results highlighted that (58.0%) of the total respondents agreed that nurses have the right to refuse providing nursing care to patients if they are not happy in the clinical area while the remaining (42.0%) believed that they had no right to refuse providing nursing care services to patients if they were not happy with their allocated clinical area. Thus, nearly six in every ten respondents agreed that they had the right to withdraw provision of nursing care while almost four in every ten believed they had no right to withdraw nursing care from patients when they are not happy in their allocated clinical area. In the open-ended section

respondents indicated that they have the right to refuse things like providing abortion services and contraception according to their religion. Figure 5.61 provide the response on whether nurses have the right to refuse providing care.

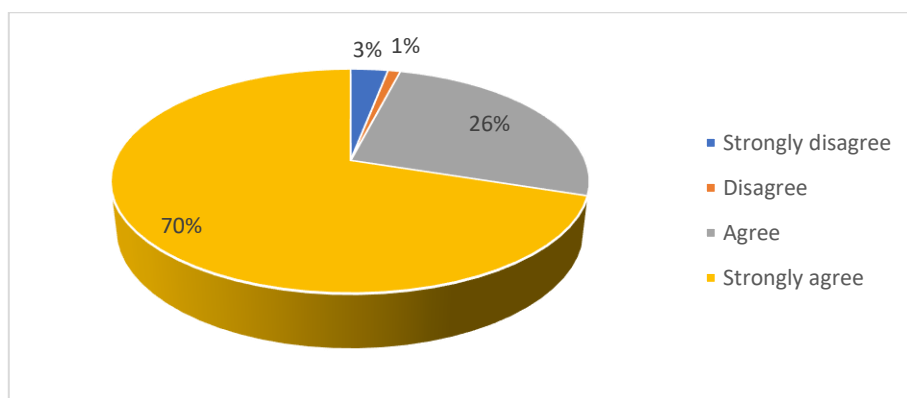
Figure 5.61 Response on whether nurses have the right to refuse providing care



5.6.14 Learners should be taught about the moral principles in the clinical area

Figure 6.62 indicates frequencies to responses regarding their level of agreement to the view that learners should be taught about the moral principles in the clinical area". The results below show that an overwhelming majority, approximately (96.0%) of the total respondents agreed that it was important for learners to be taught about the moral principles in the clinical area while the remaining (4.0%) disagreed with the view. Thus, nearly everyone agreed that it was important for learners to be taught about the moral principles in the clinical area while none believed otherwise.

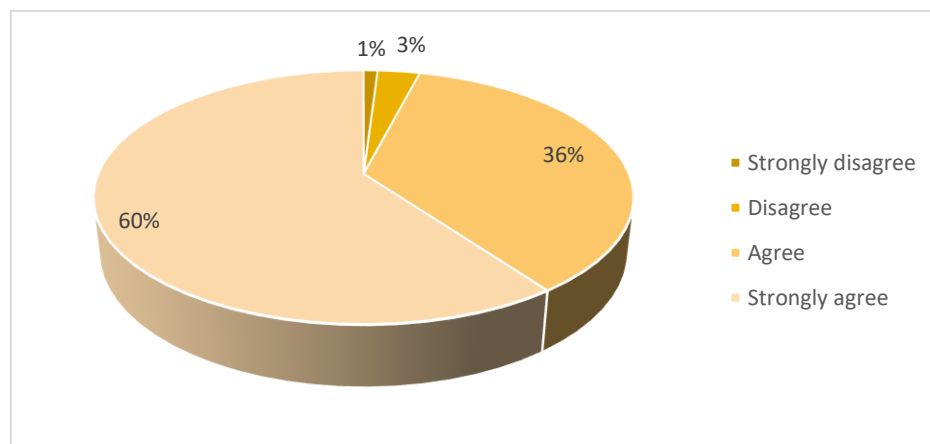
Figure 5.62 Response on whether Learners should be taught about the moral principles



5.6.15 Everyone in the clinical learning area should respects ethical principles

Figure 5.63 presents summary frequencies to responses regarding their level of agreement to the view that everyone in the clinical learning area should respect ethical principles". The results below show that (96.0%) of the total respondents agreed that everyone in the clinical learning area should respect ethical principles while the remaining (4.0%) disagreed with the view that everyone in the clinical learning area should respect ethical principles. Thus, nearly all respondents agreed that everyone in the clinical learning area should respect ethical principles.

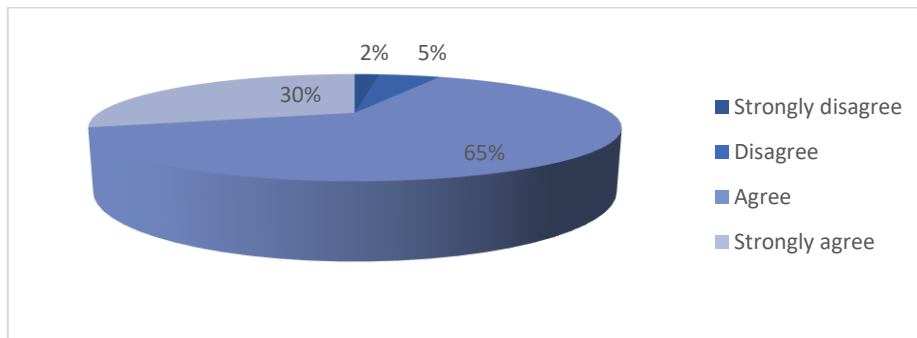
Figure 5.63 Response on whether Everyone in the clinical learning area should respect ethical principles



5.6.16 Professional nurses should reprimand you when you are doing wrong

Figure 5.64 presents summary frequencies to responses regarding their level of agreement to the view that" professional nurses should reprimand you when you are doing wrong". The results below show that an overwhelming majority, approximately (93.0%) of the total respondents agreed that they should be reprimanded by professional nurses when they are doing wrong while the remaining (7.0%) disagreed with the view. Similarly, nearly all respondents agreed that professional nurses should reprimand them when they were doing wrong.

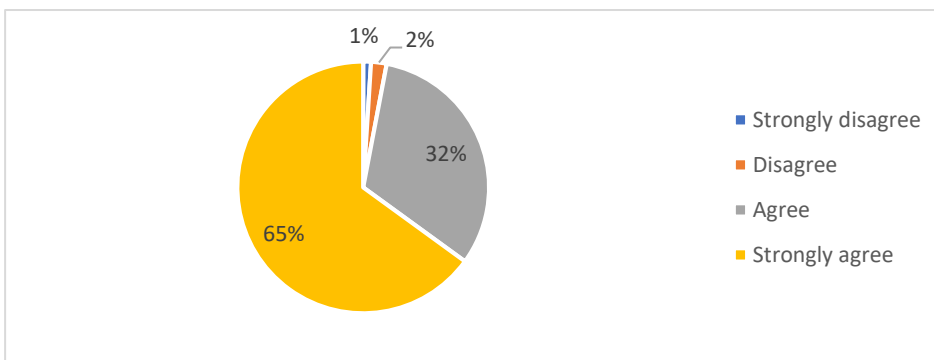
Figure 5.64 Findings on whether professional nurses should reprimand students



5.6.17 You accept reprimand positively

Figure 5.65 presents summary frequencies to responses regarding their level of agreement to the view that “you accept reprimanding positively”. The results below show that overwhelming majority, approximately (97.0%) of the total respondents agreed that they positively accept reprimanding while the remaining (3.0%) disagreed with the view that they accept reprimanding positively. Therefore, nearly all respondents agreed that they positively accepted reprimanding from professional nurses.

Figure 5.65 Response on whether reprimanding is taken positively

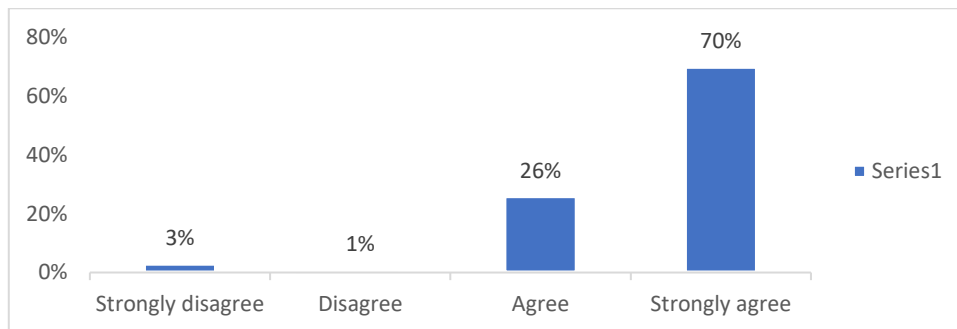


5.6.18 Professional nurses should evaluate your performance in the clinical area and give feedback

The figure 5.66 presents summary frequencies to responses regarding their level of agreement to the view that “professional nurses should evaluate your performance in the clinical area and give feedback”. The results below show that a huge proportion, approximately (96.0%) of the total respondents agreed that professional nurses should evaluate their performance in the clinical area and give feedback while the remaining (4.0%) disagreed with the view that they accept reprimanding positively. Therefore,

nearly all respondents agreed that their performance should be evaluated in their clinical areas by professional nurses.

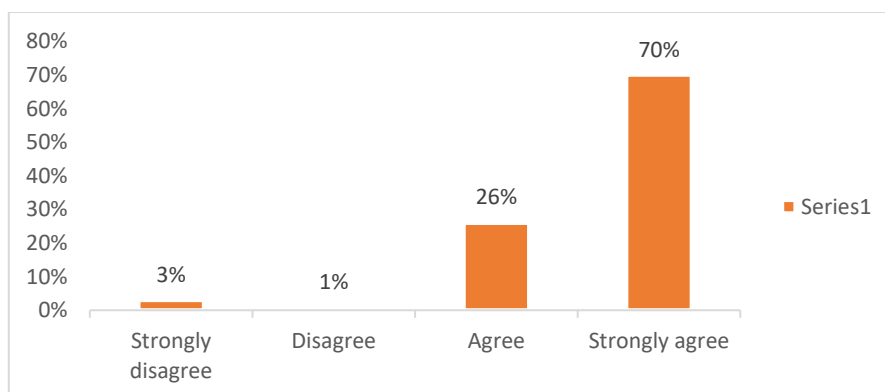
Figure 5.66 Response on whether professional nurses should evaluate student performance



5.6.19 Nurses should behave in an acceptable manner when in public

Figure 5.67 presents summary frequencies to responses regarding their level of agreement to the view that "nurses should behave in an acceptable manner when in public". The results below show that a huge proportion, approximately (96.0%) of the total respondents agreed that nurses should behave in an acceptable manner when in public while the remaining (4.0%) disagreed with the view that as nurses, they should behave in an acceptable manner when they are in the public domain. Therefore, nine in every ten agreed that nurses should behave in an acceptable manner when in public while only one in every ten believed otherwise.

Figure 5.67 Response on whether nurses should behave in an acceptable manner when in public



5.6.20 Discussion of the results

Table 5.4 gives a summary of means and standard deviation values for items used as proxies for measuring respondents' attitudes towards professional socialisation. Overall, respondents at least agreed with most items presented to survey respondents on attitudes towards professional socialisation. However, participants on average disagreed with items related to whether family influenced participants' decisions to choose nursing as a career of their choice, adequacy of resources in the clinical learning area, whether their rights should be above the patients' rights as well as whether respondents had the right to refuse providing nursing care to patients if they are not happy with the clinical area.

Table 5.4 Summary of means and standard deviation values for items used as proxies for attitudes towards professional socialisation

Item	Mean	Standard. Deviation	N
Job security	3.10	.897	168
The need to help people	3.55	.587	168
Easy access	2.70	.946	168
Family influence	2.33	1.070	168
I consider nursing as a calling	3.07	1.018	168
I consider nursing as a profession like any other	3.17	.935	168
I love being a nurse	3.37	.680	168
I have made a right choice by choosing nursing as a career	3.29	.813	168
I consider improving my qualifications to become a clinical nurse specialist in the near future	3.42	.844	168
Nursing is a job that entails caring	3.61	.590	168
Ethics in nursing should be prioritised	3.57	.615	168
My rights should be above the patient's rights	2.40	1.056	168
I have the right to refuse providing nursing care to patients if you are not happy in the clinical area	2.35	1.061	168
Learners should be taught about the moral principles in the clinical area	3.57	.689	168
Everyone in the clinical learning area should respect ethical principles	3.58	.660	168
Professional nurses should reprimand you when you are doing wrong	3.40	.760	168
You accept reprimanding positively	3.44	.707	168

Professional nurses should evaluate your performance in the clinical area and give feedback	3.49	.657	168
Nurses should behave in an acceptable manner when in public	3.45	.780	168

5.7 RELIABILITY ANALYSIS

Knowledge, behaviour or practices and attitude were measured indirectly through proxy questions that were constructed to ensure that information about the latent construct was gathered; it is important to ensure that all sub-items that are measured on the same scale are internally consistent. Consequently, the researcher employed the Cronbach Alpha to perform the task of measuring internal consistency among the sub-items, jointly gathering information for a latent construct which couldn't be measured directly.

Cronbach's Alpha is a statistic data analysis method commonly used by authors to demonstrate that tests and scales that have been constructed or adopted for research projects are fit for purpose (Taber, 2018). It is sometimes called a reliability coefficient since it reflects the consistency among items. It is a measure of internal consistency of the questions that are tested on the same scale. A value less than 0.7 is considered too low and it means that the scale considered has rather low internal consistency and the mean or total score calculated from these inconsistent items may not properly reflect the domain that the questions are trying to measure. Table 5.70 presents a summary statistic for three research scales namely knowledge, practices and attitude.

Table 5.5 Summary of Responses to the Research Instruments

Statistics	Overall knowledge rating	Overall practice rating	Overall attitude rating
Response	Frequency	Percent	Frequency
Strongly Disagree	1	0.6	2
Disagree	7	4.2	41
Agree	71	42.3	101
Strongly Agree	89	53.0	24
Descriptive Statistics			
Statistics	Overall knowledge rating	Overall practice rating	Overall attitude rating
N	168	168	168
Mean	3.48	2.88	3.19
Standard Error of Mean	0.047	0.050	0.040
Median	4.00	3.00	3.00
Mode	4	3	3
Standard Deviation	0.609	0.649	0.513
Skewness	-0.875	-0.139	-0.011
Standard Error of Skewness	0.187	0.187	0.187
Kurtosis	0.613	-0.006	1.652
Standard Error of Kurtosis	0.373	0.373	0.373
Minimum	1	1	1
Maximum	4	4	4
Percentiles	25	3.00	2.00
	50	4.00	3.00
	75	4.00	3.00
Number of Items	21	23	19
Cronbach Alpha	0.930	0.928	0.839

Table 5.5 indicates the descriptive statistics for the three research instruments. The mean scores for knowledge, practices and attitude on professional socialisation were 3.48, 2.88 and 3.19 respectively. This implies that on overall basis, participants agreed with proxy items measuring knowledge, practices and attitude. With regards to knowledge, a huge proportion, approximately 95% overall agreed with knowledge related proxy questions while the remaining 5% disagreed with the views raised on knowledge instrument. Similarly, for practices, about 74% of the participants agreed to the overall practice while 26% did not agree. Moreover, for attitude, the majority, 95% of participants agreed with 19 proxy questions that were tabled before them for their honest views while only 5% disagreed with the proxy questions on attitude on professional socialisation.

5.8 SUMMARY

The chapter described the findings for quantitative research. The open-ended questionnaire was aimed at assessing the knowledge, practices and attitudes of learner nurses towards professional socialisation in public hospitals of Limpopo Province. The respondents shared their different views on the questions asked. In many aspects, they shared similar views. The next chapter will discuss the integration of the qualitative and quantitative data.

CHAPTER 6

INTEGRATION OF QUALITATIVE AND QUANTITATIVE RESULTS

6.1 INTRODUCTION

The previous chapter described the findings from the qualitative data. The research design for the study was a sequential exploratory. The researcher started with collection and analysis of qualitative data and an open-ended questionnaire was developed based on the findings from qualitative findings. This chapter discusses the integration of the findings of the two methodologies. In mixed method research it is significant that after data collection and analysis, a clear presentation is done. Bentahar and Cameron (2015) said that the integration should be coherent with the research design. In the current study, a sequential exploratory design was used therefore the findings will be presented in the narrative form. Findings from the developed themes in qualitative design will be supported by the quantitative findings.

6.2 INTEGRATION OF THE FINDINGS

6.2.1 The professional nurse as a role model

The professional nurses were aware of their obligation to act according to the set standards as norms as the learners were looking up to them. They shared that they

behave in a manner that is appropriate. Professional nurses acknowledged that there were other fewer professional nurses who did not behave accordingly. The learner nurses shared a different point of view in the matter. Most of the learners, (69.0%) agreed with the notion that professional nurses act as role models whereas (31.0%) didn't agree. Role modelling included the appearance of the professional nurses and when the learners were asked if the professional nurses were always in clean and neat uniform, 80% learners responded positively as compared to (20.0%) who responded negatively.

In their responsibility to role model the profession, professional nurses mentioned that they do so by respecting meal times and reporting on duty on time. Professional nurses further elaborated that if they come late the learners will copy the behaviour and they will not be able to reprimand the behaviour as they are doing just the same. When learner nurses were asked if professional nurses respected meals and reporting time, (67.0%) agreed that yes indeed the professional nurses respect meal times and (33.0%) of the respondents felt otherwise and they disagreed with the sentiment. Positive professional behaviour is important in the profession as nursing values are based on ensuring respect and dignity for the patients (Vink & Adejumo, 2015). The attainment and the internalisation of nursing values is the focus for promoting the nursing profession (Nieuwenhuijze, Thompson, Gudmundsdottir & Gottfreðsdóttir 2019; Poorchangizi, et al., 2019).

Professional nurses affirmed that they need not be role models only in the clinical learning areas, but also in the public domain. They further stated that professional nurses should behave appropriately even when in the community. This helps to uphold the image of the profession and learners would emulate the behaviour when they feel that the community is proud of them. Professional nurses said the image of nursing in the community needs to be restored so that young nurses would want to come and train in the profession. When learners were asked if nurses should behave in an acceptable manner when in public, (92.0%) of learners felt it is necessary while (8.0%) felt otherwise. The findings collude with those of the professional nurses.

Participants in the study also acknowledged incidences where their colleagues would behave in an inappropriate manner which they don't want the learners to emulate. This is an indication that there are incidences where professional nurses are not acting as role models.

6.2.2 The professional nurse as the custodian of teaching and supervision in the clinical learning areas

Professional nurses indicated that in the process of professional socialisation, they taught learners about the conditions of the patients and provision of care. They further stated that even when the wards are busy they try to create teachable moments during daily activities in the wards. Professional nurses indicated that three times a week, teachings are done in the clinical learning areas and learners are involved in the teaching programme. Learner nurses alluded to the findings as (81.0%) agreed that they were taught and offered support while in the clinical learning area. The remaining (19.0%) did not agree with the sentiment and no supporting information was provided as to why they were not agreeing with the sentiment.

Supporting learner nurses during their professional journey will need the particular learner to have personal professional identity, become accustomed to the culture of nursing including the norms and values of the profession, have knowledge regarding their practice including the statutes of the profession, be competent in performance of skills, uphold the professional values, develop a sense of belonging in the profession and have positive role models (Jarvinen, Eklof & Salminen, 2018). Guidelines that were developed in Canada for clinical placement of students elaborated that in the clinical placement there should be nursing identity and the clinical learning areas should support learners.

Supportive environment included that communication between the nursing education institution and the clinical areas should be regular, the staff in the clinical area should be caring and welcoming to learners, students should be orientated to the placement setting and learners' safety should be guaranteed (Dietrich Leurer, Meagher-Stewart, Cohen, Seaman, Buhler, Granger & Pattullo, 2011). The South African Nursing Act 33 of 2005, states that clinical supervision as the assistance and support extended to the learner by the professional nurse and staff nurse at a clinical facility with an aim of developing a competent, independent practitioner.

Professional nurses alluded that as people entrusted with teaching and learning in the clinical learning areas, they are knowledgeable about the different conditions, procedures, operation of equipment and carrying out of activities in the clinical learning areas. They were aware that they needed such skills to impart them to learner nurses during professional socialisation. They shared the view that even though there were challenges, they were still making it possible to update themselves and have knowledge regarding contemporary issues in health and patient care (Jack, Hamshire & Chambers, 2017). Learner nurses agreed with the findings from the qualitative study where (91.0%) agreed that they were taught and only (9.0%) disagreed with the findings.

A comparative study by Jarvinen et al. (2016), indicated that learner nurses often have high levels of stress compared to students from other disciplines such as science and law, therefore learning under stress can be very disturbing and might make it difficult to learn. If the stress in the clinical learning area is not effectively handled, it might affect professional identity and socialisation wherein learners will fail to correctly fit into the profession (Graham, Lindo, Bryan & Weaver, 2016). This sentiment was shared by Turner and McCarthy (2017) who affirmed that stress in the CLA may cause absenteeism, burnout and attrition. The custodians of nursing education in the clinical learning environment should promote a stress-free CLA to promote student learning as learning under such conditions can be difficult and impossible at times. When learner nurses are

in the CLA, they are under the supervision of the nurse managers and RPN in that clinical setting.

Professional nurses reiterated that in the clinical learning areas there were learning objectives supplied by the Nursing Education Institution. They further indicated that they ensured that at the end of each clinical placement, they go over those learning objectives and made sure that they are met before the learner moves to another clinical area. This is important in professional socialisation as the learner would have acquired the skill and competencies require for the particular clinical area. The respondents had divided views regarding the aspect. Almost half of the learners, (54.0%) agreed and (46.0%) disagreed that their learning objectives were met before they change clinical placement. The two findings are contrary to what was said by the professional nurses. However, (95.0%) of learners supported the idea that their performance should be evaluated and feedback given at the end of each placement.

6.2.3 The professional nurse as a person entrusted with the provision of care

The professional nurse in the clinical area is the most qualified person and is responsible for the total care of the patients (Nursing Act 33,2005). In responsibilities towards provision of care, professional nurses are expected to advocate for their patients. Professional nurses indicated that they advocate for patients' rights and ensured that patients received the care that they deserve. Professional nurses highlighted that this is important in professional socialisation of learners so that when learners are in the clinical areas they know that patients' rights are prioritised. The significance of advocacy role in nursing is affirmed by Josse-Eklund, Jossebo, SandinBojö, Wilde-Larsson and Petzäll (2014) who stated that nurses should safeguard and respect the rights of patients.

Results from qualitative approach indicated that professional nurses are passionate, inspirational and caring during provision of care. Professional nurses indicated that it was their responsibility to show those characteristics all the time when they are providing care.

They indicated that since they are consciously and subconsciously socialising the learners in the profession, they need to practice those values and make learners aware of them and practice them. Professional nurses also indicated that this might not be practised by all professional nurses.

When learners were asked if professional nurses demonstrated passion and caring during the provision of care, the results were different. Learners indicated different views on this aspect. The larger percentage of learners, (79.0%) were of the view that professional nurses are caring and compassionate while (21.0%) viewed professional nurses were not. This support was said by professional nurses when they indicated that compassion and caring are significant in nursing, although there are incidences where such attributes are ignored.

Professional nurses indicated that in professional socialisation of learners, they need to show the learners on respecting and treating patients with dignity as this is the fundamental right of every person. When asked about the sentiment learners, (86.0%) agreed that professional nurses always took decisions that improve the quality of patient care whereas (14.0%) disagreed. In professional nurses treating patients with dignity, (70.0%) agreed to the notion and (30.0%) disagreed. This indicates that there could be incidents where patients' rights are not upheld.

6.2.4 Factors in the clinical learning environment that influence professional socialisation

In the qualitative results, professional nurses indicated that they have a duty to uphold the moral and ethical codes of the profession when they are in the clinical learning areas. Professional ethics are linked with competency whereby they indicated that nurses should be accountable, and responsible resulting in respect of rules, regulations and patients' rights (Kangasniemi, Pakkanen & Korhonen, 2015). They indicated that if they are truthful, honest, compassionate, sympathetic and caring, they will be teaching the learners in the clinical area on what the ethics of the profession is all about. They further alluded that

nursing is all about showing empathy and sympathy to those that need help. When asked about the professional nurses upholding the moral ethics of the profession, (77.0%) of the respondents agreed and (23.0%) disagreed.

Professional nurses acknowledged that there are others in the profession who do not act according to the expected codes and morals of the profession when they are providing care. They further stated that this is worrisome as some of the conducts take place in the presence of learners, making it impossible for learners to distinguish between right and wrong as the person doing wrong is the professional nurse who acts as role model. In other studies students witnessed professional nurses engaging in unethical conduct (Lyneham & Levett-Jones, 2016)

On promoting ethical behaviours in the clinical learning areas, professional nurses indicated that they display patients' rights, Batho-Pele principles and nurses Pledge of Service for nurses to see and become conscious of those rights and their responsibilities. Professional nurses indicated that when those rights are displayed, whoever wants to deviate will be reminded. When asked if the patients' rights, Batho Pele principles and Nurses Pledge of Service were displayed in the clinical area, respondents (89.0%) agreed and (11.0%) disagreed. So, most respondents agreed with the sentiments as shared by professional nurses.

Professional nurses mentioned that ethics is discussed in the clinical learning areas in order to reinforce them. They affirmed that this was significant in professional socialisation of learners as during discussions learners will know what is expected of them in the provision of care to patients. Moreover, professional nurses indicated that ethical dilemmas were discussed so that professional nurses are aware of them and what to do when faced with such. When learners were asked if ethical values are discussed in the clinical learning areas, (61.0%) agreed that indeed they are discussed and (39.0%) disagreed with the sentiment. Nevertheless (97.0%) of the respondents indicated that ethics in nursing should be prioritised.

Good communication in the clinical learning area enhances professional socialisation as the learner will know how to effectively communicate with patients, colleagues and other members of the health team. Professional nurses indicated that in their role of professional socialisation, they need to communicate with respect to the learners.

They don't have to shout at learners as this would make them uneasy and affect their learning process. Professional nurses acknowledged their function in ensuring that communication in the clinical learning area is as conducive as possible to promote professional socialisation of learners. When asked if professional students treat learners with respect, learners had a different view, (49.0%) of learners disagreed that they are treated with respect while (51.0%) agreed to the fact that they are treated with respect. Learners indicated that they were not involved in decision-making activities whereby they are only involved in routine. This made students feel being left out and not belonging to the team. Being part of the team plays a significant role in professional socialisation as when learners feel that they belong, they find it easy to adjust (Albloushi, Ferguson, Stamler, Bassendowski, Hellsten & Kent-Wilkinson, 2019).

Another issue raised by professional nurses was communication between the clinical learning areas and the Nursing Education Institutions. Professional nurses cited lack of support on providing updated information regarding latest development in training. This, according to professional nurses affects professional socialisation as learners are amazed on how procedures are done in the clinical learning areas compared to what they have been taught in theory. Professional nurses cited that theory and practice were disconnected leading to ineffective socialisation, when learners are asked if they shared the same sentiments with professional nurses.

Other members of the health team interact with learners during clinical placement. Professional nurses indicated incidents whereby other members would refuse to work with learners or shout at them. This negatively affects professional socialisation as learners will find it difficult to interact with members of the health team. When respondents were

asked if members of the health team respect students, they concurred with what the professional nurses had said. Most of the respondents, (57.0%) agreed that learners are not respected by other members of the health team while (43.0%) had a different opinion. These negative attitudes of staff towards learners directly impacts on learning in the clinical areas leading to discouragement and poor performance (Fadana, 2019).

Professional nurses cited lack of poor governance as a contributor to staff not respecting the values of the profession. They indicated several instances where clinical staff would violate the ethical code and no consequences were evident. Professional nurses indicated how such conduct can lead to students coping as no action is taken against those who deviate. When asked if clinical staff were held accountable for their actions, (69.0%) of respondents agreed that staff who violate ethical codes are reprimanded while (31.0%) disagreed. The number of those that agree is not satisfactory as we want to ensure that all nurses uphold those ethics.

Students were also not off the hook as professional nurses indicated that certain learners, when reprimanded they take it negatively and do not want to be held accountable. Almost (95.0%) of the respondents indicated that reprimanding was positively taken whereas (5.0%) felt otherwise. This is similar to what professional nurses indicated.

Shortage of resources, both human and material posed a challenge in professional socialisation of learners. This was raised by the professional nurses who indicated that they were always short staffed therefore they could not attend to the learning needs of learners. Also, when there are inadequate materials, procedures are flawed thereby compromising learning. Fewer respondents, (35.0%) indicated that there were adequate staff in the clinical area while (65.0%) indicated that there were not adequate staff. The results support what was said by the professional nurses. With the issue of equipment, the majority of respondents, (67.0%) disagreed that there are adequate resources whereas (33.0%) indicated that the resources and equipment are adequate. The findings support what was initially said by the professional nurses.

6.2.5 Learner nurse factors that influence professional socialisation

Professional nurses cited many factors that they thought influenced professional socialisation of learners. Some factors directly affected the learners themselves who were either willing or not to be socialised in the profession. Professional nurses indicated incidents whereby learners would be uncooperative and on enquiring about the cause, some openly stated that nursing was not their first choice. Those learners would indicate the different factors that led them to be registered in nursing programmes other than it being their first choice. Respondents indicated factors such as easy access for admission in the programme, family influence, job security and the need to help people as some factors that influenced in choosing nursing as a career. The sentiment was shared by Price, McGillis Hall, Angus and Peter (2013) who stated that some students came to nursing as they value it to be an all in one career that had it all, including noble, rewarding, secure and is diverse.

Some respondents even indicated that they wanted to do other health related degrees after completion of a nursing degree, (82.0%) of learners indicated that the reason for choosing nursing as a career was job security whereby they knew that when you complete your studies you will get employment. When asked if nursing was a calling or a profession like any other, (79.0%) indicated that to them nursing was just like any other profession.

Professional nurses further stated that some learners found it difficult to adjust in the profession though others could adapt more easily. Professional nurses highlighted that learners would state that nursing is more of a female than male profession. Some would honestly indicate that nursing was not what they thought it was. They said they felt disappointed as their expectations were not what the situation was. Self-motivation is a significant factor in professional socialisation because if the learner is not motivated to be part of the group, even with the professional nurses doing their best, it will not be possible (Salisu, Dehghan, Nayeri, Yakubu & Ebrahimpour, 2019; Wilkes, Cowin & Johnson, 2015). Positive professional identity is very significant in professional socialisation as a

learner who is positive, would find it easier to adjust and fit in with the profession. When asked if they loved being in nursing, learners responded positively that they loved nursing. Nearly (92.0%) of respondents are happy in the profession. This is contrary to the findings in qualitative research. The answer to that could be that the remaining (8.0%) were the ones who were not happy to be nurses.

Another factor raised by professional nursing is lack of commitment from the learners. Professional nurses indicated that sometimes they find it hard to professionally socialise learners who do not show commitment to their learning. Professional nurses indicated that lack of commitment was shown by absenting themselves from the clinical area, refusing delegation, playing with cell phones during clinical learning, working with a headset when providing care and being disinterested in the activities taking place in the ward. In the questionnaire respondents gave different views from those of the professional nurses. When learner nurses were asked if they intentionally absent themselves from clinical learning areas without permission, (13.0%) agreed that indeed they absent themselves. This supports what was said by the professional nurses. When asked if they thought that working with a headset on in the clinical learning areas was acceptable, (80.0%) indicated that the behaviour was inappropriate whereas the remainder, (20.0%) felt that it is acceptable. Again, this is what was said by the professional nurses. A study by Clements, Kinman, Leggetter, Teoh and Guppy (2016) in the UK supported that students in the clinical areas may often show lack of commitment based on the relationship they have with the clinical staff and poor professional identity.

Professional nurses cited lack of knowledge regarding basic ethics in the clinical learning areas as another factor impacting on professional socialisation. Professional nurses indicated that learners lack knowledge regarding non-acceptable behaviours which learners engage in which are also referred to as the basics of professionalism.

Those factors included eating while walking. Almost (74.0%) of the respondents agreed that it is unacceptable to eat while walking, shouting and calling each other in the wards to which (80.0%) agreed that the behaviour is inappropriate. As to greeting seniors when

they enter the wards, (87.0%) indicated that it is significant to greet seniors as a sign of respect. Those are basic conduct of professionalism and need to be known and practised by all in the profession. However, not all learners indicated to have knowledge regarding those important behaviours expected in professionalism. The majority felt that it was acceptable to engage in such activities as it does not affect patient care in any way. The findings support what was raised by professional nurses.

To assess the knowledge regarding professional values in learner nurses, the researcher put in values that are embedded in nursing to evaluate if learners had insight regarding them. These included if learners knew if nursing was about doing good for others, to which (95.0%) agreed; refrain from doing harm, (96.0%) agreed to that; caring, (97.0%) agreed that nursing is about caring for others; respect for others, (97.0%) agreed to that; showing concern for others, (94.0%) had knowledge that nursing is about showing concern for others; and truthfulness to which (95.0%) indicated that as a nurse one should be truthful.

The findings in the study revealed that there are professional nurses who are acting as positive role models and there are also others who are not acting as such. The findings revealed that the clinical learning areas due to a variety of factors may positively or negatively impact on professional socialisation. Learner nurses who are motivated and committed were found to be more adjusting to the profession than those who are not. Figure 6.1 indicates the conceptual framework of the empirical findings in the study.

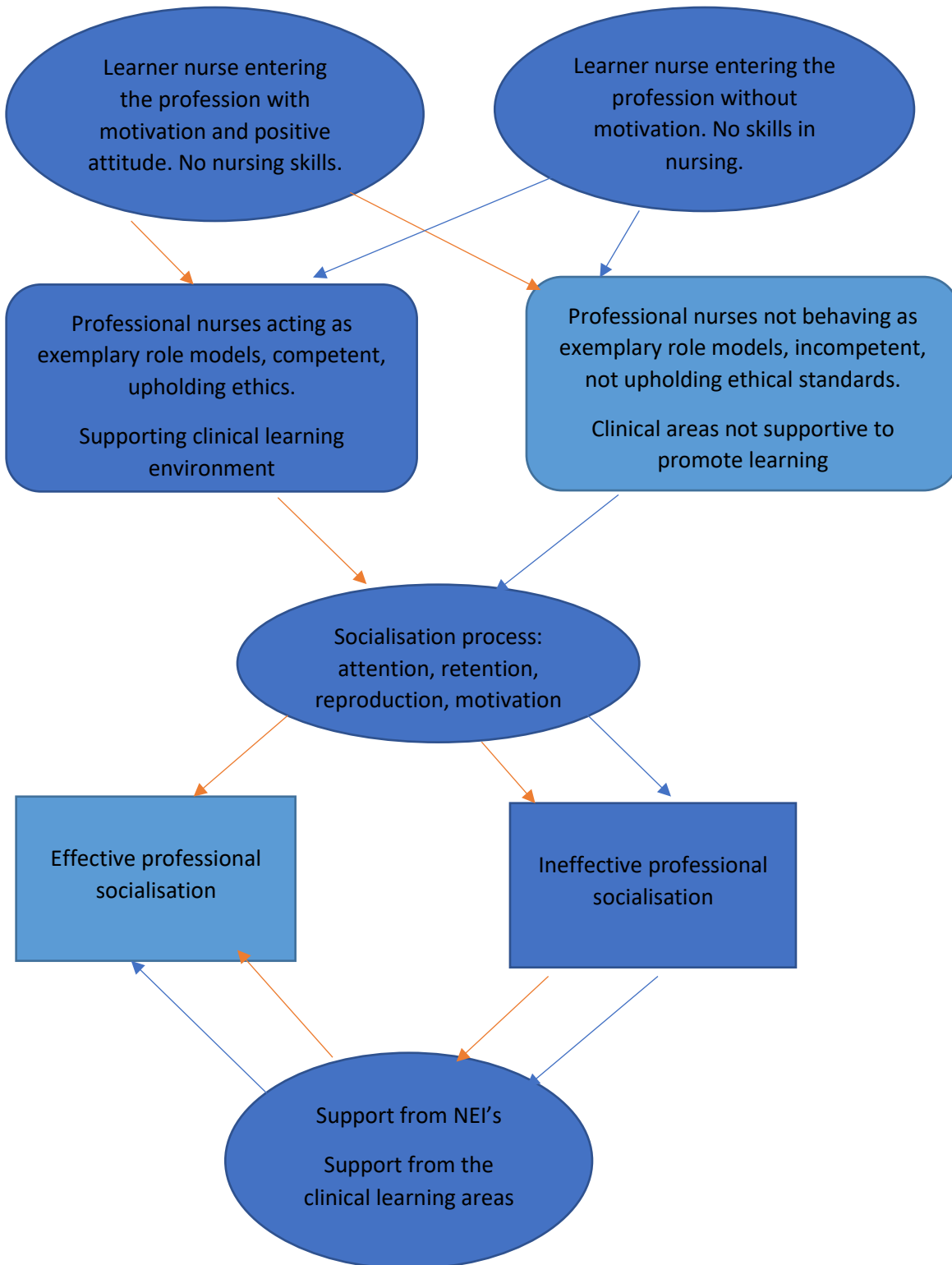


Figure 6.1 Conceptual framework for the empirical findings of the study

The conceptual framework (figure 6.1) suggests that when learners come into the nursing profession, they are without any skills or knowledge regarding the profession. In the clinical learning areas, they interact with the professional nurses who possess knowledge and skills of the profession. In the clinical learning area, a nurse who is the role model, is responsible for transferring the skills to the learners. Through Bandura's Social Learning Theory process of attention, retention, reproduction and motivation, the learner nurses copy and imitate the behaviour of the professional nurses who are role models to learners. The professional nurses who act as an exemplary role model and the clinical learning areas which are supportive, promote effective professional socialisation. On the other hand, if in the clinical areas the professional nurses are not acting as exemplary role models and the learners are not supported, professional socialisation will not be effective. The learner nurse factors also influence professional socialisation as the learner who is not motivated is more likely to not be properly socialised as the learner will not be making an effort in the process. If the learner nurse who is not properly socialised is given a chance to be mentored and supported by professional nurses who are exemplary role models in an environment that is supportive, professional socialisation can be effective.

6.3 SUMMARY

The chapter integrated the findings from phase 1A, qualitative approach and 1B, quantitative approach of the study. There were many aspects where the participants and respondents shared similar views and there were also aspects where they had different opinions on certain aspects. In general, it can be concluded that professional nurses and learner nurses share similar views regarding professional socialisation of learners in the clinical learning environment. A conceptual framework indicated the relationship between effective professional socialisation and the professional nurse as a role model and the supportive clinical learning environment. The next chapter will describe the guidelines for professional nurses to enhance professional socialisation.

CHAPTER 7

DEVELOPMENT OF GUIDELINES

PHASE 2

7.1 INTRODUCTION

The previous chapter described the integration of the qualitative and quantitative data of the study. The integration revealed that professional nurses and learner nurses shared similar values in many aspects. The conceptual framework indicated the relationship between the learner nurses' attitude, the role modelling of the professional nurses and the support in the clinical learning areas. This chapter discusses the processes that were followed in the development of guidelines. The purpose of this study was to develop guidelines to enhance professional socialisation of learner nurses at public hospitals of Limpopo Province, South Africa. The guidelines were developed based on the findings from phase 1A and 1B of the study and the conceptual framework in figure 6.1. Supported literature from the findings was also used in the development of guidelines. WHO's guidelines were used for the development of guidelines for professional socialisation of learner nurses at public hospitals of Limpopo Province.

7.2 ANALYZING THE WHO GUIDELINE DEVELOPMENT MODEL

Development of the guidelines forms phase 2A of the study. The objective of this phase was to develop guidelines. Findings from qualitative and quantitative and Bandura's Social Learning Theory were used in developing the guidelines. The researcher used logical reasoning, both deductive and inductive to come up with the guidelines. The

researcher employed the WHO guideline development model which included problem, intervention, comparative intervention, outcome and study design (PICOS), and the grading of recommendations, assessment, development and evaluation (GRADE) (WHO 2012).

The following steps as stated by WHO (2012) were followed during the guideline development process.

7.2.1. Selecting a topic

The findings from the study revealed that the professional nurses do not act as exemplary role models in other instances, the nature of the clinical learning environment is not always conducive for professional socialisation of learners and that learners sometimes contribute to poor professional socialisation because of their attitude, lack of knowledge or inability to adjust in the profession. Therefore, the researcher deduced that it was necessary for development of guidelines. The topic was “Guidelines to facilitate professional socialisation of learner nurses in public hospitals of Limpopo Province, South Africa”.

7.2.2 Formulation of Guideline Development group

A guideline development group is a group that constitutes of experts in the field of study which should constitute of 10-20 members (WHO, 2012). The group should consult each other during the guideline development period through different means of communication but they should at least have a one face to face contact (WHO, 2012). In this study, the group constituted ten members who were professional nurses, nurse managers and nurse educators as these are the experts who have knowledge and insight regarding professional socialisation of learners in the clinical learning environment. This group was selected from one district and one regional hospital in Vhembe district. After data was analysed, the group was presented with the findings and they affirmed with them. Each member was then asked to share ideas and inputs so that they could assist in the

development of the guidelines. The researcher and the guideline development group worked together over a period of six months through telephone calls, emails and one meeting for consolidation and finalisation of the developed guidelines (Annexure 3H).

7.2.3. Scoping the guideline

The guidelines developed covered the professional socialisation of learners in the clinical learning areas. Though professional socialisation also takes place in the classroom, the study concentrated more on the role of professional nurses in the professional socialisation of learner as it is in the clinical learning areas where theory is put in practice. Based on the findings the guidelines concentrated on the following:

- Promoting teaching and learning in the clinical learning areas
- Reaffirmation of professional values in the clinical learning areas
- Promoting effective and efficient communication in the clinical learning areas
- The professional nurse as the role model to learner nurses in the clinical learning area.

7.2.4 Formulation of questions

To formulate the questions for the guideline development group to work on, the researcher used PICOS model which delineates the aspects to consider in question formulation. This is indicated in figure 7.1.

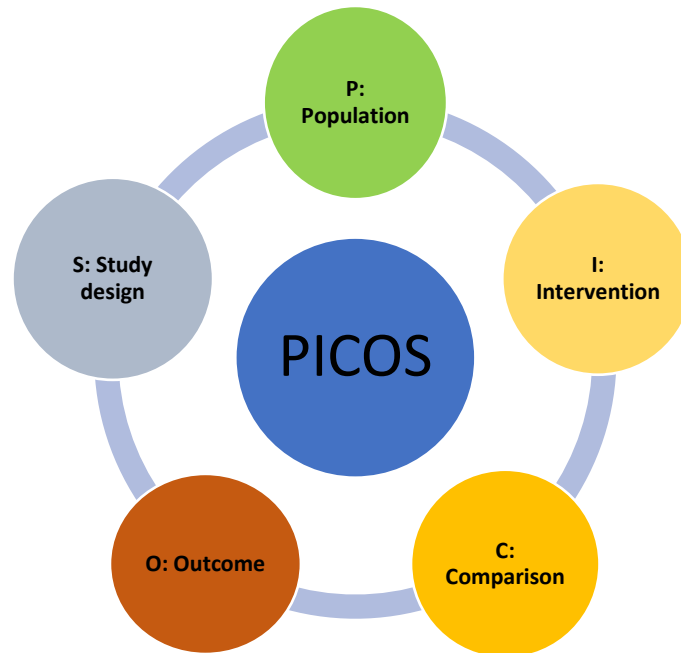


Figure 7.1. WHO (PICOS) model on guideline development

Population

The population in the guideline development group constituted of nurse managers, professional nurses and nurse educators who are experts in professional socialisation of learners.

Intervention

The GDG made contact on several occasions to formulate the guidelines. The supervisors assisted in the guideline development through their inputs as they are experts in the field. The communication was over a period of six months and mainly telephonically and through emails. When all the ideas were shared, a workshop was conducted to finalise the guidelines. The GDG was divided into two focus groups of five participants each who engaged with each other. The groups were later given the opportunity to present their

draft. The inputs were consolidated. The final draft was agreed upon after the presentations.

Comparison

Comparison in the study were Nursing Education Standards, Nursing Act, 33, 2005 (R174), and the Nursing Education Strategic Plan (2013). The documents indicate the standards of nursing practice and the requirements for learner nurse training. The documents also refer to the responsibilities of professional nurses in professional socialisation of learners and enhancing learning in the clinical environment. The current documents are available and used in professional socialisation of learners but there are still problems in the clinical learning areas regarding professional socialisation of learners.

Outcome

The outcome of the study was the development of guidelines to facilitate professional socialisation of learners in public hospitals of Limpopo Province, South Africa. The guidelines are meant to improve professional socialisation of learners so that learners are empowered to be independent and competent practitioners who adhere to the ethical and moral principles of the profession.

Study Design

WHO's model for guideline development was used to develop the guidelines. The model presented the structure for ensuring that the steps are followed and experts are used in the process of guidelines' development (WHO, 2012).

The following questions were formulated to guide the formation of the guidelines:

- What was the purpose of the guidelines?
- Who are the guidelines intended for?

- How will the guidelines improve professional socialisation of learner nurses?

7.2.5 Grading of the guidelines

After guidelines are formed, they are to be assessed for their quality of evidence (WHO, 2012). The guidelines are to be assessed for quality if they are of high (A), medium (B), or low or very low (C) quality (Cruz, Fahim & Moore, 2015). The advantages of the GRADE model include that the GDG is made up by international experts, it differentiates between the quality and strength of the evidence; and lastly it provides clear interpretations of recommendations for stakeholders (Cruz et al., 2015). The researcher and the supervisors who are experts in professional socialisation graded the guidelines. Table 7.1 depicts the application of the GRADE model in the study.

7.2.6 Identifying the evidence

When guidelines are formed, they need to be graded to minimise the risk of bias (GRADE). To ensure that the guidelines are of high standard, extensive literature on professional socialisation of learners was reviewed to support the guidelines. The involvement of experts in the guideline development group provided insight and knowledge on professional socialisation of learner nurses. Collected data was also used in supporting the guidelines. Through triangulation in data collection, the researcher managed to obtain adequate information regarding professional socialisation of learner nurses. Reviewed literature was done in the professional nurse as a role model, promoting a conducive clinical learning area that promoted effective professional socialisation and supported struggling learners in the clinical areas. The literature review in chapter 2 indicated how these factors influence professional socialisation.

7.2.7 Evidence retrieval

This formed part of grading of guidelines. Literature that supported professional socialisation of learner nurses was extensively reviewed. Data collected was analysed in a manner that truly reflected the views of the participants and the respondents. All the transcripts and questionnaires of collected data were stored safely for retrieval if needed. The guidelines were rated as of high standard as the grading as indicated in table 7.1 indicated that the aspects were rated as such.

Table 7.1 Grading of guidelines according to WHO (2012)

CRITERIA	APPLICATION	RATING
GRADE		
RECOMMENDATIONS	The guidelines addressed the findings from the study and have clear indications on how to implement. During interaction, members of the GDG who are experts in professional socialisation, shared inputs and recommendations for guidelines development. During data collection, recommendations also came from the participants and respondents.	High A
ASSESSMENT	The researcher used mixed method design for data collection. Bias was avoided as the researcher explored professional socialisation from the perspectives of the professional nurses and then involved learners. The researchers' point of view did not influence the study. The guideline GDG consisted of experts in professional socialisation therefore their contributions were significant.	High A
DEVELOPMENT	The guideline development group involvement of experts in professional socialisation of learners who were nurse managers, professional nurses and nurse educators. The GDG was in contact with each other starting from the period of data collection. After the analysis of the findings the group communicated over a period of six months sharing ideas before conducting a workshop to finalise the guidelines. Collected data was also used in supporting the guidelines. Through triangulation in data collection, the researcher managed to obtain adequate information regarding professional socialisation of learner nurses.	High A
EVALUATION	After data collection, professional nurses were consulted to review the data to ascertain if the data reflected their views. The developed guidelines were presented to the professional nurses for validation to assess if they can be implemented with ease. Guidelines were further evaluated though the AGREE checklist their applicability, practicability, authenticity and simplicity were reviewed.	High A

7.2.8 Formulating recommendations

Extensive literature search assisted in the recommendations for formulation of the guidelines. During interaction, members of the GDG who are experts in professional socialisation, shared inputs and recommendations for guidelines development. During data collection, recommendations also came from the participants and respondents. These recommendations were used in the development of the guidelines.

7.2.9 Writing of guidelines

Guidelines were written in an unambiguous and simple language that the people they are intended for would understand with ease. Common terms used in nursing were used to avoid ambiguity. The guidelines were short and to the point. They were not confusing to the recipients. This was done to make them more accessible and useful. They were developed in English as it is a language for training for the learners.

7.2.10 Consultation and review

After data collection, professional nurses were consulted to review the data to ascertain if the data reflected their views. The developed guidelines were presented to the professional nurses for validation to assess if they can be implemented with ease.

7.2.11 Updating and review

The recommended guidelines will be reviewed five years after publication to assess if the guidelines are simple, measurable, applicable, reliable and time-saving (SMART). They will also be reviewed if the professional nurses can implement them. The review will be recommendations and will not be part of the study.

7.3 PRESENTATION OF DEVELOPED GUIDELINES

The developed guidelines were formulated in accordance with the theme that emerged during data collection from the study. The themes were the role of professional nurse as the mentor in the clinical learning area, factors in the clinical learning environment that will enhance professional socialisation and learner factors that will enhance professional socialisation. Figure 7.1 indicates illustration of the themes for guideline development.

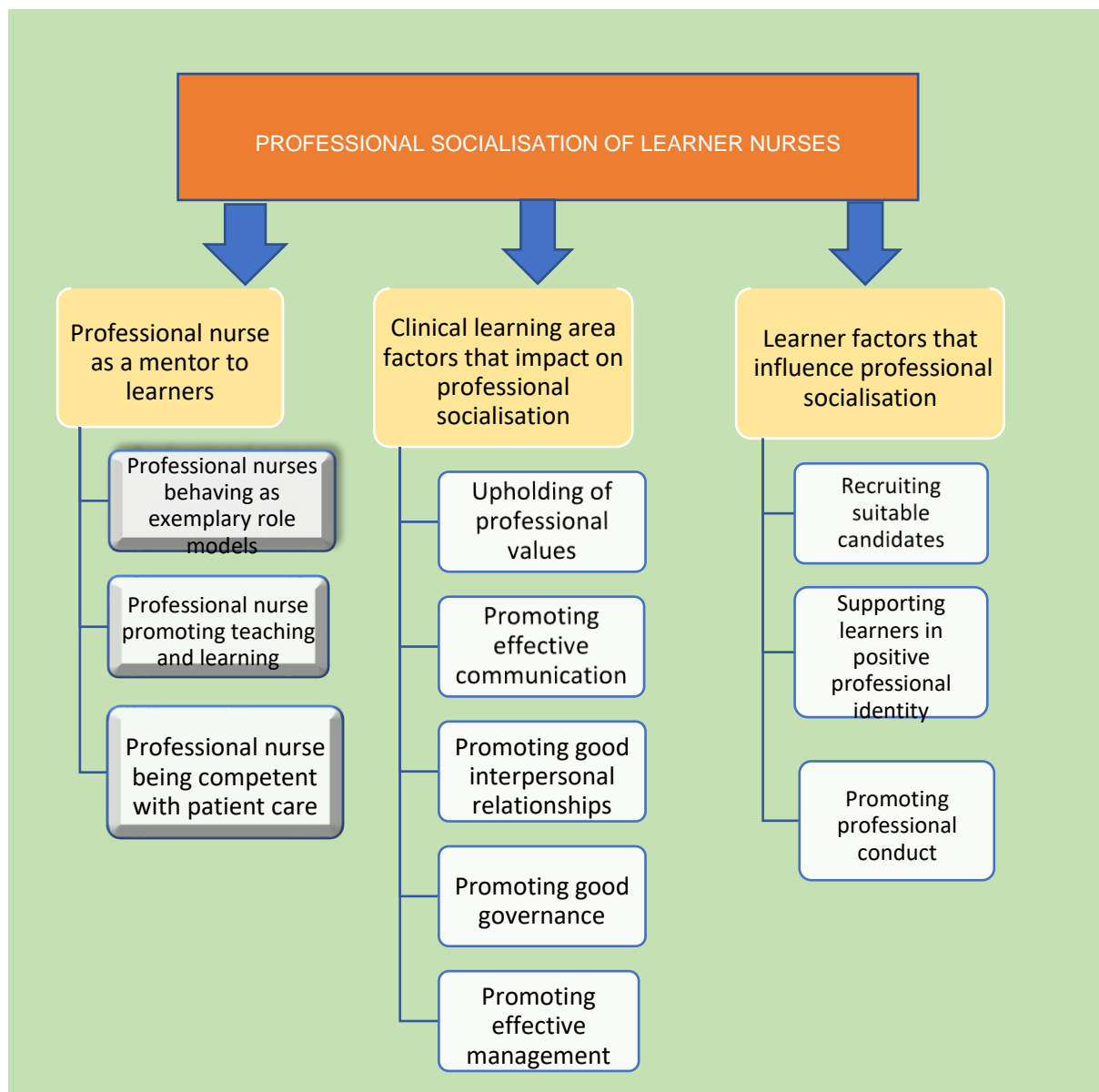


Figure 7.2 Themes and sub-themes guiding the development of guidelines to facilitate the professional socialisation of learner nurses

7.3.1 THEME 1: PROFESSIONAL NURSE AS A MENTOR TO LEARNER NURSES

Theme 1, which is the professional nurse as a mentor to learner nurses was composed of three sub-themes, namely: the professional nurse as the role model, the professional as the custodian of teaching and learning in the clinical learning environment and lastly, the professional nurse as the person entrusted with patient care. All those themes were identified to influence the professional socialisation of learner nurses.

7.3.1.1 Professional nurses behaving as exemplary role model

Rationale for the implementation of the guideline

The theoretical framework of this study, Bandura's Social Learning Theory indicates that an adult person acts as a role model for young ones who are in the same environment. In this instance, professional nurses are regarded as adults and learners as the young in the nursing profession. Professional nurses were seen to be role models regarding conduct and behaviour in and out of the clinical learning areas. The following influenced the formation of the guideline:

- ❖ Professional nurses' acknowledgement that they need to be role models to learners
- ❖ Professional nurses' acknowledgement that some professional nurses do not act as role models
- ❖ Learner nurses indicating that professional nurses at times do not act as exemplary role models
- ❖ Professional nurses are not in full uniform all the time
- ❖ Professional nurses do not respect meal times.

Recommendation on the implementation of the guidelines

Professional nurses and all senior nursing staff should

- Always be in full uniform as prescribed by the institution.
- Discuss SANC regulations regarding uniform and distinguishing devices (R1201) on regular bases so that everyone should be aware that it is not an issue of the institution but of the regulatory body too.
- Discuss institutional policies regarding uniform and distinguishing devices regularly so that everyone should be aware.
- Adhere to agreed time for reporting on duty, tea and lunch times so that learners can emulate the expected conduct.
- On regular bases, professional nurses who are principled should be recognised and rewarded by the nursing management. Even if it is a certificate that can be rewarding.
- When the professional nurses are in public or in the community, they must always behave in a manner that will not bring the profession into disrepute. Fighting, drinking alcohol in public, swearing and smoking should be avoided.

7.3.1.2 Professional nurses promoting teaching and learning in the clinical learning areas

Justification for the guideline

Supporting professional nurses in their roles to execute teaching and learning in the clinical learning areas can enhance professional socialisation of learners. Learner nurses are directly under the custodianship of professional nurses when they are in the clinical learning environment through clinical supervision. Guidelines are needed to assist professional nurses in promoting teaching and learning during professional socialisation. The guidelines were influenced by the following findings:

- ❖ Professional nurses provided teaching to learners though it was not all of them

- ❖ Professional nurses refusing to teach learners as they view it as extra responsibility
- ❖ Professional nurses not being aware of the learning objectives per level of training
- ❖ Feedback for learners not given at the end of the block
- ❖ Learners working alone without the supervision and guidance of the professional nurse
- ❖ Professional nurses not knowledgeable about the contemporary issues in nursing education and health.

Recommendation on the implementation of the guidelines

Managers and professional nurses of different units in the clinical area need to:

- Ensure that there are learning objectives for the different learner nursing categories according to their level of training. This will assist the professional nurses to know the scope for teaching and learning.
- Drawing of a teaching programme per the need of the unit. Professional nurses with expertise to offer teaching on topics that needs speciality. Learner nurses to be involved in teaching especially at the fourth level.
- Delegate learner nurses to work with the professional nurse all the time in order to ensure that the learner will be gaining knowledge when the professional nurse is doing the activity and when the learner nurse is doing the activity, the professional nurse will be correcting and guiding.
- Give learners case studies for the conditions in the unit for them to present as this promotes learning.
- In the performance evaluation of professional nurses, learner supervision should be part of evaluation. This will encourage professional nurses to be engaged in teaching of learners. In nursing education standards, SANC clearly indicates that it should be the responsibility of the professional nurse to supervise learners in the clinical area.
- Include demonstrations in the teaching programme so that learners are able to witness and practice the correct procedures in the clinical learning areas

- Use teachable moments during provision of care especially in rare or uncommon conditions or emergencies in the ward. This will provide the learner with opportunities to have knowledge about conditions that might not be witnessed again during period of training.
- Provide feedback to learners regarding their performance during the period of clinical placement. This will give the learner time to reflect and to improve or uphold the best practices.
- Encourage professional nurses to use social media to seek more information but they need to know where to get the correct information to avoid fake news.
- Provide professional nurses with opportunities to improve their studies part-time. Professional nurses with nursing education are more equipped to supervise learners than those who do not have the qualification.
- Provide training and workshops for professional nurses so that they keep abreast of the new developments in the health sector.

7.3.1.3 The professional nurse being competent with patient care

Justification for the guideline

The professional nurse is the person responsible for the provision and supervision of care in the clinical areas. The scope of practice (R2598) states that professional nurses should monitor patient care. This can only be possible if the professional nurse is competent. Competency is crucial in nursing practice as we are dealing with human life which if lost through incompetency we cannot replace. Guidelines are needed to assist the professional nurses in ensuring that learners are adequately supervised in patient care. The guidelines were influenced by the following findings:

- ❖ Professional nurses knew that they needed to be competent in patient care
- ❖ Professional nurses not competent in patient care
- ❖ Learners indicated that professional nurses are at times incompetent
- ❖ Professional nurses not confident to perform a task in the presence of learners
- ❖ Professional nurses avoiding tasks that are challenging in the clinical area due to incompetency.

Recommendation on the implementation of the guidelines

- Empower professional nurses through on job training. This assists the employer and the employee. This could be through in-service training wherein there are minimal costs involved.
- For any new developments in the field that nurses are working, managers to register them for short courses so that they have up to date knowledge of care.
- Newly qualified professional nurses should be given mentors in the clinical learning area to assist them in gaining confidence when they practice.
- Management to help identify competency gaps in professional nurses and ensure that the gaps are filled.
- Promote “buddy colleague” in the unit so that professional nurses with information regarding other matters that are new in the clinical learning areas, share with those that do not have.
- During performance evaluation, professional nurses who didn’t perform well should be given guidance and time to improve so that they become competent in the provision of care. If you have incompetent professional nurses. We shall end up with incompetent students who will become incompetent professional nurses themselves.
- Promote an environment where those who do not know will feel free to ask. This can be through support and climate meetings in the clinical areas.
- During performance evaluation, professional nurses who are competent should be rewarded. Give credit when due. Professional nurses who are competent should be acknowledged. This can serve as a motivator to others to improve their performance.

7.3.2 THEME 2: THE CLINICAL LEARNING ENVIRONMENT

It is in the clinical learning environment where professional nurses interact with learner nurses. The nature of the clinical learning area may either promote or hinder the professional socialisation of learners. Theme 2 discusses the factors to be

considered to enhance the professional socialisation of learners. In this theme, five sub-themes emerged as factors that influence professional socialisation namely, upholding of professional values, communication, attitudes, governance and managerial issues.

7.3.2.1 Upholding of professional values

Justification for the guideline

Professional values are principles of nursing practice. These include compassion, caring, honesty, empathy, sympathy and faithfulness. It is the core on which nursing practise is based. All nurses are expected to abide by these values, learners included. This can only be practised and for learners to observe and emulate them. These professional values are what makes us be humane and able to care for the sick, vulnerable and marginalised in our societies. Guidelines were influenced by the following findings:

- ❖ Professional values were not adhered to in the clinical learning areas
- ❖ Patients' rights were not displayed in all the areas
- ❖ Batho-Pele Principles were not displayed in all the areas of the clinical areas
- ❖ Nurses Pledge of Service was not displayed in all the clinical areas
- ❖ Professional values not discussed regularly in the clinical learning areas
- ❖ Staff members who do not adhere to the professional values are unchallenged
- ❖ Professional nurses not provided with psychological support when they show signs of stress
- ❖ The environment in the clinical learning area is hostile regarding support offered to each other as professional nurses.

Recommendation on the implementation of the guidelines

- Reaffirming of professional values in the clinical learning areas. Professional values should be discussed at every opportunity that the staff has.

- Include professional values in teaching programmes so that they are known to all. Talking about them assists as people tend to internalise what they hear most of the time.
- Promote an environment where unethical behaviour can be reported. This can be through an anonymous tip-off to avoid victimisation of reporters.
- Offer debriefing to employees as another cause of lack of professional ethics can be related to stress in the workplace which may be attributed by a variety of things in the workplace.
- Display patients' rights and Batho-Pele in the clinical area so that everyone is aware of the expectations.
- Display the Nurses Pledge of Service in the clinical area. This will help remind the staff of the commitment that they made to the profession.
- Allow professional staff and other nursing staff to attend meetings where patients' rights and ethics are discussed to inform about the issues.
- Create platforms where all nurses can have a chance to attend nurses' moral regeneration events as they are offered at institutional, district and provincial level. It is in such gatherings where Nurses Pledge of Service is reinforced and nurses are motivated and reminded of their obligation and commitment to practice within their ethical values.
- Offer learners to attend the events where Nurses Pledge of Service is affirmed for them to witness and to instil the more ethical conduct and behaviour.
- Promote Buddie colleague where professional nurses are able to monitor each other and support each other during the strenuous period in the clinical area.
- Be an open manager who is able to listen to their juniors whenever they have personal or work-related problems as this may affect the judgement of the employee.
- Reprimand unethical behaviour without taking sides.

7.3.2.2 Promoting effective communication in the clinical learning area

Justification for the guideline

Whenever people meet, there is communication. To avoid conflict in the clinical learning area between professional nurses, learners and members of the health team, communication should be clear and everyone is aware of measures that promote effective and efficient communication. If communication is undesirable, it might affect professional socialisation as learners would not be able to benefit from such an environment. The following findings guided the development of the guidelines:

- ❖ Professional nurses indicated that some staff members had a negative attitude towards learners
- ❖ Learners were said to have a negative attitude towards staff
- ❖ Members of the health team did not respect learners and didn't want to work with them
- ❖ Professional nurses felt that they are overworked and no one appreciates the work that they are doing
- ❖ Learners indicated that they were not involved in decisions taken regarding patient care and ward activities in the clinical learning area
- ❖ Professional nurses indicated that information is not freely shared, they just bump into new information by accident
- ❖ Professional nurses indicated that generally there is a lack of respect amongst staff in the clinical learning areas

Recommendation on the implementation of the guidelines

Professional nurses and nurse managers should:

- Orientate learner nurses. This should be the first part when learners are in the clinical learning areas so that they familiarise themselves with the physical layout and activities of the ward.

- Promote respect of each other in the clinical learning environment. When people respect each other they communicate better.
- Promote a culture of caring towards each other for staff. People who care for each other will communicate with respect and understanding.
- Include learner nurses in decision making regarding patient care and ward activities. This will make them feel as being part of the team in the unit.
- Invite learners in meetings with other members of the health team to make them accepted by the team as colleagues.
- Strive to know learners by their names if possible. This makes a person feel valued and appreciated therefore learning will be conducive when learners feel appreciated.
- Any new policies, procedures and protocols to be communicated with other staff members. This promotes effective communication as knowledge is shared and everyone feels equal and important.
- Introduce learners to other members of the health team so that they are aware of their presence and the reason thereof. This will assist in avoiding incidents where other members will not want to work with learners.
- Hold meetings regularly in the clinical learning areas where the staff discuss the activities in the clinical area. This is an important opportunity to share information and for staff to voice their concerns.
- Acknowledge the good work that the staff, learners included are doing in the clinical learning area. This is a means of communicating to them that they are valued and appreciated with the good work that they are doing. This enhances professional socialisation as professional nurses might perform best when they are acknowledged.

Nursing Educations Institutions should:

- Hold regular meetings with the clinical staff regarding learner nurse issues
- Offer courses for professional nurses regarding temporary issues affecting learners
- Support professional nurses who are interested in the teaching of learners in the clinical learning areas.

7.3.2.3 Promoting positive interpersonal relationships in the clinical areas

Justification for the guideline

The attitudes of both professional nurses and learner nurses were found to be a hindrance in the professional socialisation of learners. Professional nurses were accusing learners of unacceptable behaviours and not wanting to be involved in the supervision of learners as they felt that it was not their responsibility. On the other hand, learners were said to refuse delegation, absented themselves and disrespected professional nurses. Some learners even admitted to such conduct. In order to avoid such incidents, guidelines need to be developed to support professional nurses during professional socialisation. The findings that influenced the guidelines were:

- ❖ Professional nurses indicated that some staff members had a negative attitude towards learners
- ❖ Professional nurses were accused of being tense and hard on students
- ❖ Learner nurses were accused of being ignorant about the activities in the clinical areas
- ❖ Learners were accused of dodging and refusing to be delegated at times
- ❖ Clinical learning areas were portrayed to be uncondusive as the staff didn't care about each other's well-being
- ❖ Professional nurses ignorant about their teaching function

Recommendation on the implementation of the guidelines

- Promote an environment where people are relaxed and do not take everything to heart. This helps learners and staff to understand that things will not always be great in the clinical area but they still need to work together.
- The orientation of the learner on the acceptable behaviours in the clinical learning environment. When learners come in the clinical areas, they only have theoretical background and need someone who will introduce them into the real world of clinical learning.

- Offer learners with opportunities to reflect at the end of each week so that any misunderstandings were corrected.
- Encourage social events in the workplace where they can celebrate each other's birthday just to take the mind off stress in the workplace. These should be arranged in such a manner that they do not compromise patient care and ward activities.
- Discuss topics related to the four fundamental functions of the professional nurse in the clinical learning areas wherein teaching is one of them. Those that dispute that teaching is not their responsibility will know their obligations towards learners.
- Delegate a professional nurse in the clinical learning areas who will monitor the learners and interact with them on a regular basis. This will make the learners responsible as they would know that they are being monitored.
- Learners who violate the code of conduct should be reported formally to the Nursing Education Institution who should act upon it.

7.3.2.4 Promoting good governance in the clinical learning areas

Justification for the guideline

In every institution, there are regulations on how things should be done. There are also regulations regarding how to correct situations where people do not abide by the set rules. A culture where people are not accounting for inappropriate behaviour might jeopardise professional socialisation of learners. Professionals act as role models to learners and if inappropriate behaviours are unchallenged and not sanctioned, they become the norm leading to learners repeating the same behaviours. Guidelines should be developed to assist in promoting good governance in the clinical learning areas to promote a culture of good practice. The guidelines were prompted by the following:

- ❖ Staff who violated ethical standards were not held to account most of the time as people were afraid to report the perpetrators

- ❖ Learners who exhibited unethical behaviour were not held to account as the professional nurses felt they respect only their lecturers
- ❖ Professional nurses were not familiar with the disciplinary processes in the public service
- ❖ Professional nurses were not familiar with the disciplinary codes of learners
- ❖ Managers were said to be afraid to confront the people implicated in disregard of ethics
- ❖ Managers were said to be favouring other staff members over others and didn't discipline those who were their friends.

Recommendation on the implementation of the guidelines

Professional nurses and nurse managers should:

- Keep policies and manuals of code of conduct for all employees in the clinical area to access
- Keep policies and manuals for learner nurses' codes of conduct in the clinical learning area.
- Discuss the manuals and policies in the ward meetings so that everyone is aware of their existence
- Promote a culture of reporting unacceptable behaviour in the clinical learning area
- Intervene in such instances in an impartial manner without any favouritism
- Learners and staff who constantly ignore the codes of conduct should be sent for counselling
- Familiarise yourself with disciplinary codes in the public service
- Report gross violation of human rights to the appropriate person who will deal with the matter
- Be firm in implementing disciplinary procedures to those who ignored the rules and ensure that they are applied correctly

7.3.2.5 Promoting effective management in the clinical learning areas

Justification for the guideline

The managers in the clinical learning areas are responsible for providing resources for the employees to provide care. The resources are both human and material resources. The employees can only provide this much with the resources that they have. A shortage of resources was indicated to be a major impediment in professional socialisation of learners whereby the staff is so short in such a way that they view learners a burden to their already overwhelming responsibilities. On many occasions resources are inadequate and employees had to “compromise” with what they have. This is not good for professional socialisation as learners are not supervised or assisted in this environment. Moreover, there were not places for learners to relax during break-time for their meals hence learners would eat while walking as there were no restrooms. The findings that influenced the development of guidelines were:

- ❖ Professionals indicated a shortage of staff as a threat to professional socialisation as they found it difficult to attend to learner nurses and to patients when they are few.
- ❖ Shortage of equipment compromised patient care and that affected learning and socialisation of learners.
- ❖ Staff who are not paid overtime for them to come and work in order to curb the shortage of staff.
- ❖ Professional nurses indicated the abuse of supplies by staff when they have led to exhaustion before acquiring new stock.

Recommendation on the implementation of the guidelines

Managers should:

- Support staff in ensuring that there is adequate staff all the time.
- Motivate for new posts in relation to the size of the unit and activities of the unit.
- Ensure that there are always supplies and equipment for staff to use in the provision of care.

- Provide regular workshops on management of supplies in the unit to avoid abuse of supplies.
- Motivate your staff to have a dining or restroom where they can relax during lunchtime.
- Communicate at senior level the need for human and material resources in the unit.

7.3.3. THEME 3: LEARNER FACTORS

Professional socialisation can only become effective if two parties are equally involved. The parties are the learner nurses and the professional nurses, managers included. If the learner is not cooperative, even if the other party does its best, professional socialisation will not be effective. Theme 3 had three sub-themes, namely, career choice, professional identity and professional conduct.

7.3.3.1 Recruiting suitable candidates for the profession

Justification for the guideline

Recruitment of suitable candidates to the profession needs to be dealt with during the selection process of potential candidates to the profession. Learners need to be evaluated if ever nursing is at heart or is the only option on the table. If a learner didn't want to be a nurse initially, such a learner will have difficulty in adjusting as most of the time he/she will think of the first career of choice. This might negatively affect professional socialisation. The guidelines were formulated in relation to the following findings:

- ❖ Professional nurses cited incidents where learner nurses could not cope in the ward indicating that nursing was not their first-choice career.
- ❖ Almost (49.0%) of learners indicated that nursing was not their first choice of career.

- ❖ Majority of learners, 79% entered the programme because of job security knowing that on completion of training they will be secured a post.
- ❖ Learner nurses indicating that they wanted to be nurses first so that after nursing they want to pursue another health-related qualification.

Recommendation on the implementation of the guidelines

Nursing education institutions should

- Offer career guidance at high school level for potential candidates to know what they are signing up for
- Conduct interviews with potential candidates to find out the reason why the candidate chose nursing as a career
- Conduct a selection test to understand the personality of an individual if they can cope with nursing
- Provide continuous support to learners who are not performing well academically as this might be the reason for not coping in the clinical learning areas.

7.3.3.2 Supporting learners towards developing a positive professional identity

Justification for the guideline

For learners to be professionally socialised, they must first identify with the profession and feel that they are part of the team. Some learner nurses had never been in the hospital before and their first clinical placement is when they see the hospital. In most instances, the clinical areas are not what they thought it would be. They experience culture shock and this might fail to form a relationship with the profession. They might fail to identify with the profession they have chosen. In order to promote positive professional identity, we need to have guidelines in the clinical learning areas and nursing education institutions. The guidelines were influenced by:

- ❖ Findings revealed that even those learners who wanted to be nurses, sometimes find it difficult to cope due to the nature of the clinical area

- ❖ Some learners indicated nursing to be not what they thought and expected it to be.
- ❖ Learners experiencing culture shock by the activities done by nurses in the clinical area
- ❖ Learners asking if basic nursing care was done by nurses or cleaners
- ❖ Male learners indicating that nursing is more of a female profession as it deals with bathing, feeding, talking with patients and elimination processes.

Recommendations on the implementation of the guidelines

Nursing Education Institutions should

- Thoroughly prepare the learners for the clinical areas to tell them about the hospital set-up so that they are not surprised when they arrive in the clinical learning areas for the first time.
- Provide demonstrations in the skills laboratory and they should be as near reality as possible to emulate the clinical learning areas.
- Place learners in the clinical learning areas as soon as they commence training to give them the opportunity to decide if they really want to be nurses.
- Provide learners with the opportunity to reflect experiences after first clinical placement so that they can share their happy and strange moments in the clinical learning areas.
- Provide support through clinical accompaniment to assess how learners are coping.

Professional nurses and managers

- Welcome learners positively especially during first clinical placement. Offer assistance to learners who feel that they cannot cope - these offer learners some form of reassurance that they need.
- Orientate them to the physical layout, activities and patients in the clinical learning areas to familiarise them with the activities and layout of the unit.

- Learners who are not coping should be referred for counselling so that they can be given counselling and support.
- Learners who exhibit signs of frustrations should be referred to the nursing education institutions for intervention as sometimes the performance in class might influence the performance in the clinical area.
- Allocate senior learner nurses to guide and motivate the junior learners as they are peers and would understand each other better. This can also inspire the junior nurse to want to perform better and be senior.
- Create a platform where learners could reflect on their experiences and the challenges that they have experienced especially in the first few days of clinical placement. This will assist in detecting if learners feel secure or threatened when in the clinical learning areas.
- Encourage learners to form a support group amongst themselves where they will share and discuss experiences. This could be a platform to share strategies to cope in the clinical learning areas.

7.3.3.3 Promoting professional conduct to learner nurses

Justification of the guideline

Learner nurses come from the different cultural, racial, economic and social background. Due to the diversity of the groups, some behaviours that are acceptable in one group might not be such in the other. Nursing also has its own professional conduct that all nurses should abide by. It is important to have a common understanding of how things are done in the profession. It is therefore significant that we have guidelines regarding abiding by the professional conduct. The findings that influenced the formation of these guidelines were:

- ❖ Professional nurses highlighted that learners had no knowledge regarding acceptable conduct and behaviour in the clinical learning areas.
- ❖ Learner nurses demonstrated lack of knowledge to these behaviours as many felt shouting, eating while walking, using cell phones, putting on a headset when in the clinical area were acceptable.

- ❖ Learners justified the conduct even when told that the behaviours were unacceptable.
- ❖ Learners were not committed to accepting the accepted behaviour in the profession.

Recommendations for implementation of the guidelines

Nurse education institutions should:

- Reinforce good conduct to learner nurses during professional ethics lessons which are in the first year of training so that they have insight regarding acceptable and unacceptable conduct.
- Indicate some of the behaviours that are common in the general population but are not acceptable in the profession, e.g. eating whilst walking.
- Allow learners to discuss and reflect behaviours that are not harmful but not accepted in the profession. This will give learners insight regarding acceptable and unacceptable conduct in the profession.
- Indicate to learners the significance of upholding the image of the profession as they are still new in the profession and have no knowledge of what constitutes professionalism.

Professional nurses and managers should

- Discuss with learners what constitutes acceptable and unacceptable conduct in the clinical learning areas during first placement so that students know what is expected.
- Offer learners a chance to ask questions and raise concerns regarding acceptable and unacceptable conduct so that you have a common understanding with learners.
- Act as role models as they look up to you and inspire to be like you, actually, you must practice what you preach. Behave in a manner that is acceptable in the profession.
- Hold meetings in the clinical learning areas wherein learners will be encouraged to behave appropriately.

- Acknowledge good behaviour and give praise to learners when they behave acceptably to encourage learners to keep up with the good conduct.
- Learners who exhibit unprofessional conduct should be kindly approached and the matter discussed to correct the behaviour.
- Do not confront or shout at learners who behave unacceptably as this may lead to a situation getting out of control.
- Learners who repeat the same unacceptable conduct should be formally reported to the Nursing Education Institution for intervention.
- Evaluate learners' performances wherein conduct will be part of assessment at the end of each clinical placement as this can serve as a motivation for learners knowing that their conduct will be reported to the Nursing Education Institution.

7.4 SUMMARY

The chapter described the developed guidelines to enhance the professional socialisation of learner nurses. The guidelines formulation was informed by the qualitative and quantitative data obtained. The developed guidelines are simple to understand as the language used was simple. Professional nurses will find them easy to follow and implement. The next chapter will describe the validation of the developed guidelines to facilitate professional socialisation of learner nurses at public hospitals of Limpopo Province, South Africa.

CHAPTER 8

VALIDATION OF THE DEVELOPED GUIDELINES

8.1 INTRODUCTION

The previous chapter discussed the development of guidelines to facilitate professional socialisation of learner nurses in public hospitals of Limpopo Province, South Africa. The guidelines were formulated from the three themes that emerged from the collected data. The themes were the professional nurse as a mentor, the clinical learning environment and learner factors in professional socialisation. This chapter will describe the validation of the developed guidelines and its applicability by the professional nurses in the clinical learning areas. Validation was done according to AGREE checklist on validation of guidelines.

8.2 VALIDATION OF THE DEVELOPED GUIDELINES

Validation is a scientific process where the developed guideline or strategy is checked for accuracy (Chinn & Kramer, 2015). WHO's handbook for guideline development indicates that after guidelines were developed, they should undergo review by experts before they are finalised and implemented, and the review process should be transparent (WHO, 2012). This is to assess the applicability of the developed guidelines and any gaps identified are filled in before the guidelines are implemented.

The validation group constituted the professional nurses, nurse managers and nurse educators who were responsible for professional socialisation of learners in the clinical learning areas. Once the guidelines were developed and evaluated by the supervisors, a letter to request permission to validate the guidelines was sent to the CEOs of the

sampled hospital. After permission was granted, appointments were done telephonically with the audit members responsible for research issues in the hospitals.

Copies of the developed guidelines were sent to the institutions a week before the validation day. That was done in order to allow the respondents time to familiarise themselves with the developed guidelines.

8.3 METHODOLOGY

A quantitative research design was used to validate the developed guidelines. The researcher developed the questionnaire according to AGREE checklist on validation of guidelines. The research instrument consisted of section A and B. Section A constituted the biographic data of the respondents where the race, gender, rank, years of experience in professional socialisation of learners, the highest level of qualification and whether the respondent qualified in Nursing Education were asked. This was asked to assist in the descriptive analysis of the findings. Section B was for the actual validation which had six domains of assessment which the respondents should respond to. The domains were the scope and purpose of the guideline, the stakeholder involvement, rigour of development of the guidelines, clarity on the developed guidelines, applicability of the developed guidelines and lastly the overall guideline assessment.

8.3.1 Population

In this study, the population were professional nurses, nurse managers and nurse educators. The respondents were selected as they were involved in professional socialisation of learner nurses during clinical placement. Those who were members of the guideline development group were excluded from the validation process to avoid bias in validation.

8.3.2 Sampling of facilities

Non-probability purposive sampling was used to sample three clinical institutions where the study was conducted, one Tertiary, one Regional and one District hospital. The institutions were sampled as the researcher obtained more information from them during data collection.

8.3.3 Sampling of respondents

Non-probability purposive sampling was used to sample the participants as they were responsible for professional socialisation and the developed guidelines are meant for them to implement. The respondents needed to have input in the guidelines before they are finalised for implementation. The professional nurses were from different sections of the hospital in order to ensure fair coverage of presentation. The professional nurses made the larger number of the sample as they are the people who directly supervise the learners and are with them all the time in the units.

8.4 DATA COLLECTION

The researcher made appointments with the nurse managers and professional nurses through the Nursing Service Manager. The researcher was offered a boardroom where the respondents would validate the guidelines. The respondents were given the developed guidelines a week before the validation so already they had familiarised themselves with the content. The researcher introduced herself to the respondents who were given the opportunity to introduce themselves and the section where they were working. The researcher presented a brief background on the purpose of the meeting. The brief description of the research methodology and the findings thereof was given.

The purpose for validation of the guidelines was indicated as aimed at ensuring that the developed guidelines are useful and simple to follow and that the professional

nurses had given their input before the guidelines are implemented. The purpose was further indicated as that if the guidelines are useful, it will lead to improved professional socialisation of learners to ensure that on completion, learners are skilful and possess the required ethical and professional conduct expected by the profession. The anonymity of the participants was ensured as the questionnaires had no space for entering the names. The right to participate or not was explained to the respondents.

After the presentations, self-administered questionnaires (Annexure M) were distributed to the respondents for validation. The questionnaires were in English as the researcher had the opinion that the respondents as professionals had adequate knowledge and understanding of the language. The research instrument was in the Likert scale where the respondents should tick the most appropriate space. At the end of each section was a space provided wherein the respondents could give comments. Instructions on how the questionnaire was to be filled were elaborated. The respondents were given enough time to discuss the guidelines and then complete the questionnaire. The respondents were sitting as a group during the discussion of the guidelines but each participant filled their individual questionnaire to validate the guidelines. The researcher avoided looking at and influencing the respondents as that might intimidate them and influence the results. After the questionnaires were completed, the researcher collected them. Concluding remarks on the meeting was done and the respondents were thanked for their participation in the process.

8.5 DATA ANALYSIS

Descriptive statistics were used to analyse and summarise data collected during the validation process. The suggestions and comments that the respondents indicated during the validation process, were included in the analysis. Data were presented in tables and graphs.

8.5.1 Presentation of the results

The findings were presented in tables and discussions. All the respondents agreed that the guidelines were applicable and could facilitate professional socialisation of learners.

8.5.1.1 Biographic data of the respondents

Table 7.1 indicates the biographic data of the respondents. A total of 30 respondents were selected to participate in the validation process of the developed guidelines. All respondents (100.0%) were Africans meaning they could be of the same cultural background. This attribute was important as culture is significant in the provision of care and maintaining relationships in the workplace – in this instance the relationship between the professional nurses and learner nurses. Of the respondents, (17.0%) were male and (83.0%) female. This assisted the researcher in understanding the distribution of professional nurses according to their gender.

In the years of experience in professional socialisation of learners, (17.0%) had 3-7 years' experience, (40.0%) had experience of 8-12 years, (43.0%) had experience of 13 years and above in professional socialisation of learners. All the respondents had experience of over three years in professional socialisation of learners with the majority having the most experience.

In the highest level of education, 40% of respondents had a basic nursing registration qualification, (33.0%) had a clinical speciality and (27.0%) had a post-graduate qualification in nursing. This assisted the researcher to understand the qualifications of respondents as the more qualification one has, the more confidence in clinical practice and learner socialisation.

In the qualitative data collection phase, some participants indicated that they can't teach as they do not have a qualification in nursing education. The biographic data indicated that only (40.0%) of the respondents had nursing education qualification and (60.0%) didn't have. Though nursing education is not a pre-requisite in professional socialisation of learners, professional nurses with professional education qualification were found to be interested in teaching and professional socialisation of learners.

Table 8.1: Biographic data of participants

RACE GROUP				FREQUENCY		PERCENTAGE	
African				30		100	
GENDER							
Male				5		17	
Female				25		83	
PROFESSIONAL STATUS							
Professional nurse				20		67	
Operational manager				04		13	
Assistant manager				02		07	
Nurse educator				04		13	
YEARS OF EXPERIENCE		7		8-12		13 and above	
		Frequency		Percentage		Frequency	
		Percentage		Frequency		Percentage	
Professional nurses		04		13%		10	
Operational managers		0		0%		01	
Assistant managers		0		0%		0	
Nurse educators		0		0%		0	
HIGHEST LEVEL OF QUALIFICATION		Basic diploma/degree		Speciality in clinical nursing		Postgraduate	
		Frequency		Percentage		Frequency	
		Percentage		Frequency		Percentage	
Professional nurses		15		50%		5	
Operational managers		1		03%		3	
Assistant managers						2	
Nurse educators						1	
QUALIFICATION IN NURSING EDUCATION				Frequency		Percentage	
Professional nurses				5		17%	
Operational managers				3		10%	
Assistant managers				2		07%	
Nurse educators				4		13%	

8.5.1.2 Discussion of the validation findings

The discussions were based on the data collected from the validation group through an open-ended questionnaire. The questionnaire was on a Likert scale where the respondents would respond with a yes or no on the question asked. The respondents had a section where they could write comments if any. The questionnaire had six domains, which were the scope of the guidelines, stakeholder involvement, rigour development, clarity of presentation, applicability, editorial independence and the overall rate of the guidelines.

8.5.1.2.1 Scope and purpose

This section was aimed at evaluation if the guidelines were clearly identified and described before they are implemented. From the validation results, 30 respondents, nearly all (100.0%) indicated that the objectives of the guidelines were clearly described. Most respondents (97.0%) indicated that the population for whom the guidelines were intended is specifically described. The respondents agreed that the scope and purpose of the guidelines were clearly identified and described.

8.5.1.2.2 Stakeholder involvement

This section was meant to assess if the people who are involved in the validation process had knowledge regarding professional socialisation. All, (100.0%) of the respondents agreed that they were involved in the professional socialisation of learners. Findings revealed that (100.0%) of the respondents agreed that the opinions of the professional nurses were sought before the guidelines were implemented. All the respondents (100.0%) indicated that the people who are to implement the guidelines were clearly described and stated. Almost all the participants agreed that the stakeholders were involved in the validation of the guidelines.

8.5.1.2.3 Rigor of development

In this section, guidelines were to be evaluated if scientific methods were followed in the collection of data process before the guidelines were developed. Nearly all respondents 98% indicated that systemic methods were used to collect data during the study. They agreed that the methodology that was used during data collection was described. Most respondents (97.0%) indicated that the guidelines had significance and limitations of the study which were clearly described. Many (97.0%) indicated that the methodology of the formulation of the guidelines had been clearly described. Almost (98.0%) responded that trustworthiness, validity and reliability of the study were ensured as during the briefing a summary and findings of the study were explained.

Almost all the respondents (100.0%) agreed that the justification of the guidelines were clearly described in the document. Most 96% agreed that there was a link between the recommendations and the data collected from the participants. All the respondents (100.0%) indicated that the guidelines were reviewed by the professional nurses before they were implemented. This was done as a summary of the study was described to the respondents. The majority of the participants agreed that rigour was done in the collection of data and the development of guidelines.

8.5.1.2.4 Clarity of presentation

This section was intended to assess if the guidelines were to be simple for professional nurses to implement. They were to be assessed for simplicity and unambiguity. All respondents (100.0%) indicated that the guidelines were specific and easy to implement. They agreed that there were clear instructions to follow on the implementation of the guideline. Almost all respondents (98.0%) agreed that the key recommendations in the guidelines were easily identifiable. Almost all the respondents indicated that the guidelines were simple and easy to implement.

8.5.1.2.5 Applicability

In this section, guidelines were to be evaluated if they had clearly indicated how they can be implemented and who should implement them. All the respondents agreed that the guidelines described the measures to be put in place during application. They agreed that advice on how the guidelines were to be followed was given.

8.5.1.2.6 Editorial Independence

This section was to evaluate if the validators were not in conflict of interest during the process of validation. All the respondents, (100.0%) indicated that there was no conflict of interest on their part during the validation process. This affirms that the guidelines' validation process was independent and impartial.

8.5.1.2.7 Overall guideline assessment

Guidelines were validated to see if they were ready for implementation and if they needed to be implemented with some modifications. All the respondents indicated that the guidelines were of the highest value possible and they recommended that they be implemented.

8.6 SUMMARY

Validation of the developed guidelines was conducted with 30 respondents. Of the total number, twenty were professional nurses, four operational managers, two assistant managers and four nurse educators. Respondents were given the opportunity to give suggestions regarding facilitation of professional socialisation of learner nurses on the open-ended questionnaires. Almost all the respondents affirmed that the guidelines were of highest possible quality and can be implemented. The next chapter presents the conclusions, limitations, recommendations and summary of the study.

CHAPTER 9

CONCLUSIONS, LIMITATIONS, RECOMMENDATIONS AND SUMMARY

9.1 INTRODUCTION

The previous chapter presented and discussed the validation of the developed guidelines. Professional nurses, operational managers, assistant managers and nurse educators formed the validation group. The developed guidelines were validated using AGREE checklist. The developed guidelines were found to be simple and easy to implement by the group. This chapter presents the purpose of the study, summary, conclusions, limitations, recommendations and summary of the study.

9.2 THE PURPOSE OF THE STUDY

The purpose of the study was to develop guidelines for the professional socialisation of learner nurses. The guidelines were developed and presented in a simple form. Validation of the guidelines was done with nurse educators, professional nurses and operational managers and assistant managers in the clinical learning areas.

9.3 CONCLUSIONS OF THE STUDY

Conclusions were drawn from the data obtained from professional nurses regarding their perception on their role in professional socialisation of learners and learner nurses' knowledge, practice and attitudes towards professional socialisation. Conclusions were presented in tables 9.1- 9.11.

9.3.1 Conclusions on phase 1A

The objective for this phase was to explore the perception of professional nurses regarding their role in the professional socialisation of learner nurses. The objective was met as data collected indicated the role of the professional nurses in professional socialisation and the challenges impacting on professional socialisation. The findings were discussed under the themes professional nurse as a mentor, factors in the clinical learning areas that influence professional socialisation and learner factors that influence professional socialisation.

9.3.1.1 Main theme 1. The professional nurses as a mentor of learners in professional socialisation

The findings revealed that the professional nurses need to be exemplary role models to the learners at all times. Learners emulate the behaviour of the person they think is their role model. The theoretical framework of the study indicated that children who in this case are learners, copy the behaviour of an adult figure they perceive as role model. The adult person in the profession is the RPN. The role modelling should be in appearance, conduct and upholding of ethical values and principles. As a mentor the professional nurse needs to provide teaching to the learner nurses especially during the provision of care. The teaching should include matters of ethics in the profession. The professional nurses needed to be competent in skill performance. This assists learners to be able to observe good practices and copy them.

9.3.1.2 Main theme 2: Factors in the clinical learning areas that influence professional socialisation

The findings in this theme revealed that there are factors in the clinical learning areas that influence professional socialisation. Effective communication between the staff in the clinical areas and the learners make it easy for the learners to adjust and feel free to learn. Interdisciplinary communication between nurses and other members of the health team is also important in enhancing professional socialisation. Learners need to know how to communicate at an earlier stage of socialisation so that they can discuss patient related matters freely. Ignorance and failure to respect ethical values in the clinical learning areas was found to be common and posed as a threat to professional socialisation. If unacceptable behaviour goes unchallenged, the risk of people repeating that is high and eventually it becomes the norm. Then we end up with learners who were socialised in an environment where ethics were not respected.

Displaying of patients' rights in all strategic places, displaying of the Batho-Pele

Principles might assist in reminding the staff of the values of the profession. Nurses Pledge of Service should be displayed and discussed regularly in the clinical areas to promote good conduct and ethics in the profession.

Shortage of staff and resources were identified to be negatively impacting on professional socialisation. When there is shortage of staff, professional nurses find it difficult to supervise and follow-up on learners. This leads to learners being ignored and doing procedures unsupervised. The result is that learner nurses would just idle and not know what to do impacting on professional socialisation. Shortage of equipment leads to procedures being flawed as most of the time professional nurses need to compromise for the resources that are not available. This leads to learners learning flawed procedure. Learners emulate what they see and since that is done by the professional nurse whom they consider as role model, the learners will copy the flawed practice.

9.3.1.3 Main theme 3. Learner factors that influence professional socialisation

Findings revealed that even if the professional nurses can be exemplary role models and create a conducive environment for professional socialisation, the learners also had a part to ensure that professional socialisation is effective. Learner factors like wrong career choice, failure to develop a positive professional identity in the profession and lack of knowledge regarding professional conduct which could be due to absence of exemplary role models were identified to having a negative impact on professional socialisation of learners.

9.3.2 Conclusion on phase 1B

In this phase, the objective was to assess the knowledge, practices and attitudes of learner nurses regarding professional socialisation. A quantitative research design was used to collect data from learner nurses. An open-ended questionnaire was used and respondents gave a different response to the question asked. Responding to the information obtained from the professional nurses, learners were asked different questions. The objective was met as learners indicated to have knowledge about professional socialisation though few indicated not to have more insight, learners also indicated that professional nurses were not always acting as exemplary role models as they expected them to be. Some professional nurses were said to be incompetent. Learners indicated that the clinical learning environment was not always supportive as attitudes from nursing and other members of the health team were impacting on professional socialisation. Some learners also indicated that nursing was not their first career of choice and factors like family influence and job security influenced them choosing the profession.

9.3.3 Conclusion of the development of guidelines

The objective in this phase was to develop guidelines for facilitation of professional socialisation of learner nurses at public hospitals of Limpopo Province, South Africa. Guideline development was guided by WHO's steps on the formulation of guidelines (WHO 2012). Summary of the developed guidelines is tabled on table 9.1 to 9.11.

Table 9.1: Summary for guideline professional nurse as a role model

Theme	Sub-theme	Findings	Guideline	Recommendations for implementation
Theme 1: Professional nurse as mentor to learners	Professional nurse as an exemplary role model	<ul style="list-style-type: none"> Professional nurses viewed themselves as role models Professional nurses having knowledge of exemplary role model Professional nurses acknowledging that they at times do not act as role models Learners indicated that professional nurses do not behave as role models all the time 	Professional nurse as an exemplary role model	<ul style="list-style-type: none"> Always be in full uniform as prescribed by the institution Discuss SANC regulations regarding uniform and distinguishing devices (R1201) regularly Adhere to the agreed time for reporting on duty, tea and lunchtimes On a regular basis, professional nurses who are principled should be recognised and rewarded by nursing management When the professional nurses are in public or in the community they should behave accordingly.

Table 9.2: Summary for professional nurse as a custodian of teaching and learning

Theme	Sub-theme	Findings	Guideline	Recommendations for implementation
Theme 1: Professional nurse as mentor to learners	Professional nurse as custodian of teaching and learning	<ul style="list-style-type: none"> Professional nurses acknowledged their teaching function to learners Some professional nurses unwilling to be involved in teaching and supervision of learners Professional nurses indicated that they do not have adequate knowledge regarding contemporary issues Learners indicating that they are not taught Learners indicated that professional nurses lack information on other important issues 	Promoting teaching and supervision in the clinical learning areas	<ul style="list-style-type: none"> Ensure that there are learning objectives for the different learner nursing categories per their level of training. Drawing of a teaching programme according to the need of the unit. Offer to teach on topics that need speciality. Learner nurses to be involved in teaching especially at the fourth level Delegate learner nurses to work with the professional nurse all the time Give learners case studies for the conditions in the unit for them to present as this promotes learning In the performance evaluation of professional nurses, learner supervision should be part of the evaluation. Include demonstrations in the teaching programme so that learners can witness and practice the correct procedures in the clinical learning areas Use teachable moments during provision of care especially in rare or uncommon conditions or emergencies in the ward. Provide feedback to learners regarding their performance during the period of clinical placement. Encourage professional nurses to use the social media to seek more information but they need to know where to get the correct information to avoid fake news Provide professional nurses with opportunities to improve their studies part-time. Provide training and workshops for professional nurses so that they keep abreast of the new developments in the health sector

Table 9.3: Summary for professional nurse as a competent practitioner entrusted with patient care

Theme	Sub-theme	Findings	Guideline	Recommendations for implementation
Theme 1: Professional nurse as mentor to learners	Professional nurse as entrusted with patient care	<ul style="list-style-type: none"> Professional nurses knew that they needed to be competent in patient care Professional nurses not competent in patient care Learners indicated that professional nurses are at times incompetent Professional nurses not confident to perform a task in the presence of learners Professional nurses avoiding tasks that are challenging in the clinical area due to incompetency. 	Practising with competency within the ethical and legal prescripts of the profession during patient care	<ul style="list-style-type: none"> Empower professional nurses through on job training. For any new developments in the field that nurses are working, managers to register them for short courses. Newly qualified professional nurses should be given mentors in the clinical learning area to assist them in gaining confidence when they practice Management to help identify competency gaps in professional nurses and ensure that the gaps are filled Promote “buddy colleague” in the unit so that professional nurses with information regarding other matters that are new in the clinical learning areas, share with those that do not have. During performance evaluation, professional nurses who didn’t perform well should be given guidance and time to improve. Promote an environment where those who do not know will feel free to ask. During performance evaluation, professional, competent nurses should be rewarded.

Table 9.4 Summary for guideline on Upholding of professional values

Theme	Sub-theme	Findings	Guideline	Recommendations for implementation
Theme 2: The clinical learning environment	Upholding of professional values	<ul style="list-style-type: none"> Professional values were not adhered to. Patients' rights were not displayed in all the areas Batho-Pele Principles were not displayed in all the areas. Nurses Pledge of Service was not displayed in all the clinical areas Professional values not discussed regularly. Staff members who do not adhere to the professional values are unchallenged Professional nurses not provided with psychological support when they show signs of stress The environment in the clinical learning area is hostile regarding support offered to each other as professional nurses. 	Upholding of professional values	<ul style="list-style-type: none"> Reaffirming of professional values in the clinical learning areas. Professional values should be discussed at every opportunity that the staff has Include professional values in teaching programmes. Promote an environment where unethical behaviour can be reported. Offer debriefing to employees have personal problems. Display patients' rights and Batho-Pele in the clinical area so that everyone is aware of the expectations Display the Nurses Pledge of Service in the clinical area. Allow professional staff and other nursing staff to attend meetings where patients' rights and ethics are discussed. Create platforms where all nurses can have a chance to go to attend nurses' day of prayer as they are offered at institutional, district and provincial level. Promote Buddie colleague where professional nurses can be able to monitor each other and support each other during the strenuous period in the clinical area Be an open manager who can be able to listen to their juniors whenever they have personal or work-related problems. Reprimand unethical behaviour without taking sides.

Table 9.5: Summary for guideline on improving communication in the clinical areas

Theme	Sub-theme	Findings	Guideline	Recommendations for implementation
Theme 2: The clinical learning environment	Communication in the clinical learning areas	<ul style="list-style-type: none"> • Professional nurses indicated that some staff members had a negative attitude towards learners • Learners were said to be having a negative attitude towards staff • Members of the health team did not respect learners • Professional nurses felt that they are overworked and no one appreciates the work that they are doing • Learners indicated that they were not involved in decisions taken regarding patient care and ward activities in the clinical learning area • Professional nurses indicated that information is not freely shared • Professional nurses indicated that there is a lack of respect amongst staff in the clinical learning areas 	Promoting effective communication in the clinical learning area	<ul style="list-style-type: none"> • The orientation of learner nurses • Promote respect of each other in the clinical learning environment. • Promote a culture of caring towards each other for staff. • Include learner nurses in decision making regarding patient care and ward activities. • Invite learners in meetings with other members of the health team. • Strive to know learners by their names if possible. • Any new policies, procedures and protocols to be communicated with other staff members. Introduce learners to other members of the health team so that they are aware of their presence and the reason thereof. • Hold meetings regularly in the clinical learning areas where the staff discuss the activities in the clinical area. • Acknowledge the good work that the staff, learners included are doing in the clinical learning area. Hold regular meetings with the clinical staff regarding learner nurse issues • Offer courses for professional nurses regarding temporary issues affecting learners • Support professional nurses who are interested in the teaching of learners in the clinical learning areas

Table 9.6: Summary for guidelines to create a positive working environment in the clinical area

Theme	Sub-theme	Findings	Guideline	Recommendations for implementation
Theme 2: The clinical learning environment	Attitudes in the clinical learning areas	<ul style="list-style-type: none"> • Professional nurses indicated that some staff members had a negative attitude towards learners • Professional nurses were accused of being tense and hard on students • Learner nurses were accused to be ignorant about the activities in the clinical areas • Learners were accused of dodging and refusing to be delegated at times • Clinical learning areas were portrayed to be uncondusive as staff didn't care about each other's well-being. • Professional nurses ignorant about their teaching function 	Promoting positive interpersonal relationships in the clinical learning areas	<ul style="list-style-type: none"> • Promote an environment where people are relaxed and not take everything into the heart. • The orientation of the learner on the acceptable behaviours in the clinical learning environment. • Offer learners with opportunities to reflect at the end of each week so that any misunderstandings were corrected. • Encourage social events in the workplace where they can celebrate each other's birthday just to take the mind of stress in the workplace. • Discuss topics related to the four fundamental functions of the professional nurse in the clinical learning areas wherein teaching is one of them. • Delegate a professional nurse in the clinical learning areas who will monitor the learners and interact with them regularly. • Learners who violate the code of conduct should be reported formally to the Nursing Education Institution who should act.

Table 9.7: Summary for guidelines to improve governance in the clinical area

Theme	Sub-theme	Findings	Guideline	Recommendations for implementation
Theme 2: The clinical learning environment	Governance	<ul style="list-style-type: none"> • Staff who violated ethical standards were not held to account • Learners who exhibited unethical behaviour were not held to account • Professional nurses were not familiar with the disciplinary processes in the public service • Professional nurses were not familiar with the disciplinary codes of learners • Managers were said to be afraid to confront the people implicated in disregard of ethics. • Managers were said to be favouring certain staff members over others and didn't discipline those who were their friends. 	Promoting good governance in the clinical learning areas	<ul style="list-style-type: none"> • Keep policies and manuals of code of conduct for all employees in the clinical area to access • Keep policies and manuals for learner nurses' codes of conduct in the clinical learning area • Discuss the manuals and policies in the ward meetings so that everyone is aware of their existence • Promote a culture of reporting unacceptable behaviour in the clinical learning area • Impartially intervene in such instances without any favouritism • Learners and staff who constantly ignore the codes of conduct should be sent for counselling • Familiarise yourself with disciplinary codes in the public service • Report gross violation of human rights to the appropriate person who will deal with the matter • Be firm in implementing disciplinary procedures to those who ignored the rules and ensure that they are applied correctly

Table 9.8: Summary for guidelines to support staff with resources in the clinical learning areas

Theme	Sub-theme	Findings	Guideline	Recommendations for implementation
Theme 2: The clinical learning environment	Management issues affecting professional socialisation in the clinical learning areas	<ul style="list-style-type: none"> • Professionals indicated shortage of staff and equipment • Staff not paid overtime • Professional nurses indicated the abuse of supplies. 	Promoting effective management in the clinical learning areas	<ul style="list-style-type: none"> • Support staff in ensuring that there is adequate staff all the time • Motivate for new posts in relation to the size of the unit and activities of the unit • Ensure that there are always supplies and equipment for staff to use in the provision of care. • Provide regular workshops on management of supplies in the unit to avoid abuse of supplies. • Motivate your staff to have a dining or restroom where they can relax during lunchtime • Communicate at senior level the need for human and material resources in the unit

Table 9.9: Summary for guidelines to improve selection processes for training

Theme	Sub-theme	Findings	Guideline	Recommendations for implementation
Theme 3: learner factors	Career choice	<ul style="list-style-type: none"> Professional nurses cited incidents where learner nurses could not cope in the ward indicating that nursing was not their first-choice career. 49% of learners indicated that nursing was not their first choice of career 79% of learners entered the programme because of job security knowing that on completion of training they will be secured a post Learner nurses indicating that they wanted to be nurses first so that after nursing they want to pursue another health-related qualification 	Recruiting suitable candidates for the profession	<ul style="list-style-type: none"> Offer career guidance at high school level for potential candidates to know what they are signing for Conduct interviews with potential candidates to find out the reason why the candidate chose nursing as a career Conduct a selection test to understand the personality of an individual if they can be nurses Provide continuous support to learners who are not performing well academically.

Table 9.10: Summary for guidelines to support learners to cope in the clinical areas

Theme	Sub-theme	Findings	Guideline	Recommendations for implementation
Theme 3: learner factors	Professional Identity	<ul style="list-style-type: none"> Some learners indicated nursing to be not what they thought it to be Learners experiencing culture shock Learners asking if basic nursing care was done by nurses or cleaners Male learners indicating that nursing is more of a female profession 	Supporting learners towards developing a positive professional identity	<p>Nursing Education Institutions should</p> <ul style="list-style-type: none"> Thoroughly prepare the learners for the clinical areas to tell them about the hospital set up Provide demonstrations in the skills laboratory and they should be as near reality as possible Provide learners with the opportunity to reflect experiences after first clinical placement Provide support through clinical accompaniment to assess how learners are coping <p>Professional nurses and managers</p> <ul style="list-style-type: none"> Welcome learners positively especially during first clinical placement Orientate them to the physical layout, activities and patients in the clinical learning areas Learners who are not coping should be referred for counselling Learners who exhibit signs of frustrations should be referred to the nursing education institutions for intervention Allocate senior learner nurses to mentor and motivate the junior learners Create a platform where learners could reflect on their experiences and the challenges Encourage learners to form a support group amongst themselves where they will share and discuss experiences

Table 9.11: Summary for guidelines to promote and reinforce acceptable conduct in the clinical learning areas

Theme	Sub-theme	Findings	Guideline	Recommendations for implementation
Theme 3: learner factors	Knowledge regarding professional conduct	<ul style="list-style-type: none"> Professional nurses indicated that learners had no knowledge regarding acceptable conduct and behaviour Learners nurses indicated a lack of knowledge to these behaviours as many felt shouting, eating while walking, using cell phones. Putting on headset when in the clinical area were acceptable. Learners justified the conduct even when told that the behaviours were unacceptable. Learners were not committed in accepting the justifiable behaviour in the profession. 	Promoting professional conduct to learner nurses	<p>Nursing Education Institutions should</p> <ul style="list-style-type: none"> Reinforce good conduct to learner nurses during professional ethics lessons which is in the first year of training Indicate some of the behaviours that are common in the general population but are not acceptable in the profession Allow learners to discuss and reflect behaviours that are not harmful but not accepted in the profession Indicate to learners the significance of upholding the image of the profession. <p>Professional nurses and managers should</p> <ul style="list-style-type: none"> Discuss with learners what constitutes acceptable and unacceptable conduct during the first placement Offer learners chance to ask questions and raise concerns regarding acceptable and unacceptable conduct Act as role models and practice what you preach Acknowledge good behaviour and give praise to learners when they behave acceptably to encourage learners to keep up with the good conduct Learners who exhibit unprofessional conduct should be kindly approached and the matter discussed. Learners who repeat the same unacceptable conduct should be formally reported to the Nursing Education Institution for intervention Evaluate learners' performances wherein conduct will be part of an assessment at the end of each clinical placement

9.3.4 Conclusions on phase 2B

The objective was to validate the guidelines to ensure that they are of quality and easy to implement by the professional nurses. The AGREE checklist was used to validate the guidelines. The validation was done with thirty respondents, two assistant managers, four OPMs, twenty RPNs and four nurse educators. The researcher and the respondents agreed that the guidelines were simple and easy to use as the language used was unambiguous. The researcher asked the nurse managers to grant permission to come to the in-service training of the hospital to roll out the guidelines. The overall score of the guideline was 99% an indication that the people whom the guidelines are intended for, are satisfied with the guidelines.

9.4 LIMITATIONS OF THE STUDY

The researcher acknowledges that the study had few limitations. The population of the study was on learners registered for R425 programme. The scope could have included learner nurses registered for other programmes or those doing post-basic training as they too are socialised into their new professional role. The professional nurses described the behaviour and conduct of learner nurses in the challenges to professional socialisation from their subjective viewpoint and they could have been biased.

Even with the said limitations, the study provided insight into the perception of professional nurses regarding their role in the professional socialisation of learner nurses. The learner nurses' knowledge, practice and attitudes to professional socialisation was assessed providing insight into how best the learners could be assisted towards professional socialisation.

9.5 RECOMMENDATIONS

The researcher will communicate with the Nursing Education Institutions and the accredited clinical placement institutions to roll out the guidelines and share with them the recommendations that resulted from the study. These will be done through workshops and in-service trainings offered by the institutions. Copies of the summarised guidelines will be issued during the workshops. The following recommendations are based on the findings and the proposed guidelines:

9.5.1 Recommendations regarding nursing education

- The nursing education institution should hold career guidance to different high schools in the province to provide information about the profession
- Characteristics of potential candidates should be explained during the career guidance
- Interview potential candidates for the reason for choosing the profession and to determine if they are suitable for the profession
- Discuss issues of professional values at length with the student at the beginning of training so that these are reinforced
- Provide clinical learning areas with the objectives for learning for different categories and level of training so that the professional nurses know how to assist learners in their unit
- Learner evaluation should include ethical conduct to determine if the learners has adequate information regarding the profession
- Monitor learners' conduct and behaviour regularly and intervene if necessary
- Hold regular meetings with the clinical learning areas to discuss the learners' issues in the clinical learning areas
- Visit the clinical learning areas regularly for clinical support and offer guidance to learners who might be having problems
- Support professional nurses through workshops and in-service training on temporary issues

9.5.2 Recommendations regarding the professional nurse as the role model

- Learner regards professional nurses as their role model in the clinical learning areas.
- The professional socialisation of learners is entrusted on the professional nurse.

Professional nurses an exemplary role model should:

- Be committed to uphold the values and beliefs of the nursing profession
- Manage time effectively during tea and lunch breaks
- Put on the uniform as prescribed by SANC regulation and the institution policies
- Even when in the community, be committed to behave in a professionally accepted manner.

The professional as the provider of patient care

- Be competent in the performance of procedures and activities in the clinical learning areas
- Advocate for patients' right to ensure that patients receive quality care
- Keep up to date with current contemporary issues in the clinical areas through attending workshops and private studies
- Demonstrate respect during communication with the patient even when the patient has a different opinion

Professional nurse as the custodian of teaching and learning in the clinical learning areas:

- Orientate and welcome learners warmly during clinical placement to allay fear and anxiety
- Utilise teachable moments effectively to familiarise the learners with the activities in the clinical areas
- Offer learners teaching opportunities of the common conditions in the unit to share information
- Support learners who are not coping and refer to the NEIs if necessary

- Involve learner in patient and unit related decisions to promote a sense of belonging
- Evaluate learner performance and give time for reflection to assess if learning objectives were met
- Delegate learners according to the level of training so that learners acquire the required competency the level of training
- Acknowledge learners who behave accordingly in the clinical learning areas
- Reprimand negative behaviour and continue to monitor its recurrence to provide support.

9.5.3 Management in the institutions

- Provide adequate staff to improve patient care and learner supervision
- Provide adequate resources as this directly impacts on care provided and professional socialisation of learners
- Provide an environment where unprofessional conduct can be reported without any fear
- Apply disciplinary measures for professionals who violate professional and ethical codes fairly to prevent repeating of the misconduct
- Provide workshops and in-service training for professionals to acquire the latest information and skills
- Arrange workshops for professional ethics and conduct for professional nurses.

9.5.4 Recommendations for further research

The objective of the study was to explore the perception of professional nurses regarding their role in the professional socialisation of learners, the challenges that affect professional socialisation and the knowledge, practices and attitudes of learners towards professional socialisation of learner nurses. The finding indicated that professional socialisation of learners in the clinical learning areas is influenced by many factors. Further research on professional socialisation of learner nurses can be done to explore

different factors that emanated from the data collection. Studies can be conducted on the following issues:

- The perception of professional nurses regarding their teaching function of learner nurses
- The perception of the nurse educator regarding their role in professional socialisation of learners
- Teaching method to facilitate professional socialisation to be more effective
- The recruitment and selection of suitable candidates in the profession so that suitable candidates are admitted to the profession.

9.6 CONTRIBUTION OF THE STUDY

The study contributed in providing the professional nurses with simplified and easy to use guidelines that would facilitate professional socialisation of learners. The guidelines are intended to be used at operational level by the professional nurses who are directly involved with professional socialisation of learners. The guidelines will equip professional nurses with information regarding professional socialisation of learners in the clinical areas. The factors that were identified to be negatively impacting on and hindering professional socialisation of learners will be addressed by the NEIs, nurse managers and professional nurses. The researcher believes that the developed guidelines will facilitate professional socialisation of learners so that when the learner qualifies, he/she is equipped with the necessary skills and competency to practice as an independent practitioner who will uphold the moral and ethical principles of the nursing profession.

9.7 SUMMARY OF THE STUDY

The study was conducted in the Capricorn and Vhembe Districts of Limpopo Province, South Africa. The two districts were purposively selected as they both have a University and College training learner nurses in R425 programme. A sequential exploratory mixed method design was used to collect data. Four hospitals were purposively selected, two

districts hospital, one regional and one tertiary, in order to obtain information from professional nurses and learners at different levels of care in the province. The study was guided by Bandura's Social Learning Theory to explore the perception of professional nurses regarding their role in professional socialisation of learners. Professional nurses were perceived to be adults in the nursing profession and influenced the professional socialisation of learner nurses who are regarded as neophytes in the nursing profession as they come in without any knowledge and skill. The objectives were divided according to phases one and two.

Phase one was the empirical phase of data collection to explore the perception of professional nurses regarding their role in professional socialisation of learners and to assess the learners for knowledge, practice and attitudes of regarding professional socialisation. In this phase, semi-structured interviews were used to collect qualitative data from professional nurses, Data was collected until saturation was reached at participant number 25. Tech's open coding method was used to analyse data. Three main themes emerged from the analysis, they were, Professional nurses as a mentor to learners, Factors in the clinical learning areas that influence professional socialisation and learner factors that influence professional socialisation.

Findings of the study revealed that professional nurses considered themselves as role models in conduct and competency to learner nurses, they acknowledged their teaching function to learners. Professional nurses also indicated challenges that they face that influenced professional socialisation. The findings from qualitative data influenced the development of a research instrument to collect data from learner nurses. The research instrument was in Likert scale and had four sections. Findings from quantitative design concurred with what professional nurses indicated. There were also differences were professional nurses indicated that they offer support to learners in the clinical areas whereas 70% of learners indicated that they were not fully supported.

Phase two was the development and validation of the developed guidelines.

Guidelines were developed according to WHO handbook for guideline development. The developed guidelines were described based on the three themes that emerged in the qualitative data findings. Both the qualitative findings and quantitative results together with extensive literature search influenced the development of the guidelines. The researcher worked with the validation development group which constituted of

professional nurses, operational managers and assistant managers. The researcher communicated with the group through telephone and email and later a workshop was conducted to finalise the guidelines.

Validation of the guidelines was through AGREE checklist. The qualitative approach was used in validation of the guidelines. The population was professional nurses, operational managers and assistant managers. The population was people who were directly involved in professional socialisation of learners. The guidelines were evaluated for their applicability. Almost 99% of the respondents agreed that the guidelines are easy to follow and apply in the clinical learning areas.

Nursing is a noble profession where the practitioners should be skilful and compassionate in carrying out their duties. The process starts during training where the ethical principles and skill competencies are taught and reinforced. The process is through professional socialisation. The findings revealed that the professional nurses who are entrusted with learner nurses in the clinical areas are not always acting as an exemplary role model to the learners. The clinical learning environment was found to be hostile and not promoting learning. Learners were feeling isolated and not being recognised as part of the clinical team. Learners were also found to have difficulty in adapting to the profession as they felt that it did not meet their expectations.

Objectives of the study for exploring the perception of professional nurses' role regarding professional socialisation and the challenges were achieved. The study also achieved the objective of assessing the knowledge of learners regarding their knowledge, practice and attitudes towards professional socialisation. The developed and validated guidelines may be used to facilitate the professional socialisation of learners.

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ANNEXURE 1

CLEARANCE CERTIFICATE UNIVERSITY OF VENDA ETHICS COMMITTEE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:

Mrs JL Mafumo

Student No:

11523366

PROJECT TITLE: **Guidelines to facilitate professional socialisation of learner nurses in public hospitals of Limpopo Province, South Africa.**

PROJECT NO: **SHS/19/PDC/04/1103**

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

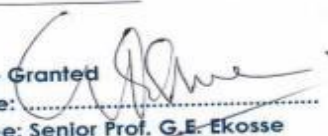
NAME	INSTITUTION & DEPARTMENT	ROLE
Prof ML Netshikweta	University of Venda	Promoter
Prof MS Mapulle	University of Venda	Co - Promoter
Prof L Lendahls	LUS	Co - Promoter
Mrs JL Mafumo	University of Venda	Investigator - Student

ISSUED BY:

UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: March 2019

Decision by Ethical Clearance Committee **Granted**

Signature of Chairperson of the Committee: 

Name of the Chairperson of the Committee: Senior Prof. **G.E. Ekosse**



University of Venda

PRIVATE BAG X5050, THOHAYANDOU, 0950, LIMPOPO PROVINCE, SOUTH AFRICA. TEL: 015 962 8504
TELEPHONE (015) 962 8504/8313 FAX (015) 962 9080 Thohoyandou 0950

"A quality driven financially sustainable, rural-based Comprehensive University"



ANNEXURE 2A

APPLICATION FOR PERMISSION TO CONDUCT THE STUDY: LETTER TO LIMPOPO PROVINCE DEPARTMENT OF HEALTH

P.O. Box 124

Shayandima

0945

22 May 2019

The Head of Department
Department of Health
Limpopo Province

Dear sir/madam

RE: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

I Julia Langanani Mafumo, am currently registered for Doctor of Nursing degree programme at the University of Venda. Part of the requirements of the programme is conducting of research. I am thus requesting to conduct research at Tshilidzini and Donald Fraser hospitals and Thohoyandou Nursing Campus of Vhembe District The institutions were sampled because learner nurses are allocated for clinical learning and teaching in those institutions. The topic for research is: **Development of guidelines to facilitate professional socialisation of learner nurses in public hospitals of Limpopo province, South Africa**.

I am hoping that the results of the study will assist in improving professional socialisation of learners and help in producing a competent practitioner, reducing litigations in the Department of Health.

Thank you

Mafumo Julia Langanani (0825656808, julia.mafumo@univen.ac.za)

ANNEXURE 2B

APPLICATION FOR PERMISSION TO CONDUCT THE STUDY: LETTER TO VHEMBE DISTRICT SENIOR MANAGER

P.O. Box 124

Shayandima

0945

22 May 2019

The District Senior Manager

Vhembe District Health Services

Private Bag x 9302

Thohoyandou

0950

Dear sir/madam

RE: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

I Julia Langanani Mafumo, am currently registered for Doctor of Nursing degree programme at the University of Venda. Part of the requirements of the programme is conducting of research. I am thus requesting to conduct research at Tshilidzini and Donald Fraser hospitals and Thohoyandou Nursing Campus of Vhembe District. The institutions were sampled because learner nurses are allocated for clinical learning and teaching in those institutions. The topic for research is: **Development of guidelines to facilitate professional socialisation of learner nurses in public hospitals of Limpopo province, South Africa**.

Attached are the approvals from the University Research Office and the Department of Health, Limpopo Province

I am hoping that the results of the study will assist in improving professional socialisation of learners and help in producing a competent practitioner, reducing litigations in the Department of Health.

Thank you

Mafumo Julia Langanani (0825656808, julia.mafumo@univen.ac.za)

ANNEXURE 2C

APPLICATION FOR PERMISSION TO CONDUCT THE STUDY: LETTER TO CAPRICORN DISTRICT SENIOR MANAGER

P.O. Box 124

Shayandima

0945

30 May 2019

The Manager
Capricorn District Health Services
Private Bag x 9302
Polokwane
0700

Dear sir/madam

RE: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

I Julia Langanani Mafumo, am currently registered for Doctor of Nursing degree programme at the University of Venda. Part of the requirements of the programme is conducting of research. I am thus requesting to conduct research at Tshilidzini and Donald Fraser hospitals and Thohoyandou Nursing Campus of Vhembe District The institutions were sampled because learner nurses are allocated for clinical learning and teaching in those institutions. The topic for research is: **Development of guidelines to facilitate professional socialisation of learner nurses in public hospitals of Limpopo province, South Africa**".

Attached are the approvals from the University Research Office and the Department of Health, Limpopo Province

I am hoping that the results of the study will assist in improving professional socialisation of learners and help in producing a competent practitioner, reducing litigations in the Department of Health.

Thank you

Mafumo Julia Langanani (0825656808, julia.mafumo@univen.ac.za)

ANNEXURE 2D

APPLICATION FOR PERMISSION TO CONDUCT THE STUDY: LETTER TO PIETERSBURG HOSPITAL CHIEF EXECUTIVE OFFICER

P.O. Box 124

Shayandima

0945

05 June 2019

The Chief Executive Officer

Pietersburg Hospital

Private Bag X 9315,

Pietersburg

0700

Dear sir/madam

RE: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

I Julia Langanani Mafumo, am currently registered for Doctor of Nursing degree programme at the University of Venda. Part of the requirements of the programme is conducting of research. I am thus requesting to conduct research at Tshilidzini and Donald Fraser hospitals and Thohoyandou Nursing Campus of Vhembe District. The institutions were sampled because learner nurses are allocated for clinical learning and teaching in those institutions. The topic for research is: **Development of guidelines to facilitate professional socialisation of learner nurses in public hospitals of Limpopo province, South Africa**.

Attached are the approvals from the University Research Office and the Department of Health, Limpopo Province

I am hoping that the results of the study will assist in improving professional socialisation of learners and help in producing a competent practitioner, reducing litigations in the Department of Health.

Thank you

Mafumo Julia Langanani (0825656808, julia.mafumo@univen.ac.za)

ANNEXURE 2E

APPLICATION FOR PERMISSION TO CONDUCT THE STUDY: LETTER TO TSHILIDZINI HOSPITAL CHIEF EXECUTIVE OFFICER

P.O. Box 124

Shayandima

0945

05 June 2019

The Chief Executive Officer

Tshilidzini Hospital

Private bag x 924

Shayandima

0945

Dear sir/madam

RE: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

I Julia Langanani Mafumo, am currently registered for Doctor of Nursing degree programme at the University of Venda. Part of the requirements of the programme is conducting of research. I am thus requesting to conduct research at Tshilidzini and Donald Fraser hospitals and Thohoyandou Nursing Campus of Vhembe District. The institutions were sampled because learner nurses are allocated for clinical learning and teaching in those institutions. The topic for research is: **Development of guidelines to facilitate professional socialisation of learner nurses in public hospitals of Limpopo province, South Africa**.

Attached are the approvals from the University Research Office and the Department of Health, Limpopo Province

I am hoping that the results of the study will assist in improving professional socialisation of learners and help in producing a competent practitioner, reducing litigations in the Department of Health.

Thank you

Mafumo Julia Langanani (0825656808, julia.mafumo@univen.ac.za)

ANNEXURE 2F

APPLICATION FOR PERMISSION TO CONDUCT THE STUDY: LETTER TO DONALD FRASER HOSPITAL CHIEF EXECUTIVE OFFICER

P.O. Box 124

Shayandima

0945

05 June 2019

The Chief Executive Officer

Donald Fraser Hospital

Private bag x 1172

Vhufuli

0970

Dear sir/madam

RE: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

I Julia Langanani Mafumo, am currently registered for Doctor of Nursing degree programme at the University of Venda. Part of the requirements of the programme is conducting of research. I am thus requesting to conduct research at Tshilidzini and Donald Fraser hospitals and Thohoyandou Nursing Campus of Vhembe District. The institutions were sampled because learner nurses are allocated for clinical learning and teaching in those institutions. The topic for research is: **Development of guidelines to facilitate professional socialisation of learner nurses in public hospitals of Limpopo province, South Africa**".

Attached are the approvals from the University Research Office and the Department of Health, Limpopo Province

I am hoping that the results of the study will assist in improving professional socialisation of learners and help in producing a competent practitioner, reducing litigations in the Department of Health.

Thank you

Mafumo Julia Langanani (0825656808, julia.mafumo@univen.ac.za)

ANNEXURE 2G

APPLICATION FOR PERMISSION TO CONDUCT THE STUDY: LETTER TO SESHEGO HOSPITAL CHIEF EXECUTIVE OFFICER

P.O. Box 124

Shayandima

0945

05 June 2019

The Chief Executive Officer

Seshego Hospital

Private Bag X 4016,

Seshego

0742

Dear sir/madam

RE: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

I Julia Langanani Mafumo, am currently registered for Doctor of Nursing degree programme at the University of Venda. Part of the requirements of the programme is conducting of research. I am thus requesting to conduct research at Tshilidzini and Donald Fraser hospitals and Thohoyandou Nursing Campus of Vhembe District. The institutions were sampled because learner nurses are allocated for clinical learning and teaching in those institutions. The topic for research is: **Development of guidelines to facilitate professional socialisation of learner nurses in public hospitals of Limpopo province, South Africa**.

Attached are the approvals from the University Research Office and the Department of Health, Limpopo Province

I am hoping that the results of the study will assist in improving professional socialisation of learners and help in producing a competent practitioner, reducing litigations in the Department of Health.

Thank you

Mafumo Julia Langanani (0825656808, julia.mafumo@univen.ac.za)

ANNEXURE 2H

APPLICATION FOR PERMISSION TO CONDUCT A WORKSHOP ON WITH GUIDELINE DEVELOPMENT GROUP

P.O. Box 124

Shayandima

0945

13 August 2020

The Chief Executive Officer

Donald Fraser Hospital

Private bag x 1172

Vhufuli

0970

Dear sir/madam

APPLICATION TO CONDUCT A WORKSHOP ON GUIDELINES TO FACILITATE PROFESSIONAL SOCIALISATION OF LEARNERS

As a continuation with the study that was approved, in the institution, I have finished developing the guidelines and would request that the guidelines development group conducts a workshop in your institution before they are implemented for use in the clinical areas. The attending group will consist of nursing managers (at any level of operation) and professional nurses who are members of the guideline development group. This is to ensure that the people who are experts in the field of professional socialisation discuss the guidelines before they can be implemented. Due to the pandemic, social distancing and all protocols to prevent transmission of COVID-19 will be adhered to.

Thank you

Mafumo Julia Langanani (0825656808, julia.mafumo@univen.ac.za)

ANNEXURE 3A

APPROVAL TO CONDUCT STUDY FROM LIMPOPO PROVINCE DEPARTMENT OF HEALTH



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Ref: LP201904 007
Enquiries: Stander SS
Tel: 015 293 6650
Email: research.limpopo@gmail.com

MAFUMO JL
University of Venda
Private Bag x 5050
Thohoyandou
0950

Greetings,

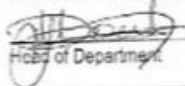
RE: GUIDELINES TO FACILITATE PROFESSIONAL SOCIALISATION OF LEARNER NURSES IN PUBLIC HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA

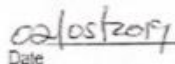
Permission to conduct the above mentioned study is hereby granted.

1. 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, or incur any cost on the Department.
- 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 1 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



Date

Private Bag X5302 Polokwane
Fidel Castro Ruz House, 18 College Street, Polokwane: 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.

The heartland of Southern Africa – Development is about people!

ANNEXURE 3B

APPROVAL TO CONDUCT STUDY FROM DEPARTMENT OF HEALTH CAPRICORN DISTRICT



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH
CAPRICORN DISTRICT**

REF : S.5/3/1/2
ENQ : Mokgohloa K.A
TEL : 015 290 9154/9096

FROM: DISTRICT EXECUTIVE MANAGER

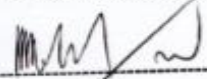
TO : Dr Mafumo J.L
P.O BOX 124
Shayandima
0945

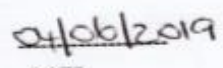
CELL : 082 5656 808
EMAIL: Julia.mafumo@univen.ac.za

**SUBJECT : PERMISSION TO CONDUCT RESEARCH:
DEVELOPMENT OF GUIDELINES TO FACILITATE PROFESSIONAL
SOCIALISATION OF LEARNER NURSES AT SESHEGO HOSPITAL**

The above matter refers:-

1. Permission to conduct the above study is hereby granted.
2. Kindly be informed that :
 - In the course of your consultation there should be no action that disrupts the services.
 - After completion of the research, 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.
 - Kindly note that the Department can withdraw the approval at any time.
3. Your cooperation will be highly appreciated.


DISTRICT EXECUTIVE MANAGER
Letshokghla M.E


DATE

Private Bag x9530, Polokwane, 0700, 34 Hans Van Rensburg ST, Polokwane 0700
Tel: (015) 290 9000, Fax: (015) 291 3260/1568 Website: <http://www.limpopo.gov.za>

The heartland of Southern Africa – *development is about people*

ANNEXURE 3C

APPROVAL TO CONDUCT STUDY FROM DEPARTMENT OF HEALTH VHEMBE DISTRICT



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH VHEMBE DISTRICT

Ref: S5/6
Enq: Muvuri MME
Date: 29 May 2019

Dear Sir/Madam. *MAFUMO J.L.*

Permission to conduct a research on the "Development of guidelines to facilitate professional Socialisation of learner nurses in Public Hospitals of Limpopo Province ,South Africa".

1. The above matter refers.
2. Your letter received on the 29 May 2019 requesting for permission to conduct an investigation is hereby acknowledged.
3. The District has no objection to your request.
4. Permission is therefore granted for the study to be conducted within Vhembe District. You are expected to submit the results to the District.
5. You are however advised to make the necessary arrangements with the facilities concerned.

Wishing you success in your endeavors.

[Signature]
.....
CHIEF DIRECTOR: DISTRICT HEALTH

2019/05/29
.....
DATE

Private Bag X5009 TLOHOYANDOU 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 3D

APPROVAL TO CONDUCT STUDY FROM DEPARTMENT OF HEALTH PIETERSBURG HOSPITAL



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

Enquiries: Mr MA Poopedi
Manager: Clinical Research
University of Limpopo - School of Medicine
ananiaspopedi@gmail.com

Ref: PMREC27UL2019A

Date: 27 June 2019

To: JM Mafumo
Department: Advanced Nursing Science
University of Venda

Protocol title: Guidelines to facilitate professional socialisation of learner nurses in public hospital of Limpopo province, South Africa.

Project: PhD

Approval Status: Approved

NB: The candidate is advised to re-edit the protocol for the satisfaction of the supervisors.

Kind regards




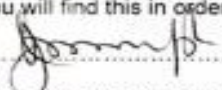
PROF TAB MASHEGO

Prof TAB Mashego

Interim-Chair of Research: Polokwane/Mankweng Complex
University of Limpopo - School of Medicine
REC 300408-006

ANNEXURE 3E

APPROVAL TO CONDUCT STUDY FROM DEPARTMENT OF HEALTH DONALD FRASER HOSPITAL

 LIMPOPO PROVINCIAL GOVERNMENT REPUBLIC OF SOUTH AFRICA				
DEPARTMENT OF HEALTH DONALD FRASER HOSPITAL				
Ref: 4/2/2 Enquiries: Mphephu VF Tell no. 072 1880 436 Ext. 9306/9348 24/06/2019	<table border="1"><tr><td>LIMPOPO PROVINCE DONALD FRASER HOSPITAL</td></tr><tr><td>2019-06-24</td></tr><tr><td>PRIVATE BAG X1172 0971 VHLUFULI DEPARTMENT OF HEALTH</td></tr></table>	LIMPOPO PROVINCE DONALD FRASER HOSPITAL	2019-06-24	PRIVATE BAG X1172 0971 VHLUFULI DEPARTMENT OF HEALTH
LIMPOPO PROVINCE DONALD FRASER HOSPITAL				
2019-06-24				
PRIVATE BAG X1172 0971 VHLUFULI DEPARTMENT OF HEALTH				
To: Mrs Mafumo JL University of Venda Private Bag X5050 Thohoyandou 0950				
RE: PERMISSION TO DO RESEARCH STUDY AT DONALD FRASER HOSPITAL.				
Topic: Guidelines to facilitate professional socialisation of learner nurses in public Hospitals of Limpopo province, South Africa.				
<ol style="list-style-type: none">1. The above matter refers.2. Permission to conduct the above mentioned study is hereby granted.3. Kindly be informed that:-<ul style="list-style-type: none">• In the course of your study there should be no action that disrupts the services.• You are to give report to quality assurance manager of Donald Fraser Hospital after completion of research study at Donald Fraser hospital.• After completion of the study, a copy should be submitted to our institution to serve as a resource.• The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.• You are therefore requested to contact nursing audit office number 7, OPD basement for logistic arrangements.4. Please bring along the following documents:<ul style="list-style-type: none">• Permission letter granted from department of health.• Permission letter granted from educational institution.• This letter.				
Hoping you will find this in order				
SIGNED..... 	Date.....24/06/2019			
CHIEF EXECUTIVE OFFICER				
Private bag X1172, Vhululi 0971 Tel: 015 963 1778/9, 015 1783 1791/2 • Fax: 015 963 1773, 015 963 1796 Cell: 083 248 0184				

ANNEXURE 3F

APPROVAL TO CONDUCT STUDY FROM DEPARTMENT OF HEALTH SOVENGA CAMPUS



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



DEPARTMENT OF HEALTH
LIMPOPO COLLEGE OF NURSING
SOVENGA CAMPUS

To: Ms Mafumo JL
From: Acting Vice Principal
Sovenga Campus
ENQ: Phosa RG
Date: 02 July 2019

**RE: DEVELOPMENT OF GUIDELINES TO FACILITATE PROFESSIONAL
SOCIALISATION OF LEARNER NURSES IN PUBLIC HOSPITALS OF LIMPOPO
PROVINCE, SOUTH AFRICA**

1. The above matter bears reference
2. Permission to conduct the above mentioned research study at Sovenga Campus is hereby granted
3. Research should be conducted in a manner that will not disrupt student learning
4. After completion of the study the findings should be submitted to Sovenga Campus to serve as a resource

Your cooperation is highly appreciated

Regards,


.....
Acting Vice Principal

ANNEXURE 3G

APPROVAL TO CONDUCT STUDY FROM DEPARTMENT OF HEALTH TSHILIDZINI HOSPITAL



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
TSHILIDZINI HOSPITAL

TSHILIDZINI HOSPITAL ETHICS COMMITTEE

Memorandum of understanding

Tshilidzini Hospital Ethics Committee with Mafumo, J. at their meeting resolved to sign a Memorandum of understanding after the two parties have agreed on the following information:


- Reason for making a research at Tshilidzini hospital.
The institution is a clinical area for learner nurses whom the study focuses
- What will be the benefit of the entire hospital community out of your findings?
The entire community will benefit through quality ethical care provided by the learners who will be properly and efficiently supervised in the prof
- Who to meet in conducting your findings?
+ 10 Professional nurses
- What do you do with your findings?
- Publish in the journal for other people to see
- Give them to the Province Hospitals to ensure that they are implemented
- We will require the hard copy of your research.
Yes
- We do not anticipate any information to be divulged to all types of media without the knowledge of the Ethics Committee and Hospital Board
- Memorandum of understanding should be signed by both parties

Signed by: [Signature] Date: 18/06/2019

Researcher: [Signature] Date: 18/06/2019

ANNEXURE 3H(a)

APPROVAL TO CONDUCT A WORKSHOP ON GUIDELINE DEVELOPMENT

 **LIMPOPO**
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH
DONALD FRASER HOSPITAL**

Ref: 4/2/2
Enquiries: Mphephu VF
Tell no. 072 1880 436
Ext. 9364/9348
21/08/2020

TO: Mrs Mafumo AJ
University of Venda
Private Bag x5050
Thohoyandou
0950

RE: Permission to conduct workshop/presentation of the developed guideline after research study.

Title of the guideline: Guideline to facilitate professional socialisation of the learner nurses in public Hospitals of Limpopo province, South Africa.

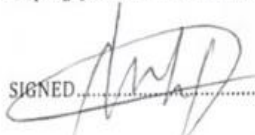
1. The above matter refers.
2. Permission to conduct the above mentioned workshop /presentation is hereby granted.
3. Please bring along the documents that were issued to you before research study which are the followings :

- Permission letter granted from department of Health.
- Permission letter granted from educational institution.
- Permission letter granted from Donald Fraser Hospital


Presentation/workshop scheduled as follows:

Date: 25 August 2020
Venue: Donald Fraser hospital
Time: 11h00
Venue: Kitchen Hall

Hoping you will find this in order

SIGNED:  Date: 24/08/2020

CHIEF EXECUTIVE OFFICER



Private bag X1172, Vhufuli 0971
Tel: 015 963 1778/0, 015 1783 1791/2 • Fax: 015 963 1773, 015 963 1796

ANNEXURE 3H (b)

ATTENDANCE REGISTER FOR A WORKSHOP ON GUIDELINE DEVELOPMENT



ATTENDANCE REGISTER FOR WORKSHOP ON DEVELOPMENT OF GUIDELINES FOR PROFESSIONAL SOCIALIZATION

VENUE: DONALD FRASER HOSPITAL

DATE: 25 AUGUST 2020

FACILITATOR: MAFUMO JL

SURNAME AND INITIALS	POSITION	CONTACT NUMBERS	SIGNATURE
Mphahlele J.F.	Senior Training Officer	0799 582889	[Signature]
MANANATHA T.C.	Admin	07953918200	[Signature]
MUTHANATHA T.E.	Admin	082 222 2603	[Signature]
Mphahlele M.M.	Admin	082 356 4191	[Signature]
Mphahlele M.M.	Admin	0805373796	[Signature]
Mphahlele M.M.	Admin	0824017086	[Signature]
Mphahlele M.M.	EHP (consultant)	0613441111	[Signature]
Mphahlele M.M.	OHP	079 4253 264	[Signature]
Mphahlele M.M.	Admin	072 19 48 783	[Signature]
Mphahlele M.M.	Admin	060 7444879	[Signature]
Muthavhane A.J.	IPEN	0825404916	[Signature]
Lumabani N.F.	RPN	0723508979	[Signature]
SIDOGI R.C.	RPN	0823561150	[Signature]
Mphahlele N.F.	RPN	0721850486	[Signature]

ANNEXURE 4(a)

LETTER OF INFORMATION

TITLE: Development of guidelines to facilitate professional socialisation of learner nurses in public hospitals of Limpopo province, South Africa

RESEARCHER : MAFUMO JL

You are invited to participate in a research project titled: Development of guidelines to facilitate professional socialisation of learner nurses in public hospitals of Limpopo province, South Africa. The study will be conducted in two phases.

The aim of the study is to develop guidelines that will be implemented to facilitate professional socialisation of learners to improve the competency and upholding the ethics of the profession in learner nurses.

The study might benefit you as a professional nurse as you will be guided on how to effectively socialise learner nurses when they are in your unit. Learner nurses are future practitioners therefore if they are properly socialised they will practice with competency and diligence.

The guidelines developed will be shared with other institutions where learners are allocated for clinical practice so that the professional nurses in those institutions have knowledge regarding professional socialisation of learners.

You will meet with the researcher two to three times during the study for data collection, member check and validation of the guidelines. Data collection will take 4560 minutes at a designated area of your work.

There will be no risks or discomfort from participating in the study. Your identity will not be revealed when the study is reported or published. Data collected will be stored safely and will only be available to people who are involved in this study.

Your participation in this study is voluntary and you are under no any obligation to participate. You are free to withdraw from the study at any time without any penalty imposed on you. There will be no remuneration to participate in the study.

This study has been approved by the appropriate people and research committees of the University of Venda, the district offices where your hospitals are situated and the Chief executive officers of the Hospitals.

ANNEXURE 4(b)

CONSENT FORM

I hereby confirm that I have been informed by the researcher, (**Mafumo Julia Langanani**), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number:

I have also received, read and understood the above written 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 a 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,

herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher

Mafumo Julia Langanani

Date..... Signature.....

Full Name of Witness

.....

Date..... Signature.....

ANNEXURE 5

INTERVIEW GUIDE

TO EXPLORE THE PERCEPTION OF PROFESSIONAL NURSES REGARDING THEIR ROLE IN THE PROFESSIONAL SOCIALISATION OF LEARNER NURSES THE FOLLOWING INTERVIEW GUIDE WAS USED:

1. As a professional nurse, what is your role in the professional socialisation of learners when they are allocated to your unit?
2. In order to facilitate professional socialisation, what do you think the professional nurses should do?
3. Are there any challenges that hamper professional socialisation and if they are there can you share them with me?
4. What do you think could be done to overcome those challenges?

ANNEXURE 6

INTERVIEW TRANSCRIPT

Participant L from TSH

Professional Nurse with 10 years' experience in professional socialisation of learners

Highest qualification: Speciality in Clinical Practice

Race: South African

Key: R- Researcher

P- Participant

R- Good morning

P- Good morning to you too

R- How are you

P-I am fine and how are you

R- I am fine too

R- As a professional nurse who is working at this hospital where learner nurses are allocated, could you kindly share with me your perception regarding your role in the professional socialisation of learners?

P- My perception of my role as a professional nurse in professional socialisation is that I must be a role model. The professional nurse must always be in a complete full uniform with distinguishing devices. The hair style must also be acceptable not like where a person can have pink or purple coloured hair. If as the professional nurses I am like that, the students will see how I dress and want to emulate. This include manicures, professional nurses should not put on that. If the professional nurse does not dress accordingly, you will

not be able to tell the student how to dress properly. So, I know that I must be a positive role model to the students. To be a role model also means that I must behave in such a way that it will not teach the student to do the wrong things. Students learn from the nurses in the ward so as the professional nurse I must make sure that I always do the right thing so that students can learn.

R-how do you ensure that learners do the right thing

P - I must speak to patients and staff in a respectable manner and not shout at people. Also as a professional nurse I must always tell the truth and not lie. I must not steal patient food because if I do that, learners will be observing and they must do the same tomorrow. My other role in professional socialisation is that I must not hold grudges and be angry. If I hold grudges it means that the students will learn to be uncaring and hold grudges with patients. I must always be positive even if the ward is very busy I must not just complain as learners will copy the behaviour. My role in the professional socialisation of learners is that whenever there are students in the ward, I should support them". I ask the students about what is that they want to learn and when they tell me I make an appointment to teach them. I also ask about how they are coping, whether they have any challenges and even ask about their wellbeing. I just care about them and tell them that if there is anything that they do not understand they should ask".

R - Is this practice respected by all professional nurses?

P - Not really. Some professional nurses do not respect the nursing uniform according to the policy. They have manicures and also put on very short dresses and skirts.

R - Besides your appearance as the professional nurses, what more do you think is your role in professional socialisation of learners?

P - *The other role of professional socialisation is that as a professional nurse I must be competent and know all the procedures in the ward so that I can be able to teach the students. When I am busy doing the procedure, the student must see it being done in the correct manner so that they can copy the right things.*

R - **Kindly share with me the challenges that you encounter during professional socialisation of learners?**

P - *Honestly the challenges are many, students these days are not committed. After the ward routine, they roam around the ward not doing anything. Others will be playing with their cell phones. Even when you tell them to stop they just pause and continue. It's like they are bored in the ward they don't want to be there. The other challenges that I have seen is the large number of students in the ward. When these students are many, it becomes difficult to mentor and supervise them. Some dodge and go out of the ward for hours sometimes us without noticing that they are absent. Other students hide behind others and you find that they did not do any practical work for the day.*

The other challenge that again is students who are lazy. They will tell you that they are tired and they refuse when you send them to do other activities in the ward. This is common in male students; they are the laziest. Another student openly told me that he hates nursing as this is predominantly a female job and he didn't know what he was getting himself into when he came. The student openly told me that after training he want to study medicine. Such a student is difficult to socialise as he is not interested in the profession.

R – **Are there any more the challenges that you experienced?**

P - *The other challenge is shortage of staff. At times students are left on their own because the ward is busy and you cannot afford to concentrate on students when patients needs you for their medications and other procedures. This can be problematic especially in learners who are in first or second year of training, they don't know what to do, they will just stand.*

R – What measures are in place to overcome these challenges

P -There are no measures in place to discipline students. We only talk to them and when they repeat the same behaviour we feel that we can't say anything. We report them to their lecturers when they come who talk to them. Others will again repeat the same behaviour even after that. I once tried to discipline a student who went for lunch from twelve to two. I told the student that he will knock off at five and he told me that where is the regulation that I am using to tell him to knock off in that hour. The learner ended up knocking off at 16h00.

R – Thank you so much for your participation in the study. I hope this information will make a difference.

P- Okay, I am also happy to participate

R- Good bye!

ANNEXURE 7

QUESTIONNAIRE FOR DATA COLLECTION

DEVELOPMENT OF GUIDELINES TO FACILITATE PROFESSIONAL SOCIALISATION OF LEARNER NURSES IN PUBLIC HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA.

SECTION A: BIOGRAPHIC DATA

Mark with an X in the appropriate space

1.1 Age

17-25	26-30	31-35	36-40

1.2 Gender

Male	Female

1.3 Level of training

L 1	L 2	L 3	L 4

1.5 Clinical areas covered during clinical allocation

Operating theatre	
Medical	
Surgical	
Pediatrics	
Outpatient and casualty	
Psychiatry	
Maternity	
Clinic	

SECTION B: ASSESSING KNOWLEDGE ON PROFESSIONAL SOCIALISATION

Select the most appropriate and mark with an X

	DESCRIPTION	AGREE	STRONGLY AGREE	DISAGREE	STRONGLY DISAGREE
	The following are moral and ethical principles of nursing				
1.	Doing good for others				
2.	Refrain from doing harm				
3.	Caring				
4.	Respect for others including patients				
5.	Show concern for others				
6.	Truthfulness				
	The following behaviours are not acceptable when in clinical learning area				
7.	Chewing when providing care				
8.	Shouting in the ward and corridors				
9.	Shouting at patients and colleagues				
10.	Using a mobile phone during provision of care				
11.	Eating when walking in the clinical learning area				
12.	Putting on headsets when providing care				

	DESCRIPTION	AGREE	STRONGLY AGREE	DISAGREE	STRONGLY DISAGREE
	The following are important in nursing				
13.	Involving the patient in decisions that involve his/her care				
14.	Greetings patients and colleagues with a smile				
15.	Showing empathy to patients all the time				
16.	Putting patient's needs first				
17.	Attending to patient's needs all the time				
18.	Competency in performance of nursing skills				
19.	Standing up and greeting seniors when they enter the units				
20.	Wearing a complete and clean uniform all the time				
21.	Reporting on duty on time				

If there is more information that you value in Professional socialisation please indicate.....

.....

SECTION C: PRACTICES OF PROFESSIONAL SOCIALISATION DISPLAYED

Select the most appropriate and mark with an X

	DESCRIPTION	AGREE	STRONGLY AGREE	DISAGREE	STRONGLY DISAGREE
1.	Professional nurses always act as positive role models in the clinical area				
2.	Professional nurses demonstrate compassion and care in their daily encounter with patients				
3.	Professional nurses are knowledgeable in the skills of patient care				
4.	Professional nurses always take decisions that improve the quality of patient care in the wards				
5.	Professional nurses treat patients with dignity and respect all the time				
6.	Professional nurses attend to patient's needs accordingly				
7.	Professional nurses uphold the moral and ethical code of the profession				
8.	Professional nurses are always in clean and neat uniform as prescribed in the institution				
9.	Professional nurse always respect meal times				
10.	Professional nurses treat students with respect				
11.	Professional nurses advocate for their patient all the time				
12.	Ethical values are discussed in the clinical areas				
13.	Patient's rights and Batho-Pele principles are displayed				
14.	Nurses Pledge of Service is displayed				
15.	Staff who violates ethical codes are sanctioned				

	DESCRIPTION	AGREE	STRONGLY AGREE	DISAGREE	STRONGLY DISAGREE
16.	There are always adequate resources in the clinical learning areas to care for patients				
17.	Other members of the health team treat students with respect				
18.	There is enough staff in the clinical learning areas to attend to patients care and student learning				
19.	Staff in the wards demonstrate high moral integrity				
20.	Learners in the wards demonstrate high moral integrity				
21.	Professional nurses are supportive of your learning				
22.	Professional nurses offer teaching to learners				
23.	Your learning objectives are met every time when you are in the clinical learning area				

If there are more practices that you value in Professional socialisation please indicate.....

.....

SECTION D: ATTITUDES TOWARDS PROFESSIONAL SOCIALISATION

Select the most appropriate and mark with an X

	DESCRIPTION	AGREE	STRONGLY AGREE	DISAGREE	STRONGLY DISAGREE
	The following reason/s influenced you choosing nursing as a career was				
1	Job security				
2	The need to help people				
3	Easy access				
4	Family influence				
5	I consider nursing as a calling				
6	I consider nursing as a profession like any other				
7	I love being a nurse				
8	I have made a right choice by choosing nursing as a career				
9	I consider improving my qualifications to become a clinical nurse specialist in the near future				
1	Nursing is a job that entails caring				
1	Ethics in nursing should be prioritised				
1	My rights should be above the patient's rights				
	DESCRIPTION	AGREE	STRONGLY AGREE	DISAGREE	STRONGLY DISAGREE
1	I have the right to refuse providing nursing care to patients if you are not happy in the clinical area				

1	It is important that learners are taught about the moral principles in the clinical area				
1	Everyone in the clinical learning area should respects ethical principles				
1	Professional nurses should reprimand you when you are doing wrong				
1	You accept reprimand positively				
1	Professional nurses should evaluate your performance in the clinical area and give feed back				
1	Nurses should behave in an acceptable manner when in public				

Briefly describe what you think can be done to improve professional socialisation of learners.....

.....

THANK YOU FOR PARTICIPATING IN THE STUDY. YOUR CONTRIBUTION IS OF GREAT IMPORTANCE AND IS HIGHLY VALUED.

ANNEXURE 8

VALIDATION OF DEVELOPED GUIDELINES INSTRUMENTS

DEVELOPMENT OF GUIDELINES TO FACILITATE PROFESSIONAL SOCIALISATION OF LEARNER NURSES IN PUBLIC HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA.

SECTION A: BIOGRAPHIC DATA

MARK WITH AN X IN THE APPROPRIATE SPACE

RACE GROUP	African		White		Indian		Other	
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GENDER	Male		Female	
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RANK	Professional Nurse		Operational Manager		Assistant Manager	
-------------	--------------------	--	---------------------	--	-------------------	--

YEARS OF EXPERIENCE IN PROFESSIONAL SOCIALISATION OF LEARNERS	3-7		8-12		13 and above
--	-----	--	------	--	--------------

HIGHEST LEVEL OF QUALIFICATION	Basic Diploma/Degree		Speciality in nursing qualification		Post Graduate degree	
---------------------------------------	----------------------	--	-------------------------------------	--	----------------------	--

DO YOU HAVE A QUALIFICATION IN NURSING EDUCATION?	Yes		No	
--	-----	--	----	--

SECTION B: VALIDATION OF THE GUIDELINES
MARK WITH AN X IN THE APPROPRIATE SPACE

DOMAINS	Yes	No
SCOPE AND PURPOSE		
1. Objectives of the guidelines are described		
Comments		
2. Challenges identified are clearly described		
Comments		
3. The population to whom guidelines are intended is specifically described		
Comments		
STAKEHOLDER INVOLVEMENT		
4. Validators are individuals responsible for professional socialisation		
Comments		
5. The opinions of the professional nurses were sought before guideline implementation		
Comments		
6. The people who are to use the guidelines are clearly defined		
Comments		
RIGOUR OF DEVELOPMENT		
7. Systematic methods were used to search for evidence		
Comments		
8. Methodology used for data collection clearly described		
Comments		

9. Trustworthiness, validity and reliability of the study ensured		
Comments		
10. Method of formulation of guidelines clearly described		
Comments		
11. Justifications of the guidelines clearly described		
Comments		
12. There is link between recommendations and supporting evidence		
Comments		
13. Guidelines were reviewed by professional nurses before being used		
Comments		
CLARITY OF PRESENTATION		
14. Guidelines are specific and unambiguous		
Comments		
15. Clear instructions on implementation of guidelines		
Comments		
APPLICABILITY		
16. Guidelines describes the measures for application		
Comments		
17. Guidelines provide advice on how they can be followed		
Comments		
EDITORIAL INDEPENDENCE		
18. No conflict of interest on the validation group		
Comments		

OVERALL GUIDELINE ASSESSMENT

Rate the overall quality of the guidelines

1							7
Lowest possible quality	2	3	4	5	6		Highest possible quality

I would recommend these guidelines for use

Yes	
Yes, with modifications	
No	

Thank you for participating in the guideline validation process. Your participation is highly appreciated and will add value to the study.

ANNEXURE 9

CONFIRMATION BY LANGUAGE EDITOR



STEVENS EDITING AND PROOFREADING

~ EDITING ~ PROOFREADING ~

BA: English; Industrial psychology (UNISA)

Sole Proprietor

Full Membership: (STE002)

PEG (SA)

12

September 2020

THIS IS TO CERTIFY THAT:

I have language edited a thesis for Mrs Julia L. Mafumo. The title of the thesis is:

GUIDELINES TO FACILITATE PROFESSIONAL SOCIALISATION OF LEARNER NURSES AT PUBLIC HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA

Mrs Mafumo is a student at the University of Venda.; student no. 11523366; email: Julia.mafumo@univen.ac.za, cell: 082 565 6808.

The scope of my editing comprised:

- Spelling
- Vocabulary
- Word usage
- Checking of in-text referencing style
- Tense
- Punctuation
- Language and sentence structure

It was a pleasure working with this student who communicated effectively and promptly. She presented the editor with a well-written document. My best wishes accompany Mrs Mafumo and I wish her good success in her studies and career.

Yours faithfully,

Charlotte Stevens (Ms)

Stevens Editing and Proofreading

e: ajc.stevens@gmail.com

[Note: Signature withheld for security purposes.]

ANNEXURE 10

TURNIT IN REPORT

Turnitin Originality Report

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