

Supervisor and Supervisee Relationship in the Clinical Learning Environment

RF Mathevula and ST Mudau

Sefako Makgatho Health Sciences University, South Africa

Abstract: Good clinical learning environments depend on the supervisory relationship created by both the supervisors and supervisees. The cooperation between the two parties can strengthen the role of supervision by supervisors as well as building a conducive clinical learning environment. In the case of nursing, professional nurses allocated in various clinical areas play a major in guiding and mentoring student nurses to become competent professional practitioners. This study aimed to explore the supervisors and supervisees' perceptions of supervisory relationships in the clinical areas. A convergent parallel mixed-methods design was employed. A sample of 387 professional nurses and 80 student nurses from the seven training hospitals of Mopani and Vhembe districts of Limpopo Province was recruited for the study. Self-administered questionnaires and focus group interviews were used in data collection. Quantitative data were analysed by descriptive statistics using the Statistical Package of Social Science (SPSS), version 22.0 and Tesch's method was used to analyse qualitative data. Quantitative results revealed that time spent and the frequency of supervision ranged from 15-30 minutes and thrice a week. On the other hand, the qualitative findings included inadequate support of supervisors, poor communication, lack of supervisory skills and the inability to maintain a collegial relationship, and ethnic marginalisation of students. The study concludes that student supervision depends on the adherence to ethical principles by both the supervisor and supervisee.

Keywords: Clinical learning, Curriculum decolonisation, Native language Supervisor-supervisee, Student nurses, Professional nurses

1. Introduction

Globally, nursing is a pillar of the health services and it plays an undeniable role in all health settings. More than 80% of the population in South Africa (SA) depend on the public health services, with 20% depending on private medical schemes (Maphumulo & Bhengu, 2019). The delivery of such service requires availability of well trained and competent nurses in both public and private facilities. In SA the health services provision is dented by the long history of inequality and inequity of infrastructural distribution between the rural and urban areas. The South African Nursing Council (SANC), a nursing professional licencing and practice accreditation body, prescribed the nursing training requirements that govern nursing education institutions (NEI) to ensure competent professional nurses equipped to address the global health issues across people's life-spans. That said, nurse training ensures integration of theory and clinical practice, mostly called work-integrated learning (Brynildsen, Bjork, Berntsen & Hestetun, 2014). The qualified professional nurses are expected by the SANC (1985) to ensure that student nurses teaching at clinical facilities relate

theory and practice. This requires a conducive clinical learning environment (CLE) created by both the supervisor and the supervisee.

A good clinical learning environment can be created depending on the type of supervisory relationships between the supervisor and the supervisee. The cooperation between the two parties and strengthening the role of supervision were identified as of great importance for building a conducive learning environment in which clinical supervision can be offered effectively to student nurses (Basa, 2017; Ford, Courtney-Pratt, Marlow et al., 2016; Russels, 2017; Habimana, Tuyizere & Uwajeneza, 2016). Papastavrou, Dimitriadou, Tsangari and Andrew (2016) indicated that student nurses expressed greater satisfaction with frequent supervision sessions. Such frequent sessions lead to clinical development of skills and fulfilment of learning expectations (Farzi, Shahriari & Farzi, 2018). Studies confirmed that positive supervision relationships promote professional accountability, skills and knowledge development (Mohamed & Mohamed, 2019). This confirms that knowledge and skills can be acquired in a supportive clinical

learning environment. On the contrary, there are factors that inhibit positive clinical supervisory relationships.

Supervision challenges are attributed to a lack of both human resources and material resources. Donough and Van der Heever (2018) reported that a shortage of supervisors leads to inefficient and poor supervision and this is a challenge in South Africa. There is a need to develop the supervisory relationship between the supervisor and supervisee that serves as a pivot point for a conducive clinical teaching and learning environment. A study conducted among undergraduate students in South Africa found that students expressed barriers such as poor commitment of supervisors during clinical supervision (Donough & Van der Heever, 2018). Additional barriers include lack of constructive feedback, lack of supervisors' confidence with certain skills, and lack time for individuals. Some studies reported supervisors' workload and time constraints as barriers to supervision.

Rafiee, Moattari, Nikbakht, Kojuri and Mousavinasab (2014) as well as Ford et al. (2016) concur that a positive working relationship between supervisors and supervisees is vital in continuous learning. The supervisory relationship is the strongest factor in supervision of student nurses in the learning environment. The type of supervisory relationships between supervisors and supervisees can create a learning environment that influences the theory-practice correlation by student nurses. The researcher was involved in clinical accompaniment of student nurses in different clinical areas of Limpopo Province and observed the challenges arising from the relationship that existed between supervisors and supervisees. This study aimed to explore and describe clinical supervisor and supervisee relationships at the Vhembe and Mopani district training hospitals.

2. The Research Methodology and Methods

The researcher used a convergent parallel mixed method design, which included quantitative and qualitative research methods to explore the perceptions of the supervisors and supervisees' relationships in the learning environment. This study was conducted in seven training hospitals of Mopani and Vhembe districts having different ethnic groups of nurses with different cultural backgrounds. The

common spoken languages among the population are mainly Sepedi, Tshivenda and Xitsonga. Mopani district is situated on the north-eastern quadrant of Limpopo Province, bordered in the north by Zimbabwe and Vhembe district municipality, and Capricorn in the west. The district has five training hospitals out of eight accredited for clinical placement of student nurses enrolled on the R425 programme leading to registration as a nurse (general, psychiatry, and community) and a midwife.

The study population was all professional nurses working in seven training hospitals of the two districts and student nurses registered for the R425 programme leading to registration as a nurse (General, Community and Psychiatric) and a midwife for the 2017 academic year in Mopani and Vhembe district nursing education institutions. The entire population of professional nurses in Vhembe district training hospitals was 1638 of which 928 were from Vhembe district training hospitals and 710 were from Mopani district training hospitals.

Purposive sampling was used to sample two districts in Limpopo Province including seven nurse training hospitals for easy access by the researcher. Convenience sampling was used to sample professional nurses from the training hospitals to accommodate all shift rotations. A total of 321 professional nurses was sampled out of the population of 1638 in the two districts. The sample size was calculated using Slovin's formula to determine the appropriate sample of professional nurses. The researcher followed Kumar's approach to settle for 387 professional nurses instead of 321 who gave consent and participated in this study. Kumar's approach recommends that in quantitative studies, the larger the sample size the more accurate the estimates thus lowering the population sampling error. Additionally, 80 student nurses were sampled to participate in this study.

2.1 Data Collection

In this study, data collection for both quantitative and qualitative strands was simultaneously conducted through a convergent parallel mixed method. Self-administered questionnaires were used to collect data from the professional nurses and focus group interviews were conducted with student nurses to explore perceptions of the supervisor and supervisee relationship in the learning environment. The questionnaire and interview guide were formulated

in English since all the respondents were professional nurses who understood the language. The researcher and assistant researchers reported their presence to the hospital management before going to different units for data collection. Thereafter, the researcher conducted a briefing session in the morning of the first day of data collection with the assistant researchers to remind them of the process to be followed and expectations thereof. All the study participants signed consent forms before data collection.

A total of 400 questionnaires were distributed in the seven participating training hospitals and collected at the same time to enhance a higher response rate. In each hospital, the assistant researcher distributed the questionnaires to respondents in the presence of the researcher to complete and they were collected after completion. This was done to minimise the response bias. The questionnaires were counted and checked for completeness. 387 out of the 400 questionnaires returned were fully completed, five were not returned and eight were incomplete. Appointments with student nurses on duty in different hospitals were secured in advance before the day of interviews to prepare them psychologically. Interviews were conducted, recorded and field notes taken from all interviews conducted with each group of participants. Student participants were divided into eight groups of 80 participants each. Groups were composed of ten student nurses from all levels. The face-to-face interviews were conducted for 46 minutes in identified and private rooms such as cubicles, boardrooms and side wards.

2.2 Data Analysis

Quantitative and qualitative data were analysed separately after data collection. Descriptive statistics were used to analyse the quantitative data obtained from the professional nurses and computed using Social Package Statistical Software (SPSS) Version 22 to provide the overall picture of the data. Tables were used to display the findings of the quantitative data.

Qualitative data was analysed using Creswell's eight steps of Tesch's inductive, descriptive open coding technique. Two themes emerged: "factors influencing supervisory relationship and challenges affecting supervisory relationship" having seven sub-themes. These were used to organise the

findings from the data. Data quality and trustworthiness was achieved by using qualitative descriptive statistical collection and analysis. The statistician reviewed the research questionnaire and analysed the data. Qualitative data co-coding was employed with the independent coder and consensus was attained. Member-checking with participants was done to ensure data conformability (Creswell & Creswell, 2018).

3. Results and Discussions

The results of quantitative data obtained from the professional nurses using questionnaires and qualitative data from the interviews conducted with student nurses on their perceptions of the supervisory relationship in the learning environment are presented to address the objective of the study "*to explore the perceptions of the supervisor-supervisee relationship in the learning environment*". In the quantitative strand, four statements were used to assess the supervisor and supervisee relationship as a factor influencing supervision in the learning environment and six statements to assess the challenges using the descriptive statistics as indicated in Table 1 and 2.

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

3.1 Relationship Difficulties Based on the Type of the Supervisor

In this study relationship difficulties were linked to the type of supervisor. This led to poor interpersonal relationships. Student nurses verbalised facing difficulties related to shifts and related to supervisors. Fear of blame was also noted to be affecting the relationship. Participants have revealed their perceptions through the following verbatim responses:

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

Table 1: Descriptive Statistics of Supervisory Relationship as a Factor Influencing Supervision

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

Source: Authors

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

come to practical thinking of how they are treated by professional nurses."

"Students think that staying away from practicals relieves them from the situation they are facing."

Based on the findings of this study, it is evident that student nurses are at times exposed to poor interpersonal relationships in the learning environment which affect clinical supervision. The cooperation between the supervisor and supervisee can strengthen the role of supervision and build a conducive clinical learning environment in which clinical supervision can be effectively offered to student nurses (Odole et al., 2014). The findings of the study conducted in the Western Cape Province of South Africa by Magerman (2015) found that poor interpersonal relationships between student nurses and clinical supervisors are a hindrance to clinical supervision. Individual mutual relationships between the supervisor and supervisee were identified to enable effective mentoring and supervision of student nurses in the clinical learning environment (Lethale et al., 2019).

3.2 Poor Supervisory Relationships Leading to Students' Absenteeism

The poor supervisory relationships between professional nurses and student nurses in the clinical areas caused student nurses to be absent from the clinical learning environment as a means of relieving themselves from the situation. The participants verbalised that:

"Supervision can also increase competency in some students. Some student they don't like to

Parvin et al. (2016) identified various instances of late coming and absenteeism in the clinical learning environment among the student nurses, which has a negative impact on student learning and competence. Kaphagawani and Useh (2017) identified the same factors that display negative attitudes towards clinical experience creating an unsupportive environment.

3.3 Negative Versus Positive Relationships Perceived to be Influenced by Ethnicity

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

"Ok, in my experience the relationship between supervisors and supervisee...mostly depends to if I'm a Tsonga ... if I'm around Malamulele, it will be good."

"Not always, if I may go somewhere, maybe Tshilidzini relationship will be bad ... but it's not everyone - every nurse"

Table 2: Descriptive Statistics on Perceived Challenges of the Supervisory Relationship

Challenge	Level of Extent					Mean
	To a Very Large Extent	To a Large Extent	To Some Extent	To a Little Extent	Not to Any Extent at All	
Poor communication between clinical areas and nurse educators	96 (25.0%)	8 (2.1%)	171 (44.5%)	109 (28.4%)	-	2.76
Lack of supervisory skills	33 (8.6%)	108 (28.2%)	145 (37.9%)	95 (24.8%)	2 (.5%)	2.80
Inadequate support of supervisors	62 (6.4%)	8 (.1%)	120 (31.7%)	188 (49.6%)	1 (.3%)	3.15
The inability to maintain a collegial relationship once the supervisory relationship starts	1 (.3%)	25 (6.5%)	176 (46.0%)	181 (47.3%)	-	3.40
The supervisor using the supervisee as a confidante	-	-	7 (1.8%)	22 (5.7%)	356 (92.5%)	4.91
Existence of dual relationship between supervisor and supervisee (e.g. a relationship that is no longer just professional develops, gift giving etc.)	-	-	4 (1.0%)	26 (6.8%)	355 (92.2%)	4.91

Source: Authors

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

This study highlighted lack of cultural sensitivity and disrespect of students and the profession among professional nurses by excluding some students based on ethnic reasons. Such lack of sensitivity and poor management of diversity creates ethnophobic behaviour at the workplace which may cascade to patients as well. This is because, during clinical learning, professional nurses are role models who are expected to display love, caring, nurturing and cultural sensitivity regarding femininity. These findings confirm general ethnic intolerance among South Africans which leads to community tensions and violence. It is also worth noting that the South African constitution acknowledges and endorses all the 11 official languages of communication, including in education. However, the use of native languages should not be used exclusively without efforts to interpret for those who cannot understand the language. According to Madadzhe (2019), the RSA Higher Education is lagging behind to ensure full inclusion of native languages in the colleges and universities. Whereas some institutions of higher education such UNISA, University of

KwaZulu-Natal, University of Limpopo and Rhodes University have initiated such inclusion of native languages in teaching and learning in some selected courses such as journalism, remarkably, the nursing education in RSA is still lagging behind in decolonising its curriculum. Such decolonisation of the nursing curriculum could benefit both students and patients.

Poor communication, lack of supervisory skills, Inadequate support of supervisors, the inability to maintain a collegial relationship, the supervisee used as a confidante and the existence of a dual relationship such as gift giving were challenges identified. They had a mean between 2.5 and 3.5, which indicates that it happens to some extent. This is presented in Table 2 above.

The quantitative results in Table 2 revealed that the poor communication between clinical areas and nurse educators affected supervision of students to some extent. At the same time inadequate support of supervisors by management was raised as a challenge by more than 40% of the participants. Supervisors' use of students as confidantes and use of bribery had little impact on the supervision relationship.

Table 3: Qualitative Data Collection Themes

Themes	Sub-themes
Difficulties experienced due to poor interpersonal relationships between students and professional nurses	The lack of supervision Negative comments
Perceived challenges related to supervisory relationship	Poor communication Lack of supervisory skills Inadequate support of supervisors Inability to maintain a collegial relationship
Poor supervisory relationship	Students' demotivation leading to absenteeism in the clinical environment Marginalisation based on ethnic origin

Source: Authors

Furthermore, the results in Table 2 revealed that more than 57% of professional nurses support students, with 60.9% who stated the supervisors are supportive and focus on clinical practice. This finding supports the finding in Table 2 that the use of students as confidants and bribery had little effect on supervision.

4. Qualitative Results

Three main themes emerged with related sub-themes as indicated in Table 3.

The quantitative results revealed mixed reactions on the supervisors-supervisee relationship. The negative results referred to relationship issues, especially regarding communication, supervision skills, and exclusion of some students based on ethnic origin. The positive results stem from the quality of supervision skills and frequency of student support. Specifically, the existence of a dual relationship-gift giving, use of supervisors as a confidante, lack of supervisory skills and ethnicity were found to be contributing to negative supervisory relationships.

4.1 Inadequate Supervision Leads to Students Blaming

Student nurses are expected to work under the direct supervision of the professional nurses in the clinical areas to become competent nurse practitioners. This is done to protect patients under their care and to remain accountable according to SANC Regulation R387 of 15 February 1984 as amended, which requires them to account for their own actions and omissions. Student nurses are at times accused of making mistakes during patient care related to

inadequate supervision by professional nurses. This is confirmed by the following verbatim responses from the participants:

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

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

"I think the problem is that we are not supervised. The professional nurses are not really supervising us. We are doing everything on our own."

According to the study conducted by Farzi (2018), students are experiencing several challenges in the clinical learning environment such as being degraded based on poor performance and mastery of clinical skills. This affects the supervisor-supervisee relationship.

4.2 Missed Teachable Moments

Teachable moments are unplanned opportunities that arise which should be utilised to teach new

information needed. Despite putting the focus on achievement of learning outcomes, professional nurses are to utilise teachable moments to impart knowledge to student nurses on arising issues in the clinical areas. However, this was found to be neglected as verbalised by participants in this study.

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

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

The use of teaching moments – referred to as hands on teaching – is a teaching tool that can be used during clinical supervision (Habimana et al., 2016). The neglect of teachable moments by supervisors indicates lack of support and poor clinical supervision. Furthermore, Toufic, Hussein and Osuji (2017) and Muthathi et al. (2017) assert that supporting student nurses and creating a conducive learning environment can facilitate clinical skills through supervision. The missed teachable moments in nursing defeat the purpose of work-integrated learning since some learning opportunities are rare.

4.3 Inadequate and/or Poor Communication between the NEI and Training Hospitals

Participants in this study revealed that inadequate communication between the NEIs and training hospitals create supervision challenges due to lack of readiness and expectations of supervisors. Furthermore, skewed communication is noted because nursing education institutions (NEI) communicate supervision-related challenges only.

"So, I think there is poor communication between our institution / supervisors and the hospitals/ students."

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

Mabuda, Potgieter and Alberts (2009) found that in the Limpopo Province clinical learning environment ineffective communication still exists as supported by another study conducted by Jamshidi (2016), who asserts that insufficient communication between institutions, supervisors and students is common in the learning environment. Kourkouta and Papatthanasiou (2014) and Joolae et al. (2015) show the essence of communication as meaningful and productive as supported by Shafakhah et al. (2015), who reveal that clear lines of communication between NEIs and clinical areas is a support mechanism preparing supervisors to undertake the role of supervision. However, Rikhotso, Williams & De Wet (2014), Magerman (2015) and Rajeswaran (2016) found that lack of guidance by clinical staff, lack of support and lack of communication between NEIs and clinical areas are factors hampering clinical supervision of student nurses. Chokwe and Nkosi (2017) concluded that effective communication between the clinical learning environment and NEIs contribute to successful student supervision.

4.4 Lack of Interest in Supervision

Participants have revealed that some professional nurses who supervise them display inadequate interest in supervision. Meanwhile, others are not sure of what they are doing and look incompetent in demonstration of some procedures.

"Some they say ahhh, these things of nowadays have changed or she tells you that she doesn't know the procedure, she is just doing it."

"In most hospitals you will find yourself working closer to enrolled nurses or even assistant nurses they show you how things are done, even when it's not right. It is somehow. Yo, after some time you will discover uri (that) other things were just not right but that's how it is."

Supervision is one of the roles expected to be performed by professional nurses working with student nurses in clinical areas (Nursing Education Stakeholders, 2012). According to Neshuku and Amakungo (2015), student nurses are found to be supervised by a variety of supervisors who lack knowledge on procedures to be supervised and therefore clinical supervision is negatively affected. Kaphagawani and Useh (2018) identified lack of opportunities for supervisors in updating their skills and knowledge, leading to unpreparedness

in fulfilment of the supervision role in the clinical learning environment. The students' indication of the supervision by the enrolled while they are training to be professional nurses cannot be taken as a problem. This is because one can learn a skill from someone in a lesser position when one is a master of that particular skill. For example, enrolled nurses' training entails first and second year content of the professional nurse training such as giving an injection. This by default makes the enrolled nurse a master of the skill. So, it can be concluded that enrolled nurses are available to impart knowledge more than professional nurses.

Furthermore, Kaphagawani and Useh (2018) found that some professional nurses are not adequately trained to supervise students in the clinical learning environment. However, an indication that professional nurses are not adequately trained to supervise students shows a lack of understanding of the teaching responsibilities of professional nurses. According to the professional nurse's learning curriculum, teaching of a student forms part of the learning skills of their basic training and is also part of skills' assessments among the final year nursing students. This is because the SANC (1984) has prescribed that professional nurses are to ensure continuous teaching and learning in their professions. This is irrespective of the fact that one is not a qualified nurse educator.

5. Conclusion and Recommendations

The study findings revealed several positive and negative factors influencing the supervisor-supervisee relationship in the clinical learning environment. According to the findings, shortage of professional nurses and poor communication between the NEI and the training hospital are the main root of the problem. Additionally, any exclusive use of native languages during teaching shows lack of cultural sensitivity, discrimination and marginalisation of students based on ethnic origin. This contradicts the nursing philosophy which includes courtesy, caring, human respect and dignity which are not only given to students but the students are to be loved as well. This study revealed an element of diminished moral and cultural sensitivity. A moral re-generation workshop or seminar is therefore recommended while waiting for the nursing curriculum decolonisation. It is therefore recommended that the process of decolonising the nursing curriculum be initiated.

Furthermore, this study concludes that, while professional nurses are lagging behind in student supervision, enrolled nurses are more available to impart knowledge than professional nurses. This further exposes students' lack of understanding of job-shadowing. Further research study is recommended on the role of enrolled nurses on job shadowing in nurse training.

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