EXPERIENCES OF BRIDGING COURSE LEARNERS REGARDING CLINICAL SUPERVISION AT THE SELECTED HOSPITALS IN VHEMBE DISTRICT, LIMPOPO PROVINCE, SOUTH AFRICA

By

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DECLARATION

I declare that **EXPERIENCES OF BRIDGING COURSE LEARNER NURSES REGARDING CLINICAL SUPERVISION AT SELECTED HOSPITALS IN VHEMBE DISTRICT, LIMPOPO PROVINCE** is my own work and that all the sources that I have used have been acknowledged by means of references.

..... 2016.04.28

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DEDICATION

I dedicate this study to:

God my Creator and myRedeemer

My late dear dad Mr MA Siaga and mydearest mom, Ms DG Sematla who were very influential in my studies

Their support is greatly appreciated

My loving husband, Moses and my children- with lots of love

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Unto Thee be glory and honour for the strength and courage to complete this dissertation amidst all occupational, family, social and religious challenges.

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Abstract

Purpose: The purpose of this study was to explore and describe experiences of bridging course learner nurses regarding clinical supervision at the selected hospitals in Vhembe district, Limpopo province.

Methods: A qualitative, exploratory, contextual and descriptive design was used and this approach was regarded as the most appropriate for this study. The population of this study consisted of the learner nurses in the Bridging Course Programme (R683) leading to registration as a General Nurse. Purposive, non-probability sampling method was used to select the participants.

Data collection: Data was collected by means of focus group discussion interviews during which participants were able to describe their experiences of the clinical placement in the real life setting and the support received from the professional nurses, data were collected until data saturation was reached.

Data analysis: The researcher used the process of bracketing and remained neutral, setting aside previous knowledge and beliefs about the phenomenon under investigation. The researcher listened to the audiotapes used for data collection several times until the researcher completely satisfied with the interpretation of the verbatim data.

Ethical consideration: The researcher sought for approval to collect data from the appropriate authority at the University of Venda, the Provincial Department of Health and the bridging students in each institution.

Key Concepts: Learner nurses, Clinical Supervision, clinical environment, Nurse educators, Professional nurses.

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ACRONYMS

CLE	Clinical Learning Environment
SANC	South African Nursing Council

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1. INTRODUCTION

The researcher's interest emanated from the daily observations of the bridging course learner nurses who are allocated in various hospitals for the exposure of clinical practice. Bridging course learner nurses like any other nursing students on training, are allocated in clinical environment for practical exposure. They are placed according to the course content offered during the theoretical block and are expected to accumulate 2000 practical hours from the clinical placement. The researcher thought to focus on the experiences of bridging course learner nurses regarding clinical supervision at the four sampled hospitals in Vhembe district of Limpopo province. This research study involved registered learner nurses admitted as Bridging course learner nurses following the Bridging Course leading to registration as a General Nurse according to Regulation 683 of 14 April 1989 of the Nursing Act, 2005 (Act No. 33 of 2005).

The researcher has a passion and personal involvement as a clinical nurse for the bridging learner nurses placed in several hospitals, and hopes that a positive contribution would result from this study and also that the study would enable clinical facilitators to identify learning processes that would lead to possible improvements to the programme. The researcher further hopes that this study would result in a better understanding of the learner nurses' experiences regarding clinical support and supervision during clinical placement. According to Pillay (2008:6), effective clinical supervision provides structure for the learning environment, promotes problem-solving and critical appraisal skills, and provide professional support. She further indicates that clinical supervision provides encouragement, objectively observes and gives feedback on students' performance. Clinical support remains an important aspect of all nursing programmes. It is therefore, important that student nurses should receive optimal accompaniment in order to become competent, proficient and

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independent health practitioners. The study aimed to explore and describe learner nurses' experiences regarding clinical supervision, as well as to make recommendations or to propose possible guidelines to ensure optimal clinical support of bridging learner nurses at the selected hospitals approved by the South African Nursing Council for the training of this category.

Many things have been said about the incompetence of some professional nurses in the units so the researcher aimed at investing if the learners are supported adequately enough during their training in order to enable them to practice with confidence and competency.

1.2. BACKGROUND TO THE STUDY

Internationally training of learner nurses is regarded as the foundation for nursing practice. Learner nurses need to be supported and guided so that they can become responsible, accountable and independent professionals who are able to function within the precepts of the profession. Several studies regarding clinical supervision of learner nurses were conducted internationally and in South Africa to assess if the learner nurses are provided with adequate support to allow them to function independently and different outcomes were indicated.

Clinical supervision is an important and integral component in teaching of learner nurses. In nursing we expect that when a learner fulfils the training requirements she must have competently acquired both theoretical and clinical competency. Clinical supervision of learner nurses is an important aspect in nurse training and it is discussed in different meetings between the custodians of nurse training, who are nurse managers, professional nurses and the teaching staff at hospitals in Vhembe district of Limpopo Province. A study by Mochaki indicated that success in nursing education and training cannot be achieved unless an appropriative structured clinical supervision programme for students exist (Mochaki, 2001:32).

In many instances learner nurses have expressed their need for assistance and support in the clinical field. Several meetings that were held between the teaching

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staff and other stake holders at hospitals in Vhembe district raised many issues regarding clinical supervision of Bridging course learners. In the meetings unit managers, professional nurses and lecturers are concerned about the effectiveness of clinical supervision that is provided to the learner nurses in different institutions. An issue of the absence of clinical supervisors is also discussed in the meetings.

In nursing we always talk about integration of theory and practice and this can only be achieved if those responsible for teaching theory supervise if the learners are performing as expected in the clinical area. The concept of clinical supervision is not new in the nursing research. Qualitative and quantitative research is conducted nationally and internationally to describe student support in the clinical setting from student' viewpoint (Mabuda, Alberts & Potgieter, 2008:20).

According to Gopee (2008:81), there are certain expectations that the learner nurses have when they are allocated in the clinical environment. The expectations are: (a) students need a sense of being cared for during the process of learning to care for others; (b) they need to feel that they are receiving support and guidance whilst dealing with clinical experience in which they perceive themselves to be failures or incompetent at. Learner nurses can offer quality care to patients if they themselves are taken care of through proper clinical supervision and support. In clinical placement learners enter the new settings for learning purposes. In order to learn, learners depend on a supportive atmosphere based on psychological and pedagogical aspects (Mochaki, 2001:34).

Clinical supervision is defined as a formal, systemic and continuous process of professional support and learning for practicing nurses in which nurses are assisted in developing their practice through regular discussion with experienced colleagues with whom they share clinical experience (Dimitradou, 2015:232). Clinical supervision can also be viewed as a formal process of professional support and learning that addresses practitioners' developmental needs in a non- judgemental way.

Clinical supervision aims to help learner nurses increase both their competence and confidence through exchanges with experienced professionals and the use of

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reflective skills (Bond & Holland, 1998:10). In order to become competent learner nurses need to be guided and supervised by those who already have acquired the competency expected in the profession. Supervision of learner nurses in clinical practice plays a significant role in nursing profession as it has an influence on the students learning of the knowledge and skills (Haggman-Latitila, Elina, Riita & Leena, 2006:382).

Clinical supervision represents an important aspect in the development of nursing students' clinical skills. It has also been identified as a process for improving clinical practice and reducing the emotional burden of nursing. The aim of clinical supervision is to promote autonomous decision making, valuing the individual's protection and safe care provision through reflective process and clinical practice analysis with the ultimate goal of improving professional practice. Insufficient clinical supervision may affect learners, professional growth and development, creating a clinically incompetent nurse practitioner which may result in harmful repercussions for the nurse practitioner, the nursing profession and patients (Brammer, 2008:1869). The concept clinical supervision does not only involve learner nurse, it begins during training and education and also continues thereafter as an integral part of professional development. For clinical teaching to be effective learners need to be actively involved and take responsibility for their learning (Brammer, 2008:1868).

As stated earlier, success in nursing education and training cannot be achieved unless an appropriate structured clinical supervision programme for students exist (Mochaki, 2001:32). For adequate learner accompaniment and supervision, a programme for clinical supervision needs to be in place and be adhered to so that learners are properly supervised. There are three roles for supervisors in clinical supervision as described by (Gaberson, Oermann & Shellenbarder, 2014:66). Firstly an educative role which involves developing abilities in practitioners through helping them understand experiences, develop awareness of interactions and dynamics and the consequences of their interventions. Secondly, there is a supportive role which looks at the difficulties encountered by the practitioner relating to the emotions and reactions. Lastly there is a managerial role which provides a quality assurance element so that monitoring of optimum practice occurs.

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In South Africa, Nursing Education and training is being implemented based on the legislative requirements, rules and regulations set by the government and authoritative bodies such as the South African Nursing Council and South African Qualification Authority? The training of nurses is governed by the South African Nursing Council in the Nursing Act, 2005 (Act No. 33 of 2005), which directs the practice of all category of nurse. The regulation also indicates the minimum hours required for the learner to achieve in order to be registered as a professional nurse. The act also stipulates the hours for clinical accompaniment for the learner. During clinical accompaniment the learners are supervised by the nurse educators and trained professional nurses.

The South African Nursing Council (SANC) governs the nursing profession. SANC also set up minimum requirements that a learner should acquire before completing training, accredits nursing education institutions, private and public, inspect those nursing education institutions and protects the right of learner nurses so that the learner receives appropriate education and training. The Nursing Act (Act No. 33 of 2005) regulates the nursing and midwifery profession to ensure safe and quality practices. For a nurse to be competent in practice, clinical supervision is very important as during clinical supervision the learner nurse will be taught and guided about clinical skills. During training of learner nurses clinical supervision forms an integral part of training and career development to enable nurses to become productive, competent, independent and skilled practitioners. Clinical supervision aims to promote autonomous decision making, ensuring the individual's protection and safe care provision through reflective process and clinical practice through regular discussion with experienced colleagues with whom they can share clinical, organisational, developmental and emotional experience.

Nursing Act (Act 33 of 2005; R 169) defines clinical supervision ''as the assistance and support extended to the learner by the professional nurse or staff nurse in a clinical facility with the aim of developing a competent and independent practitioner'' It is during clinical teaching where learners acquire the art of integrating theory and

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practice. It is during clinical supervision that learner nurses demonstrate the ability to function effectively, to solve problems and to apply a scientific approach to nursing.

Leaner nurses play an important role in providing quality care, because of their continuous involvement and interaction with patients, therefore clinical supervision during their training is of utmost importance. A supportive learning environment and the support of skilled practitioners would enable learner nurses to function more effectively and provide patients with care to the best of their ability. Clinical supervision enables us to achieve the following:

- Identify training and research needs
- Appreciate service user as individuals
- Examine contribution to the multi-disciplinary team
- Identify and develop practice
- Support nurses with their feelings and
- Provide link between research and practice.

Clinical supervision is an integral component in nursing practice as it provides the learner with opportunities to grow as an individual and professionally. In the sampled hospitals of Vhembe district where this study is based, the supervision of learner nurses is done by professional nurses, unit managers and the nurse educators. These learners are placed in different units of the hospitals according to their training needs. The purpose of exposing the learner nurses to the clinical areas is to ensure that they apply the theory taught in the class in practice and to enable them to acquire competencies which will enable them to practice independently after completion of their course.

All units in the clinical areas where learners are placed are provided with learning objectives for different categories and level of training of learner nurses so that unit managers and professional nurse must be aware of the areas where the learner nurses need clinical support. The clinical environment selected for the placement of learner nurses plays a vital role and should provide appropriate learning experiences

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that will facilitate learning competencies The nurse educators comes to the clinical area weekly to supervise the learners and they are responsible for teaching formally and informally both theory and practice, The nurse educators are also responsible for evaluation of the learner nurses' practical skills.

For clinical supervision to be effective, nurse educators and professional nurses in the units need to have a sound knowledge of the learning needs of students as they are supervising them in the clinical setting (Mochaki, 2001:32; Waldock, 2010:14). During the period of clinical allocation learner nurses are taught different nursing skills according to their level of training. Thereafter learner nurses are evaluated on the skills they have been taught. During evaluation learner nurses are also supervised so as to ensure that they have adequate knowledge regarding the different skills.

Clinical supervision is defined by Henderson (2011:54) as the mode that provides students with the opportunity to translate theoretical knowledge into the learning of a variety of skills required to give patient – centered care. It facilitates correlation of theory with practice in the cognitive, affective and psychomotor domain in the clinical setting for the students to reach acceptable levels of competence in these areas.

In the clinical placement nursing students enter new settings for learning purposes. For effective learning to take place, the learner nurses depend on a supportive atmosphere based on psychological and pedagogical aspects. These include staff-student relationship and meaningful situations constituting a pedagogic atmosphere (Stuart, 2004:14). Good interpersonal relations, feedback and support have an impact on the clinical learning environment, and they create and maintain a positive clinical learning environment for nursing students (Levette-Jones & Lathlean: 2008:50).

Clinical learning and supervision of learner nurses have been part of the nursing education for many years and has been researched by other scholars. Papastavrou, Lambrinou, Tsangari, Saarikoskie and Leino-Kilpi (2009:176) state that the clinical learning environment is a complex social entity that influences student learning outcomes in the clinical settings. The authors concluded that nursing is

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predominantly a practice-based profession and that it is vital that nurse education continues to have a strong practice element despite its full integration into higher education. Learning in clinical setting is important part of nursing curriculum. The quality of clinical learning is influenced by many factors including learning culture, attitudes of learners and trained staff, and learning opportunities (Andrews & Roberts, 2003:55).

A study conducted by Haggman-Laitila, Elina, Riitta, Kirsi and Leena (2006:382) in Finland, indicated the importance of clinical supervision for learner nurse. The study indicates that clinical supervision includes supports and professional development, pedagogic competence, research and development activities and collaborative working. The study also indicates that clinical supervision has influence on student's professional and personal development and perception of the future of nursing profession, students' preparedness for career planning and the teacher's and preceptor's professional development.

If clinical support for learners in the clinical settings is insufficient there will be demoralisation of students and failure to observe learning opportunities (Mabuda, Alberts and Potgieter, 2008:25). Positive experience of learner nurses in the clinical environment is important with respect to their perceptions of nursing and future workplaces. Clinical supervision has been identified with nursing as a process for improving clinical practice and reducing clinical incompetency in the profession of nursing. The potential benefits of clinical supervision can add to quality patient care and prevent stress and burnout to nurses. It also contributes to job satisfaction. Nursing students are eager to learn and to practice theory obtained at school (Ranse & Grealish 2007:82).Nurse educators should ensure that there are mechanisms put in place in order to integrate theory and practice.

It is necessary that nursing students experience positive clinical learning environments characterised by a pedagogic atmosphere conducive to teaching. Learning in clinical setting is an important part of the curriculum and accounts for approximately 50% to learn and to try new skills. Learner nurses should be provided with the opportunity of the curriculum of the pre – qualifying nursing programmes

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(Humphrey, Gidman & Andrews 2000:311). Clinical teaching and placement for leaner nurses are accounted for as stated in the regulation for training (R683).

Clinical learning is described as being the heart of professional education as it provides a student with the opportunity to consolidate knowledge, socialise into profession roles and acquire professional values. According to Tiwari, Lam, Yuen Chan, Fung and Chan (2005:299) clinical learning plays a crucial role in nursing education programmes. It does not only provide opportunities for learners to apply the theory learned in the classroom to the real world of clinical nursing, it is also a socialisation process through which students are inducted into the practices, expectations and real life work environment of the nursing profession. Learner nurses acquire the competency in skills and precepts of the profession through proper supervision and support.

Clinical supervision has been identified within nursing as a process for improving clinical practice and reducing the emotional burden of nursing. It is an accepted strategy to identify solutions to problems, improve practice, and increase understanding of professional issues. Its relevance in nursing is in the potential benefits it can add to patient care and nurses as well, both individual and as a professional group. Not only does it help to prevent stress and burnout, it also contributes to job satisfaction. Professionals who were properly guided and supervised during training will be able to practice with confidence and competence.

During clinical supervision learner nurses employ the process of reflection in order to identify and meet their need for professional development. The purpose of clinical supervision is to improve nursing practice and therefore needs to be focused on nurse patient interaction. Considering all of the above, the researcher felt the need to study the experiences of learner nurses regarding clinical supervision at sampled hospitals in Vhembe district. The researcher's concerns and personal interest therefore resulted in the interest to formally investigate the experiences of learner nurses during their placements in the clinical learning environment.

The aim with clinical supervision should be to assist learner nurses to gain self-confidence and self-esteem, to develop professionally and to become competent and

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proficient individual practitioners. A study of student nurses" experiences during clinical practice in the Limpopo Province by Mabuda, Potgieter and Alberts (2008:25) found that student nurses valued accompaniment and supervision by college tutors as an essential component of effective clinical teaching and learning. These findings further indicate the importance of clinical learning as an integral part of nursing education and nursing practice.

Another study by Lipinge and Venter (2003:10) revealed that expectations of the student nurses were not met, as the staff sometimes were not aware of learner nurse' learning objectives, frustration was experienced during daily practice due to poor integration of theory and practice and that there was a lack of tutorial support and guidance by nurse educators. As cited in De Vos, Beattie (1998:121) suggested that ignoring the need to develop clinical teaching skills is to cast clinical teaching as secondary to theoretical teaching and knowledge. The aim with clinical supervision should be to assist learner nurses to gain self-confidence and self-esteem, to develop professionally and to become competent and proficient individual practitioners.

Considering all of the above, the researcher felt the need to investigate the experiences of learner nurses registered for Bridging Course regarding clinical supervision at hospitals at sampled hospitals in Vhembe district. The researcher's concerns and personal interest therefore resulted in the interest to formally investigate the experiences of learner nurses during their placements in the clinical learning environment. Effective clinical supervision would enable learner nurses to achieve and attain their learning objectives. Clinical supervision helps leaners to apply technical learning in specific real life contexts as opposed to abstract ones. Clinical supervision helps the learner to manage particular cases, encounters or professional relationships (Clarke, Launer, Swanwick and Dieghan 2005:33).

The importance of proper clinical supervision can not be ignored looking at much litigation that the Department of Health is facing. Some of those litigations are due to malpractice. If learner nurses can be effectively and efficiently supervised in the clinical practice some of the malpractice can be avoided. Nursing is primarily a practice discipline whose core activities are acquired, reinforced and consolidated in

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the actual delivery of care to real people and it is important that clinical aspects are taught and supervised by those who are clinically competent.

The training of nurses ensures that learners acquire cognitive, psychomotor and affective skills in order to practice effectively. Clinical learning should be humanistic, authentic, supportive and caring for learner nurses. Clinical accompaniment helps to reduces students" anxiety about functioning in clinical settings without the necessary direction. In conducting this study, the researcher at all times will consider and maintain ethical principles as well as the credibility of the study. A qualitative approach was used to conduct this research. The researcher used an explorative descriptive and contextual design. Purposive non-probability sampling is the method of choice for the study.

1.3 PROBLEM STATEMENT

Custodians of nursing education have often expressed their dissatisfaction with clinical supervision for learner nurses in hospitals of Vhembe district in Limpopo Province learners. The focus of this study is on the learners registered for Bridging Course for Enrolled nurses leading to registration as a General Nurse (R683). Most of these learners have been in the nursing profession for a period exceeding a decade. As enrolled nurses they were working under the direct and indirect supervision of the professional nurse and now that they are training to become Professional nurses who need to be provided with knowledge and skill to allow them to function independently.

The researcher chose this group in particular because they are undergoing transition from being an enrolled nurse to a learner nurse and again to a professional nurse. To this group in particular clinical supervision is important as they are undergoing all those transitions. Unit managers and other professional nurses in the different units where learner nurses were allocated had expressed the impression that the learner nurses were often unable to integrate theory, practice and skills. During clinical evaluations learners do not perform satisfactorily and are forced to repeat, an indication that they are not competent in clinical skills.

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Poor performance can be attributed to an ineffective clinical supervision programme and the environment that is not conducive to the required learning and support of the learner nurses. The researcher, who is often involved in teaching, mentoring and assessing the Bridging course learners , has also noticed that learner nurses are not confident and skilled, and often display inability to integrate theory and practice. Learners sometimes have no courage when doing the skills. At times learners would hesitate to perform the procedure or come up with excuses not to do the procedure.

Clinical supervision is a serious concern to learner nurses as nursing is a practice – based profession. Even if the learner preforms exceptionally well in theory she still has to be very competent in clinical skills. The concern was that learner nurses were not able to integrate theory, practice and skills and would not be able to function independently on completion of their training. On completion of their course learners are expected to perform the dependent, independent and interdependent functions hence they need to be supervised to acquire those skills.

Often concerns are also raise by learners indicating that they way skills are demonstrated by the clinical facilitator is not how they are done by the staff in the in the units. This leaves the learners frustrated and not knowing what to do as they think that they are not properly supported. This research made it possible for the researcher to understand the learners" experiences in the clinical field and may assist learners to achieve their educational goals during clinical practice.

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1.4. DIAGRAMMATIC REPRESENTATION OF THE ROUTE TAKEN BY LEARNERS DURING THEIR CLINICAL LEARNING

The study was based on Virginia Henderson's theory of Nursing as stated in George (2002:211). Henderson had an educational background and in her theory she indicated that nursing students were not properly supervised as they were not taught observation skills. She believed that nurses need a liberalised education to gain knowledge about the sciences, social sciences and humanities. Henderson believed that the nurse must be knowledgeable, have a theoretical background for practicing individualised and human care and be a scientific problem solver (George, 2002:211).

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Henderson's theory in clinical practice can be applicable where the learner nurses come into the profession without adequate knowledge and skill and are empowered to function independently. In this study the teaching and supervision of learner nurses included guiding the leaner nurses to be a clinically independent, competent and responsible practitioner. In this study, the researcher relates to the learner nurse-supervisor relationship where the learner nurses depend on others for effective clinical supervision, for assistance that contributes to their development and results in them becoming independent competent health practitioners. Learner nurses depend on professional nurses, unit managers, clinicians and teaching staff to move from a state of dependence towards a state of independence in nursing practice.

Life experiences, attitudes towards life, available of human and material resources, a supportive environment will influence their experiences during training. It depicts the importance of clinical supervision. A supportive environment and tem work in the clinical setting lead to reduction in the workload when it comes to patient care (Carlson, Pilhammar & Wann-Hansson: 2010:433).

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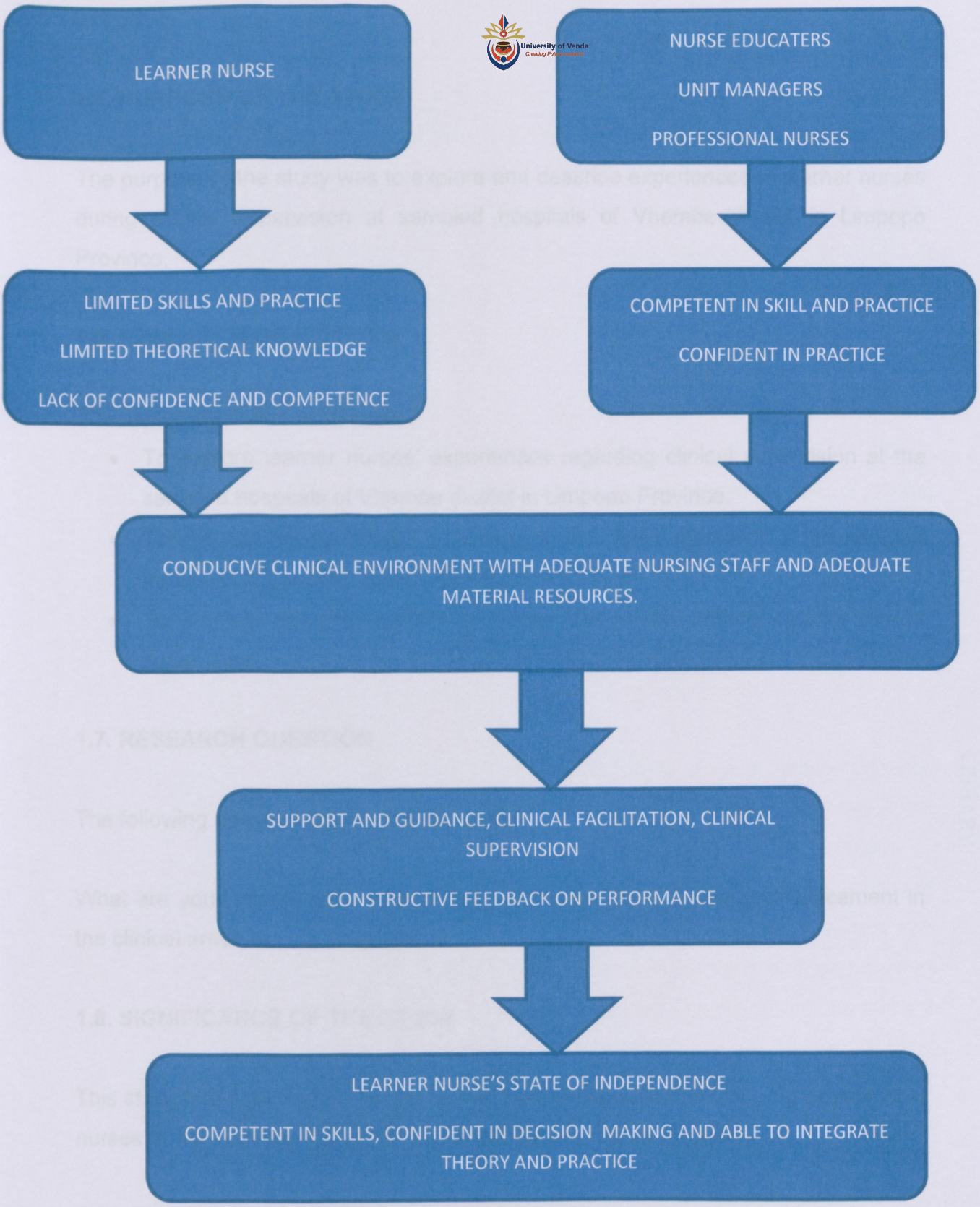

1.4.1. Diagrammatic representation of learner nurses moving from the state of dependence in clinical learning to the state of independence. Source adapted from Henderson's General Nursing Model, as cited in George (2002:21).

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1.5. PURPOSE OF THE STUDY

The purpose of the study was to explore and describe experiences of learner nurses during clinical supervision at sampled hospitals of Vhembe district in Limpopo Province.

1.6. RESEARCH OBJECTIVES

The objectives in this study were:

- To explore learner nurses' experiences regarding clinical supervision at the sampled hospitals of Vhembe district in Limpopo Province.
- To describe learner nurses' experiences of clinical supervision at the sampled hospitals of Vhembe district in Limpopo Province.
- To suggest possible recommendations that would ensure optimal clinical supervision.

1.7. RESEARCH QUESTION

The following question guided the research:

What are your experiences regarding clinical supervision during your placement in the clinical areas at your hospital?

1.8. SIGNIFICANCE OF THE STUDY

This study has significance for the learner nurses, nurse educators, and professional nurses and for nursing research. The significances are as follows:

1.8.1. Significance to the learners, nurse educators and professional nurses.

The significance of the study relates to its potential for contributing to, and extending, the scientific body of knowledge (LoBiondo-Wood & Haber, 2005:56).

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areas provide quality training to the learner nurses resulting in competent, confident and independent practitioners. This research would also encourage other future researchers to gain insight and understanding from this study. This study will be presented at various nurses' workshops in the district and forums such as the Nurses Education Association and Nurse Educators Forum, the study will also be published in nursing journals.

1.9 DEFINITION OF TERMS

The following terms are used in this study:

1.9.1. Clinical supervision

Clinical supervision is referred as a peer support role that is based on a clinically focused professional relationship between the healthcare professional or learner nurse and the clinical supervisor Gopee (2008:9). Furthermore clinical supervision is defined by Dolling and Rodgers (2011:4) as 'a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations".

Furthermore the concept clinical supervision can be defined as regular protected time for facilitated, in – depth reflection on clinical practice (Bond and Holland, 1998). The aim of clinical supervision is to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development. Haynes, Corey and Moulton (2003:3) describe the primary aim of clinical facilitation as to create a context in which the supervisee can acquire the experience needed to become and independent professional.

As defined by Cummins (2008:217) clinical supervision as a process that seeks to create an environment in which participants have an opportunity to evaluate, reflect and develop their own clinical practice and provide a support system for one another. From the above definitions clinical supervision is a significant process in the learning of the student as she needs to be guided in order to be able to have adequate

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knowledge and skill that will allow her to function as an independent practitioner. For the purpose of the research study clinical supervision refers to the provision of guided guidance on clinical work and the offering of feedback by nurse educators and professional nurses to learner nurses.

1.9.2. Clinical learning environment

Clinical learning environment is defined as complex network of forces that are effective on clinical learning outcomes (Rhahmani, Zamanzadeh, & Hassanpour, 2011:254). According to Stuart (2004:186) a clinical learning environment can be defined as an "interactive environment of forces within the clinical setting that influence the student's clinical learning outcome". In this study clinical area/environment refers to different units/wards in the sampled hospital in Vhembe District of Limpopo Province, where learner nurses are allocated according to their training needs during their period of training, which is two years.

1.9.3. Professional nurse

A 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 (South African Nursing Council. *Government Gazette*, 2006:34). For the purpose of this study a professional nurse refers to a health care professional who is directly involved in the basic nursing education and training programme for learner nurses.

1.9.4. Learner nurses

The Nursing Act (Act No. 33 of 2005) refers to a learner nurse as a person who is following a programme of study in nursing education or a training institution. In the hospitals where learner nurses are allocated for clinical experience, they are often referred to as student nurses. The term student was also used interchangeably with that of learner in a study done by Pillay and Mtshali (2008:48).

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Uys and Meyer (2007:12) defines the student nurse as a person who follows a programme of education and training that is approved by the South African Nursing Council (SANC) and leads to the acquirement of a qualification. The learners investigated in this study will be able to register as a General Nurse. In this study the learner nurses are learners doing second year in Bridging Course for enrolled nurses leading to registration as a general nurse (R683) in the sampled hospitals of Vhembe district in Limpopo Province.

1.9.5. Experiences

Experience is defined as learning by doing and not by reading. The Oxford Advanced Learner's Dictionary (Hornby, 2000) defines experience as knowledge and skills gained through doing something for a period of time. This study aimed to establish the experiences of learner nurses during clinical supervision and the focus group comprised Bridging Course learners studying to become professional nurses. Burns and Grove (2009:9) state that personal experience in nursing is important as it enables one to gain skills and expertise by providing care to patients and families in clinical settings. The amount of personal experience affects the basis and foundation of a nurses' knowledge base.

1.9.6. Bridging Programme

This refers to a two year diploma in General nursing (often referred to as bridging programme) leading to registration as a general or psychiatric nurse in accordance with the SANC Regulation No.683 of April 14, 1989 as amended.

1.10. RESEARCH DESIGN AND METHODOLOGY

According to Fraser, Caper and Nolte (2011:66), research method describes the complete research as it was planned. It begins with the subjects and the sample. Research method refers to the steps, procedures and strategies of gathering and analysing the data in research. Research design refers to the researcher's overall plan for obtaining answers to the research questions (Polit & Beck, 2004:188).

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In this study a qualitative, exploratory, descriptive and contextual research approach, was used because the study focused on the experiences of learner nurses. The researcher will apply the characteristics of qualitative approach and identified an approach that supported the phenomenon that was studied (Speziale & Carpenter, 2007:66). The researcher used focus group interviews to gain the knowledge that will make it possible to describe the learners 'experiences in an effort to obtain complete and accurate information for use in this study.

1.10.1. RESEARCH SETTINGS

Burns and Grove (2009:40) regard research setting as the environment in which the research study takes place and can be a natural or controlled. The natural setting is a real life study environment without any changes made for the purpose of the study. This study was conducted in sampled hospitals in Vhembe District of Limpopo Province where learners doing Bridging Course are allocated for clinical exposure. The four hospitals are Tshilidzini Hospital, Donald Fraser Hospital, Siloam Hospital and Malamulele Hospital.

1.10.2. POPULATION

According to Burns and Grove (2011:290); Polit and Beck (2008:338) population refers to the entire group of persons or objects that is of interest to the researcher that meets the criteria that the researcher is interested in studying. Furthermore Brink (2009:132) refers to the population in research as the entire group of persons or objects that are of interest to the researcher who meet the criteria for participating in the research. The population was Bridging Course nurses learners on training to become General Nurses (Regulation 683 of 14 April 1989).

1.10.2.1 Target population

The target population is defined as the entire sets of elements about which the researcher would like to make generalisation (LoBiondo-Wood & Haber 2010:222). For this study target population was learner nurses doing second year of training in the Bridging Course for enrolled nurses leading to registration as a General Nurse,

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as stated in Regulation 683 of 14 April 1989. The target population was receiving training at sampled hospitals in Vhembe District of Limpopo Province.

1.10.3. SAMPLING

Jooste (2009:302) refers to sampling as a process whereby the participants or subjects are selected from the target population to ensure that the selected subjects or participants are representative of the total population. Burns and Grove (2011:746) further described sampling as involving selection of a group of people, events, behaviour, or other elements through which to conduct a study. It is a subject of the population that represents entire population in order to obtain information regarding the phenomenon. The selected sample should therefore have similar characteristics to the population under study; thus allowing generalizability of the results to represent the population (Polit & Hungler, 2004:259).
In this study convenient sampling was used and was drawn from a selection of population that was easily accessible. Learners who were doing Bridging course at sampled hospitals of Vhembe district were used.

1.10.3.1. Sampling Method

Babbie and Mouton (2009:180) explain that the sampling method is the means of selecting a group of people, events, behaviours or other elements that are representative of the population being studied. There are two types of sampling; probability and non-probability sampling. Probability sampling is characterised by an equal chance of inclusion of each element in a sample. It is based on probability theory and therefore includes the principle of equal chance (De Vos, Strydom, Fouche & Delport, 2002:30, Uys and Basson, 2004:86). In the case of non-probability sampling there is no equal independent chance of being selected for the sample.

In this study a purposive, non-probability sampling method is used. Purposive sampling is explained by Babbie and Mouton (2009:169) as appropriate for the researcher who wants to select a sample based on owns judgment and the purpose of the study.

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1.10.3.2 Sampling frame

According to Burns and Groove (2011:300) a sample frame is a list of all the elements in the population from which the sample is drawn. In this study, the sampling frame is a list of the learner nurses enrolled for the Bridging Course programme in their second year of study during the time of 2014 and 2015. This group was chosen because the researcher thought they were more appropriate considering the period they had already spent in the programme.

1.10.3.3 Sample size

Kumar (2005:65) indicates that sample size concerns the number of elements from whom the required information is obtained. In qualitative research, as Burns and Grove (2011:361) point out, the focus is on the quality of information obtained from the participants rather than the size of the sample. In this study, the researcher used four (4) focus groups of 7-8 participants. Burns and Grove (2011:361) also indicate that the number of participants is adequate once saturation of information is achieved, which means additional participants do not contribute any new information to the study.

This study involved a total of twenty-eight (28) participants. These were learners in their second year of study of the Bridging Course at sampled hospitals in Vhembe District of Limpopo Province. The unstructured in- depth focus group interviews lasted for approximately 60 to 90 minutes each and no new information was obtained after completion of the interviews.

1.10.4. Inclusion criteria

Burns and Grove (2011:367), define inclusion criteria as the characteristics that the respondents may have in order to be included in the study. The researcher chose the number of participants to be 28 in order to have equal number of participants per institution. In some institutions the total number of learners doing second year bridging course in that year was 7. The participants were females and males doing

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second year Bridging Course and could communicate in English. They were eager to talk about their experiences during clinical supervision.

1.11. Dissemination of findings

The findings of the research will be distributed to the University of Venda library and to the selected hospitals where research will be conducted. The information of this study furthermore will be shared with colleagues and in clinical forums held at the clinical meetings in the district. It will also be published in an accredited nursing journal such as Curationis and will be presented at conferences such as the Nursing Education Association and In Nursing Education Forum.

1.12. Structure of the report

This section of the research describes the layout of the chapters in the dissertation.

Chapter 1 describes the introduction of the study with emphasis on the orientation to the study, the identified problem, background and significance, the aims as well as the limitations of the study.

Chapter 2 includes all the theory and models that were chosen to guide this research. A variety of literature views on the experiences of learner nurses regarding clinical supervision is discussed. Data was collected prior to literature and was used to control and support the context findings.

Chapter 3 describes the research design and method used by the researcher. It includes a discussion of the data collection, data analysis and trustworthiness of the study.

Chapter 4 comprises the research presentation, research results and findings.

Chapter 5 is the final chapter that deals with the conclusion, discussion and recommendations of the research.

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Annexures and all other supporting information are added to the document.

1.13. CONCLUSION

In this study the researcher investigated clinical settings and explored the experiences of learner nurses during clinical supervision.

The focus of the study was on learners following the Bridging Course for Enrolled Nurses that leads to registration as a General Nurse as stated in R 683 of 14 April 1989. Clinical supervision forms an integral part of learner nurses training and career development to enable nurses to be productive, competent and skilled.

The introduction and background of this study presented in Chapter 1 explain why the researcher felt it necessary to do this study. Extensive research was presented in order to give the reader a clear understanding of the study.

Clinical supervision is regarded as an essential and indispensable field of study and the information presented will be significant for the learner nurses, facilitators and for nursing research. Nursing as a competency based profession, the people responsible for training of nurses should provide adequate guidance and support to learners.

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CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter described the background to the study and its significance, also presented the problem statement, the research objectives, and definitions of the concepts as well as the abbreviations used in the study. This chapter examines literature on the experiences of learner nurses regarding clinical supervision, factors that enhance good clinical supervision, the theoretical framework of clinical supervision. Literature review is conducted to generate an understanding of the phenomenon of the study. Burns and Grove (2011:38), define a literature review as an organised written work on what has been published by other scholars.

In this study, the literature reviewed comprises the work of other scholars, academics, books, theories, government information and journals Burns and Grove (2011:38). The literature research provides the researcher with sufficient information about the topic of the study, namely clinical supervision, and was used to inform the reader how the findings of the study fit in into what is already known about the phenomenon as stated in Speziale and Carpenter (2007:26). The literature search was continued throughout the study in order to identify existing gaps in the literature and also to provide evidence for the current study.

Literature review is a process involving reading, understanding and forming conclusions about the theory and the published research of a particular topic. It is doe to acquire the knowledge for use in practice or to provide a basis for conducting a study (Burns and Grove, 2011:38). The review provides information and background for understanding what has already been learnt on a topic and illuminates the importance of the new study (Polit and Hungler, 2004:142). Literature review is done to gain understanding of what is currently known about the topic and

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what other researchers had found out regarding the experiences of learners during clinical supervision (Burns & Grove, 2011:11).

Literature review is defined as the summary of the research topic of interest which is criticised and prepared to put a research problem in context Polit and Beck (2008:503). This is evident in the current study. The literature focus on clinical supervision for learner nurses, which will be applied in discussing the findings of the present study. It is essential to conduct a literature review before embarking on a research project, because this facilitates identification of relevant sources and information on which to develop one's study (Terre Blanche, Durrheim & Painter 2004:19).

Researchers, through a literature search, can establish what is already known regarding their research topics (Whittaker & Williamson, 2011:25). LoBiondo-Wood & Haber (2010:79) assert that a literature review gives researchers insight into the context within which the previously investigated phenomena had been dealt with, regarding the specific research topics. According to (Burns & Grove, 2011:137; LoBiondo-Wood & Haber, 2010:79), a critical review of the literature:

- Uncovers the conceptual knowledge related to the particular subjects, concepts, or clinical problems and is used in all aspects of the research process
- Familiarises the researcher with information that is already available and to the previous research on the selected topic
- Updates and expand the researcher's knowledge and skills with regard to the selected topic
- Presents a theoretical framework for the research
- Presents critical and analytic thinking of the recent developments concerning the research topic
- Indicates the methods, research instrument and statistics that could best be used
- Provides new knowledge that can lead to the development and validation of theories
- Reveals the research question for the discipline
- Provides the latest knowledge for education

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- Generates ideas, develop and refine the scope, objectives and aims for the research study
- Uncovers the research findings that support evidence based practise
- Develop a data collection instrument
- Avoid duplication of the previous research and identifies the research gaps

Learners are placed in clinical placement areas in a health establishment, to which student nurses are allocated according to their learning needs. This is done to expose them to a real practical area to enable them to acquire knowledge and skills needed to practice nursing (Nursing Act No. 33 of 2005).

2.2 LITERATURE REVIEW

Becker & Bryman (2008:262) defines literature review as an assessment of the existing knowledge which is both empirical and theoretical regarding to the research topic. It constitutes any material specifically derived from the books, journals, theses, research reports and pamphlets from conference proceedings (Parahoo 2006:125). Burns and Grove (2011:138) indicate that the literature review is reported in an organised manner and it purports to reveal what has been published on the topic by scholars and to include a presentation of research conducted in the researchers" selected field of study. The purpose of literature review is to familiarise the reader with practical issues relating to the problem and to help the researcher lay a foundation for the study. It indicates what is known about an area of enquiry and suggests ways of conducting the research on the topic of interest. It actually puts the research project into context by showing how it fits into a particular field.

According to, Speziale and Carpenter (2007:398), it is through the literature review where the research questions are refined and the foundation for conducting the study is built since it familiarises the researcher with the selected area of study. In this particular study, the literature was extensively reviewed in order to have understanding of the material that is available on the topic concerning clinical supervision. The literature review also assisted the researcher to fully understand the concepts of interest pertaining to this study. The researcher furthermore read books

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and articles on phenomenology to get a grip on how it is applied in conducting research on the lived experiences of the learner nurses.

It was equally enlightening to observe the designs and approaches that were used in previous studies. This enabled the researcher to have insight into how to handle the information obtained in order to be able to conduct this study. The researcher embarked on the extensive literature search with the understanding that, with appropriate application of the process of "bracketing" throughout, the researcher would not be influenced by information she would have obtained from the consulted material; instead that material would assist in strengthening optimal insight into the phenomenon under study. This, in turn, would add to the authenticity of the findings of the present study.

The literature review also prepared the researcher regarding theoretical concepts that exist as well as how these are related to the present study (Silverman, 2011:319). The researcher furthermore was enabled through the literature review to gain ideas as to what to do and where to go in order to discover the phenomenon which is important for the development of own study (Silverman, 2011:321). It also assisted the researcher to improve the vocabulary associated with qualitative research and to demonstrate command of the subject area and the research problem as points out in Silverman (2011:319). Furthermore, the researcher was able to understand and conceptualise all essential aspects applicable to all qualitative research and more so those definitions and concepts that needed to be operationalised in the present study (Terre Blanche *et al.,* 2008:21).

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2.3 CONDUCTING THE LITERATURE SEARCH

The researcher conducted a literature search using Google Scholar, journals, books, studies from other researchers and information from experienced people in this field. The concept clinical supervision was researched by many authors in the nationally and internationally.

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2.4 THEORETICAL LITERATURE

In this study, the researcher has made use of concepts, illustrations, theories, and models to support the research topic, as advised in Burns and Grove (2011:93). Research regarding experiences of clinical support and supervision of learners has been conducted internationally and nationally. Information was collected from journals, dissertations and theses and included both primary and secondary sources (Burns & Grove, 2011:93).

The literature focused on clinical supervision for learner nurses which is discussed in detail in this chapter. Nursing is a skill-based profession (Gopee, 2008:66; Henderson, 2011:14) which implies that teaching and learning direct nursing professionals to become competent when executing specific clinical interventions. A nurse should be competent in decision making and skill performance. Theory and practice should all be acquired in nurse training. A skill is developed through training and repetition enabling the individual the individual to perform the particular skill with efficiency and flexibility (Curzon, 2004:290)

A study by Gaberson, Oermann and Shellenbarder (2014:35) in Finland indicated that learners were not satisfied with the clinical support. Learners indicated that their tasks were not clear in clinical environment; they were not properly orientated and were not given individual attention. In such instances learners feel neglected and disorientated by not knowing what to do. In another study by Skaalvik, Norman, Henriksen, in Norway (2013:2294) it was concluded that learner nurses who were properly supervised and mentored were generally satisfied with the clinical practice as part of nursing education.

The study by Pillay and Mtshali (2008:52) on clinical supervision revealed that the positive outcomes of clinical supervision are that there is reduced professional isolation, professional development, improved quality care, reduced clinical risk, improved colleague support, problem solving, better informed staff and improved teamwork. Safe, quality patient care and quality student learning depend upon adequate supervision of students through the practice education experience. Important aspects for effective supervision include establishing a professional

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relationship between the student and supervisor where collaboration, mutual understanding and effective feedback is present (Curzon, 2004:290).

The learner should be provided with adequate skill and knowledge so that on completion she/he can practice independently within the legal framework of the profession. Nursing has undergone a lot of changes just like any other profession and learners need to be trained to match up with those changes. The Traditional clinical supervision does not provide learners with u opportunity to work on their own and grow professionally, on completion of training learners lack self-confidence in performance of nursing skills and functioning independently (Jiang, Chou & Tsai, 2012:154)

When learners are exposed to clinical area, they often experiences different feelings and emotions. Exposure of students to clinical learning environment can be very stressful where students may experience anxiety due to a number of factors (Andrews, Brodie, Andrews, Hillan, Thomas, Wong & Rixon, and 2006:861). These factors might be first exposure to clinical environment, being scared to make mistakes when performing procedures or when being evaluated. Learners might also feel anxious if they are not properly supported by nurse educators and professional nurses in the units (Moscaritolo, 2009:22). The fear and anxiety that the learner has may affect him/her to perform better or negatively (Moscaritolo, 2009:22). Learners may have a negative influence in their learning environment if they are not inspired to achieve their learning outcomes. In order to facilitate optimal learning for the student nurse, the student must be presented with a range of real life work experiences that are presented in a supportive environment (Henderson & Tyler, 2011:290).

In the United Kingdom there is a Reflective Learning/Clinical Supervision policy for nurses and midwives and other allied health professionals. This resulted after they identified that they experience problems in clinical learning and supervision of learner nurses. In the policy the benefits of clinical supervision are stated as follows:

- Identify solutions to a problem
- Increase understanding of professional issues

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- Improve standards of patient care
- Further develop their skills and knowledge
- Enhance their understanding of their own practice

Learner nurses experiences in the clinical area was also researched in the United Kingdom at the University of Wolverhampton by Emmanuel & Price –Miller (2013:20), the results of the study indicated that learner nurses frequently report negative experiences of placement and anticipate hostility in the clinical environment. The researchers also found that on placement, learners value clarity, acceptance, trust, support, respect and recognition of their contribution to patient care emotional and clinical support and opportunities which can help to reduce stress. The clinical environment should be conducive and supportive in order to promote clinical learning.

A study by Msiska, Smith and Fawcet (2014:39) on challenges of clinical learning experiences in poor clinical settings in Malawi where their findings concluded that nursing lectures did not effectively support students during clinical placement. Learners depend on the short staffed institutions for clinical supervision which does not happen. The study confirmed that clinical learning experience in that country is challenging and this have the negative impact on their learning in the clinical setting. In addition nursing lectures do not support students during clinical placement and some nurses in the clinical environment are not willing to teach.

In a clinical learning environment there are patients who have varied needs, be it emotional, physical and psychological therefore clinical supervision of students require thorough planning so that suitable learning opportunities can be accomplished (Stuart, 2004:195). Patients' safety should be guaranteed all the time. Learners need to be properly supervised and mentored so that they know what is expected of them. According to Lipinge and Venter (2003:10) negative experiences have The need to be guided to acquire the expected clinical competency from trained staff (Henderson & Tyler, 2011:291). Learners should be guided and supported to learn and not be treated as working force.

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also been reported by students in the clinical environment. The study revealed that (a) expectations of the student nurses were not met, as the staff sometimes were not aware of learner nurses" learning objectives; (b) frustration was experienced during daily practice due to poor integration of theory and practice; and (c) there was a lack of tutorial support and guidance by nurse educators. The study also revealed that the interpersonal relations between the ward sister and students are a problem. The students were called names and used as scapegoats for wrong doing and this impacted on clinical supervision for learners were students will have a negative clinical experience. Some learners felt discouraged and poorly motivated by the experience that they had.

There are numerous benefits for clinical supervision in nursing education, for instance to ensure patient safety, to improve students" ability to provide patient care, to promote the advancement of the nursing profession through role modelling, and to give students the opportunity to explore clinical situations (Baxter 2007:104). He further states that clinical supervision provides opportunities for students to increase and improve their clinical skills, to develop relationships with experienced practitioners and to promote the transfer of knowledge from the classroom to the clinical settings. Clinical supervision can also help that people who use services and their carers receive high quality care at all times from staff that are able to manage personal and emotional impact of their practice.

The concept of clinical supervision was also researched by Haggman-Laitila, Elina, Riitta, Kirsi and Leena (2006:382). The researchers were developing a model for clinical supervision. The authors state that supervised clinical practice plays a significant role in professional nursing studies and guarantees the high quality of nursing education reinforces the professionalism of graduating students and promotes the appeal of the nursing students. Meyer and Van Niekerk (2008:108) indicate that direct exposure in the clinical learning environment remains an invaluable experience for nursing students if coupled with the presence and support of a competent and knowledgeable nurse educator.

According to Stuart (2004:30), nurse educators and professional nurses have the responsibility to ensure that learners have the required clinical experience to develop

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professional competencies in such a way that the patient is not injured at all while the learner is giving the care. If learners are properly supervised they will be able to acquire the necessary competency required in the profession. According to Haynes, Corey and Moulton (2003:2) clinical supervision is defined as a unique professional relationship between a supervisor, a supervisee and the clients they serve by which the learners become increasingly experienced and will require less direction, assistance and guidance from the supervisor.

The establishment of relationship in the clinical learning environment relies on good communication (Andrews, Brodie, Andrews, Hillan, Thomas, Wong and Rixon, 2006:8640). Nurse educators and professional nurses have the responsibility and accountability to communicate effectively and convey essential information correctly. If there is communication breakdown, so will be nursing performance (Papa, 2011: Online), unfortunately not everyone in the health care environment utilises the correct methods of communication during clinical supervision (Wilkes, 2006:46)

A study by Cummins, (2008:215), indicates that the most significant issue for a learner nurse is the provision of assistance, guidance and support during the transition period from student nurse to being a qualified practitioner. At this period learners need to be guided by qualified and knowledgeable staff so that they become competent and confident themselves. Mabuda (2007:25) indicated that learner nurses valued supervision as an essential component of effective clinical learning and teaching. Learners felt that proper guidance and supervision can assist them to acquire the knowledge and skills expected. The author also suggests that clinical learning forms an integral part of nursing education. According to Mongwe, (2001:28) the aims of facilitating learning during clinical placement are to develop competent nurse practitioners and to assist in learning of clinical nursing skills. This will ensure that the learner is properly trained and is up to the task to function as an independent practitioner.

Mongwe (2001:28) further indicated that some of the obstacles associated with facilitating during clinical placement can be attributed to poor interaction between the learner and the supervisor, as well as an increased workload. Pillay (2008:55), in her study concluded clinical supervision is vital for the development of clinical skills

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amongst learners and should be encouraged. During clinical supervision of learners, professional nurses have to be entrusted with the responsibility to bridge the theory practice gap (Baxter, 2007:104; Scherer and Scherer, 2007:499; Stuart, 2004:19). It is important that nurse educators take cognisance of the fact that they must not expect students to spontaneously incorporate theoretical knowledge into the clinical setting (Stuart, 2004:19).

Saarikoski, Marrow, Abreu, Riklikiene and Ozbicakci (2007:414) indicate that there should be clear strategies in place that will identify the responsibilities of both the student and the supervisor. The authors further comment that the educational system must be comprehensive and designed to balance academic and clinical competencies. A study done in Cyprus by Papastavrou, Lambrinou, Tsangari, Saarikoski and Leino-Kilpi (2009:181), on student nurses" experience of learning in the clinical environment concluded that it is important that nursing education continues to have a strong practical element despite its full integration into higher education and that nursing is predominantly a practice-based profession.

Mochaki (2001:52) indicated that experiences of learners in the clinical area were positive but the format and type of clinical supervision and accompaniment the learners receive varied. Even when other learners have negative view on clinical supervision, some feel that they are adequately supervised by trained staff in their clinical environment.

2.3 Clinical environment

According to Waldock (2010:16) high rates of student attrition can be prevented by identifying critical points for intervention. One critical point for intervention is in the area of clinical practice experiences. Negative attitudes of nurses toward nursing students in the clinical practice setting has the potential of obstructing student learning and therefore threaten student progression and retention within the nursing program. The clinical environment is a learning environment where students are socialized into the profession. Since nursing is a practice profession, it is imperative that the clinical environment offer students opportunities to develop skills necessary for nursing practice.

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However, the clinical environment can be very stressful for the nursing students and nurses who work with them. Working with nursing students may add to the existing stress of a staff nurse. Staff nurses who work with student nurses must cope with staffing shortages, demanding patients, administrative and liability issues while incorporating a student nurse into their work routine. Staff nurses share their patients with the student nurses and often relinquish patient care responsibilities to them. Amid the environmental stress, the schools of nursing expect the clinical environment to be a teaching environment that supports and nurtures nursing students while maintaining the highest standard of practice.

2.3.1 Clinical Education in Nursing Education

Nursing education focuses on the development of student nurses' independence and self-directedness because these qualities are important in the rapidly changing health care environment. Clinical practice is one way to increase students' professional competence, growth and independence (Waldock, 2010:14). Clinical practice takes place in the clinical environment because that is where the students meet real situations. Papastavrou (2009:181) emphasise that it is not possible to simulate completely real clients who are sick, distressed, afraid and anxious in a laboratory setting. That is why Peyrovi, Yadavar-Nikravesh, Oskouie and Bertero (2005:136) point out that nursing as a practice-based profession, requires students to learn how to become professionals in the clinical environment. In this chapter, literature concerning the clinical learning environment, roles and responsibilities of clinicians and student and clinical supervision was reviewed. The main concepts of the study were framed according to the roles of clinicians and students nurses as well as clinical learning environment and included:

- Clinical environment as a learning environment
- Clinical supervision which include;
- Method of supervision
- The roles of the supervisor
- The role of the nurse educators and students

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2.3.2 The clinical environment as a learning environment

The clinical learning environment has been described in different ways by different researchers. Waldock (2010:14) define the clinical learning environment as an interactive network of forces within the clinical setting, which influence the student's clinical learning outcomes. Similarly, Grant and Raybould (2006:28) define clinical learning environment as the attributes of the clinical work setting, which nurses perceive to influence their professional development. Papp et al. (2003:267) state that a clinical environment encompasses that entire surround the student.

These include; the clinical setting, equipment, staff, patients, nurse mentors and nurse teachers. Wells et al (2009:70) add that the clinical practice period is a period of transition, which allows students to consolidate the knowledge and skills acquired during classroom learning into a working situation. In other words the clinical learning environment is a complex phenomenon covering many factors such as equipment, the nursing and other members of staff, different activities of the wards and the atmosphere that contribute to students' learning. Clinical Environment as a learning environment results from numerous studies concluded that the clinical environment is crucial for the educational experience of the nursing student (Zhang, Luk, Arthur & Wong, 2001:470). In 1983-1985, nursing education in the Republic of South Africa relocated from the hospital operated systems to the institution of Higher learning. This relocation of nursing education away from the hospital-operated system to institutions of higher learning has been a focus of concern for many educators, particularly in the area of clinical placements of students. Studies on clinical placement of students and evaluation of clinical environments became the subject of research, particularly during the transition period. Wells & Bernard (2009:70) conducted a study of the experiences of students in Scotland who had recently completed the last course from the traditional curriculum and students who were completing the first Project 2000 course.

In this cohort qualitative study design, randomly selected subjects were asked to participate in semi-structured interviews about areas of the curriculum that had significantly changed. The published report focused on practice placement and the perceived theory-practice gap. Both groups expressed similarity of responses about clinical practice placements. The three significant themes that emerged from the

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analysis were joining the community of practice, the contextualization of learning, and the support of learning in practice. Students described being accepted as part of the team and suggested that social acceptance is clearly important to the students. Social acceptance was necessary before nursing students could demonstrate competence. Dunn and Hansford (2009:18) asserted that "professional acceptance requires a basic familiarity with the context of the placement, confidence in one's own capability within the context and acceptance by the professionals themselves" (p. 853). Findings from this study supported the belief that nurses socialize with students when they spend more time with the students; however, many clinical placements are too short for relationships to be established (Dunn and Hansford, 2009:18).

A conclusion from the study by Wells & Bernard (2009:70) was that it is important to recognize that clinical placements are areas for professional socialization and accomplishment of technical skills. Grant and Raybould (2006:28) stated "becoming a nurse is about joining the community of practice represented by qualified nurses as much as it is about learning the technicalities of nursing." Furthermore, "students require social support and reassurance when they start a new placement" (Grant & Raybould, 2006:28). Other conclusions were that mentors of nursing students should know how important it is to incorporate the students professionally into the community of practice. This study also emphasized the need for cognitive apprenticeship in clinical placement where novices (nursing students) should be guided by experts (Professional nurses) through complex practice (Grant & Raybould, 2006:28).

Papp et al (2003:268) described the student nurse as a novice practitioner who has no experience in dealing with situations where they are expected to make decisions and perform nursing care. Their practice is governed by rigid inflexible and limited rules and they have little understanding of the meanings in the textbooks. The student's exposure to situational experiences helps them to incorporate and find meaning to the principles and theory learned in the classroom. Being in real situations helps the novice nurse to develop the context-dependent judgments and

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skills. Papp et al (2003:268) indicated that the clinical practice is a way to increase the professional competence of the student nurse. The learning environment is defined "as being the conditions, forces, and external stimuli, which affect the individual" (Bloom quoted by Papp et al (2003:263). "The clinical environment encompasses all that surrounds the student nurse, including the clinical settings, the equipment, the staff, the patients, the nurse mentor, and the nurse teacher" (Papp et al., 2003:263). The clinical environment is a complex social and cognitive experience for the nursing student (Zhang et al., 2001:470). The clinical environment offers situational learning where the student can participate in working situations (Papp et al., 2003:267). Newton (2010:214); Papp et al (2003:268) identified a relationship between hospital environments and recruitment and retention of qualified nurses. Quality care is also linked to quality work environment. Helm and Bjorvellm (2008:324) concluded that improvement in the clinical environment as a learning environment can lead to "improved opportunities for the provision of excellence in patient care". There is consensus in the literature that it is the responsibility of all nursing educators and practicing nurses to provide quality clinical experiences for nursing students. The clinical experience must adequately prepare nurses into the workforce.

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Grant and Raybould (2006:28); Papp et al (2003:268) stated that it is the right of every patient to have quality nursing care and it is the right of all nursing students to have quality nursing education. In their studies to develop evaluation tools to evaluate the clinical environment as a learning environment for nursing students, Grant and Raybould (2006:28); Papp et al (2003:268) agreed that the student perception of the environment is an important component. Grant and Raybould (2006:28); Papp et al (2003:268) included the student's perception as part of an audit tool for assessing the learning environment. The student perception questionnaire included items relating to orientation to the unit, availability of literature such as policy documents, textbooks or journals, relatedness of theory to practice, and relationship with a preceptor. Other components of the audit tool included an area profile and an educational profile. Each of these components was stratified to include items such as the physical environment, nursing establishment, staffing, clinical activity, availability and preparation of preceptors. The audit tool helped to

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differentiate clinical areas of excellence from those that were lacking. Nursing schools used the audit tool to place students in clinical areas most conducive to nursing education Wells and Bernard (2009:70) stated some clinical settings do not provide positive learning for student nurses.

Grant and Raybould (2006:28) furthermore asserted that there are minimal studies measuring the clinical environment from the psychosocial educational perspective. Identification of factors within the social climate of a clinical learning environment could promote teaching strategies that are most predictive of quality student learning. Both studies concurred that it is necessary to evaluate and measure the educational quality of the clinical environment for human resource development of registered nurses. The quality of education is linked to cooperation and communication between the clinical site and nursing school (Grant & Raybould, 2006:28; Bernard, 2009:70).

In development of the clinical learning environment inventory Bernard (2009:70) recognized that the clinical experience is a classroom that produces anxiety for the nursing student, and creation of a supportive climate is crucial. Autonomy and recognition, role clarity, job satisfaction, quality of supervision, peer support, and opportunity for learning are variables that characterize the clinical learning environment.

Chan (2003) conducted a cross-sectional simple descriptive survey design of second year diploma nursing students in South Australia. The purpose of the study was to estimate the discriminant validity of subscales of the Clinical Learning Environment Inventory (CLE). Other purposes were to assess nursing student's perceptions of hospital learning environments, and to determine the differences between student nurses' perceptions of the actual clinical learning environment and their preferred clinical learning environment. Results indicated that the CLE effectively measures students' perception of the clinical environment and students prefer a more positive and favourable clinical environment than their perception of what does exist. Recognition and appreciation of nursing students' vulnerability in the clinical learning

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environment are important qualities for clients, clinicians, and clinical facilitators. In human resource development, having an open and direct communication between everyone is critical. For a complete evaluation of the clinical learning environment, inclusion of faculty, nursing staff, patients, and preceptor evaluation is necessary. Evaluation of clinical environments for learning stressed the importance of having qualified staff, adequate staffing and guidelines for evidence-based nursing practice, effective communication between nursing educators and clinicians, and well-prepared preceptors.

Preceptors should be willing to take on the responsibility for role modelling, teaching, and socializing student nurses into the profession (Raisler, O'Grady & Lori, 2003:399; Spouse, 2001:515). Because preceptors are so valuable and vital to creation of a quality clinical environment, several studies evaluated the effectiveness of preceptors or mentors for nursing students (Raisler, O'Grady & Lori, 2003:399; Spouse, 2001:515; Wosley and Leon, 2007:13). Conclusions from these studies were similar to Smith and Lindholm (2009:290) suggesting that socialization into the practice is a vital part of the learning process for student nurses and can only occur at the practice level of the clinical experience. In light of the current nursing shortage, creating an ideal learning environment could be challenging, and nursing administration, education, and practice are called upon to make changes in the way nurses are recruited and prepared for the workforce. Parahoo (2009:70) asserted that "increased work demands and adverse publicity have contributed to rising turnover rates and registered nurse (RN) shortages in acute care hospitals". Saarikoski (2001:1016) says quality nursing care to patients depends on the availability of expert nurses. "By creating and sustaining environments that recognize and value the work that nurses do, it may be possible to reduce the exodus of nurses from the hospital setting" (Benoliel, 2008:45)

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2.5 CONCEPTUAL FRAMEWORK

Rossouw (2003:100) indicates that a theoretical or conceptual framework means that the concepts of the research are identified and linked to each other by means of a literature study of existing conceptual frameworks. Polit and Beck (2008:490) state that a conceptual framework is formed when interrelated ideas are gathered together in a rational scheme by virtue of their relevance to a common theme. Hykras conceptual framework was used in this study. The conceptual framework has three important dimensions; antecedents or preconditions, the core of clinical supervision and outcomes of clinical supervision.

2.5.1. Antecedents conditions

These are those conditions that should be in place before the actual clinical supervision. Things like material resources, human resources, finance, time and a positive learning environment are essential in clinical supervision. Lack of these resources can have an impact on clinical supervision.

2.5.2. The core of clinical supervision

This include important issues like the relationship between the learner and the supervisor that promotes learning, the clearly stated goals of each clinical learning supervision session, a teaching learning process that facilitate the achievement of expected outcome, and availability of time for clinical supervision (Hykras 2002:38). Time is important as it should be set aside from time for other routines in the ward. The goals are described as individually emphasised, based on the student's specific needs but should also support the mission and vision of the institution.

The relationship between the learner and the supervisor should be of mutual understanding, supportive and non hierarchical (Hykras, 2002:38).The teaching learning process is described as having practice – orientated learning experiences comprised of everyday learning. The relationship between the supervisor and the leaner is the core element of clinical supervision (Pillay & Mtshali, 2008:2008).

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2.5.3. Outcomes of clinical supervision.

Outcomes are related to the reflection of what was done and achieved. It includes assessment of one's work. After the learner has been properly supervised in the clinical area, she needs to have adequate knowledge and skill, have adequate problem solving skill and proper decision making skill.

2.6. A conceptual framework of the proposed research study is displayed below. A descriptive explanation will follow.

Figure 2.6.1. A Conceptual Framework of Clinical Supervision adapted from Hyrkas, K (2002)'s Model

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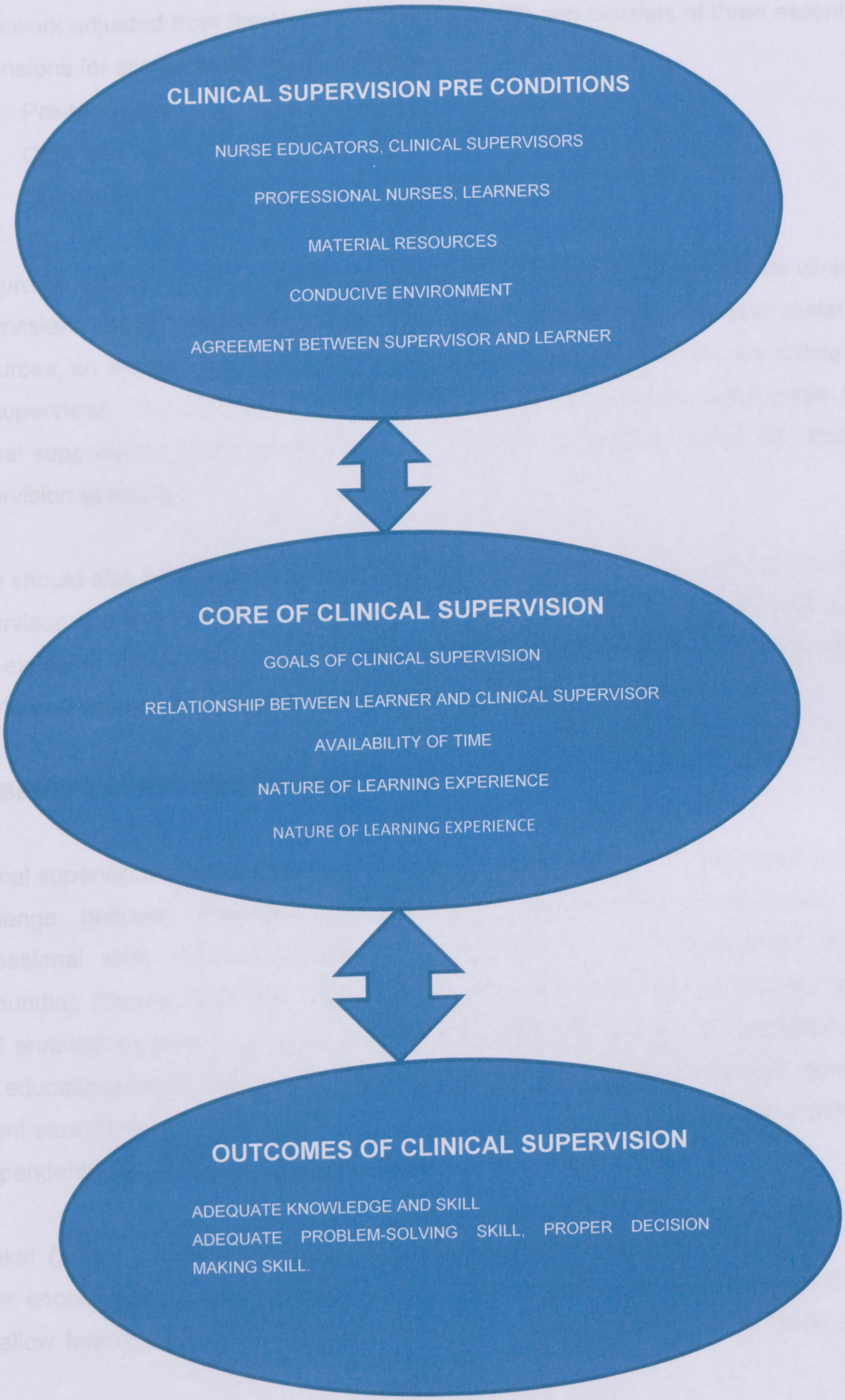

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The conceptual framework is adapted from Pillay and Mtshali's (2008:48) conceptual framework adjusted from the Hyrkas model (2002:50) and consists of three essential dimensions for clinical supervision; they are

- Pre-requisites
- Core and
- Outcomes

The pre-requisites refer to the conditions that need to be established before clinical supervision. These include the availability of staff for learner supervision, material resources, an environment conducive to learning and the learners who are willing to be supervised. The core of clinical supervision requires clearly stated goals for clinical supervision. These gaols should be clear and adhered to during the clinical supervision sessions.

Time should also be set aside for clinical supervision. Interaction between the clinical supervisor and the learner should enhance learning (Pillay and Mtshali, 2008:50). The expected outcomes are associated with professional independence, including growth and development of the learner (Pillay and Mtshali, 2008:50).

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2.6. BENEFITS OF CLINICAL SUPERVISION

Clinical supervision according to Butterworth & Faugier (1992:44) is described as an exchange between practising professionals to enable the development of professional skills. Clinical supervision also refers to the establishment of a surrounding (Gopee, 2008: 39; Mochaki, 2001:34) which allow nursing learners and pupil enrolled learners to grow and develop themselves on personal, professional and educational level through clinical experience while still rendering high quality patient care. It benefits the learner nurses and allows them to function and practice independently on completion of their training.

Frankel (2009) indicates that the learning environment has been recognised as either encouraging or disappointing. A supportive environment with skilled leaders will allow learners to become independent practitioners. Learner nurses need the

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necessary knowledge and skills to be able to provide quality patient care to their clients (Leufer, 2007:322).The positive outcomes of clinical supervision can be associated with the development of the student academically- knowledge, skill, attitude and values, professionally and personally (Mtshali and Pillay, 2008:49). In many instances learners enjoy learning and working under the guidance and support of a knowledgeable professional nurse for their effective professional development (Pillay & Mtshali, 2008:49)

According to (Leufer, 2007:322), clinical supervision has the following benefits:

1. Benefits for the supervisee are the following:
   The supervisee will:

- Fell supported
- Experience less stress
- Develop personality
- Be less inclined to leave the profession
- Notice an increase in their confidence
- Feel less isolated
- Develop their clinical competence and acknowledge base

2. Benefits to the clinical practice are:

- Enables clinicians to take the emotional load of caring and have it acknowledged and work through it.
- It provides a place where personal awareness and self esteem can be increased and where areas of practice which may be hindering can be explored.
- It allows an exchange between practicing professionals which may promote debate, challenge existing thinking and generate solutions to problems in practice.
- It enhances and informs personal and professional development and may ultimately lead to an engagement in life long learning. It also produces a clinician/patient relationship which is committed, adequate and spontaneous.

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- Lastly it encourages safe, reflective practice where the clinician is more aware and sensitive to the patient's needs.

Clinical supervision is very much important in staff and learner nurses because it allows those who are new in the clinical environment to function effectively and efficiently without any fear or low esteem. When the learner nurses have achieved the academic, professional and personal outcomes, they show evidence of decreased stress and self-confidence by means of calm, relaxed and assertive attitudes as well as high self esteems (Pillay & Mtshali, 2008:50). Clinical supervision aims at improving the professional growth and development, through learning from experienced staff and provides a source of new ideas and information.

A supportive environment with skilled leaders will allow learners to become independent practitioners. Learner nurses need adequate knowledge and skills to enable them to deliver safe and competent care to their patients (Leufer, 2007:322) and promote enhanced nursing practice. The core of nurse learner training should be on clinical supervision and competency. The professional nurses and nurse educators should facilitate the learning process in the clinical environment. The nurse educators and professional nurses have the responsibility to ensure that students have acquired the required clinical experience and skills to develop professional competencies to safeguard patients' safety (Stuart, 2004:30).

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2.7. CONCLUSION

The chapter discussed the literature review undertaken by the researcher. The literature review provided insight into the nature and extent of experiences of learner nurses regarding clinical supervision, factors that need to be in place before clinical supervision, the core of clinical supervision, the outcome of clinical supervision and the benefits of clinical supervision. Chapter three will deal with the research methodology used in the study.

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CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

The previous chapter addressed the literature review and its purpose. This chapter discusses the research paradigm, namely qualitative research paradigm and research design. This chapter discusses the research design and methodology used in the study. Research methodology "refers to the entire strategy of the study from problem identification to final plans for data collection (Burns &Grove 2011:361). Research methodology also refers to the individual steps, advanced procedures and strategies used by the researcher when collecting during the research process (Barbie & Mouton, 2009:75; Polit & Beck, 2008:328). Methodology decision depends on the nature of the research question. Methodology in research can be considered to be the theory of correct scientific decisions (Burns & Grove, 2011:216). The purpose of applying the particular research methodology is to obtain possible answers for the identified problem (Brink, Van Tonder & Van Rensburg, 2008:53).

In this study, methodology refers to how the research will be done and its logical sequence. The main focus of this study was to explore learner nurses experience in clinical supervision.

According to LoBiondo-Wood and Haber (2002:116), the methodology of research project strongly influences the research process because it defines the method of carrying out the research and presenting the methods for data collection and measurements as well as the techniques used for data analysis.

This chapter describes the following:

- The research design
- Population
- Sampling and sampling techniques
- Ethical consideration and trustworthiness of the study
- Data collection method

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- Methods used in data collection
- Data analysis

The objectives of this study were to explore and describe learner nurses" experiences regarding clinical supervision at sampled hospitals in Vhembe District of Limpopo Province, as well as to suggest guidelines that would ensure effective clinical supervision.

3.2. RESEARCH DESIGN

Polit and Hungler (2004:36) define research design as an overall plan for obtaining answers to question being studied and handling difficulties encountered during the research. Uys and Basson (2004:37) regard a research design as the total strategy for the study from identification of the problem to the final plans for the collection of data or structural framework within which the study is to be implemented. According to Brink, Van Tonder and Van Rensburg (2008:53) research design is a set of logical steps taken by the researcher to address the research question.

Fraser, Cooper, and Nolte (2010:66) also added that the researcher's understanding of the issue relating to the design will demonstrate the approach that will seek to answer the research questions. Burns & Grove (2011:242) identified the research design as a blueprint for the conduct of a study maximising control over factors that could interfere with the desired outcomes and is the end result of the researcher's decision about how the study should be conducted.

According to Polit and Hungler (2004:38), a research design is a set of logical steps taken by the researcher to elicit a response to a research question and to control variance. The research design includes a plan structure and strategy that will ascertain whether the eventual validity of the research findings is maximised. The purpose of a research design is to achieve greater control over the study and to improve the validity of the study in examining the research problem. The research design must therefore be appropriate to the purpose of the study, and be feasible

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given realistic constrains and effective in reducing threat to validity (Burns & Grove, 2011:42).

The researcher used the qualitative, exploratory, descriptive and contextual research approach, because the study focused on the experiences of learner nurses. The researcher applied the characteristics of qualitative approach and identified an approach that supported the phenomenon that was studied (Speziale & Carpenter, 2007:21). The researcher used interviews to gain the knowledge that will make it possible to describe the learners' experiences in an effort to obtain complete and accurate information for use in this study.

3.2.1. DIMENSIONS/FEATURES OF THE RESEARCH DESIGN

3.2.1.1. Qualitative research

A qualitative paradigm was adopted for this study. Stommel and Willis (2004:442) define qualitative research as research that focus on interpretive, non numeric narrative interpretations, and in-depth understanding of the experiences of learners regarding clinical supervision. The qualitative research paradigm was also chosen for this study because of its heuristic value, or its usefulness as a tool for exploration related to knowledge development. It often informs clinical practice by raising questions providing ideas for improving quality of service and prompting additional research.

Stommel and Willis (2004:178) maintained that the main characteristics of qualitative research attempts exploration in a naturalistic way, under controlled conditions. Its goal is to understand behaviour or actions within their natural occurring context. It focuses on behavioural or meaningful action variables only. It has a tendency to focus on smaller samples. It has preference for open ended, non- standardised, reactive data collection procedures.

In this study the researcher wanted to explore the experiences of learner nurses in their surrounding which in this case is clinical environment where they are allocated. This approach is chosen because it reflects the experiences of the Bridging Course students at the selected hospitals in Vhembe District of Limpopo Province. The

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researcher in this particular study chose a descriptive study, because she intends to generate an in-depth description of experiences of learner nurses under clinical supervision in selected hospitals in Vhembe District of Limpopo Province so as to understand how the process of clinical supervision is carried out and how learners benefit from it.

3.2.1.2. Descriptive research

According to Burns and Grove (2011:34), 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. The emphasis is on in-depth description of an individual group, situation or organisation. It provides accurate portrayal or account of the characteristics of particular subjects, events, determining the frequency with which something occurs and categorises the information. In descriptive studies, the phenomenon is described or relations between variables are examined. The types of variables of interest can be classified as opinions, attitudes, or facts (LoBiondo-Wood & Haber, 2002:223).

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The purpose of descriptive study is for providing the opinions of respondents regarding the phenomenon that is being studied. De Vos, Strydom, Fouche and Delport (2002:274) further states that a descriptive research determines what exist, frequency with which something occurs and the categories of various aspects. With a descriptive design, the researcher either plans to assemble new information about the phenomenon which is not yet studied or to gain more information about characteristics within a particular field of study, for the purpose of providing a picture of a situation as it naturally occurs. Such studies give service providers and planners the information that helps them to design services and allocate resources more effectively (Burns & Grove,2011:34).In this study the researcher collected detailed experiences of learner nurses regarding clinical supervision.

3.2.1.3. Exploratory research

Collins English Dictionary (2001:540) defines to explore as to learn to know the truth about something. Polit and Beck (2004:194) regarded exploratory research as meant

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for investigating the full nature of a phenomenon, the manner in which it is manifested and other factors to which it was related. Exploratory research is aimed at exploring the dimensions of the phenomenon. The goal of exploratory design is to arrive at the description of an experience or its meaning (Polit & Beck, 2004:194).

According to Uys and Basson (2004:38) the purposes of exploratory research are:

- To gain new insight into the phenomenon
- To extend preliminary investigation into more structured study
- To develop new hypothesis in respect of an existing phenomenon
- To determine the priorities for further research.

In this study the design was explorative in order to identify knowledge, insight, understanding and meaning to the concept clinical supervision for learner nurses at sampled hospitals of Vhembe District in Limpopo Province.

3.3. RESEARCH SETTINGS

This study was conducted in four hospitals in Vhembe District of Limpopo Province where learner nurses doing Bridging Course are allocated for clinical exposure.
The four hospitals are Tshilidzini Hospital, Donald Fraser Hospital, Siloam Hospital and Malamulele Hospital. According to Fraser et al. (2006:66), research method describes the complete research as it was planned. It begins with the subjects and the sample. This section discusses the methodology, population, the sample, the study population, sampling procedure, number of participants, the setting and ethical considerations. Research method refers to the steps, procedures and strategies of gathering and analysing the data in a research investigation (Polit and Beck, 2004:188). In this research, qualitative study was used to guide the researcher in conducting the study.

3.4. POPULATION

According to Burns and Grove (2011:290); Polit and Beck (2004:338) population refers to the entire group of persons or objects that is of interest to the researcher that meets the criteria that the researcher is interested in studying. Furthermore

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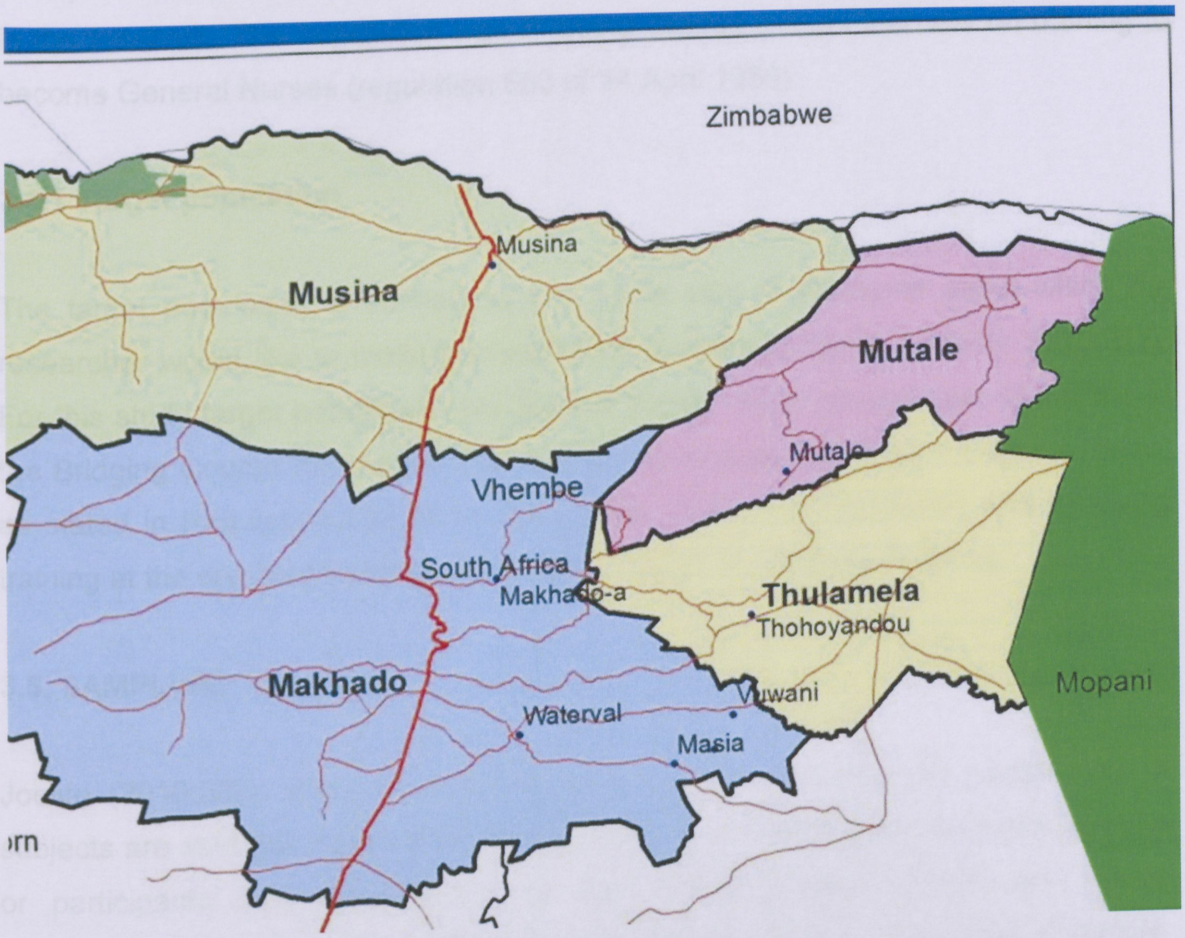

Figure 3.1: Vhembe District Map

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Brink (2009:132) refers to the population in research as the entire group of persons or objects that are of interest to the researcher who meet the criteria for participating in the research. The population was Bridging Course nurses learners on training to become General Nurses (regulation 683 of 14 April 1989).

3.4.1 Target population

The target population is defined as the entire sets of elements about which the researcher would like to make generalisation (LoBiondo-Wood & Haber 2010:222). For this study target population was learner nurses doing second year of training in the Bridging Course for enrolled nurses leading to registration as a General Nurse, as stated in Regulation 683 of 14 April 1989. The target population was receiving training at the sampled hospitals in Vhembe District of Limpopo Province.

3.5. SAMPLING

Jooste (2010:302) refers to sampling as a process whereby the participants or subjects are selected from the target population to ensure that the selected subjects or participants are representative of the total population. Burns and Grove (2011:746) further described sampling as involving selection of a group of people, events, behaviour, or other elements through which to conduct a study. It is a subject of the population that represents entire population in order to obtain information regarding the phenomenon. The selected sample should therefore have similar characteristics to the population under study; thus allowing generalizability of the results to represent the population (Polit & Hungler, 2004:259).

Uys and Basson (2004:86) considered the basic purpose of sampling as to enable the researcher to obtain the desired information in a reliable manner without involving the entire population. The researcher thus wants to make observations of the sample in a practical economic manner and to generalise findings of the population. According to Uys and Basson (2004:86) the advantages of sampling are as follows:

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- It is time and cost effective
- If the target population is too large , smaller units can be studied
- If sampling is carried out correctly, the data can be of more value.
- The Hawthorne effects can be better controlled
- Harmful experiments can be carried out in smaller groups

3.5.1. Sampling Method

Babbie and Mouton (2009:180) explain that the sampling method is the means of selecting a group of people, events, behaviours or other elements that are representative of the population being studied. There are two types of sampling; probability and non-probability sampling. Probability sampling is characterised by an equal chance of inclusion of each element in a sample. It is based on probability theory and therefore includes the principle of equal chance (De Vos et al., 2002:30; Uys & Basson, 2004:86). In the case of non-probability sampling there is no equal independent chance of being selected for the sample.

In this study a purposive, non-probability sampling method is used. Purposive sampling is explained by Babbie and Mouton (2009:166) as appropriate for the researcher who wants to select a sample based on owns judgment and the purpose of the study. Although Burns and Grove (2009:350) indicate that non-probability sampling methods increase the possibility of obtaining samples that are not representative of their target population, the purposive, non-probability sampling is the method of choice for this study, however, because the researcher wishes to gain insight and an in-depth understanding of how learners perceived and experienced clinical facilitation. So the researcher targeted the participants who she knew are the ones that will provide her with the information she required.

3.5.2 Sampling frame

According to Polit and Beck (2004:536) a sample frame is a list of all the elements in the population from which the sample is drawn. In this study, the sampling frame is a list of the learner nurses enrolled for the Bridging Course programme in their second

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year of study during the time of 2013 and 2014. This group was chosen because the researcher thought they were more appropriate considering the period they had already spent in the programme.

3.5.3 Sample size

Kumar (2005:65) indicates that sample size concerns the number of elements from whom the required information is obtained. In qualitative research, as Burns and Grove (2011:361) point out, the focus is on the quality of information obtained from the participants rather than the size of the sample. In this study, the researcher considered the purpose of the study as well as the in-depth, rich information needed to gain insight into the study. Therefore the sample size will be determined by the generated data and the information obtained from the participants. Burns and Grove (2009:361) also indicate that the number of participants is adequate once saturation of information is achieved, which means additional participants do not contribute any new information to the study.

This study involved a total of twenty-eight (28) learners who were part of the four (4) focus groups conducted. These were learners in their second year of study of the Bridging Course at selected hospitals in Vhembe District of Limpopo Province. The unstructured in- depth focus group interviews lasted for approximately 60 to 90 minutes each and no new information was obtained after completion of the interviews. The participants were females and males and could communicate in English. They were eager to talk about their experiences during clinical supervision.

3.6.3.1. Inclusion criteria

LoBiondo-Wood and Haber (2010:222) maintains that it is essential to be specific about the criteria for inclusion in the population and the eventual sample. These criteria are referred to as eligibility criteria. According to Burns and Groove (2011:367) it is important when identifying a population to be specific about the criteria for inclusion in the population. The characteristics therefore delimit the population of interest. The respondents of this study therefore, met the following criteria:

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- Learner nurses doing second year Bridging Course at sampled hospitals
- Could communicate in English.
- They were eager to talk about their experiences during clinical supervision.

The researcher chose the number of participants to be 28 in order to have equal number of participants per institution. In some institutions the total number of learners doing second year bridging course in that year was seven (7).

3.7. PILOT STUDY

Pilot study is defined as a smaller version of the proposed study (Burns and Grove 2011:44). The researcher conducted a pilot study in order to test the feasibility of the study and to identify problems early in order to refine the research.

The pilot study was done in January 2015 in order to test for the feasibility of the study. A small group of learners who had the same characteristics as the population group was used to pilot study. The researcher took the tape to the supervisor who is more knowledgeable on qualitative research for her input. The learners who were part of the pilot study were not used for the actual research.

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3.8. DATA COLLECTION

Brink et al (2012:148) refers data as information that is needed to answer the research question. Polit and Beck (2004:716) refers data collection as the gathering of information to address a research problem, which is what the researcher intended to do during this study. Burns and Grove (2011:43) indicate that a data collection plan details how the study is implemented and how the collection of the data must be specific to the study being conducted.

For this study, the researcher conducted unstructured focus group interviews to collect data needed. Stommel and Wills (2004:445) define an unstructured interview as an interview style in which the flow and content of the interviews are largely determined by the interactions between interviewer and interviewees. Such

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exploratory interviews do not contain fixed response formats or pre determined questions, except for directions concerning the general topic areas. Polit and Beck (2004:229) view the unstructured interview as ".....typical conversational, with no preconceived view of the content or flow of information to be gathered". It is usually conducted in a natural setting. A researcher using a completely unstructured approach may informally ask a broad question relating to the topic under investigation and expect detailed feedback from the interviewee(s). This type of data can be difficult to analyse using qualitative methods.

The unstructured focus group interview is a flexible interview procedure where a researcher initiates talking with the participants because she wants to know something specific about the person concerned. The lengths of the FGDs can vary substantially because participants' personalities might differ, influencing their willingness to communicate their experiences, attitudes perceptions and feelings.
The type of interview process has two potential strengths. One is to hope that they are more likely to reveal themselves in unstructured interviews, providing unfiltered personal views of their experiences (Stommel and Willis 2004:445). The second strength is the potential to provide rich, highly specific perspective of participants' experiences, perception and/or attitudes.

Limitations of unstructured interviews include bias, and the establishment of assessment criteria for data quality. A key standard for data quality rest on the ability of another person or researcher to arrive at the same substantial interpretation of a data set as the first researcher. Thus, mechanisms for ensuring the trustworthiness of the research results were implemented to enhance the trustworthiness of the results. Focus group discussion were use to explore the experiences of Bridging course learners regarding clinical supervision in the selected hospital of Vhembe district of Limpopo province. Stommel and Willis (2004:438) define FGD as group session for the purpose of conducting a semi-structured qualitative interview in which a small group of participants (6 to 12) discuss among each other a series of pre determined questions provided by the researcher. Polit and Beck (2004:539) explain a FGD an interview in which the participants are a group of 10 to 20 individuals assembled to answer questions on a given topic.

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FGDs were used, rather than in-depth individual interviews, based on the need to identify the experiences, views and perceptions of the participants. The selections of FGD members require careful decision to optimise the usefulness of the focus group. For most purposes, the group of 6 to 10 members are optimal (Stommel and Willis 2004:284). The researcher stimulates exchange of ides and encourages debates.
The FGD methodology provides in-depth information, but it does not produce quantifiable data and the findings cannot be generalised to a larger population. FGDs capture broad themes that convey participants' experiences and perspectives and uncover why people think and feel as they do. The most element of the FGD data collection method is the quality of the interaction among FGD participants. The moderator skilfully guided participants through a series of questions intended to trigger free flowing discussions that included the inert views of participants on the topic under study and debated about suggested ideas. Resistance to an idea, that might have remained hidden during a one on one interview, might be uncovered during a FGD.

Procedurally, four separate FGDs of 7-8 Bridging course learners were conducted in May 2015.The interviews were conducted in different institutions were they are placed for clinical exposure. The researcher introduces the research questions and moderated the focus group to elicit discussions in an unstructured format. The researcher engaged an assistant who took detailed notes and managed the audio tape recorder. The researcher also wrote brief descriptive summaries that included thought and feelings about the FGDs, descriptions of the participants, and sketches of the sitting arrangements. The information could be used as part of an audit trail in support of the conformability of the study findings and for triangulation with the note taker's briefs during the data analysis procedures. Each FGD lasted for 60 to 90 minutes, conducted in English.

The following questions were asked during FGDs:

- Base on your experience as a learner nurse in the Bridging Course in this hospitals (Name of hospital) how do you experience clinical supervision conducted in this hospital?

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- What are your views regarding clinical teaching for learner nurses registered for the Bridging course in this hospital (Name of hospital).

- What do you suggest could be done to improve clinical supervision and support for learners registered for Bridging Course in this institution?

Advantages of using focus group discussion

The advantages of focus group discussion as noted by Stommel and Willis (2004:284) include:

- Focus group is an efficient tool for exploring a topic. Thus participants in this study were encouraged to explore their views to the point of saturation, where no further new information became apparent.
- Although the moderator determined the "focus" the FGD allowed member volunteered information and opportunities to express their views about their experiences in clinical supervision.
- Group members could enhance their own thinking about their experiences regarding clinical supervision in response to other group members' contributions. Thus some key themes and ideas might have been generated from the interactions among group members.
- Researchers could support their interpretations of the FGD data with ancillary observations such as video/audio tapes of the group sessions. This would reduce forgetfulness, misrepresentations or selective memories on the part of the researcher.
- Data obtained from FGDs were rich and provided food for thought for future research.
- FGDs were flexible and appropriate for addressing a wide variety of factors that might influence the experiences of learner nurses regarding clinical supervision.

Limitations of using focus group discussions to collect data.

Potential and actual limitations of FGDs, as corroborated by Stommel and Willis (2004:284) include:

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- Due to the small size of focus group members and the nature of group member selection, the findings typically cannot be generalised to a larger target population.
- Group process and interactions might produce undesirable effects, such as domination by one member or shutting down of group members in response to the behaviour of other participants.
- The researcher should counter act this potential limitation by managing specific group members' contribution to avoid the domination of any individual member.
- As with all narrative transcripts of unstructured interviews, the data generated in FGDs might be extensive and challenging to interpret, classify, or code into distinct themes, or key issues.
- Some group members might be reluctant to reveal their true opinion within a group context, especially if they might be concerned that others in the group would not share their opinions. The researcher share transcripts with FGD members (member check), to clarify area where they experienced difficulties to voice their opinions among other group members.

3.9. ETHICAL CONSIDERATIONS

According to Burns and Grove (2011:103) ethical measures should be applied in research to ensure that there is no violation of participants, they should be treated fairly and their rights be respected. Ethics are standards used by groups of people, professionals and communities to measure rightness or wrongness of actions and behaviours. Ethics also refer to moral principles, which ought to be considered. In research ethical consideration are principles that govern the process of research in order to safeguard the humans under study or investigation. According to Pera and Van Tonder (2005:5), ethics are concerned with rightness or wrongness, good or bad. The focus of ethics and considerations therefor is to ensure that the participants under study are kept from harm. This was also emphasised by Fraser et al. (2010:66) who pointed out that the researcher's ethical implications are considered with discussion of how ethical dilemmas were resolved. According to Burns and Grove (2011:103) ethical consideration should be applied in research to ensure that

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there is no violation of the subjects, they should be treated fairly and their rights to be respected.

3.9.1. Protecting the rights of the participants

- *Non-discrimination*

The researcher avoided discrimination against the Bridging course learners on the basis of sex, race, ethnicity or other factors that were deemed to jeopardise the trustworthiness of the study results.

- *Beneficence*

According to Polit and Beck (2004:170) beneficence is the most fundamental principle in research. To adhere to this principle, the well being (physical, emotional, social of financial) of the respondent must be protected from discomfort and harm (Brink et al., 2008:32). In this study the researcher did not harm and refrain from exploiting participants, and promoted both individual and societal benefits that are directly related to participation in this research. This was done by using the study findings to recommend ways in which learners could be supported and supervised during clinical allocation.

- *Right to be informed*

The participants have the right to know what the research entails, how it will influence them, the risks and the benefits and that they may refuse to participate in the study should they choose to do so (Jooste 2010:23).The researcher respected the rights of the learners both for self determination (autonomy) and the right to full disclosure (fully informed consent for research participation). No participant's name would be mentioned in any report.

- *Justice*

The principle of justice means that participants need to be treated fairly (Botma, Greef, Mulaudzi & Wright, 2010:19) and that any agreements made with them must be respected throughout the study (Brink et al., 2008:33). The researcher respected the rights of the learners to privacy and the right to fair treatment in the context of

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research participation. The FGD was conducted in a private room. Every participant in the FGD consented to participation and every participant was requested not to divulge ant information from the FGD to any other person.

3.9.2. Protecting the rights of the institution

- *Legality*

Before research can be commenced, permission needs to be obtained from the authority of the institutions where research will be conducted. The ethical principles that are applicable to participants also apply to the institutions (Pera & Van Tonder, 2005:154). The researcher understood and obeyed relevant laws and institutional and governmental policies regarding research, protection of human subjects, and any other ethical consideration relevant to the study.

3.10. DATA ANALYSIS

This is a process of bringing order, structure and meaning to the mass of collected data (De Vos et al., 2007:33). Furthermore Polit and Beck (2004:716) define data analysis as the systematic organisation and synthesis of research data. During data analysis the researcher used the process of bracketing and ensured remaining neutral by setting aside previous knowledge and beliefs about the phenomenon under investigation (Speziale & Carpenter, 2007:80). Polit and Hungler define bracketing as the process of identifying and holding in abeyance any preconceived beliefs and opinion one has about the phenomenon under investigation (Polit & Hungler 2004).

Data analysis started during the process of data collection as these processes in qualitative research are engaged in concurrently. The audiotape interviews were listened to repeatedly and compared them with the transcriptions. The transcriptions were also shared with experienced research colleagues. Content analysis was used for analysing the data. Polit and Beck (2004:505) define this as a process in qualitative data analysis by which a researcher derives themes and patterns from the narrative content– the data given by the participants.

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Tesch's technique of data analysis was followed and was accomplished through adhering to the steps outlined by Creswell (1994:52). The researcher integrated these steps with a three-step process of intuiting, analysing and describing as in Speziale and Carpenter (2007:81). Intuiting requires that the researcher becomes totally immersed in the phenomenon under investigation. According to Speziale and Carpenter (2007:81), if the researcher is immersed in the phenomenon described by the participants, the researcher begins to know about the phenomenon as it is described by the participants.

During the process of analysing, the researcher identified the essence of the phenomenon under investigation based on the data collected and how that data was presented. In a case of describing, the researcher describes critically, in written communication, the meaning of the phenomenon as it has been given by the participants. This step of describing is applied after all data have been analysed, and themes have emerged from the grouped categories and sub-categories.
In this study, this is the step that the researcher will address after having put into effect the following steps of Techs" technique, as followed in data analysis.

- Getting a sense of the whole by reading through all the transcriptions carefully and jotting down ideas.
- Picking the most interesting interview and considering its content
- Categorising topics as major, unique and „leftovers", abbreviating the topics as codes and writing the codes next to the appropriate segments of the text, and then trying out this preliminary organising scheme to see whether new categories or codes emerge
- Finding the most descriptive wording for the topics and turning them into categories and grouping topics that relate to each other in order to reduce the total list of categories.
- Making a final decision on the abbreviation of each category and placing codes in alphabetic manner.

Data belonging to each category was assembled in one place and preliminary analysis was done. The data was sorted. The researcher ensured that the description of the analysis is presented in such a manner that the participants, as

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well as other readers, could understand the concepts of the analysis (Polit & Beck, 2008:717). The researcher then reviewed data and made use of sensory impressions, intuition, images, experiences and cognitive comparisons in categorising the findings of this study. During this process, main ideas were formed and information sorted into themes, categories and subcategories.

3.10. TRUSTWORTHINESS OF THE STUDY

Speziale and Carpenter (2007:49) state that the goal of rigor in qualitative research is to accurately study a participant's experiences. The same authors identified the following measures to demonstrate the trustworthiness of the research: credibility, transferability, dependability and confirmability. The same processes are also described by Babbie and Mouton (2009:277).

3.10.1 Credibility

Speziale and Carpenter (2007:49) state that credibility includes activities that increase the probability that credible findings will be produced. Babbie and Mouton (2009:277) indicate that credibility is achieved by prolonged engagement, persistent observation, triangulation, referential adequacy, and peer debriefing, as well as member checks. In this study findings will be mutually established between the researcher and the participants. Accuracy will be maintained throughout the study by making use of member checks and allowing the participants who provided the information to check both the data and the interpretation (Babbie& Mouton, 2009:277).

In-depth information pertaining to the study will be given to the participants to enable them to answer questions asked during the interview in an appropriate manner. The researcher will also consult colleagues who have experience in qualitative research, as well as the supervisor, from time to time to discuss the process and the results of the study.

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3.10.2 Dependability

Dependability refers to the extent to which similar findings would be obtained through repeating the research (Babbie & Mouton, 2009:277).The researcher enhanced the dependability of this study by involving an expert in qualitative research to assist with interviews, data collection, data analysis and the interpretation of data. Speziale and Carpenter (2007:49) state that dependability is a criterion that is met once researchers have demonstrated the credibility of the findings. The researcher w kept all records of all stages of the research process for the purpose of audits done by experts, as suggested in Becker and Bryman (2009:252).

3.10.3 Transferability

Speziale and Carpenter (2007:49) explain that transferability refers to the probability that the findings have meaning to others in the same situation. Babbie and Mouton (2009:277) refer to transferability as the extent to which the findings of the research can be applied in other contexts and with other participants. Transferability is concerned with the issue of whether a set of findings is relevant to other settings not conducted (Becker & Bryman, 2009:251).The researcher enhanced transferability by providing an in-depth discussion and interpretation of data and by using focus group discussions.

3.10.4 Confirmability

Babbie and Mouton (2009:277) indicate that confirmability is the extent to which the findings are the outcomes of the research and of not the biases of the researcher. Speziale and Carpenter (2007:49) explain this term as the way the researcher documents findings over time to allow other individuals to follow. The researcher maintained the confirmability of this study by taking comprehensive notes throughout the research. The researcher also ensured that data is accurately interpreted, and reflected the information that was obtained from the participants. Thus the findings were shared with participants to confirm the information they gave. Information was discussed with the supervisor and the qualitative research expert to prevent any form of bias. Confirmability is concerned with issues such as whether the researcher

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allowed personal values to intrude excessively or in an unwanted way (Becker & Bryman, 2009:252). The researcher took every effort to prevent personal values to interfere with this study.

3.10. CONCLUSION

In this chapter the research methodology that was used was discussed at length. The qualitative, exploratory, descriptive and contextual research approach was used to conduct this study. Basic interviewing, participant observation and the researcher comprised the instruments that were used for the research. The target population for this study was learner nurses doing second year in the Bridging Course for enrolment as a General Nurse. A non-probability sampling was used to select participants. Data were collected and analysed and the research was piloted with participants who were not part of the actual research but from the same population. The researcher also considered the ethical principles as well as the credibility of the study.

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CHAPTER 4

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1. INTRODUCTION

In the previous chapter the research design and methods were described. This chapter deals with the analysis and discussion of data collected. According to Brink (2006:170), data analysis involves categorising, ordering, manipulation and summarising the data and describing them in meaningful terms. In data analysis, data collected is categorised, ordered, manipulated and summarised through the implementation of research technique (Brink, Van Der Walt, & Van Rensburg, 2008:123). In this study the data was obtained through conducting unstructured in-depth focus group interviews using questions so as to gain rich information concerning the experiences of learner nurses regarding being supervised in the clinical area at the sampled Hospitals in the Vhembe District of Limpopo Province. The analysis of the qualitative data began in the field, during data collection, using unstructured FGD. The data gathered were analysed on the spot to shape the on going data collection process. Once the researcher left the field, textual data exploration continued throughout content analysis.

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4.2. Research objectives

The purpose of the study is:

- To explore learner nurses' experiences regarding clinical supervision at selected hospitals of Vhembe district in Limpopo Province.
- To describe learner nurses' experiences of clinical supervision at sampled hospitals of Vhembe district in Limpopo Province.
- To suggest possible guidelines that would ensure optimal clinical supervision for learner nurses.

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4.3. Research Questions.

The research questions were:

- Base on your experience as a learner nurse in the Bridging Course in this hospitals (Name of hospital) how do you experience clinical supervision conducted in this hospital?
- What are your views regarding clinical teaching for learner nurses registered for the Bridging course in this hospital (Name of hospital).
- What do you suggest could be done to improve clinical supervision and support for learners registered for Bridging Course in this institution?

4.4. DATA ANALYSIS STRATEGY

The framework approach of data analysis, suggested by Pope, Ziebland and Mays (2000:116) was used in this study. The researcher listened to the tapes and studied transcripts and field notes with dedication, until familiarity was achieved. During this stage, the researcher began sifting pieces of data that were considered relevant to the purpose of study. The researcher coded and categorised these data chunks while reading and rereading the transcripts, as a means of developing themes. The researcher noted that in some paragraphs, more than one topic emerged. The researcher developed a detailed index of the data, which categorised the data into manageable chunks for subsequent retrieval and exploration. This was followed by systemic annotating the transcripts with codes, supported by short text descriptors to elaborate the index heading. Single passages of text were combined to comprise a number of different themes, categories and sub categories, each of which recorded in the margin of the transcript.

The researcher re-arranged the data according to the appropriate part of the thematic framework to which they related; forming tables. The tables contained distilled summaries of views and experiences. Thus the tabulation process involved

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a considerable amount of abstraction and synthesis. The researcher used the tabled to provide explanation for the findings. This was influenced by the original research questions as well as by themes that emerged from the data. Each penultimate theme was described in detail, including their associated categories. The researcher provided "thick" descriptions of what was discussed in the focus groups, and quotes from the FGD participants that illustrated specific themes.

In the discussion section of the research report, the researcher provided commentaries about the knowledge generated by the study's results, including learner nurses, nurse educators and professional nurses. The researcher also discussed specific implications of the findings to existing literature, to enhance the credibility of interpretation of the findings.

4.4.1. DATA ANALYSIS AND DISCUSSION

4.4.1.1. DEMOGRAPHIC DATA

This study involved a total of 28 participants, females and males learner nurses doing second year in Bridging Course at the sampled hospitals in Vhembe District of Limpopo Province. They were learners in their second-year level of training. Their ages differ from 29-55 years. In section 4.3.1 the demographic data of the participants are presented in quantitative terms in order that the reader can know who the participants were. This might be important in contextualising some qualitative data presented and discussed in the next sections. A total of four FGDs were conducted and the demographic details are displayed in table 4.1. The results show that majority of FGD participants (n= 23; 82%) were females. Males constituted 18% of the participants. The participants were learner nurses doing their second year of study in Bridging Course.

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Table 4.1. Demographic data for participants

Category	Frequency					Percentage
	FGD 1	FGD 2	FGD 3	FGD 4	TOTAL	
Female	5	6	7	6	23	82%
Male	2	1	0	1	5	18%

4.4.1.2. DATA STRUCTURE

In this study two main themes were identified namely:

- Inadequate Clinical Supervision
- Satisfactory clinical supervision

Categories and sub-categories were also identified.

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Table 4.2. Themes, their categories and subcategories

THEME 1	CATEGORIES	SUBCATEGORIES
• Inadequate Clinical Supervision	Absence of clinicians	• Lack of clinical accompaniment • Shortage of professional nurses in the units • No clinical supervisors in the institutions • Nurse educators busy with other learners on block and not coming for clinical supervision often • Lack of time to do clinical supervision • Professional nurses sometimes busy with administrative work • Ratio of professional nurses to learners too big
	Attitude	• Negative attitude of professional nurses • Negative attitude of learners • Learners seen as burden
	Shortage of equipment	• Inadequate equipment and resources in the units
	Learners used as part of working force	• Lack of time to practice skills • Learners focus on the ward routine and not learning • Learners balancing the ward staff

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	Incorrect guidance and supervision	• Procedures not done properly in the wards as demonstrated by the university lecturer • Inability of learners to practice skills appropriately • Procedure competency files signed without proper assessment • Learners often left on their own without supervision • Professional nurses reluctant to supervise • Heavy workload in the units • Shortage of equipment in the units • Not much attention is given to learning needs
	Insufficient learning opportunities	• Students not given time to go and practice skills • Simulation laboratory not well equipped
THEME 2	**CATEGORY**	**SUBCATEGORIES**
• Satisfactory clinical supervision	Few learners received supervision	• Few learners indicated that professional nurses were assisting • Some indicated that those learners who were assisted befriended professional nurses • Some learners felt that professional nurses assist the only when they ask questions

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		• Few indicated that those who were assisted had indicated an interest in what was happening in the unit • Few learners indicated that for them to be assisted the professional nurses expected favours like sending them to other departments • Some learners indicated that it is just few professional nurses in the units who are willing to guide and supervise learners

4.5. DISCUSSION AND PRESENTATION

The main themes, categories and subcategories are discussed in this chapter. Even though the learners had different views regarding the topic under study, most common factors were discussed in detail.

4.6.1. Inadequate clinical supervision

4.5.1.1. Absence of clinicians

The issue of absence of clinical supervision came several times during focus group discussion. In all the hospitals sampled there are no clinicians or clinical training specialists. Learners depend on lecturers from the nursing school or university to come and do clinical supervision and accompaniment. The wards are short staffed and the professional nurses in the wards cannot cope with providing adequate patient care let alone clinical supervision of learners. For the professional nurses it is not easy to attend to patients' needs and learners at the same time. Patient care is their priority.

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Besides patient care professional nurses are also involved in administration work like attending meetings, writing of reports in the unit and many more. The ratio of learner nurses to professional nurses is so big that the professional nurses cannot cope with the large number of learners in the units. This is more apparent when learners from other training programmes are in the clinical area.

4.5.1.2. Learners used as the working force

Another issue was the fact that these learners because they are enrolled nurses, they were used as a work force to patch the shortage in the units. Learners in Bridging course have been trained for certificate courses before therefore they are assumed as "knowing it all". Whenever off-duties are written, they are use to balance the trained staff. Whenever there is shortage of trained staff learners are asked to work overtime. Because of that learners tend to focus on the ward routine than their learning needs.

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4.5.1.3. Incorrect guidance and supervision

Learners also indicated that sometimes skills are not done as they are taught by the lecturers from the nursing school or university because the professional nurses indicate that it's time consuming and they will not be able to finish the ward routine in time. Some learners indicated that they are sent to do non nursing duties like collection supplies from the stores therefore they miss their learning time in the units and this "steals" time for learning. At times learners were left on their own when performing certain skills which they feel they are not yet competent on especially when there is shortage of trained staff in the unit.

The other issue that emerged was that professional nurses in the units sign for competency of skill in the skill register even when the learner is not fully competent. Sometimes the skill is signed for without even being demonstrated by the learner. This leads to a situation where the learner is not able to do a skill which is rated competent in the skills register. The issue of "babies" and "mommies" was also raised where some learners are considered to befriend professional nurses so that they can have favours.

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4.5.1.4. Attitude of professional nurses and learners

Attitude of both professional nurses and learners was indicated as another barrier to proper clinical supervision. It was indicated that professional nurse see learners as extra work or burden when they have to supervise them. On the other hand learners were seen as being arrogant and dodge form the unit most of the time This worsen the relationship between learners and professional nurses. Another issue that emerged from the discussion was that often learners are less interested and are not inquisitive to ask more about what is happening in the clinical area, they only do routine just like any other staff member without asking anything.

4.5.1.5. Shortage of equipment

Shortage of equipment was another barrier to proper clinical supervision. Procedures had to be flawed because there are on equipment. In this instance proper clinical supervision cannot be done as procedures are compromised due to unavailability of equipment are.

4.5.1.6. Insufficient learning opportunities

The issue of a small and poorly equipped simulation laboratory was raised where learners indicated that they can't practice as much as they would want to in the simulation lab as they are overcrowded during procedure simulations. Learners also indicated that the professional nurses in the units keep them busy with ward routine hence there is not much time to practice their skills.

Generally learners indicated that they feel that they are not adequately supervised in the clinical area. The learners indicated some dissatisfaction and frustration because they say that they are not properly supervised.

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The following extracts support the learners' feelings and extent of disappointment:

Honestly speaking, sisters in the wards never teach us a thing. They only send us to the laboratory to take blood. Since I was allocated in this word for a month I was never taught a thing. The lecturers from the university do not also come that often.

These people treat us like we are workers and not on training, whenever one is sick they ask students to work overtime.

The sisters when allocating us, they don't consider our level of training, they just allocate so that the work must be done. You can be allocated to do the sister's work when there is shortage.

The ward here is so busy that they (professional nurses) never have time for us, they are short staffed and they are always busy with patients.

My experience of clinical support in this hospital was disappointing, I think most of the time I was at work than being a student. I am expected to do all the things without anyone supervising me. Thank God I did only what was right to patients.

In ward J sister M is always angry at learners saying that we are lazy and dodgy, and she does not have time to teach lazy people our teachers from the school should come and teach.

4.5.2. Satisfactory clinical supervision

This emerged as the second main theme in the study. The following are categories and subcategories of the main theme.

4.5.2.1. Few learners received clinical supervision

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Few learners though, indicated that they received adequate clinical supervision in the clinical area. All the units were provided with learning objectives for the different categories of learner nurses which area displayed on the notice boards in the units. The very few learners indicated that they were able to meet their learning objectives in different units. Some learners indicated that it is not all the professional nurses in the unit who are willing to assist them but only few show interests in their learning and teaching.

The issue of favouritism also emerged where some learners indicated that the professional nurses in the units favour some learners and are always willing to assist those that they favour. The learners who felt that they were being supervised also indicated that the professional nurses like them because they are hard working and assisted the professional nurses when they are doing their routine. The learners indicated that the professional nurses also assist them if they ask questions regarding certain procedures or medications or any other activity that the professional nurse is busy with.

They do not set aside time for formal teaching but do it as they are doing their ward activities. The issue of learner nurses being used to do non nursing duties also emerged where learners indicated that professional nurses in the unit will send them to other departments and this strengthen the chance of being supervised in the unit.

Some participants expressed their positive views in this way:

Of course, sisters sometimes assist us when we are in the wards. They show us what they are doing and later on expect us to repeat that

Sister "x' is very good in supporting learners; she calls us every time she is busy doing something. She is interested in our studies. We enjoy being in the ward when she is on duty.

My experience regarding clinical support was not bad because the sisters assist us. I always asked questions and they helped me. I have made it my responsibility to follow the sisters around when they are busy so that they can teach me.

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The sisters assist you if you are willing to learn and you don't dodge from the unit. They also help those learners who are not stubborn who are willing to be sent to do other things. I would say that yes, the sisters were supportive.

4.6. CONCLUSION

This chapter presented the analysis and discussion of the study findings. The data collected was analysed and categorised into themes in order to describe the experiences of Bridging Course learners regarding clinical supervision. During the study suggestions and inputs from the participants for the study emerged.

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CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

This chapter presents the conclusion based on research results of the study about the experiences of learner nurses regarding clinical supervision in the sampled hospitals. The discussion and interpretation in the study have taken into consideration the purpose of the study, which was to explore and describe the experiences of learner nurses regarding clinical supervision at sampled hospitals in Vhembe District of Limpopo Province

The findings in the study are discussed on the basis of information that was obtained from the participants and literature of other researchers and authors. Recommendations are suggested based on the scientific evidence obtained from this study.

5.2. DISCUSSION OF THE FINDINGS

According to Gopee (2008:9) clinical supervision is the means by which clinical supervisors utilise clinical knowledge and experience to assist nursing students to develop their knowledge, competence, values and practice.

The study explored and describes learner nurses' experiences regarding clinical supervision. Learners expressed different views regarding clinical supervision but two themes emerged out of those views expressed. The first one was inadequate clinical supervision which was experienced by the majority of the participants. The second theme was adequate clinical supervision which was experienced by fewer participants. Categories and subcategories were derived from the most common themes and assisted in the discussion of the following identified themes.

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5.2.1. Inadequate clinical supervision

It was determined that clinical supervision was inadequate and this was evident in their responses and expressions of anger and frustration. The participants felt that, because clinical supervision was inadequate, they found it very difficult to complete their workbooks and become competent in their clinical skills. They often verbalised their unhappiness amongst each other. The Strategic Plan for Nursing Education, Training and Practice 2012/13-2016/17:17) indicates that the supervision and management of learners is inadequate and that overall, the learners require first class role models. There is poor correlation of theory and practice by the learners due to poor correlation of skills and competencies of nurse educators and professional nurses in the clinical learning environment.

Research conducted on the capability of newly qualified nurses to practice autonomously in various clinical settings, has concluded that students are not satisfied with their clinical supervision because they do not have positive role models, are not applying theory learned in practice, are experiencing high level of stress and are unprepared for the execution of their roles (Strategic Plan for Nursing Education, Training and Practice (2012/13-2016/17:17).

In the health care environment nurse educators and professional nurses have a common function that is of supporting learners in the clinical area (Vallant and Neville, 2006:24; Warren, 2010:1364). Once the professional nurse understand what is essential to develop and promote student learning, they reveal a more supportive and encouraging attitude and are more prepared to take part in student learning.

According to Mabuda (2007:25), clinical supervision forms an integral part of learner nurses' training and career development to enable nurses to be productive, competent and skilled. He also indicated that learner nurses value supervision as an essential component of clinical learning and training.

5.2.1.1. Absence of clinicians

The participants revealed that in all the hospitals the clinicians or clinical supervisors were not available. The responsibility of learner supervision lies with the professional

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nurses and nurse educators. Professional nurses are overwhelmed with their administrative and patient care duties and teaching and supervision of learners is usually not possible. On the other side nurse educators who are also having learners in class find it difficult to balance time spent in class and in clinical area. This result in circumstances where learner nurses were often left on their own in the units and were expected to cope with the work. Haggman-Laitila et al (2006:382) indicated the fact that supervised clinical practise plays a significant role in professional nursing studies, guarantees high quality nursing education and promotes the appeal of nursing among students.

The importance of supportive learning environment was also indicated by Leufer (2007:322) when she said that supportive environment with skilled leaders would allow learners to become independent practitioners. In the case where clinical supervision is inadequate, learners find it difficult to integrate theory in practise because of lack of support, guidance and assistance. Learner nurses expressed the views that when they are not properly supervised they don't have the confidence to practice as they are not satisfied their own competency.

It is expected that the role of the supervisor is to provide a safe environment where the learners can work through the challenges and developmental issues as stated in Jooste (2009:5). Clinical supervisors should also accompany learners during clinical practise towards clinical competence and confidence.

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5.2.1.2. Difficulty in meeting the learning objectives

The majority of participants felt that they were not allocated tasks according to their training needs or level of training. The participants felt that they were not considered or regarded as students who needed development and growth in order to become proficient and competent individuals. Instead they felt that they were regarded as a working force. Meyer and Van Niekerk (2008:108) indicate that the responsibility of providing students with general and clinical outcomes for the requirements of a clinical experience and the methods of clinical evaluation and written graded criteria remains with the nurse educator.

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The SANC, in Regulation 683 section 7 (1), states that on completion of the Bridging Course learner nurses must be able to delineate their own practise according to personal knowledge and skills; practise independently; and accept responsibility. This can be regarded as an important objective or aim of this specific course. At the time of this study, the learners were still very unsure and insecure about their ability to function independently and were concerned about the difficulties they might experience after completion of their training.

5.2.1.3. Learners used as part of the workforce in the clinical setting

Due to the busy and demanding nature of the clinical environment the status of learners is forgotten (Allan, Smith and O'Driscoll, 2011:850; Waldock, 2012:16). The participants commented that they were used as part of the workforce mostly and did not have enough time to focus on their studies. They indicated as the hospitals were a busy most of the time and the management was more concerned about patient care and did not see the learners and their needs as a priority.

Students should not experience the clinical component of the teaching learning programme as "work", but rather as an opportunity for developing their professional and personal skills whilst caring for patients. The participants expressed their frustration with the workload and mentioned that the learners often have to fill in the gaps for trained staff members.

5.2.1.4. Incorrect guidance and supervision

The majority of participants agreed that clinical supervision rendered in the sampled hospitals was inadequate for learning and development for professional and practical skills. Participants indicated that professional nurses in the unit at times lacked the necessary knowledge to show them the correct procedures some did not even have confidence when doing their work where they will tell learners that they are not sure if the are doing the procedure correctly. A similar point raised by Pillay (2005:96) revealed that lack of trained staff was one of the difficulties of providing effective clinical supervision. She further found that most supervisors, due to the pressure of

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other work commitments, do not find time to search for recent information that would help them strengthen their clinical supervisory responsibility.

Participants mentioned also indicated that in the units trained staff often performs procedures incorrectly citing that when they have to do procedures thoroughly it is time consuming and they don't have enough time. suffered as a result of trained staff members demonstrating shortcuts to implementing the nursing procedures and did not always show them the correct methods of doing such procedures, they often cite that doing procedures correctly takes long and they do not have time. As learners they expect that they should be properly guided during clinical placement. Leufer (2007:32) has stressed that nursing students need the appropriate knowledge and skills to enable them to deliver safe and competent care to patients.

5.2.1.5. Insufficient learning opportunities and inadequate equipment

Participants indicated that the opportunities for learning were insufficient when referring to the simulation laboratory. It was indicated that the simulation laboratory was also poorly equipped as only one manikin was available for learners in the simulation laboratory. They also mentioned that the simulation laboratory is small, which resulted in becoming too overcrowded for the learners to practise skills. All these make them to feel discouraged to go to the simulation laboratory. The participant identified that the professional nurses were not available to them and they were left alone most of the time. They mentioned that everyone was always busy with their work and periods of clinical accompaniment were minimal.

Shortage of equipment was also a challenge as procedures had to be compromised. This will compromise clinical supervision as you cannot teach a learner a compromised procedure. Masarweh (1999:44) clinical learning is regarded as an integral part of nursing education because it provides opportunities to apply theory to practise, and foster problem-solving and decision-making skills, collaboration with others and development of legal and ethical morals.

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5.2.2. Satisfactory clinical supervision

It is important to note that the main objective of nursing education is to provide skilled, knowledgeable and caring nurses in order to meet the health needs of the society. Baxter (2007:104) states that clinical supervision provides opportunities for students to increase and improve their clinical skills and develop relationships with experienced practitioners and it promotes the transfer of knowledge from the classroom to the clinical setting.

5.2.2.1. Assistance was received by a few learners

Few learners acknowledged that they have learnt something during their clinical exposure. Learners also acknowledged that there were other professional nurses in the units who were willing to assist them but since the units were constantly busy, assistance was not consistent and sufficient. Some participants suggested that learning should depend on both the learner and the supervisor and that the learner should also take responsibility for her own learning. The participants recommended that learners should take the initiative and follow up with the professional nurses. This is the same sentiment that was expressed by Saarikoski et al. (2007:414) who indicate that there should be clear strategies in place to identify the responsibilities of both the student and the supervisor.

5.2.2.2. Clinical supervision as an interesting experience

There were a few participants who experienced clinical supervision as interesting. Participants indicated that they enjoyed the exposure to the different units within their hospitals. They indicated that there are some professional nurses in the unit who are willing to supervise and teach them clinical skills. Those who are interested will set few minutes to of their time to teach learners. Few learners indicated that they managed to gain some kind of knowledge and experience during clinical placement.

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5.3. RECOMMENDATIONS

The researcher focused on the findings of this study to guide her to do recommendations and hopes that it will assist and benefit the learners, professional nurses and clinical supervisors with future clinical supervision.

5.3.1. Recommendations regarding inadequate clinical supervision

It is recommended that clinical supervision of nursing learners should be prioritised by nurse educators and professional nurses in all the training institutions.

Participants made their own suggestions and inputs during the discussions. The following suggestions were made:

- Having clinical supervisors or clinicians made available for the clinical supervision of learner nurses;
- Professional nurses to be more supportive towards the training of learner nurses
- A more structured programme to be instituted for clinical supervision.

5.3.2. Recommendations regarding the need for clinical training specialists and preceptors

It is recommended that the appointment of clinician and preceptors in the training institutions could provide the opportunity to oversee the education and training of learner nurses of different categories. Clinical practitioners and preceptors could also support learner nurses in their professional development and could be responsive to learner nurses' needs. The clinicians and preceptors should be offered courses on coaching, mentoring and preceptor development.

They could also receive compensation so that they do not see supervision as extra responsibility. The need for support and involvement by management regarding training of the learners was emphasised by the participants. Clinical teaching is an important part in nursing education and the corner stone for quality nursing care

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(Mellish, Brink & Patton, 1998:75). Learners indicated that they needed more demonstrations and to be guided but instead they were left alone most of the time. Frankel (2009:26) findings have also indicated that the learning environment has been recognised as either encouraging, or impeding a positive learning experience for nurses.

5.3.3. Recommendations regarding the availability of a structured plan or programme

It is recommended nurse educators should provide professional nurses in the clinical setting with a structured clinical supervision programme. This could facilitate teaching and learning in the clinical environment (Mochaki, 2001:32). Meyer and Van Niekerk (2008:108) indicate that the responsibility of providing students with general and clinical outcomes for the requirements of a clinical experience and the methods of clinical evaluation and written graded criteria remains with the nurse educator. Learners should also have their clinical learning outcomes. The participants in this study furthermore suggested that there should be an agreement in place between the supervisor and the supervisee for the purpose of encouraging the learners. This will ensure that clinical supervision is taken as a matter of priority.

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The roles and responsibilities of both supervisor and the student should be clearly defined in the contract, and the contract should clearly define the goals to be achieved through clinical supervision (Hyrkas, 2000:50). Hyrkas further states that the clinical environment selected for the placement of the students should have appropriate learning experiences to facilitate required competencies. It is important that, after completion of training, the learners must be able to function independently as qualified professionals who are competent, proficient and confident.

A detailed schedule or programme should be in place in all the units to guide both the learner and supervisor concerning their training needs.

- A more structured programme must be made available to the learners in the clinical field. This should include an orientation programme, planning

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- for assessments and all other activities. This would allow for regular contact with the clinical supervisors. Learners would be less anxious in the clinical arrears.
- Continuous training and development for clinical supervisors in order for them to keep their knowledge up to date and on par with new developments.

5.3.4. Recommendations regarding the use of learners as workforce

Nurse educators have the responsibility to ensure that learners are not used as the working force. They need to have good relationship and communication in the units so that these people see learners as what they are and not a working force. Clearly stated learning objectives should be provided to all the units where learners are allocated. Learners also felt that they need to be given time each day for at least an hour or two to go to simulation lab to practice their skills.

Learners should not be used to patch the shortage that is in the wars/units at the expense of their training. They should be allowed the opportunity to be learners and be guided in the clinical placement. They should work under direct or indirect supervision of the professional nurse allocated to them. Learners should maintain the supernumerary status of being “learners” not workers

5.3.5. Recommendations regarding the incorrect guidance and supervisory procedures

The participants indicated that often they are left on their own with no or with very little support and guidance. At times those who are responsible for their supervision tend to do things wrongly or take a shortcut. This compromise learning as learners observes things that are done wrongly.

The following suggestions apply:

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- Learners should be supervised all the time whenever they are in the clinical placement. They should be under direct or indirect supervision of the professional nurse.
- Nurse educators should have a schedule for clinical supervision where they will be able to supervise the learners in clinical practice.
- Professional nurses in the unit should take education and teaching of learner nurses seriously. Procedures should be done properly without any compromise in order to allow leaners to see the correct things being done.

5.3.6. Recommendations regarding insufficient learning opportunities

Participants verbalised that the simulation laboratory was small and there are no adequate teaching aids like manikins. The recommendations were:

- Simulation laboratory should be well equipped and special attention given to the number of learners taken in for training in the so that overcrowding is avoided.
- During simulation learners should be taken in groups of ten in order to prevent overcrowding in the simulation laboratory.

5.3.7. Recommendations regarding learner nurse-professional nurse ration

Allocation of learners in the units should be in such a manner that there is no learner overcrowding in a particular unit. Learners should be fairly distributed because when there is overcrowding, it is not easy to supervise those learners. Some learners may also go out of the unit without being noticed and might eve absent themselves.

The training of the learners must be considered a high and important priority and every effort should be made to give learners the best clinical experience possible. Clinical supervision plays a major role in the training of the learners and cannot be overemphasised.

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5.4. LIMITATIONS OF THE STUDY

Limitations of a study concern restrictions or problems in a study that decrease the generalizability of the findings. Two types of limitations can be identified, namely theoretical and methodological limitations (Burns & Grove, 2011:41).

5.4.1 Limitation regarding the target population

This study only focused on learners following the Bridging Course for enrolled nurses that lead to registration as a General Nurse according to Regulation 683 of 14 April 1989, in their second year of study, maybe learners in their first year of study could have had different view.

This particular group of learner nurses because they were to complete and become professional nurses who must be able to function independently, integrate knowledge and skills and become the leading nurses in the units on completion of their course. Regulation 683 (14 April 1989) in the Nursing Act 2005 (Act 33 of 2005) states that, on completion of the course leading to registration as a general nurse, nurses must be able to delineate their own practises according to personal knowledge and skills; practise it independently; and accept responsibility thereof.

The generalizability of the study's finding is limited by the fact that only 28 learner nurses who participated in the FGD conducted during the study. Therefore the findings arising from the study may not be generalised beyond the sampled population.

5.5 CONCLUSION

This study aimed at describing and exploring the learners' experiences regarding clinical supervision. Data was collected using focus group discussion, the reason being to collecting as much information as possible. In the study many participants indicated that clinical supervision is inadequate due to a number of factors as indicated in data analysis.

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The positive outcome of clinical experience for learner nurses depends on joint actions by the nurse educators and professional nurses in the unit. They need to equip learner nurses with knowledge and skills so that they practice competently. The quality of patient care depends on the quality of training provided to the care giver.

Research findings were discussed have been discussed in this chapter, suggestions and recommendations by the researcher were made. The recommendations will be discussed with all stake holders to assist in improving the current situation in clinical supervision. The ability to ensure that nursing learners experience professional development positively depends on how well those suggested recommendations are discussed with nursing education custodians.

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ANNEXURE A

APPROVAL LETTER FROM UNIVERSITY OF VENDA

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NAME OF RESEARCHER/ INVESTIGATOR:

Ms JL Mafumo

Student No:

11523366

PROJECT TITLE: The experiences of learner nurses regarding clinical supervision in selected hospitals of Vhembe District of Limpopo Province

PROJECT NO: SA/10/PD/04

SUPERVISOR/CO-RESEARCHER/CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Mafumo JL	University of Venda	Investigator: Student
Prof ML Netshikweta	University of Venda	Supervisor
Prof VO Netshandama	University of Venda	Co-Supervisor

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: August 2015
Decision by Ethical Clearance Committee Granted
Signature of Chairperson of the Committee: .....
Name of the Chairperson of the Committee: Prof. G.E. Ekosse

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ANNEXURE B

REQUEST FOR PROVINCIAL PERMISSION

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P.O.Box 124
Shayandima
0945

21 January 2014

The Head of Department
Department of Health Limpopo Province
Private Bag x 9302
Polokwane
0700

Dear sir/madam

REQUEST TO CONDUCT RESEARCH

I am currently registered in Magister Curationis (Nursing Master's Degree) programme at the University of Venda. Part of the requirements of the programme is conducting of research of a limited scope. I am thus requesting to conduct research in the following hospitals in Vhembe district: Malamulele, Donald Fraser, Siloam and Tshilidzini. The topic of the research is:

THE EXPERIENCES OF LEARNER NURSES REGARDING CLINICAL SUPERVISION IN SELECTED HOSPITALS OF THE VHEMBE DISTRICT OF LIMPOPO PROVINCE.

Thanking you in advance.

Yours faithfully

Mrs Mafumo JL

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ANNEXURE C

PROVINCIAL LETTER OF APPROVAL

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LETTER GRANTING PROVINCIAL PERMISSION

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Ref: 4/2/2

Enquiries: Latif Shamila

Mafumo JL

University of Venda

Thohoyandou

Private Bag X5050

0950

Greetings

RE: The experiences of learner nurses regarding clinical supervision in selected hospitals of Vhembe district of Limpopo Province.

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
   - Research must be loaded on the NHRD site (http://nhrd.hst.org.za) by the researcher.
   - Further arrangement should be made with the targeted institutions.
   - In the course of your study there should be no action that disrupts the services.
   - After completion of the study, a copy should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   - The above approval is valid for a 3 year period.
   - If the proposal has been amended, a new approval should be sought from the Department of Health.

Your cooperation will be highly appreciated.

Head of Department

30/09/2015
Date

18 College Street, Polokwane, 0700. Private Bag x9302, POLOKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: http://www.limpopo.gov.za

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ANNEXURE D

INFORMATION LETTER FOR RESPONDENTS

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INFORMATION LETTER TO RESPONDENTS

RESEARCH TOPIC: The experiences of learner nurses regarding clinical supervision in selected hospitals of the Vhembe District of Limpopo Province.

Researcher: Mafumo JL

I am herby inviting you to participate in the above mentioned research. The purpose of the study is to explore the experiences of learner nurses regarding clinical supervision in the clinical environment. Findings may be used to improve on current methods used in learner supervision.

When you participate in this study there are no risks or discomfort, you are assured that confidentiality and anonymity will be maintained. Your name will not appear anywhere in this study and data collected will not be linked with your name. Data will be kept in a safe place. Your participation in this study is voluntary, and you have the right to withdraw at any time without penalty. The original copy will be of the agreement given to you.

For any questions and clarity contact me at 0825656808

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ANNEXURE E

CONSENT FORM FOR RESPONDENTS

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CONSENT FORM FOR PARTICIPATION IN THE STUDY

I hereby consent to participate in the research study. I understand that my participation is voluntary and that I may refuse to answer any particular question or withdraw from the study at any time without any danger or intimidation and I understand that my responses will be treated confidentially.

NAME OF PARTICIPANT.....

DATE.....

SIGNATURE.....

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ANNEXURE F

CERTIFICATE OF LANGUAGE EDITING

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CONFIRMATION BY LANGUAGE EDITOR

UNIVERSITY OF THE WESTERN CAPE

FACULTY OF NATURAL SCIENCES

DEPARTMENT OF MEDICAL BIOSCIENCES

Donavon C. Hiss | University of the Western Cape | Private Bag X17 | Bellville 7535 | South Africa
Tel: 021 959 2334 | Cell: 072 200 1086 | Fax: 021 959 3215 | E-mail: dhiss@uwc.ac.za or hiss@gmx.us

25 August2015

To Whom it may Concern

This serves to confirm that Ihave edited the language, spelling, grammar and style of the Masters of Nursing Science by Julia Langanani Mafumo, tiled: **"The experiences of learner nurses regarding clinical supervision in selected hospitals of Vhembe district of Limpopo Province."** The manuscript was also professionally typeset by me.

Sincerely Yours

Dip. Freelance Journalism, Dip. Creative Writing, MSc (Medicine), PhD

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