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ROLES AND RESPONSIBILITIES OF STUDENT NURSES /CLINICAL STAFF TOWARDS CLINICAL TEACHING AND LEARNING AT LIMPOPO COLLEGEOF NURSING –SOVENGA CAMPUS

By

Dilebo Matete Enia

Submitted in fulfillment of the requirements for the degree of

MAGISTER CURATIONIS

At the

UNIVERSITY OF VENDA

SUPERVISOR: Prof M.L. NETSHIKWETA

CO-SUPERVISOR: Dr L.H. NEMATHAGA

February 2013

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MATETE ENIA DILEBO

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ROLES AND RESPONSIBILITIES OF STUDENTS NURSES/CLINICAL STAFF TOWARDS CLINICAL TEACHING AND LEARNING AT LIMPOPO COLLEGE OF NURSING-SOVENGA CAMPUS

STUDENT NUMBER: 11618167

STUDENT: Matete Enia Dilebo

DEGREE: Magister Curationis

DEPARTMENT: Health Studies

SUPERVISOR: Prof ML Netshikweta

JOINT SUPERVISOR: Dr LH Nemathaga

ABSTRACT

The clinical learning environment is a complex social entity that influences student learning outcomes in the clinical real life setting. The purpose of this study was to examine the roles and responsibilities of student nurses /clinical staff towards clinical teaching during their clinical experiences. Examination of these roles and responsibilities of student nurses /clinical staff towards clinical teaching and learning give insight into the educational functioning of the clinical areas and allows nurse educators to enhance students' opportunities for learning.

Quantitative, non-experimental, descriptive design was used. Data was collected by means of the self-administered questionnaires. Data was analyzed using SPSS Version 18. Students consistently ranked the ability of clinicians to teach lowest even though they have enough experience and qualifications. The conclusions drawn from this study supported the assumptions that the quality and success of the clinical experience depends largely on the individual nurse's

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attitude, willingness and ability to facilitate teaching and learning opportunities in a supportive way.

Positive ratings for students was that 42 (84.0%) were cooperative while few students 8 (16.0%) were not cooperative, 26 (52.0%) were committed to learning, 31 (62.0%) always had clinical workbooks/registers, while negative reports were that only 11 (22.0%) of students were not punctual, 17 (36.0%) participated actively in clinical activities and 16 (32.0%) were not displaying critical thinking.

Recommendations emanating from this study included: development of strategies that will strengthen collaboration between the nursing college and the clinical staff to promote the value and acceptance of students in clinical area as part of the team, motivation of more professional nurses to study Nursing Education, student nurses to be actively involved in clinical activities, improvement on student supervision, and delegation of duties according to learning needs.

KEY TERMS: Clinical nurse educator, Student nurse, Clinical practice, Clinical environment

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ACKNOWLEDGEMENTS

I thank God, the Almighty who gave me strength and wisdom to complete this study.

I would like to thank the following people for their assistance, support and encouragement:

- My supervisor Prof. ML Netshikweta and co-supervisor Dr. LH Nemathaga for guidance, support, patience, encouragement and mentoring in my study.
- University of Venda for providing me with financial assistance, without financial support I would have not managed.
- My husband Donald and my children Callodia, Lesego and Donia for their support and understanding.
- Mr Shika MP, Mr Masekoameng MF, Ms Lesetja SR who are librarians at Sovenga campus for assisting me with literature sources and internet use.
- Mr Ntuli S for his valuable assistance with statistical data analysis.
- Mrs Cooper for editing the manuscript.
- Clinical staff and student nurses who participated in this study.
- Limpopo College of nursing-Sovenga campus for allowing me to do this research in institution.
- Limpopo Department of health for allowing me to do the research in the selected health facilities.

To all of you I would like to convey my sincere gratitude. May God richly bless you.

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DEDICATION

THIS WORK IS DEDICATED TO MY FAMILY AND MY STUDENT NURSES AT SOVENGA CAMPUS

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LIST OF ABBREVIATIONS

ETQA	Education and training quality assuror
CLI	Clinical Learning Environment Inventory
GNS	General Nursing Science
LIMPCON	Limpopo College of Nursing
MID	Midwifery
PHC	Primary Health Care
PNS	Psychiatric Nursing Science
RN	Registered Nurse
RSA	Republic of South Africa
SANC	South African Nursing Association
SAQA	South African Qualifications Authority
SPSS	Statistical Package for Social Sciences version 18.

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The primacy of clinical experience in the education of nursing students cannot be overstated, since it is the ***lifeblood*** of nursing education. It is a more important component of the educational process than classroom learning (Gaberson & Oermann, 2007:52). Within the changing health climate, teaching has become a large part of the nurse's role, including the facilitation of student learning. Benoliel (2008:349); Dunn and Hansford (2009:15) share the same sentiments in emphasis that the educational process is unique in the practice professions because being able to perform the activities of the profession in live situations as opposed to simply being able to express understanding of principles is a requisite competency of graduation. This competency cannot be achieved by classroom learning alone. Learning experiences must provide opportunities to apply theoretical principles to real time situations encountered on a daily basis by practicing student nurses.

Dibert and Goldenberg (2008:50) cautioned that from an international perspective, student supervision in the clinical setting appears to have been devolved to clinical nurses. This has created a degree of discomfort for many nurses, as they believe they lack the preparation and/or experience in student supervision, particularly through clinical teaching. Given this situation, it is not surprising that the quality of student supervision and role satisfaction for both clinical staff and nursing

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students cannot be assured through current practices. Clinical staff working with student nurses in the clinical setting has a major influence on student performance. They have the ability to promote and facilitate student learning or cripple the students' ability to apply knowledge and skills, and accommodate new learning in clinical practice. It is crucial, therefore, these key factors in this study, are addressed in order to better prepare and support clinical staff in their roles as facilitators of student learning in clinical practice.

1.2 BACKGROUND OF THE STUDY

Clinical experience has been always an integral part of nursing education. It prepares student nurses to be *"doing"* as well as *"knowing"* the clinical principles in practice. One of the main features of nursing as a science and a profession is that nursing education is characterized by a close relationship between theory and practice. This would indicate that nursing cannot be learned through either theory or practice only. According to Andrews, Brown and Smit (2009:870), clinical learning takes place in the complex social context of the clinical environment that is defined in several ways, and consists of different important elements. The theoretical framework of the current study is based on the dyadic nature of the clinical environment: One is the learning environment including the ward atmosphere, the culture and the complexities of care, and the other is the supervisory relationships between students and the clinicians. The clinical learning environment is also seen as a concept that can be measured although numerous research projects insisted on the qualitative approach of exploring the students' experiences than student responsibilities.

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Early studies in the 1980s examined multiple facets of student learning on clinical placement and demonstrated the complexity and demanding nature of the clinical environment, indicating that this area of learning is unpredictable and far beyond the control of faculty members (Hmelo-Silver & Barrows, 2006:27). Other studies questioned the effectiveness of clinical settings, claiming that they fail to provide students with positive examples of behavior (Ehlers, 2010:262; Ballard, 2009:104).

In 1984, South African nursing education initiated the transfer of nursing education from hospital settings to tertiary institutions. This move provided the framework to divide the theoretical teaching component from clinical practice. The traditional nurse tutor role also moved to the education facility, with a focus on gaining higher educational qualifications. As a consequence, laboratory simulation of clinical skills became the norm in undergraduate nursing education, forming the basis for future clinical experiences (Ehlers 2010:264).

Due to shortage of nurses in South Africa, nursing schools were presented with the challenge of equipping a safe, qualified workforce of nurses to reduce the shortage in hospitals. However, maintaining and retention of nursing students in the clinical areas was a major issue and the position is still the same in the current period. Wells and Bernard (2009:70) stated that inability to retain nursing students in nursing programmes negatively impacts the supply of registered nurses to meet the demands of the nursing shortage. Clinical Education is often used as a broad term to describe knowledge acquired by learning and instruction in clinical practice settings. Clinical Teaching implies performing the act of teaching in practice. Clinical staff uses instruction, supervision, recognised teaching strategies including assessment and feedback and

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the application of the principles of adult teaching in the clinical practice setting versus classroom or simulated clinical practice laboratories.

1.2.1 The role of clinical staff

According to Andrews, Brown and Smit (2009:870), role of a clinical staff particularly those who attended a recognized preceptorship course includes enhancing a student's learning by assisting a student in the attainment of skills and knowledge *(knowing how)* to deliver nursing care in a clinical practice setting. To assist the Clinical practice is an essential part of many health education programmes including nursing. This 'hands on' experience must be satisfactorily completed in order for the student nurses to gain entrance to the profession. In the South African Nursing perspective, professional nurses are placed in the clinical environment as work environment. In this work environment, clinicians who work with student nurses have the responsibilities of being role models for the students.

This added roles on the clinical staff, may place additional stress on the clinical staff and foster negative attitudes toward nursing students. The United States of America's (USA) study by Moeller (2004:205) claims that the clinical instructor who supervises the student nurses during this 'hands on' practice often bears the burden of being the final gatekeeper to the profession. Other authors in Sub-Sahara, China, Asia and United Kingdom (UK), went on to state that there were few guidelines to assist clinical teachers on how to effectively supervise students so as to accomplish positive student outcomes (Mamchur & Myrick, 2008:389).

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Despite this, the clinical learning facilitator has the responsibility to be fair to the student and provide learning opportunities in a conducive and non-threatening manner. In this context, student nurses display non-committed behaviors as well as fears of the clinical environment. Mamchur and Myrick (2008:389) report similar findings that learning in the clinical environment for student nurses triggers emotional experience that involves the whole person and results in change. An Australian study by Schweer and Gebbie (2006:342) concur that clinical teaching in nursing is seen 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. The role of student nurses and clinical staff therefore is a collaborative type of responsibility.

The Republic of South Africa (RSA) also, is no exception, because, clinical facilitator has an important liaison role and should provide positive support for student nurses, as well as being involved in issues relating to student nurses' achievement and performance. Providing regular feedback to student nurses on their experience and ability to supervise students is an essential part of the clinical staff's role, enabling student nurses to develop both professionally and personally. Where clinical facilitators are working with more challenging student nurses, facilitators are able to debrief and develop strategies to support students appropriately. This helps reduce frustration and promotes attitudes and behaviours that lead to successful outcomes (De Villiers, 2004:82).

In South Africa, the nursing school/health provider relationship is crucial in providing ongoing support. The school has a responsibility to give the health provider information about its nursing curriculum and familiarise them with the clinical components of the programme, so that appropriate levels of supervision can be provided. The interest of the researcher focused at the responsibilities of the clinical staff as they are

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the most important figures in the provision of the clinical practice education, as well as advocating for students while they are in the clinical practice setting and the responsibilities of the nursing students. The quality of clinical placements as perceived by nursing students in terms of support, clinical teaching, learning, and the integration of theory into practice vary considerably from one experience to the next. It is the attitudes and behaviours of the clinical staff and nursing students that have the most profound effect on student learning (Ewan & White, 2009:78).

1.2.2 Nurse/student relationships

A positive working relationship between clinical staffs and students is vital to develop ongoing learning and foster emotional well-being. A welcoming and positive approach by clinicians was believed to help students settle into the environment and improve Learning outcomes. Relationships often take time to develop and are influenced by communication, willingness, previous experiences, and the attitudes of both the clinical staff and student. Continuity of the clinicians/student partnership helps build effective relationships. However, continuity can be affected by part-time clinicians, lack of flexibility around shift work, and the inability of students to follow the nurses' roster (White & Ewan, 2006:109).

Effective communication is the key to forming relationships. However, not all clinicians use appropriate forms of communication during clinical teaching. Negative experiences can occur when nurses grudgingly accept students, making them feel rejected and devalued. An Australian study by Napthine (2007:24) reports similar findings that clinicians may be unaware that their communication negatively affects students and their performance. The attitudes of students also, as shown by their desire to

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learn, motivation and willingness, have an influence on the success of clinical placements. Andrews et al (2009:870) reported that most students have had extensive exposure to simulated experience but may not be "up to speed" with the technology and dealing with real people and conditions. Part of the clinicians' role is to help students apply their knowledge and skill to practice through rote modelling, clinical teaching, support and the facilitation of learning. When students lack motivation, clinical staffs tend to spend less time and effort in clinical teaching. However, Grant and Raybould (2010:521) cite that some of the clinical staff lack motivation and have no interest in student learning or supervision.

Grant and Raybould (2010:521) report that some older, hospital-trained nurses have expressed feelings of inadequacy due to their training not preparing them for current nursing students. Probabilities are that these old-trained nurses feel threatened and uncomfortable if students ask complex or difficult questions. This, in turn, influences both the willingness and ability of these nurses to supervise students. A number of nurses still believe hospital-based training was superior to the current programme and this affects their attitude and behaviours toward students. Pellatt (2006:346) reports that clinical practice is fundamental to the student nurses' learning; however, many experience problems and difficulties during their clinical practicum.

Napthine (2007:24) highlights extensive problems that affect the student nurses in the clinical learning such as stress and anxiety from the initial clinical experience. Significantly, problems and difficulties experienced by nursing students in the clinical setting may lead to their failure to learn and rejection of the nursing profession, therefore this aspect need to be handled effectively. However, student nurses need not only technical and problem-solving skills but also the emotional discipline

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that is essential for providing care in difficult patient-care situations (Benoliel, 2008:342). According to Karuhije (2007:56) clinical nurse educators' role is to ensure that students have a sense of being cared for during the process of them learning to care for others, a feeling that they are receiving support and guidance whilst dealing with clinical experiences in which they perceive themselves as novices. Student nurses' cognitive domain needs to be able to correlate theory with practice so that their roles in the affective and psychomotor domain in the clinical setting reach acceptable levels of competence (Vygotsky, 2008:101). Arries (2009:151) emphasizes that a knowledgeable clinical teacher provides student nurse with guidelines, proper resources that will lead to avenues for growth, professional development as well as professional maturity. Most clinical teachers are knowledgeable about strategies that they can use; either obtained from literature or trial and error from their own experience to encourage students to learn in the clinical environment, and the Capricorn district of Limpopo Province in South Africa is no exception.

The South African Nursing Council (SANC) determines the requirements for any nurse to be qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed so as to be capable to assume responsibility and accountability for nursing practice. The SANC is regarded as an education and training quality assurer (ETQA) in terms of section 5 of the South African Qualifications Authority Act (SAQA) 1995 (SAQA,1995). For any nurse to meet SANC training requirements, integration of theory and practice is of paramount importance (SANC, 2005).The aim of nursing education is to develop self-directed professional practitioners. Exposure to the clinical environment provides student nurses with a unique context for experiential learning and acquisition of skills that cannot be readily acquired anywhere else (Volschenk, 2009:3).

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This South African perspective is not unique in terms of the role of student nurses and the clinical nurse teachers. Student nurses are expected to put into practice what was learnt in theory in order to become competent independent nurse practitioners. Theory is learnt in the classroom setting during block teaching while practica is applied in accredited clinical facilities. The teaching role of a professional nurse includes classroom and clinical teaching, advising, guiding, supporting and counseling of students. For learning to take place, the learning environment should be conducive to learning with appropriate support from skilled practitioners and educators. Both clinical staff and nurse educators are expected to play a part in assisting learners in the clinical areas to achieve learning outcomes (Mellish & Brink, 2003:217, Quinn, 2006:425).

Student nurses are expected to be more actively involved in their own learning so as to display characteristics of adult learners as outlined by Klopper (2006:44). Interactive approach between the learner and the learning accompanist is advocated as learning can only take place if the learner and the learning accompanist are actively involved (Klopper, 2006:103). According to Ehlers (2010:94) South Africa is experiencing shortage of nurses in all the provinces, including Limpopo. To try to curb this shortage, Limpopo Department of Health and Social development is encouraging nursing colleges to train more nurses to cater for the 5.5 million populations. Despite this call in the province, clinical facilities and resources remain unexpanded, resulting in overcrowding of student nurses and shortage of clinical learning facilitators. Irrespective of these large numbers of student nurses, clinical learning and teaching should not be compromised.

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1.2.3 Clinical environment

According to Neary (2007:470) 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.

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 professional 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.

The clinical component of a practical discipline such as nursing is considered an essential part of the development of competent practitioners (Gignac-Caille & Oermann, 2001:347). The comprehensive nature of nurse-training needs active involvement of both the student and the clinical accompanist. It is in the clinical environment where the curriculum provides opportunities for the student nurses to develop

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clinical skills, integrate theory and practice, apply problem solving skills, develop interpersonal skills and become socialized in the formal and informal norms and expectations of the profession (Quinn, 2006:125).

The aim of nursing education is to develop self-directed, professional practitioners with the ability to think critically and perform nursing care in a scientific manner (Volschenk, 2009:18). It has been widely recognized by those engaged in nurse education that clinical practice is a significant and essential part of student nurses' education (Vygotsky, 2008:212). The clinical setting is fundamental to the student nurse's learning because it offers opportunities for them to work with 'real' clients with 'real' problems. It is only in the clinical setting that student nurses can use knowledge in practice, develop competency in psycho-motor skills and become socialized in their future roles (Gignac-Caille & Oermann, 2001: 349). The researcher's interest focused on assessing and describing the roles and responsibilities of student nurses and clinical accompanists in order to use the findings of this study to provide recommendations to be followed during the placement of students in the clinical areas.

1.3 RATIONALE FOR THE STUDY

According to the South African perspective, hospitals are classified as community; regional and provincial, most of these hospitals are legible to provide clinical training for student nurses if approved by the South African Nursing Council. They serve the nursing schools, colleges and the university nursing departments. These hospitals also cater for students from other professions e.g. clinical psychology, dental assistants and medical student doctors. Anecdotal evidence suggests that students do not get adequate clinical supervision when they are in their clinical respective placements. They are sometimes left to work on

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their own, which could be detrimental to the health of the patients, their learning process and also to the profession. Thus a question is posed: Do the clinical staff and clinical nurse educators provide continuous support to student nurses placed in their wards, the wards provide a suitable atmosphere, learning and caring premises and a suitable supervisory relationship for the production of clinically competent nurses? The answer to this question may help the nurse educator and the clinical staff to identify practices which need to be enforced or improved to ensure that students benefit from their clinical learning experiences.

1.4 PROBLEM STATEMENT

A problem statement identifies the phenomenon under investigation (Polit & Hungler, 2005:32). Roles of clinical educators and student nurses are a critical component of nursing clinical practice as they have been deliberated upon by the nurse managers and researchers. In South Africa, student nurses on training are placed in the hospitals approved by the South African Nursing Council for clinical exposure. Therefore, student nurses are allocated to different wards, and are being supervised by professional nurses, clinical nurse educators as well as ward doctors. However, professional nurses are the ones that mostly supervise the student nurses than the other professionals such as doctors. Student nurses appear not to be achieving the expected clinical learning outcomes despite availability of necessary resources such as study materials, clinicians, patients as real life models and rules and regulations that clearly define requirements for the programme. The researcher is a clinical nurse educator, accompanies student nurses in the clinical areas where students are placed for practica.

During the process of accompaniment, the researcher observed that student nurses' responsibility towards perfection of clinical activities is

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not up to the expectations in terms of competencies for the profession. It is evidenced by a number of student nurses who always absent themselves from the wards in which they are allocated without making the clinical staff aware of their movements. The problems of absenteeism and uncommitted behaviours amongst the students might be due to unsupportive clinical nursing staff because of work overloads for professional nurses and therefore not having enough time to attend to students' learning needs. Some of the professional nurses believe that clinical teaching is not their role. Such professional nurses ignore the students and clinical practical needs for student nurses placed under their supervision, without realizing that quality clinical supervision results in student competences. Without this phase of inquiry, the object of the efficacy of the roles of clinical staff, teaching and supervision will remain unclear. Therefore, a need exists to assess the roles, responsibilities of clinical staff/students, as well as the relationships of clinical teaching behaviors of the professional nurses and college nurse educators to student learning.

1.5. PURPOSE OF THE STUDY

LoBiondo-Wood and Haber (2006:57) explain the purpose of the study as the manner in which the researcher sought to study the question and level of evidence to be obtained through study findings. The purpose of this study was to determine the roles and responsibilities of both student nurses and clinical staff towards clinical teaching and learning.

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1.6. RESEARCH QUESTIONS

For nursing education to achieve the objective of producing competent qualified professional nurses, joint effort is required between the student nurses and clinical staff responsible for accompaniment. This study sought to answer the following questions:

- What are the roles and responsibilities of student nurses in clinical practice at Limpopo College of nursing?
- What are the roles and responsibilities of clinical staff in terms of clinical teaching and learning for student nurses?
- What relationships exist between the nursing college and the clinical health providers in terms of the provision of the ongoing support to accompanists?

1.7 RESEARCH OBJECTIVES

Objectives of the study are at the level of operational tasks, which have to be accomplished in order to meet aims (Polit & Hungler, 2005:138).

The objectives of this study were to:

- Determine the roles and responsibilities of student nurses towards clinical practice.
- Determine the roles and responsibilities of clinical staff in terms of clinical teaching and learning for the nursing students.
- To explain the existing relationships between the nursing college and the clinical health providers.
- To develop recommendations regarding the relationships that exist between the nursing college and the clinical accompanists.

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1.8 SIGNIFICANCE OF THE STUDY

Significance of this study refers to the meaningful contribution of the study to the science or knowledge of the nursing discipline (Wilkerson & Gijselaers, 2007:57). The results of this study may help to raise awareness on the part of the professional nurses and clinical nurse educators to understand the expectations of students when they are allocated to the wards for clinical experience. The results may inform clinical nurses of better ways to supervise students. The results may also provide baseline information for future research in the same area.

1.9 DEFINITION OF KEY CONCEPTS

1.9.1 Roles

Rights, obligations and expected behavior associated with a particular social status (Collins English Dictionary, 2009:403). In this study roles shall refer to a part played by student nurses and clinical staff towards clinical teaching and learning.

1.9.2 Responsibilities

According to Elliot (2002:70), responsibility is defined as a duty or obligation to satisfactorily perform or complete a task assigned by someone or created by one's own promise or circumstances that one must fulfill and which has a consequent penalty for failure. In this study responsibilities shall mean:

1.9.2.1 From the student nurse perspective: responsibilities shall mean commitment, active participation, readiness to learn, abiding by college rules and regulations towards clinical learning.

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1.9.2.2 From clinical staff perspective: responsibilities shall mean providing guidance, support, mentoring and role modeling for the student nurses in the clinical setting.

1.9.3 Student nurse

It is a person following a course of study in a school or college, (Collins English Dictionary, 2009:1532). In this study a student shall mean nurses on training, registered for R425 program at Limpopo College of Nursing – Sovenga campus for the academic year.

1.9.4 Clinical supervisor

It refers to the Professional nurses, and clinical nurse educators who supervise students in the clinical placement areas as well as conducting clinical assessments.

1.9.5 Clinical staff

Health care workers including those in primary care, who have regular, clinical contact with patients (Collins English Dictionary, 2009:203). In this study, clinical staff shall refer to professional nurses at Mankweng, Polokwane, Thabamoopo and Seshego hospitals including Makanye, Nobody, and Evelyn Lekganyane clinics in Capricorn district, Limpopo Province, who are qualified as such for more than ten years.

1.9.6 Clinical teacher

A registered nurse (RN) who has been delegated responsibility for planning, conducting, and evaluating clinical experiences with nursing students.

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This term is used interchangeably with *instructor* by the nursing profession.

1.9.7 Clinical teaching

Clinical teaching is an art or a profession of a teacher or preceptor of teaching something or precepting in an institution using aids (Collins English Dictionary, 2009:1582). However, Letizia (2008:214) defines clinical teaching as actions, activities, and verbalizations of the clinical instructor which facilitate student learning in the clinical setting. Clinical teaching also coupled with variety of actions, delineated on the subject matter used by nursing faculties for assisting students in the clinical learning process, and the clinical teaching categories that are seen as classified systems that divide the disciplines according to the teaching behaviors into five subscales of assessment, such as interpersonal relations, nursing competence, personality and teaching ability (Altman, 2006:12). In this study, clinical teaching shall mean imparting of knowledge, skills and competencies associated with diagnosis, treatment and care of patients; acquiring professional and personal skills, attitudes and behaviors when student nurses are placed at the clinical settings, by clinical professional nurses.

1.9.8 Clinical learning

Knowledge gained by study, instruction or scholarship (Collins English Dictionary, 2009:886). In this study clinical learning shall mean a process that is able to be known to learners and allows students to use what has been learned in a clinical experience in subsequent experiences or acquiring performance-orientated skills and competencies by student nurses at Limpopo College of Nursing, Sovenga campus, as prescribed by SANC, at selected clinical settings.

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1.9.9 Clinical experience

Any planned situation in which students interact with patients to apply the nursing process. The clinical experience is inclusive of simulation and must involve variables that are unknown to students during preparation activities, e.g. a case study in which all information is available would not be considered clinical experience.

1.9.10 College

According to Collins Dictionary (2009:1012), college is an institution of higher education providing specialized courses. In this study college shall mean Limpopo College of Nursing, Sovenga campus.

1.10 RESEARCH METHODOLOGY

According to LoBiondo-Wood and Haber (2006:116), the methodology of a 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 measurement as well as the techniques used for data analysis. This chapter describes the research design, population, sample and sampling techniques, ethical considerations, data collection instrument and method to be used for data gathering as well as data analysis.

1.10.1 RESEARCH SETTING

The research setting is the environment in which the research study takes place and can be a natural or controlled environment. The study was conducted at natural setting, there was no manipulation of the environment, and no special treatment was given to the respondents

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which may have affected the study (Burns & Grove, 2009: 157). Focus was based on four hospitals in Capricorn District, which were; Mankweng, Polokwane, Thabamoopo, and Seshego as well as three Primary Health Care Facilities which are Makanye, Nobody and Evelyn Lekganyane where Sovenga students are placed for clinical exposure.

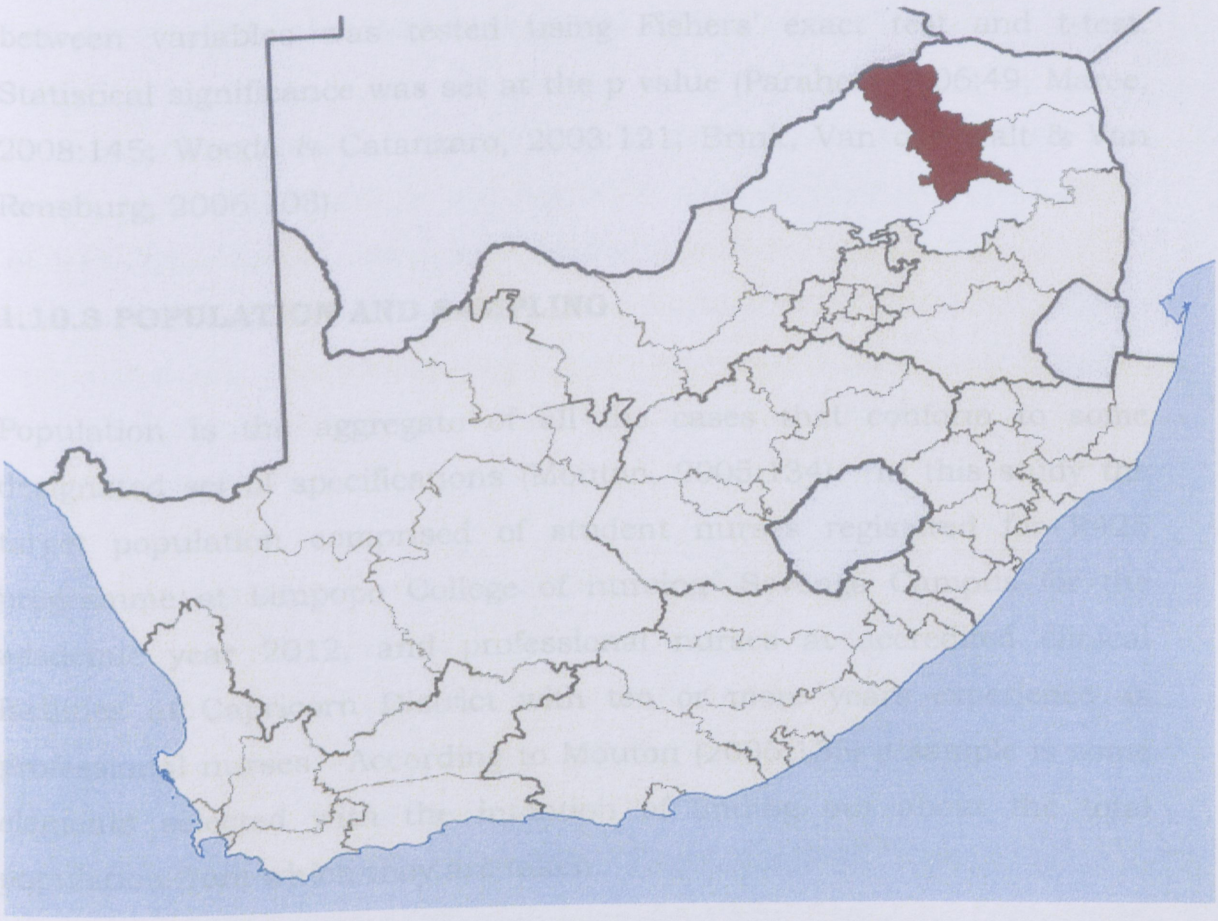


Figure 1.1

Map of the Capricorn district in Limpopo province

1.10.2 RESEARCH DESIGN AND METHODS

A quantitative descriptive design was utilized. The study population comprised of (n=50) student nurses from Limpopo College of Nursing and

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(n=50) clinical staff from hospitals within Capricorn district. A self-administered questionnaire was used to obtain data. Only those who participated in the study, and completed the questionnaires were included in the study. The response rate was 100%. The sample was predominantly female (71.23%) and the mean age was 24.43 years. Descriptive statistics were used to analyze data and the relationship between variables was tested using Fishers' exact test and t-test. Statistical significance was set at the p value (Parahoo, 2006:49; Maree, 2008:145; Woods & Catanzaro, 2003:121; Brink, Van der Walt & Van Rensburg, 2006:108).

1.10.3 POPULATION AND SAMPLING

Population is the aggregate of all the cases that conform to some designated set of specifications (Mouton, 2005:134). In this study the target population comprised of student nurses registered for R425 programme at Limpopo College of nursing- Sovenga Campus for the academic year 2012, and professional nurses at accredited clinical facilities at Capricorn District with ten or more years experience as professional nurses. According to Mouton (2005:135) a sample is some elements selected with the intention of finding out about the total population from which they are taken.

1.10.3.1 Sampling method for student nurses

In this study, systematic probability sampling method was applied which according to Brink (2006:138), Burns and Grove (2009:231), Polit and Beck (2004:178) and Maree (2008:172), involves selecting elements at equal intervals as you move through the sample frame. This method was used as it reduces bias; it is objective; permitted the researcher to estimate sampling errors and selection was completely random. The

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sample consisted of fifty Level 111 and IV student nurses who were randomly selected from the class list. The reason for choosing 111 and 1V student nurses was that they have more experience in clinical learning, and they have been exposed to all the four clinical disciplines of the R425 programme.

1.10.3.2 Sampling method for clinical staff

Fifty clinical professional nurses with more than ten years experience formed part of the sample as they were considered to have extensive experience in student teaching. Systematic probability sampling was also used to sample the clinical staff. This method was chosen because it represented the population more comprehensively (Brink, 2006:138; Burns & Grove, 2009:235; Maree, 2008:175). More details will be found in chapter three.

1.10.3.3 Inclusion criteria and exclusion criteria

Inclusion criteria are characteristics that a subject or element must poses in order to be part of the target population (Burns & Groove, 2009:345). In this study, only students registered at Sovenga campus were included, both male and females. Clinical staff was those with more than ten years experience as professional nurses. Exclusion criteria are characteristics that exclude a population from inclusion in the study (Polit & Beck, 2005:71). In this study, students in level one and two were excluded as they have minimum clinical experience. Clinical professional nurses with less than ten years experience were also excluded.

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1.10.4 RESEARCH INSTRUMENT

The researcher used a self- administered, structured questionnaire to collect data. Two questionnaires were developed, one for the student nurses and the other one for clinical staff. The researcher derived the questions from the literature review (see chapter 2), from the researcher's personal observations and from consultations with nurse tutors experienced in student clinical teaching and learning. The questionnaire was given to two independent experts, lecturers at the campus and the statistician. Polit and Beck (2005:223) emphasize that experts in the content should be called upon to analyze the adequacy of item representing the topic under study. Details about the questionnaire are found in chapter 3.

1.10.5 DATA COLLECTION

Data collection is the process of gathering information to address a research problem (Polit & Beck, 2005:716). In this study data was collected through structured self- administered questionnaires. The questionnaire consisted of closed-ended questions that were orderly ranked according to Likert scales and checklist. The approach was relevant as data was collected from a large group. Detailed report on data collection will be seen in chapter three.

1.10.6 DATA ANALYSIS

Creswell (2009:183) explains that data analysis involves making sense out of text and image, moving deeper and deeper into understanding the data, representing the data and making interpretation of the larger meaning of the data. In this quantitative study, descriptive statistics

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were used. Graphics, pie charts, tables and figures were used to display the results.

1.11 VALIDITY AND RELIABILITY

Validity refers to the degree to which an instrument measures what it is supposed to be measuring (Polit & Hungler, 2005:353). In this study, validity was ensured by giving the questionnaire to experts, colleagues and supervisors to analyze the items to see if they represent adequately content universe in the correct proportion. Reliability of an instrument is the degree of consistency with which it measures the attribute it is supposed to be measuring (Polit & Hungler, 2005:347). The questionnaire was piloted before the actual research. Data was collected from known groups who elicited characteristics required for the study. The researcher did not influence the completion of the questionnaires. Participants responded to the same questions.

1.12 ETHICAL CONSIDERATIONS

Scientific investigations that involve humans as subjects should not only concentrate on generating or refining knowledge, but the development and implementation of such research should also be ethically acceptable (Uys & Basson, 2005:96). The research proposal was approved by SENEX, University of Venda Ethical Committee and Limpopo Province Ethical Committee. Permission to conduct the research was granted by relevant authorities of the selected research settings. The rights of the participants were protected by obtaining informed consent. Anonymity was maintained by not writing names of participants on the questionnaires. Confidentiality was ensured by guarding against unauthorized access to data; therefore the data was kept locked (Burns

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& Groove, 2001:196). Ethical issues will be discussed in details in chapter 3.

1.13 SCOPE AND LIMITATIONS OF THE STUDY

The study was limited to level III and 1V student nurses registered at Sovenga campus for the academic year, excluding student nurses in level one and two. Only selected clinical facilities in Capricorn district, Limpopo Province were included, excluding clinical facilities in other districts. The study focused only on one campus of the Limpopo College of nursing; therefore results cannot be generalized to other campuses.

1.14 STRUCTURE OF THE DISSERTATION

The study report consists of five chapters.

Chapter 1

The chapter contains the orientation to the study which includes the introduction, background information, problem statement, significance of the study, purpose of the study, research objectives and questions and definition of concepts.

Chapter 2

This chapter contains literature relevant to the study.

Chapter 3

Chapter three contains research methodology used in this study which includes the research design, population, sample and sampling techniques, data collection methods and instruments, data analysis, measures to ensure validity and reliability.

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Chapter 4

Data analysis, interpretation and presentation of results are outlined in this chapter.

Chapter 5

This chapter contains summary, conclusions, recommendations and limitations of the study.

1.15 CONCLUSION

In this chapter, an overview of the study was provided. The problem statement, research questions, objectives, purpose of the study, significance of the study and the rationale of the study were stated, and study operational concepts were defined. Overview of the research methodology was given. In the next chapter, the literature that was reviewed concerning roles of clinical nursing staff and students nurses in the clinical practice areas were described and acknowledged accordingly.

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CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter presented orientation and background to the study. This chapter presents the literature perused regarding roles and responsibilities of clinical staff and student nurses as well as the environment where placement of students takes place.

The purpose of this chapter is to highlight the literature reviewed about the roles and responsibilities of both student nurses and clinical staff towards clinical learning and teaching. A literature review involves the systematic identification, location, scrutiny and summary of written material that contains information in specific research problems (Polit & Hungler, 2005:40). Polit and Beck (2005:221) state that the overall purpose of a research literature review is to assemble knowledge on a topic, regarding what is known or what has been studied about the area and where knowledge gaps exist. A thorough literature review provides a foundation on which to base new knowledge (Treece & Treece, 2006:112).

Much of the literature relating to nurse education and student supervision has been published in the United Kingdom, United States and Australia. An extensive amount of literature examines student support in clinical practice from the student's perspective but literature relating to the nurse's role in student supervision in the New Zealand context is limited. Preceptorship and mentoring have, however, been recognised as effective models of student supervision in other countries. Throughout this discussion, the term "nurse" is used to refer to RNs who supervise students. The search for relevant information began with

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identification of terms within the study topic about experiences of nurses working with student nurses in the acute clinical environment. Computer searches using EBSCO, CINAL, MEDLINE, and UMI Pro Quest Digital Dissertations were used to search and retrieve research and research articles. Information about the research topic also came from books.

2.2 SCOPE OF THE LITERATURE REVIEW

The literature review was guided by the research problem, research questions and research objectives.

2.3 REVIEW OF LITERATURE

The first part of literature review focused on clinical learning environment, second part focused on student perspective regarding clinical teaching and learning, while the third part focused on clinical accompanist perspective towards clinical teaching and learning.

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 (Papp, Markkanen, & von Bonsdorff, 2003:268). Clinical practice takes place in the clinical environment because that is where the students meet real situations. Wilkerson and Gijselaers (2007:57) 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

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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

2.3.2 The clinical environment as a learning environment

The clinical learning environment has been described in different ways by different researchers. Dunn and Hansford (2009:18) 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 surrounding of 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

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into a working situation. In other words, 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 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) assert that "professional acceptance requires a basic

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familiarity with the context of the placement, confidence in one's own capability within the context and acceptance by the professionals themselves". 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 & Hansford, 2009:18).

A conclusion from the study by Wells and 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 skills. Papp et al (2003:268) indicated that the clinical

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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". "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.

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

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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 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) state that 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 (2001:78) 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

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subscales of the Clinical Learning Environment Inventory (CLEI). 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 CLEI effectively measures students' perception of the clinical environment and students prefer a more positive and favorable clinical environment than their perception of what does exist. Recognition and appreciation of nursing students' vulnerability in the clinical learning 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 modeling, teaching, and socializing student nurses into the profession). 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 & 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

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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).

2.3.3 Differences between classroom learning and learning in the clinical environment

Clinical learning is different from classroom learning and the literature highlights the differences between them. For example Papp et al. (2003:268) state that while the academic environment encompasses only the nurse teacher and fellow students and is controlled by the nurse teacher, the clinical learning environment on the other hand is not easy to control because there are many stimuli which make it difficult for the students to discern what is essential. Wells and Bernard (2009:70) also add that clinical learning takes place in a different and complex context. The environmental conditions of the wards are unpredictable, therefore one may have limited or no control over whatever may happen while classroom activities can be carefully planned. In the classroom students respond theoretically to the demands of their learning activities and may only use their mental abilities to solve problems while in the clinical environment they are required to combine the use of cognitive, psychomotor and affective skills to respond to individual clients' needs. This can be confusing especially to beginning students.

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Nurse educators monitor the needs of both the client as well as the needs of the students as opposed to classroom situation where nurse educators monitor the needs of students only. Wells and Bernard (2009:70) agree that in contrast to classroom teaching clinical education takes place in a complex, social context where a teacher monitors the needs of clients and students. They further state that unlike classroom learning in which student activities are structured, students in clinical placements are frequently thrown into unplanned activities with patients and other health care providers. Benoliel (2008:45) also adds that learning in the clinical area presents a bigger threat to students than classroom learning. Students perceive clinical experience as anxiety-provoking and they frequently feel anxious and vulnerable. He further states that the nervousness could be as a result of learning and providing care, and at the same time, being concerned about the reaction of nursing staff to their efforts. These factors make the clinical learning environment complex and different from the classroom learning.

2.3.4 Purposes of the clinical learning environment

The clinical learning environment serves a number of purposes for nursing students. Edwards (2008:203), states that the aim of clinical learning practice is to enable the development of domains of competence in nursing students so that they can become safe, caring, competent decision-makers willing to accept personal and professional accountability in nursing care. Raisler, O'Grady & Lori (2003:399) as well as Saarikoski (2003:1015) emphasize that the purpose of planned clinical experience is to enable students to develop clinical skills, integrate theory and practice, apply problem solving skills, develop interpersonal skills and become socialized into the formal and informal norms, protocols and expectations of nursing profession and the health care system. When clinical placements are well planned, all concerned

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nurse teachers, clinical instructors and clinical nursing staff will be aware of what is expected of them and therefore ready to assist the students accordingly. Similarly Spouse (2001:515) adds that clinical learning is very influential in the development of nursing skills, knowledge and professional socialization for nursing students. Wasili (2002:45) adds that clinical placement provides the students with optimal opportunities to observe role models, practice by oneself and to reflect upon what is seen, heard, sensed and done. This view has been supported by Edwards 2008:212) who states that clinical practice allow students to have direct experience with the real world of nursing to practice the clinical skills required for the job, to learn about the general nursing routines and to learn about the responsibilities of the nurse, develop interpersonal relationships with others and become aware of political aspects of healthcare.

Spouse (2001:1016) points out that contact with patients are an important element of learning nursing in clinical practice. Students are exposed to authentic life stories such as people with serious illnesses and these experiences can arouse strong emotions and yet they also offer meaningful learning experiences. Spouse (2001:518); Wilson and White (2009:256); Wosley and Leon (2007:13) agree that the clinical placement areas provide the students with the opportunity to make the links between theory and practice and adapt their skills and knowledge accordingly. The clinical placement helps students to come in contact with real situations. Therefore, clinical experiences provide student nurses with the opportunity to develop competences and combine cognitive, psychomotor and affective skills and problem solving abilities. Clinical learning is very important in the nursing profession because it helps the nursing students to put theory into practice thereby reducing the theory practice gap. Zhang et al (2001:472) emphasize that it helps students to integrate the cognitive, psychomotor and affective abilities into practice as they provide nursing care to patients with diverse and

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complex problems. However, students in the clinical learning environment need to be guided, supported and supervised so that they can learn correct practices and at the same time, achieve their clinical objectives.

2.3.5 Clinical supervision

Clinical supervision is defined by Arthur and Wong (2001:472) as a formal process of professional support and learning, which enables individual practitioners to develop knowledge and competence, assume responsibility for their own actions and enhance consumer protection and safety of care in complex clinical situations. Wosley and Leon (2007:13) define clinical learning as the provision of monitoring, guidance and feedback on matters of personal and professional development in the context of patient care. Clinical supervision ensures patient/ client safety and promote professional growth.

2.3.6 Purposes of clinical supervision

Smith and Lindholm (2009:290) and Parahoo (2009:70) describe clinical supervision as having three core functions namely: an educative or 'formative' function, which enables the development of skills, understanding and abilities by reflecting on and exploring the person's work experience; a supportive or 'restorative' function providing support to enable the person to deal with what has happened and move on; and a managerial or 'normative' function, which includes the provision of quality control. All three functions can also be applied in student nurse supervision. The educative function can help the students acquire the necessary knowledge and clinical skill. The restorative function ensures that the students are supported throughout their clinical practice as they meet different situations in the wards. The managerial function will

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ensure that quality supervision is provided to the students and at the same time ensuring that the quality care provided to patients is not compromised. This study investigated the relationship between students and the nursing staff and how willing were the nursing staff to teach students in the wards.

Pearcey and Elliot (2004:384) state that clinical supervision helps to increase standards of care, efficiency and knowledge of patient care. This view has been supported by Daggles, Mathews, Oskouie, and Frans (2005:239) who state that student supervision helps to maintain or improve standards of patient care because the students learn the correct practices. Wosley and Leon (2007:12) add that with supervision, students' levels of responsibility, self-knowledge and understanding of client and family are enhanced; stress is reduced and healthy professional and personal behaviors are promoted through good working relationships. Papp, Markkanen and von Bonsdorff (2003:266) also add that supervision helps to develop confidence and give encouragement that promotes happy and meaningful experiences to the nursing students, they further state that good clinical supervision for student nurses is essential because it ensures creation of competent practitioners. Good clinical supervision and meaningful learning experiences among other factors help in development of self-confidence as a result, the students become satisfied with their placement as was found in this study.

2.3.7 Problems with clinical student supervision

The literature has recorded several problems that student nurses meet with regard to clinical supervision. Mogan and Knox (2003:30) reported in their study *"accompaniment needs of first year nursing students"* the following as some of the problems students face in their clinical

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placements; shortage and/or absence of equipment to fulfill nursing duties and meet the needs of the patients, conflict in the expectations of nursing colleges and the hospital administrative personnel, and lack of awareness among senior professionals of the needs and problems of first year nursing students in the clinical health care environment. It was also reported that guidance and support by nursing personnel in the clinical learning environment was lacking.

Spouse (2001:232) adds that busy ward settings combined with inadequate staffing levels lead to inadequate and irregular supervision. He further states that students are left alone in practice to find their way around and learn through trial and error. When students are not receiving good supervision they feel hurt, frustrated and humiliated and this negatively affects their learning (Nylund & Lindholm, 2009:343). This finding has been supported by Haskvitz and Koop (2004:119) who assert that students trust that they will be provided with the information and opportunities to practice what they have learned in the classroom. They further state that when students are not meeting the established objectives in the clinical environment, the possibility for errors increase, frustration and the students' stress levels escalate and patients' safety is jeopardized. Some of the problems are ineffective supervisory behaviors, which include rigidity by the supervising member. Therefore student supervision is very important because it enhances and ensures meaningful learning.

2.4 METHODS OF SUPERVISION

Student supervision can be done on a one-to-one basis where a student has a specific supervisor or by group supervision where one supervisor may have a number of students which he/she must supervise at the same time. Nylund and Lindholm (2009:343) state that students should

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have a named supervisor. This statement suggests that individual supervision is better than team supervision. On the other hand with team or group supervision, students may also learn from their peers. But the disadvantage is that, the supervisor may not adequately supervise and attend to the specific needs of every student in the team. As a result some of the students may not gain from the experiences. However, a team approach to clinical supervision is the answer to solving some problems in clinical placements since most of the clinical placements are short of staff who can supervise student nurses on individual basis. According to this study, team supervision was the common method of supervision at the Capricorn district hospitals (Nylund and Lindholm 2009:343).

2.5 ROLE OF THE CLINICAL SUPERVISOR

The clinical supervisor in this study refers to ward nurses, which include staff/enrolled nurses and registered nurses and the nurse educators/teachers.

2.5.1 The ward nurses

Students are supervised by different professionals with different qualifications. Naphtine (2007:111) states that the role of the supervisor is to facilitate personal and professional growth, provide support and help with the development of autonomy in the students. Nylund and Lindholm (2009:343) describe the supervisor as an appropriately qualified and experienced first level nurse/midwife or health visitor who has received preparation for ensuring that relevant experience is provided for students to enable learning outcomes to be achieved and for facilitating the students' developing competence in the practice of nursing. In student supervision the qualifications of the supervisor are

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important because they determine the quality of supervision rendered; however, sometimes students are supervised by the personnel who lack the training of clinical supervision. For example, Nylund and Lindholm (2009:343) found in their study that students were supervised by staff nurses who lacked clinical teaching skill and it was observed that they were reluctant to take on the responsibility of student supervision. In the same study it was also observed that some nurse lecturers were not adequately trained to supervise students in the clinical environment. All these factors can compromise the quality of supervision that students may receive in the clinical placement.

2.5.2 The nurse teacher

The presence of the nurse teacher who is the person in-charge of teaching and learning in clinical practice has been found to be of great importance to students' learning. Duch, Groh and Allen (2003:30) explain that the role of the nurse teacher includes supporting students, directing and motivating them and advocating for them. He states that students feel abandoned when they move from the college to the clinical placements without their nurse lecturers following them, therefore they appreciate the presence of the nurse lecturer even for a short time. He further states that it is sometimes advantageous for the nurse lecturer to be present because their presence also makes the nursing staff in the ward to do something for the students. Sometimes students feel out of place when they go to the hospitals, but if the nurse lecture is present, she/he may help to clarify what they need to do and explain to the nursing staff about the expectations of the students. He/she may also set the pace so that students learn comfortably and give feedback about students' progress. The nurse lecturer can act as an advocate because students find it easy to turn to their teachers when facing problems, even

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personal problems. So the role of the nurse teacher in clinical placement is very important (Duch et al, 2003:31).

2.5.3 Support for nurses

One of the most common concerns identified by nurses in practice is the lack of support from the nursing school, health provider staff and colleagues for their supervising role. In the current climate, where nursing is experiencing an international shortage, nursing schools are being expected to produce higher numbers of nursing graduates. The nursing school/health provider relationship is crucial in providing ongoing support. The school has a responsibility to give the health provider information about its nursing curriculum and familiarise them with the clinical components of the programme, so appropriate levels of supervision can be provided. They are also responsible for informing the health provider about individual students attending the clinical placements, their level of attainment and the clinical facilitator responsible for the placement (Uys & Meyer, 2005:11).

Students at different levels of the programme require nurses with an appropriate level of knowledge, skill and training to both facilitate and extend their learning. Establishing clear lines of communication allows for appropriate selection and preparation of nurses to undertake the role of student supervision. The clinical facilitator has an important liaison role and should provide positive support for nurses, as well as being involved in issues relating to student achievement and performance. Providing regular feedback to nurses on their experience and ability to supervise students is an essential part of the clinical facilitator's role, enabling nurses to develop both professionally and personally. Where nurses are working with more challenging students, facilitators are able to debrief and develop strategies to support students appropriately. This

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helps reduce frustration and promotes attitudes and behaviours that lead to successful outcomes (Quinn, 2006:230).

The culture of the health provider plays a vital role in staff attitudes and actions towards students, sound leadership values the education of students and provides direction for nurses by promoting an environment of mutual trust, respect and support for colleagues and students in the delivery of quality care. Investments in supervision are wasted if nurses are not provided with adequate support in terms of skill mix, fostering the opportunity to attend professional development and preparatory courses for the clinicians (Sellick, 2001:5).

David et al (2009:128) cite that health providers need to foster collegial support and team work, especially when students are present. Nurses responsible for supervising students often carry an equal or higher workload, resulting in missed opportunities for student learning and frustration for nurses. Collegial support and team work can help alleviate this by assisting with client care and allowing additional time for the nurse and student to engage in valuable learning experiences. Nurses exert a great deal of time and effort into the complex activity of student supervision, yet they frequently report a lack of recognition from the health provider for student support. This results in nurses feeling undervalued and unappreciated for their efforts. According to Haskvitz and Koop (2004:119) the anecdotal evidence shows nurses are frequently asked to supervise students without prior notice or preparation, resulting in negative responses. These can contribute to the failure of student supervision. As a result, many nurses are resentful of the increased responsibility, which impacts on their attitude and behaviours toward students. A reduced workload would improve the nurse's ability to focus on student learning, although staffing levels often prohibit this. Supervision needs to be formally acknowledged as a complex and time-

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consuming activity, as often it is not taken seriously. Papp et al (2003:266) report that supporting nurses is an investment in student nurses and the future of nursing and, as such, needs to be valued.

2.5.4 Preparing nurses for the role

Quinn (2006:233) indicated that one of the key factors influencing the ability of nurses to supervise students is their preparedness for the role. Undergraduate nursing education relies on nurses to support, supervise, teach and assess in practice, thus enabling students to learn in a safe and supportive environment. Anecdotal evidence suggests that, due to nursing shortages, inexperienced nurses, and relief nurses and, at times, new graduates are expected to supervise students. This is less than ideal, as these nurses are unable to help students meet objectives and/or reflect on practice effectively. Many nurses also lack the clinical teaching skills and are unable to role model excellence when they themselves are consolidating their own clinical practice. Haskvitz and Koop (2004:119) reported that nurses are often chosen to supervise students based on staff availability, as opposed to sound selection criteria. This increases nurses' feelings of inadequacy and ill preparedness for their role, leading to frustration that is often passed on to the student. Competence and experience are essential when identifying nurses to supervise students. Equally important is the nurse's approach and willingness to take on the role. Experience in nursing does not necessarily equate to competence in teaching and caution should be used when allocating nurses to the supervision role. Appropriate preparation is seen as one of the leading factors determining the success of ongoing student supervision and positive outcomes. When nurses have a clear understanding of what is required to progress student learning and how this is best facilitated, they demonstrate a more positive approach and an increased willingness to participate in student learning. Nurses prepared for the role are better

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able to facilitate the transfer of nursing knowledge and behaviours in an effective way through expert guidance and assistance. Where nurses lacked preparation in student supervision, learning opportunities were more tasks focused and the facilitation of learning did not occur. Nurses are more able to teach, evaluate and support the completion of students' learning objectives when they understand the curriculum. This includes assisting students to apply their theoretical knowledge to practice at the appropriate level and helping them bridge what is commonly termed the "theory-practice gap". Preparatory courses are provided by some nursing schools and health providers to assist with this. However, the health provider has a responsibility to make preparatory courses available, enabling access and time to participate (Haskvitz & Koop, 2004:120).

Haskvitz and Koop (2004:119) reported that increased workload and limited time to complete work have been sighted as two of the major reasons for nurses being reluctant to supervise students. Similarly, Spouse (2001:232) warns that nurses see the presence of students as an added burden and believe the increased workload restricts the opportunities available to them. Increased acuity in the in-patient setting has resulted in increased workloads for nurses and less time available to spend with patients. This situation is compounded by the shortage of nurses, which has left existing nurses feeling stressed and overworked. The addition of students to this already difficult situation can be enough to make the difference between nurses coping and not coping with their allocated workload in a given duty. A consequence of high workloads is low morale and negative attitudes towards students. In the acute setting, student supervision needs careful planning in order to provide appropriate learning opportunities to meet competence. Using students as an extra pair of hands might prove helpful to the nurses but it shows little understanding of the students' supernumerary status. Some commentators have described nurses as gatekeepers where students'

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access to learning opportunities is denied through the negative influence of the nurse. This may occur through sending the student off to complete tasks they can manage independently, while the nurse attends to more complex activities, thereby denying the student access to learning opportunities. This strategy is often used as a way of managing a busy workload and is often not intentional. Students tend to be slower in some tasks/activities and nurses find it quicker and easier to complete these on their own. The responsibility of patient care and safety lies with the nurse and the high workloads tend to result in less time to teach and engage in critical reflection. A lack of time was frequently cited by nurses as a barrier to completing their own clinical work and an increasing reluctance to take on "extra duties" such as supervising students. Consideration needs to be given to the risk of burnout. This is a real concern for nurses, due to increased student numbers and the almost continuous student supervision required. Students often see themselves as the cause of nurses' less than positive attitudes towards them, resulting in poor performance and outcomes (Newton, 2010:214).

2.5.5 Nurse/student relationships

According to Newton (2010:214) a positive working relationship between nurses and students is vital to develop ongoing learning and foster emotional well-being. A welcoming and positive approach by nurses will help students settle into the environment and improve Learning outcomes. Relationships often take time to develop and are influenced by communication, willingness, previous experiences, and the attitudes of both the nurse and student. Continuity of the nurse/student partnership helps build effective relationships. However, continuity can be affected by part-time nurses, lack of flexibility around shift work, and the inability of students to follow the nurses' roster. Effective communication is the key

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to forming relationships. However, not all nurses use appropriate forms of communication during clinical teaching.

Negative experiences can occur when nurses grudgingly accept students, making them feel rejected and devalued. Nurses may be unaware their communication negatively affects students and their performance. The attitudes of students, as shown by their desire to learn, motivation and willingness, have an influence on the success of clinical placements. Most students have had extensive exposure to simulated experience but may not be "up to speed" with the technology and dealing with real people and conditions. Part of the nurses' role is to help students apply their knowledge and skill to practice through rote modelling, clinical teaching, support and the facilitation of learning. When students lack motivation, nurses tend to spend less time and effort in clinical teaching (White & Ewan, 2006:5). However, it is evident some nurses lack motivation and have no interest in student learning or supervision. Some older, hospital-trained nurses have expressed feelings of inadequacy due to their training not preparing them for current nursing students. These same nurses feel threatened and uncomfortable if students ask complex or difficult questions. This, in turn, influences both the willingness and ability of these nurses to supervise students. A number of nurses still believe hospital-based training was superior to the current programmes and this affects their attitude and behaviours towards student nurses in terms of guiding and support on teaching and learning in the clinical areas (Newton, 2010:214).

2.5.6 STUDENT PERSPECTIVE

The most important purpose of nursing education is to provide student nurses with learning opportunities that will enable them to develop critical thinking skills, so that they become competent, independent,

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critical-thinking nurse practitioners (Uys & Meyer, 2005:11). According to White and Ewan (2006:5) it is no longer sufficient to plan simply for a period of time spent in a clinical area, achievement of explicit learning objectives as specified by the curriculum is important. White and Ewan (2006:5) further indicate that students need to learn how to set own personal learning objectives. Nursing students are adult learners who should display characteristics of decision making, accepting responsibility, self-direction, independence, appreciate and see the relevance of experiential learning, and active participation/involvement (Mellish, Brink & Paton, 2008: 67).

Olivier (2003:3) reports that outcomes-based learning is learner-driven aimed at achieving outcomes, and the role of the teacher/trainer is to provide guidance for learners to achieve their outcomes; in other words, the teacher /trainer facilitate learning by stimulating creativity, self learning and critical thinking. Mellish and Brink (2003:222) outline that clinical teaching and learning is necessary to ensure that students learn the practice of nursing, that standards of patient care are maintained and improved, and that competent nurse practitioners are produced; achievement of attitudinal objectives and practical skills are required in the clinical setting (White & Ewan, 2006:5). The unplanned and unpredictable events are learning moments which students and educators can capitalize on (Klopper, 2009:64).

According to Ewan and White (2006:109) and Kowalski (2003:326) students experience the following problems in the clinical areas:

- clinical supervisors may not be aware of the objectives or background knowledge and skills that students have; where they may be assigned to tasks they do not have skills or background,

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which may leave them with little opportunity to achieve intended objectives;

- students may be unprepared or ignorant of the objectives or specific purpose of the placement and therefore unable to direct their own learning efforts;
- students may be uncomfortable and have uncertainties about their roles and expectations;
- students are sometimes critical of clinical teacher who may misuse clinical teaching as classroom teaching, giving lectures instead of learning opportunities;
- many destructors in the clinical situation;
- competing responsibilities of caring and learning can be confusing and deeply troubling.

A study by Foley and Bayat (2007:19) found that in a variety of clinical teaching situations, students participated less than clinical staff. One of their recommendations was that students must be active, independent learners and problem-solvers rather than passive recipients of information. Passive involvement of learners, little opportunity for reflection, time pressures, competing demands, large number of students are common problems with clinical teaching (Kolwaski, 2003:326). Theorists Freire, Dewey, Giroux, Mclaren, Kincheloe and Steinberg in David (2009:321) in their article *"Critical Pedagogy"* shared the same sentiments of saying student-centered learning is focused on students needs, abilities and interests and learning styles, with the teacher as a facilitator of learning. The researchers added that student-centered learning requires students to be actively involved, responsible participants in their own learning, actively participate in discovery learning process from an autonomous viewpoint.

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Bloom and Garner (2009:14) highlight the following benefits of student-centered learning:

- strengthens student motivation
- promotes peer communication
- promotes discovery, active and successful learning
- promotes responsibility for one's own learning

Vygotsky (2008:297), in his zone of proximal development theory, indicates that students typically learn vicariously through one another and that scaffolding is important when fostering independent thinking skills.

Stringer (2008:163) writes that student-centered learning processes are greatly enhanced when students participate in deciding how they may demonstrate their competence in performance of skills. Unlike traditional instruction, problem-based learning actively engages the student in constructing knowledge in their own mind (Duch, Groh & Allen, 2001:71). Amador, Mile and Peters (2006:102) indicate that problem-based learning encourages students to take responsibility for their group and organize and direct the learning process from a tutor or instructor. One of persistent complaints however, about clinical education is the overwhelming work demands placed upon students, leaving them with little time for thinking and reflecting (David et al, 2009:11).

2.5.7 CLINICAL ACCOMPANIST PERSPECTIVE

2.5.7.1 Knowledge and clinical competence

The teacher must have mastery of the subject matter. He/she must be able to discuss not only specific knowledge but also surrounding broad knowledge pertaining to the clinical setting. It was highlighted in a USA study by Matsumura, Callister, Palmer, Cox and Larsen in Mcleod and

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Harden (2009:301) that student nurses as participants in the study commented that: *'Someone who sort of has a very sound knowledge of what they are talking about...they know what they talking about...they are not sort of drifting through it like...you can do it this way or you can do it that way...someone you feel confident to put questions to....* The teacher must be able to demonstrate to students the links between the various theoretical knowledge from different study units, so that students can see the 'whole or gestalt' picture of how everything that they had learned in the classroom fitted into the clinical milieu. For example, if a student has just collected a urine sample from a patient, the student could be asked to explain the anatomy and physiology of the kidneys and common microbes found in urine (this could be drawn from their Human Biology and Microbiology lectures).

The student could also be encouraged to reflect on their Behavioral Health Sciences lectures regarding human dignity and what it would have been like for patients to have had an intimate procedure done to them. Several other questions could be posed to the student in a non threatening manner so that a single action is seen holistically. This, in these writers' experience has promoted meaningful learning (Sellick & Kanitsaki, 2001: 201).

2.5.7.2 Teaching skills

Teachers need to identify individual student needs and learning styles and plan supervision. Accordingly to Moeller (2004:208), hierarchy of needs can be used as a guide to help meet student needs. This would involve providing a non-threatening environment, praise, constructive criticism and feedback, enhancing creativity and peer support and valuing students as people. Teachers must present material in a manner the student understands and give clear directions as to what is expected

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of the student. Sellick and Kanitsaki (2001:263) state that "learning styles are important because they are the education- relevant expression of uniqueness of students." The authors explain that learning styles refer to the ways in which students process information during learning and encompasses individual preferences in perceiving, thinking, remembering and problem solving. Ausubel (2008:245) wrote that learning styles are also a reflection of individual variations in personality.

For example, students with a predominately extroverted personality may, in their zest to please the teacher state that they understand something being explained when in actual fact they do not understand. Teachers who do not pick up on this may fail to facilitate meaningful learning. One strategy that this writer has used with extroverted students is to get them to present to their peers what they have understood from the teacher's explanation. Similarly, introverted students may appear to be disinterested and be uninvolved because of their quiet, introspective manner. This is usually not the case and all the teacher needs to do is to gain their trust and give them more time to 'open up' and provide opportunities for them to share their knowledge with others.

Students who fall into the sensate dimension of personality as described by Jung and Well (2002:72) tend to assimilate knowledge starting from the specific and work towards the general. In teaching these students, for example, about diabetic care, the teacher needs to focus on a specific care required by a diabetic patient such as how to actually administer the insulin injection rather than teaching about the general care of a diabetic patient.

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2.5.7.3 Relationship with student

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A study conducted in Australia by Harth, Thomas, Bavanandan, Leal and Thong as cited in Mcleod and Harden (2009:13) about the quality of student-tutor relationship in a clinical environment indicate the existence of positive factors such as relaxed atmosphere, enthusiasm and adequate preparation, and negative factors such as unreasonable expectations, conflicting information, late arrival, early departure, patronizing attitude, favoritism, hostility, unconcern and discouraging attitude from both stakeholders. The roles of student, preceptor, and faculty must work in synchrony for good learning outcomes. The setting also is important and it places limitations on time, space, and access to patients. The student is expected to be an active adult learner; the faculty is expected to assess the student's needs and arrange for a preceptor-ship learning environment consistent with program goals and to evaluate the student's work; and the preceptor is expected to provide day-to-day clinical teaching while meeting clinical practice expectations. Clinical teachers could enhance student learning by having an unconditional positive regard for them.

Teachers need to be sensitive to student's feelings and problems and convey confidence in their ability to learn. At the same time, teachers need to demonstrate enthusiasm for teaching, being confident and honest, provide support, be approachable and most importantly be able to admit to errors and limitations thus showing that they are not omnipotent with regards to knowledge. Some students' comments on this issue include:

'Someone who perceives your needs...someone who provides positive reinforcement as well as criticism...someone who can really support you all the way...at times all you need is for the tutor to say" that was great"...'

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'A tutor who is approachable...someone you feel you can get information, its a two way thing...someone you feel who has a genuine interest in your progress...a tutor who enjoys nursing because otherwise we get a negative feeling from them...' (Moeller, 2004:290)

Moeller (2004:301) studied the preceptor role and identified qualities of good preceptors from students' perspectives. Personal characteristics include being empathic, warm, respectful, and humorous. Flexibility, fairness, dependability, consistency, and enthusiasm were valued. Students also looked favorably on preceptors who were willing to work with the beginning student, could adapt their teaching style as needed, and supported the educational program. The preceptor is expected to have current clinical skills and knowledge, help students recognize their assumptions and think through their management decisions, and model effective communication with clients that emphasizes psychosocial aspects of care. Successful teaching is a complex process that requires not only expertise in clinical content but also positive personal attributes. Klopper (2009:65) goes on to highlight the role of the clinical educator as guide, facilitator and supporter during clinical learning session. Clinical facilitator has to assist students to develop critical thinking and questioning skills. White and Ewan (2006:16) point out that the opportunity to plan clinical learning in an academic environment enabled clinical educators to review the organization of activities which facilitate clinical learning.

Clinical learning is not without challenges. Challenges experienced in clinical learning can be overcome through selection of learning experiences that accompany and exemplify the underlying theoretical foundation studied in classroom, clinical assignments to be planned and defined in terms of learning to be accomplished rather than sets of tasks (Klopper, 2009:68). The clinical component of a practice discipline such

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as nursing is considered an essential part of the development of competent practitioners (Gignac-Caille & Oermann, 2001:347).

Ewan and White (2006:109), Spencer (2003:326) identify the following problems experienced by clinical educators:

- the clinical learning is unpredictable and uncertain;
- lack of knowledge of patients when planning clinical assignments;
- passive involvement of students;
- nurse educator is a guest in the clinical area where fulltime staff are concerned with patient care;
- role conflict/expansion as manager, assessor, advocate, facilitator, guide for students in unfamiliar environment;
- spending more time traveling to different clinical areas;
- unrealistic expectations by clinical staff, students and college staff;

Ways to overcome these problems as specified by Ewan and White (2006:111) are:

- preparation for practice;
- practice with supervision: reflection-in-practice;
- post practice discussion :reflection-on-practice;
- encouraging active participation by both stakeholders.

The roles of the clinical teacher as outlined by White (2006:119) include supporting, observing, guiding, facilitating, inquiring, researching, evaluating, resourcing and instructing. Mashaba and Brink (2004:47) and Spencer (2003:326) explain factors that prevent nurse educators from meeting clinical aspect roles/obligations as: negative attitude, tutor/student ratio, misinterpretation of the term "accompaniment", lack of confidence, proximity to clinical areas, poor relations among clinical practitioners and nurse educators. Clinical education is flawed by

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problems such as limited emphasis on problem-solving, lack of clear expectations for students, inadequate feedback, and inadequate role models as well as inadequate supervision. McLeod & Harden (2009:2537) suggest the following strategies to improve clinical teaching and learning: Strong support by all stakeholders, highlight the importance of clinical teaching in meetings, workshops, seminars, use of specialists, collaborative research and assessment of teaching, feedback from students, defining expectations clearly.

E-learning modules can help to improve teaching in clinical setting. Naude, Meyer and Van Niekerk (2001:112) indicate that both the unit manager and the lecturer need to have sound theoretical background and clinical experience to be able to successfully assist students in correlating theory and practice. Naude et al (2001:114) reflect that students should be actively involved in the execution of nursing care, and students should be given opportunity to demonstrate unique creativity, innovation, decision making and problem- solving skills. A unit manager has to delegate tasks to students where experience, as required by the level of their training, can be acquired. Without being given a chance to practice applying what they are studying, students are not likely to recall it later.

Booyens (2008:286), De Villiers (2004:82) described the responsibilities of clinical supervisor as guiding, instructing, coordinating teaching and learning of student nurses. Lecturers and clinical staff are facilitators who must create a climate that encourages students to accept responsibility for their own learning (De Villiers, 2004:82). Qualified staff has to be mentors to the students. Anderson and Shannon (2005:123) report that successful mentors employ a range of enabling strategies and skills within the mentoring relationships.

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Specific enabling characteristics of a mentor as cited by Morton-Cooper and Palmer (2000:158) are as follows:

- is supportive and encouraging;
- helps identify resources for learning and socialization;
- is challenging and acts as critical friend;
- encourages creativity and risk-taking in learning and working and
- assists the mentee to critically reflect on his/her personal and professional development.

From a constructivist perspective, Hmelo-Silver and Barrows (2006:25) identify the role of the clinical instructor as to guide the learning process rather than provide knowledge. David et al (2009:8) indicate that the aim of clinical teaching is to transform a novice student into a competent practitioner.

Strengths of clinical education were found by these writers as:

- problem-centered approach in the context of professional practice
- experienced-based learning model, and
- combination of individual and team teaching.

David et al (2009:8) elaborates that the focus of clinical teaching is on patients' problems which provide teaching and learning opportunities. Since clinical instruction takes place in the context of professional practice, students' questions about relevance of what is to be learned are minimal and motivation is high. In clinical education, as individual team members learn, they appear better able to contribute and use the contributions of others in their teams. As teams develop their abilities to work together, they appear to promote additional learning among individual members. In his study, Gallagher (2007:69) found that a shift of focus was required towards a student-centered learning approach that

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will provide the type of atmosphere and degree of psychological support conducive to the student engagement and active participation in learning. According to Mogale (2000:101) problem-based learning enhances critical thinking in students in the clinical setting. Mogale's findings (2000:115) in the study on problem-based learning included among others the following:

- good correlation of theory and practice;
- holistic understanding of patients' needs;
- enhances meaningful learning, active involvement of students, problem-solving skills, self-confidence and self-directed learning;

On the other hand Murathi's findings (2005:15) about clinical teaching were that:

- unit managers felt that there is poor communication with teaching staff;
- unit managers expressed that students display negative attitudes like lack of respect, refusal to perform delegated responsibilities and lack of commitment.

In a survey commissioned by the Association of American Medical Colleges as cited by Volschenk (2009:253) it was discovered that problems with clinical teaching arise from lack of clear expectations for student performance; as a result, students display differing and conflicting expectations in their behavior. Secondly, the survey revealed that the lowest rated item during clinical experience was lack of feedback and direction on their learning and performance. Levison and Menges in McLeod & Harden (2009:4) reviewed current clinical literature and concluded that feedback to faculties from student ratings does lead to improvement in clinical teaching.

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Muslin and Thurnbald in McLeod and Harden (2009:21) cite other problems of clinical education as inappropriate role models in clinical settings, that is, failure of faculty members to serve as exemplary role models in executing duties in terms of skills, attitude and ethical behaviors. Constant rotation was also found to be a problem in the sense that it fragments teacher/student relationship and faculty, making it difficult to adapt. Jerome and Bruner in McLeod et al (2009:40) highlighted the importance of clinical supervisor. Clinical supervisory skills required, include providing structure to work and learning, promoting problem-solving and critical appraisal skills, observing and offering feedback on student performance and providing professional support and encouragement.

Clinical instructional leadership is of great importance (David et al, 2009:29). This involves efforts in curriculum development that promotes excellence in clinical education. Attention needs to be given to the organization of clinical placement, specification of learning objectives, identification of reasonably concise educational resources, and clearly defined evaluation procedures. McLeod and Harden (2009:26) emphasize the significance of supervising trainees in clinical settings, as a way of correcting deficiencies and providing guidance, feedback and direction. All trainees are expected to keep a portfolio of evidence of their training. Such evidence should demonstrate evidence of acquisition of knowledge, skills, attitudes, and understanding of achievements; portfolios are used to record and organize training.

2.5.7.4 Professional Socialization Attitudes

Studies on nursing students' perceptions of the clinical environment concluded that there is a need for nurses to welcome the nursing students into the profession. In order to promote a positive psychosocial

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learning environment nurses should offer support, be nurturing, and treat nursing students with dignity and respect. David et al (2009:29) cited that the teaching behaviors between the student nurses and nurse educators were identified as enabling the learners to integrate knowledge and skills into practice and to give the student the opportunity to internalize the role of the nurse as a caregiver. If the students do not identify with the nursing profession they will eventually leave.

It is obvious that nurse educators have a high level of responsibility for teaching nursing students; however, David et al (2009:29) brought out the importance of the clinical staff to be responsible for clinical teaching. In a study conducted by McLeod and Harden (2009:26) facilitating and obstructing factors for learning in clinical practice were identified by students. Facilitating factors included being allowed to take responsibility, being allowed to work independently, having opportunities to practice tasks and receiving feedback, having collaboration with staff and supervision of others, gaining an overview of the setting and gaining a sense of control. Obstructing behaviors were identified as lack in the student-supervisor relationship, organizational shortcoming in the supervision, and experience of students' own shortcomings. The negative supervisor behaviors were described as taking over, condescending comments, irritated or not interested, and not giving feedback or opportunities to reflect. Other supervisor behaviors which negatively impacted student learning were not knowing the educational objectives and abilities of the students, staff uneasiness from lack of guidelines for nursing care, stress on the ward and lack of time, and not allowing students to take part in care of patients (McLeod & Harden, 2009:26). In a study on student's perceptions of the effectiveness of mentors, Gallagher's findings (2007:69) revealed that students agreed that the following roles were essential to that of a mentor: befriending, assisting, guiding, advising, and counseling. Scores on the effectiveness of mentors

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as perceived by students improved after [illegible] tors attended workshops and were provided with materials to assist them with the mentoring roles. Also, the students were given the opportunity to meet with the academic staff to improve communication between the clinical setting and the university.

Students felt that many mentors did not achieve the befriending role adequately, and most students prepared themselves to be part of the team but found that they were treated as guests. Because of the job stress, the students expected the mentors to have a counseling role but found this role to be weak. It is difficult for the mentors to exercise their roles realistically if the relationship between the mentor and mentee is minimal (Gallagher, 2007:69).

In a study by Matter et al (2004:23) the students acquired knowledge and integrated theory into practice in the clinical environment because of a working partnership between the mentors and mentees. Mentoring was defined as "a supportive, nurturing relationship that can evolve from a formal teacher/learner or expert/novice relationship such as a preceptorship, or can be an assigned relationship as part of an institutional method used to link the mentee to the mentor". Evaluation of the mentor characteristics was categorized into four areas: personality traits, teaching ability, nursing competence, and interpersonal relationships. The mentors volunteered to provide additional clinical experience for the nursing students and participated in training workshops for registered nurse (RN) mentors. Students were assigned to an RN and worked alongside that RN for all their shifts, but were not paid. The results demonstrated that 95% of the students rated their mentors as good and above. The positive outcomes for students were identified as gaining "continuity of practical experiences, developing nursing skills which enhance confidence, improving communication and

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reporting skills, working in a variety of shifts, working as a team member, and having excellent RNs as mentors. This study supported the need for recruitment and preparation of RN mentors in the clinical setting.

Studies on nurse's perceptions of student nurses are limited. One study by Saarikoski (2003:1015) investigated the perceptions of adult-health/medical-surgical nurses of students' contributions to clinical agencies by determining if students were perceived as assets or liability to clinical agencies. Gallagher (2007:69) emphasize that the presence of student nurses on the nursing units would further increase the nurses' responsibilities and cause more job-related stress.

Saarikoski (2003:1015) cited that previous studies revealed that "staff had particular difficulties working with students when students' roles were unclear, leaving staff with a sense of responsibility and accountability for the care provided by students". In the study by Spouse (2001:519) a fifty four item questionnaire was used to measure Nursing Student's Contributions to Clinical Agencies (NSCCA). Items on the questionnaire emerged from interviews conducted with staff responsible for student placements. The NSCCA focused on perceived effects that undergraduate nursing students have on staff time, staff development, quality of care, staff's personal satisfaction, and unit standards and practices. A 5-point Likert-type scale ranging from 0 (strongly disagree) to 5 (strongly agree) was developed by the researchers. Findings from this study revealed that nurses perceive student nurses as making many valuable contributions to units and agencies during their clinical rotations. The nurses with less than 10 years' experience perceived student contributions to be more favorable than nurses with 10 years or more experience. Both groups of nurses agreed that student participation in clinical activities is a source for recruiting nursing staff.

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Therefore, nursing administration should create an environment that promotes bonding and develops skills and abilities to move into the workforce of the institution, and staff nurses should display a positive attitude to support the learning experience of students. Offering incentives for preceptors as suggested by Spouse (2001:519) would support this concept.

Other findings from the study by Adams (2008:81) revealed that less experienced nurses agreed that student participation did not take up time and freed staff for other responsibilities. The more experienced nurses however, perceived nursing students as taking up too much time. Both groups of nurses agreed that nursing students enhance the clinical setting by stimulating staff intellectually, thus establishing collegial relationships. A recommendation was for studies to extend exploration of student contributions to different clinical agencies and populations including obstetrics. In addition, it was recommended that perceptions be clarified and confirmed by using a multi-method approach using questionnaires, interviews, and observations. Brown, Herd, Humphries and Paton (2004:89) conducted a replication and extension study of Adams (2008:81) and reported that nurses were ambivalent toward nursing students. The top ranked items on the nursing students' contributions to clinical agencies survey were in contrast to each other. One contrast was that students allow for opportunities for mentoring but they threaten professional role development. The participants were 165 staff nurses from maternal-newborn, adult medical-surgical, pediatric, and psychiatric acute care units in three different facilities in which nursing students were assigned for clinical placement.

Participants were also obtained from a community-based mental health agency. The years' experience of the participants ranged from less than one year to 45 years. The study by Burns and Paterson (2004:8) had a

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qualitative component that revealed the following themes: student preparation, student qualities, and level of students on the unit, role of the instructor, and opportunities for staff nurse growth. These themes emerged from an open-ended question added to the survey tool that elicited a written narrative regarding staff nurses' experiences with students. Bennett (2003:438) found that nurses expressed both positive and negative experiences with students. The nurses expressed frustration when working with problem students; but, students could also assist with patient care and allow the nurse to spend more time with high acuity patients.

The students were viewed as increasing the workload or slowing them down and taking too much of their time depending on how prepared the student was, the student's attitude and willingness to participate and be engaged in patient care experiences, the patient acuity and staffing of the unit, and the availability and support from the instructor. Addis and Karadag (2003:27) state that shortage of nurses places increasing demands for nurses in the clinical sites which are suppose to be positive and nurturing learning environments. A recommendation was for nurse educators and administrators to collaborate in order to enhance the quality of the clinical experience for both the students and staff nurses. Specific strategies to increase collaboration between nursing education and service were presented. These strategies included sharing of information between academia and service, teaching staff nurses how to be mentors to the students, adjusting staff assignments, placement of a student with a nurse for three weeks after a front loading of content and clinical simulation, and providing rewards from the university to staff nurses through recognition and participation in university events. Suggested principles for mentoring for staff nurses, students, and faculty were also presented. The principles for mentoring are related to having positive attitudes and behaviors to enhance collaborative relationships

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and to provide optimal experiences for students, students, and faculty (Addis & Karadag 2003:27).

A qualitative study was conducted by Adams (2008:81) which described the student staff relationship and the impact this relationship had on student learning among diploma nursing students. This phenomenological study was done to gain an understanding of the lived experience of staff and students within a clinical practice model. A focus group approach was used to elicit information. The same open-ended questions were asked of nurses and students which required the participants to use reflection and discuss their experiences they had with staff and/or students.

They were asked to discuss what made the experience helpful and challenging. The participants were also asked to suggest changes in the relationship. The most important factor recognized by students in the student-staff relationship was open communication founded on mutual courtesy and respect. Open communication was defined as being direct and not by passing the student and going straight to the teacher or other nurse when a conflict or concern developed. It was also important for the students to receive regular feedback in constructive and positive forms. Other components of a beneficial relationship with staff included the sharing of knowledge and decision-making processes of the nurses with the students, and being viewed as part of the nursing team. The staff nurses revealed that some students decreased their workload, while others students added to their burden (Burns & Paterson, 2004:8). Students who required a lot of supervision were more time consuming to work with because the nurse spent more time with coaching and stepping in to complete a task. When students left before the end of the shift, the nurses stated they had to catch up on the work missed by students. The nursing staff viewed their roles as educator and coaches and recognized that they needed patience and understanding when

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working with students. Nursing staff reported that it was helpful to spend time with each student to determine their competency level in order to establish a trust relationship. Both students and staff suggested that students work a full shift with the staff nurses so that positive relationships could be reinforced. Implications from the study were to emphasize socialization among students and staff, clarify and develop the teaching role of the staff RN, help nurses to adopt teaching strategies with students, and share with the staff their influence on students as a role model (Burns & Paterson, 2004:8).

A study on Nurses' Motivation and Incentives to Work with Students was conducted by Bennett (2003:439) and Brown et al (2004:86) to determine rewards for nursing preceptors or mentors because in the hospital setting. The nursing preceptors or mentors are vital for orienting new nursing staff. The rewards that ranked highest were having an appreciation day with a meal and a free continuing education presentation. In this study most of the preceptors responded that they received no reward but would like one. This study suggested that incentives offered by nursing administration and nursing education to the preceptors or mentors could improve the clinical learning for nursing students. When nursing units are understaffed and nurses are not prepared or rewarded for educating nursing students, the learning environment could be compromised (Adams, 2008:81). He wrote that there is too much negativity and lack of respect for students when they are in the clinical setting, resulting from lack of support from nursing staff. Addis and Karadag (2003:27) furthermore stated that the nursing students encounter a wide range of support, from being treated very badly to very good depending on the staffing and attitudes of the nurses. Often the students feel that they are being exploited as just a pair of hands to get the work done when there are staffing shortages and their learning objectives are not important.

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Addis and Karadag (2003:27) encourage universities and healthcare organizations to improve partnerships, links and communications. According to Chan (2001:452), Role Theory and Professional Socialization reference groups have a powerful psychological influence on an individual for whom one wishes to be a member. Socialization and reference groups are concepts that have major influence on role theory. "A reference group to which an individual does not yet belong can serve as a powerful influencing factor, provided the person perceives that group to be one from which to seek acceptance and approval.

Adams (2008:81) furthermore stated "the goal of professional training institutions as to inculcate into their aspirants the norms, values, and behaviors deemed imperative for survival of the occupation. Faculty shapes the perceptions of the nursing profession for the students by controlling the learning experiences. Multiple agents such as family members and friends who are nurses, clients, professional colleagues, and other health professionals also shape the students' perceptions of the professional role. "Socialization into the professional role may therefore be either facilitated or hindered depending upon the degree of congruity between role expectations of these multiple agents, those of faculty, and those held by the neophyte aspiring to the profession (Adams, 2008:81; Chan, 2001:452). Nursing students develop a professional self-image from several sources, but early in their educational experience the staff nurse has the most influence. During the formative period of professional socialization, the role of the nurse is legitimized partly by acceptance from staff nurses and other hospital personnel. This source of legitimization is withheld when faculty are so controlling of the students assignments and performance that nurses view the students as outsiders; therefore, the nurses do not fully accept the students. Chan (2001:452) reported the results of international collaborative teaching. Student nurses in a management course

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identified problems and solutions to professional practice environments that created job dissatisfaction, burnout, and low hospital retention of nurses. They concluded that unclear role expectations by nurses led to a negative professional practice environment. Having clear roles within the workplace should improve job satisfaction, reduce burnout and help to retain nurses which will improve quality patient care.

2.6 QUALITY OF THE CLINICAL LEARNING ENVIRONMENT AND SUPERVISION

Quinn (2005:45) describes a good learning environment as the one in which there is a humanistic approach to students and where the nursing staff show interest in students as people, the nursing staff are approachable and helpful and fostering self-esteem. He also states that it is an environment where staff work together as a team and strive to make the students part of the team and the relationship within the team creates good atmosphere. He describes the management style in a good learning environment as the one, which is efficient and flexible to provide good quality care, encourage students to use initiatives and where nursing care is consistent with what is taught in the college. A good learning environment should have qualified personnel who will work as supervisors and be able to attend to students' needs. The atmosphere should allow students to attend ward rounds even medical rounds and allow them to observe new procedures. In this section quality of the clinical learning environment with regard to; the ward atmosphere, the leadership style of the ward manager, the premises of caring and learning on the ward and supervisory relationship will be discussed.

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2.6.1 The ward atmosphere

The ward atmosphere includes the nature of people's interactions in the ward, the type of spirit prevailing in the ward and how the nursing staff deals with the students. Addis and Karadag (2003:27) suggest that student satisfaction with the clinical environment can be both as a result of and influence in creative learning environment that emphasizes the importance of physical, human, interpersonal and organizational properties, mutual respect and trust among teachers and students. A positive atmosphere and a good team spirit are the most important features of a good clinical environment. Addis and Karadag (2003:27) explain that if the ward staff work together and are motivated, the students may feel both supported and well supervised, while Adams (2008:81) suggests that the nursing staff should be approachable and this will make students feel comfortable within the working environment. Chan (2001:452) affirms that a highly structured ward with rigid task allocation and wards in which a strict hierarchical system exists are unlikely to meet the learning needs of the students. Therefore a positive and democratic ward atmosphere is vital for students' learning in the clinical environment.

2.6.2 The leadership style of the ward manager

The leadership style of the ward manager is very important because it affects the way he/she relates with the nursing staff and students. In turn leadership style can affect the quality of patient care as well as the quality of student supervision. Addis and Karadag (2003:27) state that the nurse manager is important in providing individual teaching opportunities and promoting an environment suitable for teaching and learning. They further state that the nurse manager is a key player in

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determining the clinical environment in which students learn. Mashaba and Brink (2004:47) add that good learning environments are characterized by a management style which is democratic and in which the ward manager is aware of the physical and emotional needs of the nursing staff and the students and that the ward manager is able to stimulate and strengthen the participation and commitment of nurses to a wide range of learning experiences of student nurses. Chan (2001:452) also found that the ward manager is the key for the organization and attitudes of the ward and not only for the learning environment and patient care environment. He further states that the ward manager occupies a key role in creating and controlling the ward learning environment and that his/her commitment to teaching and organization of ward work, and his/her leadership style and patterns of interaction contribute to a favorable learning environment.

2.6.3 Premises of nursing care on the ward

The context of nursing care is an important issue in clinical learning as it provides an environment for the students' experiences. Contact with patients is an important element in learning nursing in clinical placements (Addis & Karadag, 2003:27). He further states that high quality nursing care is the best context for successful learning experience. Mashaba and Brink (2004:47) add that through the caring experiences with patients, students' self confidence and self-esteem in their own nursing care can be enhanced. The methods of patient care may differ in different wards or hospitals. Chan (2001:452) emphasizes that total patient care promotes learning and that task allocation leads to automatic functioning and inhibition of discovery learning. In this study the participants gave their opinions about the nature and quality of care that patients received in the various wards since this may determine the

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quality of learning environment and experiences the students were involved in.

2.6.4 Premises of learning on the ward

A good clinical environment is composed of many practical components e.g. well organized familiarization which make the students feel welcome and accepted in the ward by the nursing staff. The ward should have members of staff who are interested in student supervision. The environment should provide for meaningful and multi-dimensional learning opportunities, and feedback which is constructive and enhances student learning to students. This offers opportunity for professional development (Zhang et al, 2001:469). Addis and Karadag (2003:27) also add that open communication relationships and solidarity between staff and students are essential conditions for meaningful learning. Students associate freely with the members of staff and thereby reducing their fears and increasing their confidence in their learning process. Chan (2001:452) found that students welcomed and prefer hospital environments that recognize their individuality, provided them with adequate support and allowed them some degree of flexibility within sensible limits. So in this study the participants were requested to evaluate and give their opinions about the learning situations in their wards. This was very important because it gave an insight of the learning situations that the students experienced.

2.7 CONCLUSION

In this chapter, relevant literature on roles and responsibilities, clinical learning environment has been described. Clinical supervision including the method of supervision, role of the supervisor and role of the nurse educator/teacher has been discussed. Quality of clinical learning

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environment and supervision which includes ward atmosphere, leadership style of the ward manager premises of nursing care on the ward premises of learning on the ward and supervisory relationship were also discussed. In the next chapter the research methodology and design are discussed.

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RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter 2 presented literature review undertaken for the study. This chapter outlines the research design and methodology. Research methodology refers to the entire strategy from problem identification to the final plans of data collection (Burns & Grove, 2011:361). This includes the research setting, target population from which the sample was drawn, selection criteria, data collection, data analysis, the instrument, including its validity and reliability and the ethical issues considered during this study.

According to LoBiondo-Wood and Haber (2006:116), the methodology of a 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 measurement as well as the techniques used for data analysis.

3.2 PURPOSE OF THE STUDY

LoBiondo Wood and Haber (2006:57) explain the purpose of the study as the manner in which the researcher sought to study the question and level of evidence to be obtained through study findings. The purpose of this study was to determine the roles and responsibilities of both student nurses and clinical staff towards clinical learning and teaching.

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3.3 RESEARCH QUESTION

For nursing education to achieve the objective of producing competent qualified professional nurses, joint effort is required between the student nurses and clinical staff responsible for accompaniment. This study sought to answer the following questions:

- What are the roles and responsibilities of student nurses in clinical practice at Limpopo College of nursing?
- What are the roles and responsibilities of clinical staff in terms of clinical teaching and learning for student nurses?
- What relationships exist between the nursing college and the clinical health providers in terms of the provision of the ongoing support to accompanists and students?

3.4 RESEARCH OBJECTIVES

The objectives of this study were to:

- Identify the roles and responsibilities of student nurses towards clinical practice
- Determine the roles and responsibilities of clinical staff in terms of clinical teaching and learning for the nursing students.
- To explain the existing relationships between the nursing college and the clinical health providers.
- To develop recommendations regarding the relationships exist between the nursing college and the clinical accompanists.

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3.5 RESEARCH DESIGN

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Research design is the structural framework or blueprint of a study maximizing control over factors that could interfere with the desired outcomes and is the researcher's decision about how the study should be conducted. It guides the researcher in the planning and implementation of the study while optimal control is achieved over factors that could influence the study (Burns & Grove, 2009:243). The research design selected should be the one best suited to answer the research question. Brink (2006:100) points out that the research questions, aim and objectives of the study should influence the selection of the research design.

Elements central to the study design include the presence or absence of some treatment, number of groups in the sample, and timing of measurements to be performed, sampling method, time frame for data collection, planned comparisons and control of extraneous variables (Mouton, 2005:221).

A research design is a set of logical steps taken by the researcher to elicit a response to the research question and control variance. It includes a plan and, structure and strategy that will ascertain whether the eventual validity of the findings is maximized. The purpose of the research design is to achieve greater control of 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, feasible given realistic constraints and effective in reducing threats to validity (Brink, 2006:100; Mateo & Kirchhoff, 2009:269; Polit & Hungler, 2005:165).

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Based on the purpose, objectives and research question, a quantitative, descriptive and a non-experimental research designs were adopted. The rationale for quantitative approach was to identify, determine, describe, and explain roles and responsibilities of the clinical staff and student nurses, nursing students' opinion of their clinical learning environment and supervision.

3.5.1 Dimensions/features of the research design

3.5.1.1 Quantitative

Burns and Grove (2009:28) define quantitative research as "a formal, objective, systematic process in which numerical data are utilized to describe information about the phenomena". Polit et al (2005:168) state that quantitative measurement refers to "the assignment of numerical values to objects to represent the kind or amount of characteristics of those objects or events. This research method is used to describe variables and determine the interaction between variables". Creswell (2009:10) describes quantitative research as "an enquiry into a social or human problem, based on testing a theory composed of variables, measured with numbers, and analyzed with statistical procedures, in order to determine whether the predictive generalizations of the theory hold true". Quantitative data provide frequency counts and means or averages for the variables of interest using numerical data to generalize findings (Parahoo, 2006:49, Maree, 2008:145, Woods & Catanzaro, 2003:121).

The researcher adopted a quantitative approach to obtain more information about variables affecting clinical learning environment and to examine the relationships amongst clinical staff, nurse educators and student nurses towards clinical teaching and learning.

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3.5.1.2 Non-experimental

Non-experimental research designs can be classified into two broad categories, namely ex-post facto and correlation design. Correlation designed is concerned with describing existing relationships between independent and dependent variables (Brink, 2005:110). Brink, Van der Walt and Van Ransburg (2006:108) explain non-experimental designs as the study which is carried out in natural settings and phenomena are observed as they occur. The major purpose of non-experimental research design was to describe phenomena and explain relationship between variables. Non-experimental research design is useful in generating knowledge in a variety of situations, where it is difficult, unethical or impossible to employ an experimental approach (Brink et al, 2006:108). The method was relevant to the study because the study was conducted at accredited clinical settings without manipulating or controlling independent variables.

3.5.1.3 Descriptive

A study is descriptive when it intends to describe a phenomenon accurately within its specific context and when it is based on collected data. Descriptive research are studies which have as their main objective the accurate portrayal of the characteristics of persons, situations or groups and /or the frequency with which certain phenomenon occur (Polit & Beck 2005:198).

According to Woods & Catanzaro (2003:131), a descriptive design may be simple, comparative or exploratory. In simple descriptive design, variables of interest have been previously studied, either independently or in conjunction with other variables. In an exploratory descriptive design, the variables are partly controlled by the situation, but they are

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partly controlled by the researcher, who determines the sample for study. This design is used to examine the characteristics of a single sample. The researcher explores a particular area to discover what is there, the meaning attached to the discoveries and how these can be organized. A comparative descriptive design is used to examine and describe the variables in two or more groups. This type of study calls intuition and insight on the part of the researcher. It calls for a degree of flexibility so that any discovery can lead to a new body of knowledge.

Burns and Grove (2009:38) define the purpose of a descriptive research as providing an accurate portrayal or account of characteristics of a particular individual, event, determining the frequency with which something occurs and categorizes information. With descriptive design, the researcher plans either to assemble new information about an unstudied phenomenon or to gain more picture of a situation as it naturally happens. This approach was used to describe roles and responsibilities of clinical staff and student nurses, opinions of students of their clinical learning areas and supervision in a real-life setting (hospitals) included clinical staff and nursing students pursuing a four year diploma programme at Limpopo College of Nursing, Capricorn district in Limpopo province.

3.3 RESEARCH SETTING

The research setting is the environment in which the research study takes place and can be a natural or controlled environment. Natural settings are real life study environment without any changes made for the study. The study was conducted at natural setting, as there was no manipulation of the environment and there was no special treatment given to the respondents which might have affected the study (Burns & Grove, 2009: 157). The study was conducted in four hospitals, which are;

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Mankweng, Polokwane, Thabamoopo, Seshego as well as three Primary Health Care Facilities which are Makanye, Nobody and Evelyn Lekganyane. The facilities are situated at Limpopo Province in Capricorn District. Refer to Annexure H for Capricorn district map. Student nurses from Sovenga campus are placed in these SANC approved clinical facilities for clinical learning experiences in the four clinical components of the R425 programme which are: General Nursing Science(GNS), Psychiatric Nursing Science (PNS), Community Nursing Science (CNS) and Midwifery. Data was collected from student nurses and clinical staff who were available at these facilities. The following table indicates the names of the clinical facilities, accredited disciplines and distance from Sovenga campus.

Table 3.1: Selected Hospitals and PHC facilities used for clinical exposure

Hospital	**Accredited disciplines**	**Distance from Sovenga campus**
1.Mankweng	GNS Midwifery	Within same yard
2.Seshego	Midwifery	45 km
3. Polokwane	GNS Midwifery	30 km
4. Thabamoopo	PNS	60 km
PHC facilities	**Accredited disciplines**	**Distance from Sovenga campus**
1. Evelyn Lekganyane	PNS Midwifery	10 km

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2. Makanye	CNS Midwifery	7km
3. Nobody	CNS Midwifery	5 km

3.4 RESEARCH METHODS

Research methodology refers to the steps, procedures and strategies for gathering and analyzing the data in research investigation (Polit & Hungler, 2005:120).

3.4.1 Population

Population is the aggregate of all the cases that conform to some designated set of specifications (Mouton, 2005:134). A population is complete set of persons or objects, characterized by designated criteria, which the researcher intends studying. It is defined as the totality of all subjects that conform to a set of specifications (Brink, 2006:123; Creswell, 2009: 258; De Vos 2005:248).

For this study the population for student nurses comprised of all student nurses registered for R425 programme at Limpopo College of nursing- the academic year 2012. Population for clinical staff comprised of all professional nurses in Capricorn District.

3.4.1.1 Target population

Mouton (2005:140) defines target population as the entire specific aggregate of cases about which the researcher would like to make generalizations. Target population for this study was students at Sovenga

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campus, while the accessible population comprised of student nurses in level III and level IV. Target population was professional nurses with ten or more years experience as professional nurses.

3.4.1.2 Sample and sampling method

Polit and Beck (2005:536) define sampling as a process of selecting a portion of the population to represent the entire population. Researchers can often not study the whole populations due to time and cost constrains. Thus, a portion of that population is subjected to research. Leedy and Omerod (2005:203) emphasize the importance of an appropriately selected sample because the "results of a survey are no more trustworthy than the quality of the population or the representativeness of the sample". Fox and Bayat (2007:54) refer to a sample as "any subset of the elements of a population that is obtained by a process for the purpose of being studied". According to Mouton (2005:135) a sample is some elements selected with the intention of finding out about the total population from which they are taken. Creswell (2009:163) defines a sample as a subgroup of the target population that the researcher plans to study for the purpose of generalizing findings.

3.4.1.3 Sample size, representativeness and randomization

According to LoBiondo-Wood and Haber (2006:278) the larger the sample, the more representative of the population it is likely to be. Smaller samples produce inaccurate results. If the population is small, the sample should comprise a large percentage of the population. Larger samples enable the researcher to draw more representative and more accurate conclusions, and to make more accurate predictions than smaller samples. This is also supported by Polit and Beck (2005:348)

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who indicate that the larger the sample, the more representative of the population it is likely to be and the smaller the error. A sample should be as similar as possible in its characteristics to the population from which it has been selected. To be representative, a sample must be like the population in as many ways as possible (Burns & Grove 2009:30). A sample is considered representative of a given population, if all the members of a population have equal chance of forming part of the sample (Polit & Beck 2005:198). For this study the sample consisted of fifty (50) Level 111 and 1V student nurses who were randomly selected from the class list. The sample comprised of both males and females. The reason for choosing 111 and 1V student nurses was that they have more experience in clinical learning, and they have been exposed to all four clinical disciplines of the R425 program.

The concept randomness is "central to the process of obtaining a representative section of the population by applying probability sampling technique" (LoBiondo-Wood & Haber 2006:278). A high level of both representativeness and randomization in samples makes for possible generalization of the research findings. In this instance, non-probability sampling provides no assurance that every element could be included in the sample (Polit & Hungler 2005:274; Uys & Basson 2005:91). The degree of representativeness and randomization attained during sampling depends on the sampling approach which, in turn, is determined by several variables relating to the design, context, and aim of the research.

3.4.1.4 Sampling approach for Student nurses

Sampling can be grouped into two categories, namely probability and non-probability sampling. Probability sampling is characterized by an equal chance of inclusion of each element in the sample (De Vos

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2005:30). With non-probability sampling this is not the case. During the present study, aspects of probability sampling were reflected by the way in which students were selected (only students in level III and level IV).

Features of purposive sampling were reflected. Purposive sampling represents judgmental sampling involving the conscious selection of certain subjects or elements to include in the study. It also involves the conscious selection by the researcher of certain subjects or typical situations (Brink, 2005:141: Burns & Grove, 2009:297). Purposive sampling entails first taking the population parameters into consideration and then basing the sample on these parameters. The purpose of taking these parameters into consideration is to enable the researcher to select the sample on the basis of own knowledge of the population, thereby ensuring that the sample rich in information is included (De Vos et al, 2005:328). According to Botma, Greef, Mulaudzi and Wright (2010:161) purposive sampling is based on the belief that the researcher's knowledge about the population can be used to hand-pick the sample. The researcher, therefore consciously selected the sample based on her knowledge of the participants' level of training. In this study, the researcher intentionally chose only level III and level IV students of the R425 program to be included in the sample.

Systematic sampling was used According to Brink (2006:138), Burns and Grove (2009:231), Polit and Beck (2005:178) and Maree (2008:172) systematic sampling involves selecting elements at equal intervals, based on the supposition that cases are not added on the list in a systematic way that coincides with the sampling system as you move through the sample frame. Burns & Groove (2011:349) state that systematic sampling can be conducted when an ordered list of all the members of the population is available by selecting every *k*th individual on the list using a starting point randomly selected: this agrees with Maree

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(2008:173) who states that systematic sampling selects every *k*th element from the sampling frame after a random start.

A list of the total population is obtained with elements listed randomly to avoid sampling bias and the sample not being truly representative of the population. The sampling interval is determined by dividing the size of the population by the size of sample. A starting point is chosen randomly, other elements are selected based on the sampling interval (Brink, 2006:126). For this study the researcher obtained a class list of level III and level IV students registered for the R425 program at Limpopo College of Nursing-Sovenga campus and systematically selected the subjects. The total number of students was 152. To determine the sampling interval the researcher divided the total 152 by 50. This gave the researcher an interval of 3, i.e. every third student was selected from the sampling frame to be included for the sample.

3.4.1.5 Inclusion criteria

A sample is selected from the population that meets the sampling criteria. Inclusion criteria are characteristics that a subject or element must posses in order to be part of the target population (Burns & Groove, 2009:345). In this study participants had to meet the following criteria:

- Registered for R425 program at Sovenga campus for the academic year
- Be in level III or IV.

3.4.1.6 Exclusion criteria

Exclusion criteria are characteristics that exclude a population from inclusion in the study (Polit & Beck, 2005:71). Exclusion criteria were:

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- Students in level one and two were excluded from the study as they have minimum clinical experience.
- Student nurses from other campuses of the Limpopo College of Nursing.
- Student nurses undergoing other training programs

3.4.1.7 Population for clinical staff

Theoretical aspects explained under students also apply in this section. For the purpose of this study, the target population comprised of all professional nurses at Capricorn district clinical facilities. Accessible population comprised of professional nurses with ten or more years experience working at selected clinical facilities. The rationale for choosing the participants was that they have more experience in dealing with students and in providing patient care.

3.4.1.8 Sample and Sampling method for clinical staff

Concepts were explained under the section related to students. The same sampling approach used for selecting student nurses was applied in sampling clinical staff. Probability sampling process was used. Every participant had a probability higher than zero of being selected for the sample. Features of purposive and systemic sampling were reflected. The researcher consciously selected a sample based on her knowledge of the participants' level of experience in nursing. The participants chosen for the study were professional nurses with ten or more year experience working at clinical facilities where students are placed for clinical learning. The strategy employed by the researcher was intentional and judgmental.

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Systemic sampling technique was used. A list of all professional nurses with ten or more years was obtained from human resource office. Two hundred and two (202) professional nurses were in the list. To determine the sampling interval, the researcher divided 202 by 50. This gave the researcher an interval of 4, meaning that every 4th professional nurse from the sampling frame was selected for the sample. From the 202 professional nurses the first on the list was selected as the starting point, and then every 4th professional nurse was chosen to make a total of 50 professional nurses (Brink, 2006:138; Burns & Grove, 2009:235; Maree, 2008:175; Uys & Basson, 2004:67).

Table 3.2: Representation of sample size per facility

Name of facility	Number of respondents
Evelyn Lekganyane clinic	2
Mankweng hospital	12
Makanye clinic	2
Nobody clinic	2
Seshego hospital	7
Polokwane hospital	16
Thabamoopo hospital	9
Total	50

Inclusion criteria

Clinical staff had to meet the following criteria:

- Be professional nurses
- Have ten or more years as professional nurses
- Working at selected clinical facilities in Capricorn district.

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Systemic sampling technique was used. A list of all professional nurses with ten or more years was obtained from human resource office. Two hundred and two (202) professional nurses were in the list. To determine the sampling interval, the researcher divided 202 by 50. This gave the researcher an interval of 4, meaning that every 4th professional nurse from the sampling frame was selected for the sample. From the 202 professional nurses the first on the list was selected as the starting point, and then every 4th professional nurse was chosen to make a total of 50 professional nurses (Brink, 2006:138; Burns & Grove, 2009:235; Maree, 2008:175; Uys & Basson, 2004:67).

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Thabamoopo hospital	9
Total	50

Inclusion criteria

Clinical staff had to meet the following criteria:

- Be professional nurses
- Have ten or more years as professional nurses
- Working at selected clinical facilities in Capricorn district.

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Exclusion criteria

Exclusion criteria were:

- Other health professionals
- Professional nurses with less than ten years experience
- Professional nurses in non selected accredited clinical facilities
- Professional nurses working outside Capricorn district.
- Professional nurses who were off duty and those on leave.

3.4.2 DATA COLLECTION

Permission to collect data was requested and was granted by the Limpopo Department of Health and Managers of the different research settings. Appointments were secured for distribution of questionnaires to participants.

Data collection is a systematic way of gathering information relevant to the research purpose or question (Burns & Grove, 2009:421). The actual steps of collecting data are specific to each study and are dependent on the research design and measurement methods. Data may be collected by observing, testing, measuring, questioning or recording, or any combination of these methods and the researcher is actively involved in this process, either by collecting data or supervising data collectors (Schmidt & Brown, 2009:161).

3.4.2.1 Data collection instrument

Data collection instrument was structured self administered questionnaire completed by respondents. Structured data collection tool is the formal document used to collect and record information and has

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the ability to collect unambiguous and easy to count answers, leading to quantitative data analysis (Polit & Beck, 2005:270).

A questionnaire is a printed self-report form designed to elicit information, developed with specific items to assist with data collection (Burns & Grove, 2009:241). The aim of the questionnaire was to obtain information regarding the roles and responsibilities of student nurses and clinical staff towards clinical teaching and learning. The instrument was relevant to the study as it maintained uniformity, consistency, objectivity and anonymity.

3.4.2.2 Development of the questionnaire

In view of the types of information required from the students and clinical staff, two self-administered questionnaires were developed. For the purposes of discussions, these questionnaires will be referred as student nurses and clinical staff questionnaire respectively. The questionnaire developed for this study ensured that data was collected according to structured plan indicating information to be gathered. The developed questionnaire included questions that could be completed quickly and analyzed easily and enabled direct comparison between variables.

Questions were developed from the research objectives, the literature review (see chapter 2), from the researcher's personal observations and from consultations with nurse tutors experienced in student clinical teaching and learning. The questionnaire was evaluated by experts in nursing education, lecturers at the campus and the statistician, to evaluate the face and content validity to ensure that the conceptual components of the questionnaire accurately reflected the factors that might contribute to quality clinical teaching and learning. The questionnaire was corrected and discussed with the statistician, the

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language editor and the researcher supervisors. Polit and Beck (2005:223) emphasize that experts in the content should be called upon to analyze the adequacy of item representing the topic under study. The reviewers accepted the fact that the components of the questionnaire accurately reflect essence of the concepts being studied and that the questions are appropriate to the roles and responsibilities of student nurses and clinical staff towards clinical teaching and learning at Limpopo College of nursing –Sovenga campus. The questionnaire was not translated into the local languages since student nurses and the clinical staff were fluent in English.

3.4.2.3 Structure of the questionnaires

Two questionnaires consisting of closed ended questions were developed, one for student nurses and one for clinical staff. Complete questionnaires are included in annexure F and G respectively. Ordinal measurement level was used, which according to Brink (2006:148) are used for variables that can be categorized and rank ordered or assessed incrementally. The questionnaire consisted of closed questions that were orderly ranked according to Likert scales and checklist. The approach was relevant as data was collected from a large group. This ensured anonymity thus honest answers were provided and all subjects responded to the same questions. The strength of a structured questionnaire is the ability to collect unambiguous and easy to analyze answers, leading to quantitative analysis (Bowling, 2009:258).

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3.4.2.4 The questionnaire for student nurses:

SECTION A: BIOGRAPHICAL DATA

This section consisted of biographical information such as age, gender, current level of study, repeated level of study. The purpose of this information was to describe the profile of the respondents and for comparative purposes.

SECTION B: CURRENT CLINICAL EXPOSURE

This section aimed at determining clinical placement of student nurses according to the four disciplines of the R425 program. This information was necessary to ensure that data is collected from all this disciplines.

SECTION C: CLINICAL LEARNING EXPECTATIONS

Section C consisted of questions related to accomplishment of clinical teaching of student nurses by clinical staff. The focus was on the aspects that determine the roles and responsibilities of clinical staff towards enhancing clinical teaching and learning. It included factors such as informed about learning expectations, provision of learning materials, assessment of workbooks, orientation, supervision, competent and knowledgeable, appropriate delegation, guidance and support and others, as detailed in annexure E. Four point likert type scales was used, using frequency responses: 1- strongly agree, 2- agree, 3- disagree and 4- strongly disagree.

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SECTION A: BIOGRAPHICAL DATA OF THE RESPONDENTS

This section consisted of factors such as age, highest qualification, professional registrations, and years of professional experience. This information was included because it could influence the respondents' capacity to enhance clinical teaching and learning e.g. specialized training.

SECTION B: CLINICAL UNITS

This section elicits information regarding the unit in which respondents are working. It was included to ensure that all clinical areas are covered and for comparative purposes.

SECTION C: EFFECTIVE UTILIZATION OF CLINICAL LEARNING EXPOSURE

- This section consisted of questions designed to elicit information regarding effective utilization of clinical exposure by the student nurses. A four point likert type scale was used using frequency responses: always, often, seldom and never. Questions included factors such as punctuality, commitment, cooperative, active participation and critical thinking. Some questions asked in the student nurses questionnaire were included, in this section directed to the clinical staff. Questions included orientation, supervision, appropriate delegation, support and guidance. Complete questionnaire is included as annexure F.

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3.4.4 Rationale for a questionnaire

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A questionnaire was selected as the most appropriate data-collection instrument for this study because:

- The researcher could obtain data from respondents over a wide geographical area
- They could be distributed to large number of respondents simultaneously
- Distributing questionnaires presented a standardized stimulus situation in terms of instructions, wording, sequencing of questions and response, as such participants' responses were no influenced by the interviewer
- The respondents remained anonymous (Polit & Hungler, 2005:257).

3.4.5 Advantages of self-administered questionnaires

Researchers should focus on the practicability of the data-collection instrument before considering its reliability and validity (Wright, 2007:56). Self administered questionnaires have the following advantage:

- As some of the respondents might not return postal questionnaires, self-administered questionnaires impact positively on the response rate, as was the case in this study.
- The response rate could be monitored because the questionnaires were distributed and collected by the researcher.

3.4.6 Pre-testing of the instrument

A pre-test is a method used to test the instrument of a proposed study in order to refine the research tool before the main study is executed.

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Pre-testing is defined as the collection of data prior to the administration of a newly developed instrument to identify flaws. The rationale for pre-testing the instrument is to:

- assess the relevance, appropriateness, comprehensiveness, and suggestive or subjective undertones
- evaluate the questionnaire for clarity of questions, effectiveness of the instrument, completeness of response set, time required to complete the questionnaire
- eliminates bias as far as possible
- determine feasibility of the sampling method
- determine the reliability and validity of the research instrument
- assess availability of research subjects (Polit & Hungler, 2005:259; LoBiondo & Haber, 2006:171).

The instrument was pre-tested on 10 student nurses and 10 clinical staff from Limpopo Nursing College and from Polokwane hospital. This was done to establish whether the questionnaires were clearly worded, would be correctly interpreted by the respondents, questions and instructions were clear, whether responses would be complete and the time taken to complete filling the questionnaire. Participants did not have problems in filling the questionnaire and it took them 15-20 minutes to complete. Participants also commented that the questionnaire was easy to complete, did not take a long time to complete and that questions were clear and understandable.

The following amendments were indicated by the pilot study:
Item 5 (have you completed professional qualifications previously?) was removed because all the participants were still students on training. Item 14 (occupational title of the supervisor: Professional nurse, nurse

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specialist was replaced by the title clinical staff and clinical nurse educator as nomenclature of the study setting.

3.5 VALIDITY AND RELIABILITY

3.5.1 Validity of the instrument

Since the instrument was used by permission of the designers and administered without any substantial changes, this section reports on the original work on validity of instrument. Validity refers to the degree or the ability of the instrument to measure accurately what it is supposed to be measuring. It is done to determine the clarity of questions, effectiveness of instructions, completeness of the response set and the time required to complete the questionnaire (Burns & Groove, 2006:226). A valid instrument should truly reflect the concept it was intended to measure.

In this study test-retest of the questionnaire was done on 10 students and 10 professional nurses.

3.5.1.1 Content validity

Content validity refers to the adequacy of coverage of the content area being measured (Polit & Hungler, 2005:355). In this study, content validity was ensured by extensive review of literature in the field of clinical learning and teaching.

3.5.1.2 Face validity

Face validity refers to the extent to which a measuring instrument looks though it is measuring what it purports to measure (Polit & Hungler,

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2005:357). The researcher constructed the questionnaire in such a way that it could measure the attributes to be studied which were the roles and responsibilities of student nurses and clinical staff towards clinical teaching and learning. The questionnaire was assessed by experts in nursing education. It was reported that fifty experienced nurse clinicians from the selected Hospitals who had ongoing relationship with clinical teaching formed the expert panel. The level of consensus was about 80-90% (Polit & Beck, 2005:369).

3.5.1.3 Concurrent validity

In concurrent validity the researcher compares the results which have been obtained through a new instrument with those of a similar existing instrument which has already been validated. If a high correlation is found, the new instrument possesses concurrent validity (Uys & Basson, 2005:251). Concurrent validity of CLES was evaluated using correlation tests between CLES and Clinical Learning Environment Inventory (CLEI) evaluation scales. CLES was developed by Polit & Beck (2004:371). Pearson's correlation coefficient was used in the analysis of inter-correlation between sub-dimensions of the instruments. The canonical correlation which is a measure of the overall linear relationship between a set of dependent and independent variables was 0.9. This supports the interpretation that concurrent validity of CLES was very high (Polit & Beck, 2005:391).

3.5.1.4 Construct validity

Construct validity is the degree to which an instrument measures the construct under investigation (De Vos, 2005:89). For this study exploratory factor analysis was used in identifying the key factors of CLES. Exploratory factor analysis examines interrelationships among

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large numbers of variables and disentangles those relating to identify cluster of variables that are closely linked (Burns & Grove, 2001:275).

3.5.2 Reliability of the instrument

Reliability refers to the consistency and stability of an instrument over time and conditions. Creswell (2009:180) indicates that reliability means that individual scores from an instrument should be nearly the same or stable on repeated administrations of the instrument. Reliability refers to the consistence and stability of an instrument over time and conditions (Polit & Beck, 2005:278). Reliability is expressed as a form of correlation coefficient with 1.00 indicating perfect reliability and 0.00 indicating no reliability. A reliability of 0.80 is considered lowest acceptable coefficient for a well-developed measurement tool. However for a newly developed instrument, a reliability of 0.70 is considered acceptable (Burns & Grove, 2009:301; Polit & Hungler, 2005:347). Stability reliability and internal consistency will be reported in this section. Both of them had a coefficient of above 0.80 and therefore, acceptable.

3.5.2.1 Stability reliability.

Stability reliability also known as test-retest reliability is the assessment of an instrument by correlating the scores obtained on repeated administrations (Polit & Beck, 2005:279). Stability reliability was evaluated after the revisions made by expert panel. Test-retest reliability was done on 38 students who had just ended their clinical placement and were asked to evaluate the learning environment and supervision of their last clinical ward placement. After four weeks the students were asked to evaluate the same clinical placement they had evaluated previously. The total instrument test-retest reliability was 0.81 (Burns & Grove, 2009:301).

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3.5.2.2 Internal consistency.

Internal consistence is the degree to which the sub-parts of an instrument all measure the same attribute or dimension as a measure of an instrument's reliability (Polit & Beck, 2005:280). Internal consistency of CLES was done twice by its designers; in the pilot study and in the main sample. The total Cronbach's alpha was 0.86 (Burns & Grove, 2009:302).

3.6 DATA COLLECTION PROCESS

Data collection is the process of gathering information to address a research problem (Polit & Beck, 2005:716). In this study data was collected through structured self- administered questionnaires completed by selected participants. The purpose of this study was to determine the roles and responsibilities of both student nurses and clinical staff towards clinical teaching and learning.

Permission to collect data was sought from the Limpopo Province Research and Ethical committee and the management of the selected facilities. Appointments were secured with the stakeholders. Upon arrival at each facility the researcher reported to the management office, to explain the purpose of the visit. A list of professional nurses/student nurses who met the inclusion criteria was provided to the researcher. Systematic sampling was done and the questionnaires were distributed to the participants who formed the sample frame. Informed consent was obtained by giving them the option of consenting or refusing to participate. The time required to complete the questionnaire was also explained. Participants were given one week to complete the questionnaire at own time. The researcher personally distributed the questionnaires and also personally collected them. Uys and Meyer

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(2005:13) advocate this strategy to ensure total anonymity and confidentiality in handling of completed questionnaires.

3.7 DATA ANALYSIS

Creswell (2009:183) explains that data analysis involves making sense out of text and image, moving deeper and deeper into understanding the data, representing the data and making interpretation of the larger meaning of the data. In this quantitative study, descriptive statistics were used to analyze and describe raw data that was collected through ordinal measurement scale questionnaires. Descriptive statistics include frequency distributions, measures of central tendency, measures of dispersion and standardized scores (Burns & Grove, 2011:537).

The researcher made use of a professional statistician to analyze and summarize data. The statistician analyzed the data using Statistical Package for Social Sciences (SPSS) version 18. Graphics, tables and pie charts were used to display the results because they have a visual appeal that enables the reader to analyze the data more clearly.

3. 8. ETHICAL CONSIDERATIONS

Scientific investigations that involve humans as subjects should not only concentrate on generating or refining knowledge, but the development and implementation of such research should also be ethically acceptable (Uys & Basson, 2005:96). In this study the researcher complied with the three basic ethical principles as identified by Brink et al (2006:39) as respect for persons as autonomous agents, beneficence, and justice.

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3.8.1 Permission to conduct the stu

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The research proposal was submitted to, SENEX, University of Venda Ethical Committee and Limpopo Province Ethical Committee. Permission to conduct the research was requested and was granted by the Limpopo Department of Health, CEOs and Nurse Managers of the selected clinical facilities and the principal of Limpopo College of Nursing (refer annexure A).

3.8.2 Informed consent

The rights of the participants were protected by obtaining informed consent from participants. The researcher provided the participants with comprehensible written information regarding the research, no information was withheld (refer annexure D). Information was written in English as the targeted subjects can read and write in English. Clarity was provided where necessary to ensure the subjects' understanding.

3.8.3 Anonymity and confidentiality

Anonymity was maintained by providing each participant with a number. Confidentiality was ensured by guarding against unauthorized access to data, therefore the data was kept locked.

3.8.4 Principle of beneficence

Brink et al (2006:40) explain beneficence as doing good and no harm to research participants. Harm can be physical, emotional, spiritual, economic, social and legal. In this study the researcher ensured that participants were not exposed to any form of harm or discomfort.

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3.8.5 Right to self determination

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Participants were not forced to participate in the study; free choice was maintained (refer annexure C). Participants were informed of their rights to withdraw from the study at any stage without the risk of incurring any penalty (Burns & Groove, 2011:196).

3.9 OPERATIONALIZATION OF DATA COLLECTION

One hundred (100) questionnaires were distributed, fifty (50) for student nurses and fifty (50) for clinical staff. Student nurses were given the questionnaires while in respective classes, meaning that level III's in one class and level IV's in another class. The respondents were first given information letters to read, questions were asked regarding participation, clarity was given and the respondents gave informed consent. Respondents returned questionnaires at different times, but one week was given for all questionnaires to be returned. The response rate was 100%. Questionnaires for clinical staff were delivered at the selected clinical facilities. Coordinators were elected in each clinical facility to coordinate the process. One week response was also allocated for clinical staff. All questionnaires were returned making a 100% response rate.
Total number of returned questionnaires was 100 and they were used for analysis and interpretation of research findings.

3.10 CONCLUSION

In this chapter, the research design has been explained and the research methods have been described. These included the study population, the research setting, the pilot study and the data collection procedure. The instrument which was used in this study was also discussed including its validity and reliability. Furthermore, ethical issues which were

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considered for the study were outlined. In the next chapter, analysis of findings will be discussed.

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DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The research design and methodology was discussed in chapter 3. In this chapter, data analysis and the interpretation of the findings are presented. Data collected enabled the researcher to describe the roles and responsibilities of clinical staff and student nurses towards clinical teaching and learning. The statistical information was derived from a sample of 100 respondents who completed questionnaires. Some students did not complete the item on level of study. The percentages were calculated on the number of responses to each item (valid percent) not the total number of questionnaires received. This was done as a function of the SPSS version 18 program on the advice of statistician from Medunsa's Department of Statistics.

4.2 PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of this study was to determine the roles and responsibilities of both student nurses and clinical staff towards clinical teaching and learning.

The objectives of this study were to:

- Identify the roles and responsibilities of student nurses towards clinical practice
- Determine the roles and responsibilities of clinical staff in terms of clinical teaching and learning for the nursing students.

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- To explain the existing relationship between the nursing college and the clinical health providers.
- To develop recommendations regarding the relationships exist between the nursing students and the clinical accompanists.

4.3 DATA COLLECTION

Data was collected by means of self administered questionnaires which were personally distributed by the researcher and two assistants. Upon arrival at each selected facility, the researcher reported to the management office. A list of professional/student nurses who met the inclusion criteria was provided to the researcher. Systematic sampling was done and questionnaires distributed to the participants who formed the sample frame. Participants were given one week to complete the questionnaires at own time. Collected data was analyzed using the statistical package for social sciences (SPSS) version 18. Two types of questionnaires were used, one for clinical staff and the other one for student nurses. The results of biographical data, current clinical exposure, clinical environment atmosphere, utilization of clinical learning environment and supervisory roles of clinical staff were analyzed. This chapter is divided into (2) two sub-sections: Section A: questionnaire for clinical staff and Section B: questionnaire for student responses.

Questionnaires layout were as follows:

SECTION A-QUESTIONNAIRE FOR CLINICAL STAFF

Subsection A

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This subsection comprised of five items on biographical data of the professional nurses.

Subsection B

This subsection comprised of 8 items which assessed the role of student nurses on effective utilization of clinical environment as observed by clinical staff.

Subsection C

This subsection comprised of items which measured the role of clinical staff on enhancing clinical teaching and learning of students.

SECTION B- QUESTIONNAIRE FOR STUDENT NURSES

Subsection A

This subsection comprised of five items on biographical data of the student nurses.

Subsection B

This subsection comprised of 5 items which measured the role of clinical staff towards clinical teaching and learning as observed by students.

Subsection C

This subsection comprised of 4 items nurse/student relationship.

Subsection D

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This subsection comprised of 6 items measuring the clinical environment in enhancing learning.

4.4. DATA ANALYSIS

Data analysis is the systematic organization and synthesis of research data and, in quantitative studies, the testing of hypothesis using those data (Polit & Beck, 2005:751). Data captured from questionnaires were subjected to computer analysis with the assistance of a professional statistician. Data was analyzed in accordance with the research question.

The Clinical Learning Environment Scale questionnaire which includes Likert-type questions was used. Descriptive statistics were applied and the frequency, percentages and means of responses were reflected. Findings were presented in tables, pie charts, graphs and figures to enhance interpretation. Data was analyzed using Statistical Package for Social Sciences version 18.

4.5 DISCUSSION OF RESULTS

The accessible population which was also the total population was N=50 clinical staff and N=50 student nurses. The response rate was 100%. All 100 respondents completed all items on the questionnaire.

SECTION A: CLINICAL STAFF RESPONSES

4.5.1 Biographical data

Demographical data of professional nurses addressed in the self-administered questionnaire included respondents' age, highest qualification, professional registrations, professional years of experience and clinical unit in which the respondent work.

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4.5.1.1 Age in years

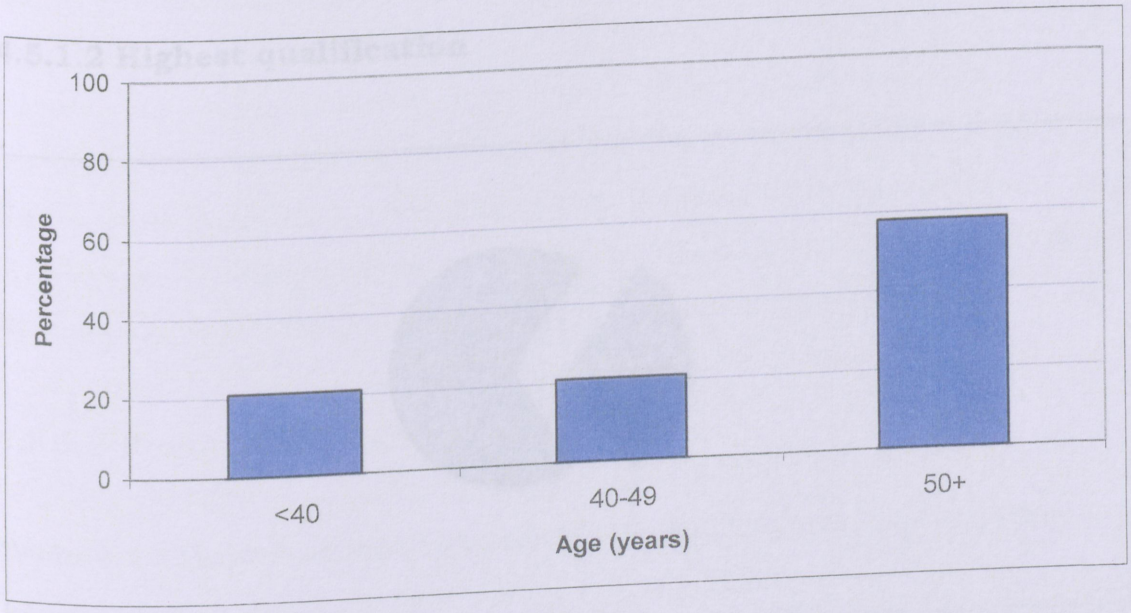


Figure 4.1

Age Distribution of clinical staff

Figure 4.1 indicates the age distribution of professional nurses who participated in the study. The total number of clinical staff who participated in this study were fifty (n=50). Results showed that only 10 (20.0%) respondents were less than 40 years, 11 (22.0%) were between 40 and 49 years, majority of respondents 29 (58.0%) were aged 50 years and older. The mean age was 45.5±5.5 years (range: 37 to 58 years) .The variable of age in years was included because it could determine the experiences of the clinical staff in dealing with student nurses. The majority of clinical staff 29 (58.0%) were aged 50 years and older. The reason behind this average age was that the study targeted respondents with ten or more years experience as professional nurses. The study revealed that age did not have impact on clinical teaching as younger professional nurses could teach students better than older ones. The study also revealed that older nurses were not interested in teaching

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students. This might be due to lack of confidence because the young students are technologically advanced.

4.5.1.2 Highest qualification

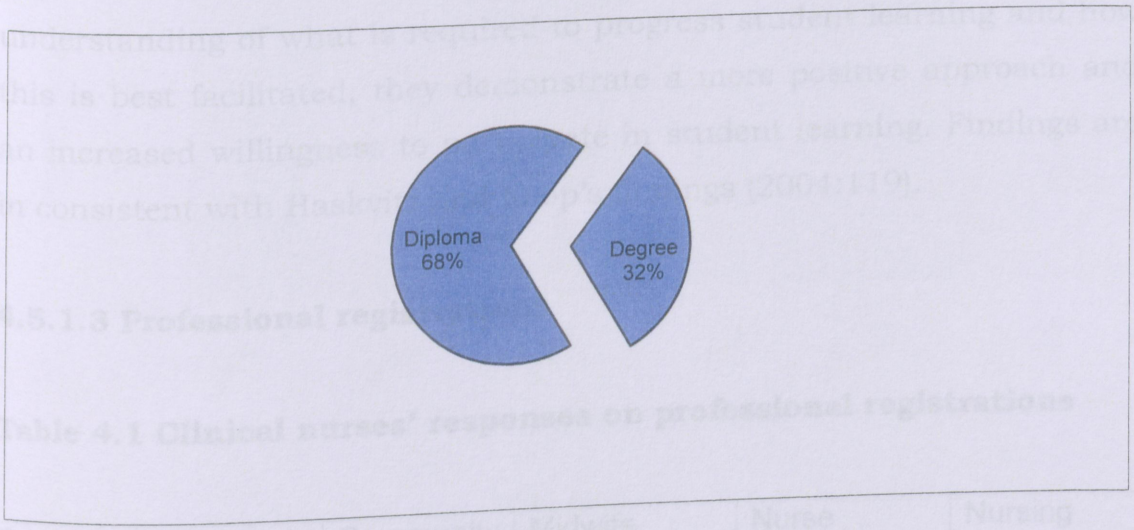


Figure 4.2

Distribution of clinical staff's highest qualifications

Figure 4.2 shows highest qualifications distribution of respondents. This item was included to determine the capacity of clinical staff in enhancing clinical teaching and learning. The majority of respondents 34 (68.0%) had nursing diploma as the highest qualification as compared to 16 (32.0%) who had nursing degrees, the reason being that they underwent the old three year diploma course, some underwent four year comprehensive nursing diploma and some bridging course. Few clinical staff 16 (32.0%) had the nursing degree. The reason might be that it is expensive to pay for university fees and is much taxing to do part time studies while working and having social responsibilities. Majority 31 (62.0%) had post basic nursing diploma, the reason being that they have been granted study leaves in the different clinical specialties. Their

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working experience qualified them for basic study leaves. These indicated that students are taught by experts in the different clinical nursing fields. Appropriate preparation of clinical staff is seen as one of the leading factors determining the success of ongoing student supervision and positive outcomes. When nurses have a clear understanding of what is required to progress student learning and how this is best facilitated, they demonstrate a more positive approach and an increased willingness to participate in student learning. Findings are in consistent with Haskvitz and Koop's findings (2004:119).

4.5.1.3 Professional registrations

Table 4.1 Clinical nurses' responses on professional registrations

General nurse	Psychiatric nurse	Community nurse	Midwife	Nurse educator	Nursing management
50(100%)	20 (40%)	14 (28%)	50 (100%)	4 (8%)	14 (28%)

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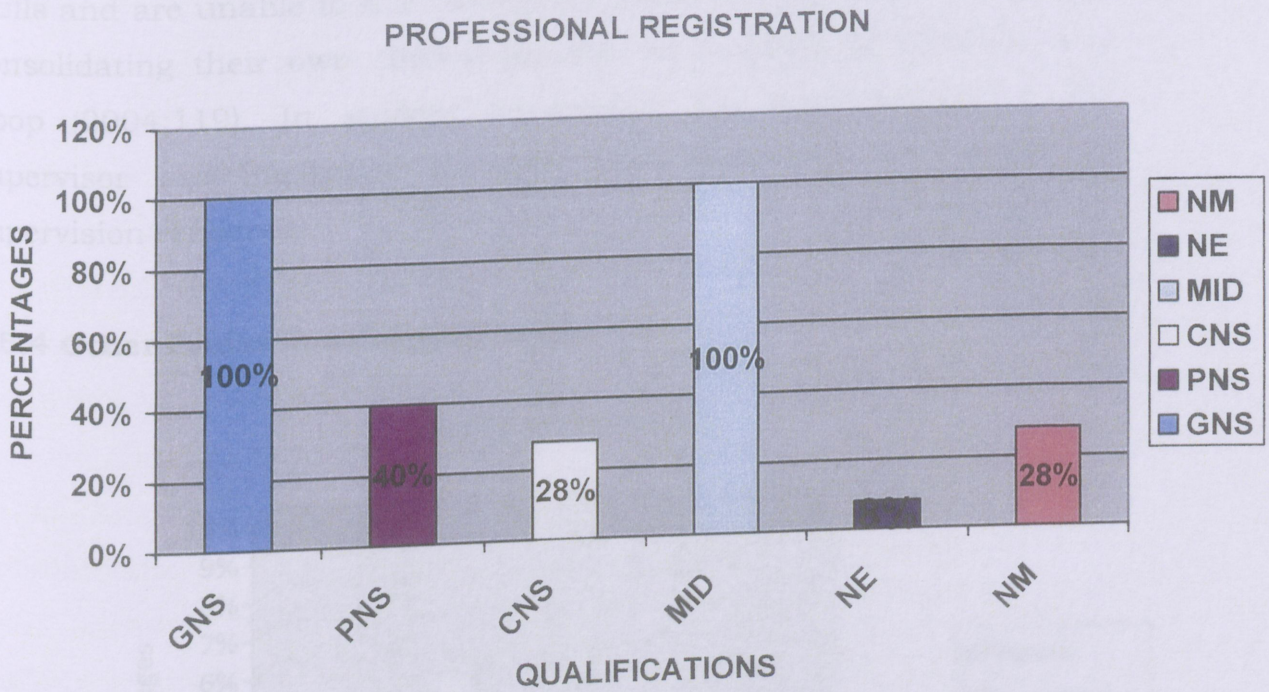


Figure 4.3

Professional registrations

Figure 4.3 and table 4.1 indicates professional registrations of clinical nurses which varied from general nursing to nursing education. Professional registration of clinical staff influences support, guidance and supervision of student nurses. All respondents 50 (100%) were registered as General Nurses and Midwives, 17 (34.0%) had psychiatric nursing, 14 (28.0%) had community nursing and nursing management, few respondents 4 (8.0%) were registered as nurse educators. Hundred percent of respondents were registered as general nurses and as midwives because these are considered as the basics to nursing. Few 4 (8.0%) respondents were registered as nurse educators. There were few professional nurses with nurse education qualification working at clinical facilities, majority of them are at nursing education institutions. This may have negative impact on quality of clinical nursing education and accompaniment of students. Many nurses also lack the clinical teaching

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skills and are unable to role model excellence when they themselves are consolidating their own clinical practice as outlined by Haskvitz and Koop (2004:119). In student supervision the qualifications of the supervisor are important because they determine the quality of supervision rendered.

4.5.4 Other Professional registrations

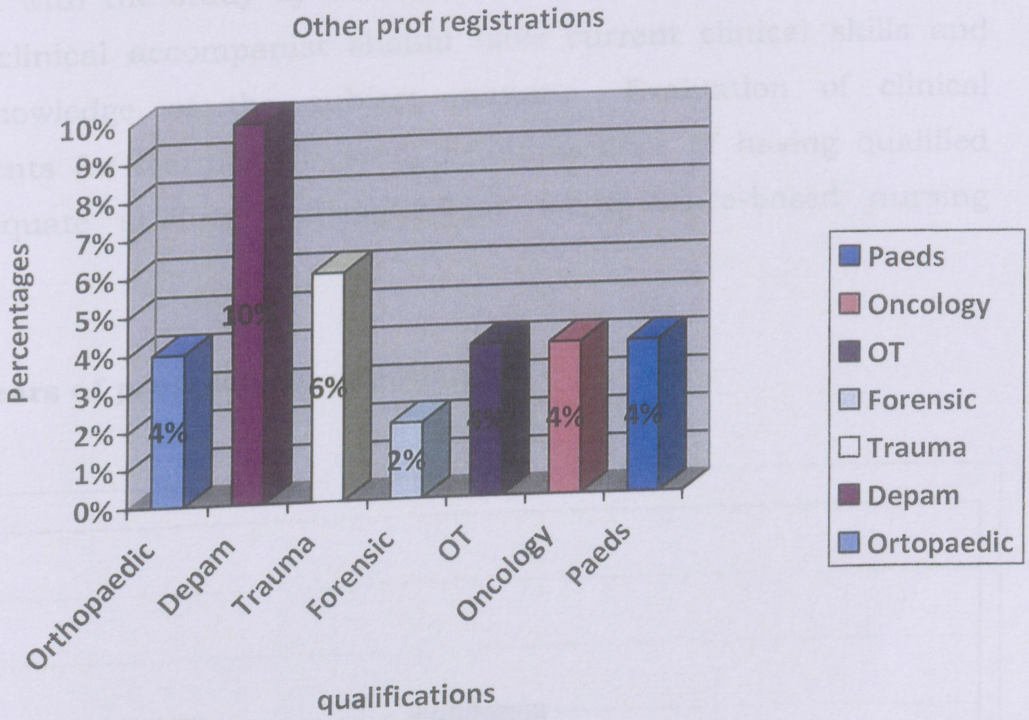


Figure 4.4

Other Professional registrations

Figure 4.4 indicates that 2 (4.0%) were registered as orthopedic nurses, 5(10%) were registered as advance midwives (Depam), 3 (6.0%) were registered as trauma nurses, 1 (2.0%) were registered as forensic nurses, 2 (4.0%) were registered as operating theatre nurses, 2 (4.0%) were registered as oncology nurses, and 2 (4.0%) were registered as pediatric

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nurses. This item was included to determine the expertise and competence of clinical nurses in the different nursing specialties.

Most respondents 5 (10.0%) were qualified as advanced midwives, the reason being that it was the first post basic program to be offered at Limpopo college of nursing. These higher percentage of advance midwives in maternity units indicated that student nurses were mentored and supervised by capable and knowledgeable midwives. These results are in consistent with the study by Schweer and Gebbie (2006:12) which cite that the clinical accompanist should have current clinical skills and sound knowledge of the subject matter. Evaluation of clinical environments for learning stressed the importance of having qualified staff, adequate staffing and guidelines for evidence-based nursing practice.

4.5.1.5 Years of professional experience

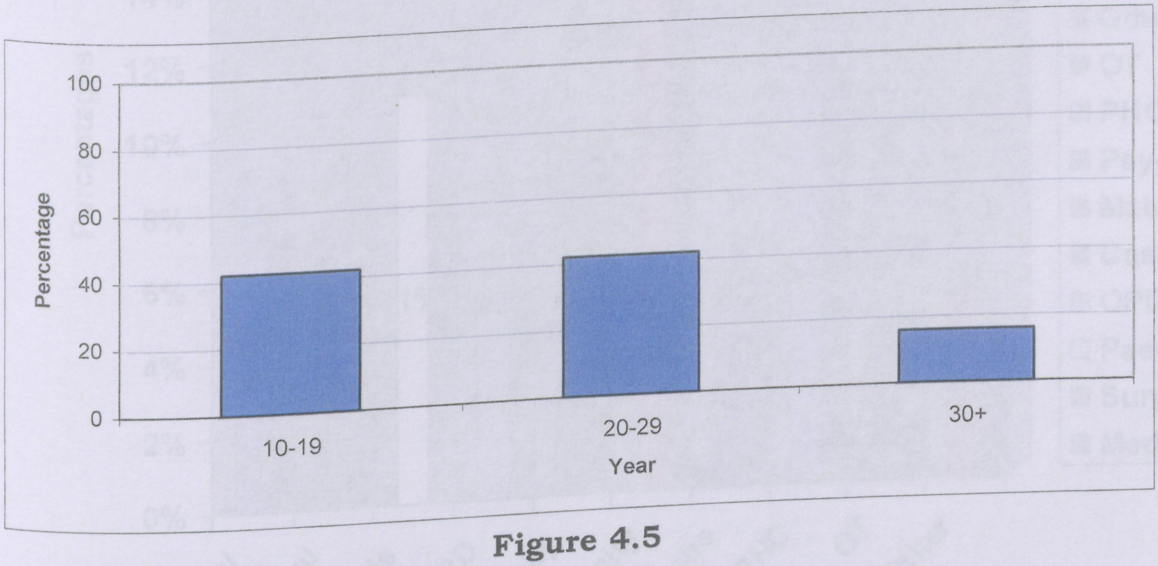


Figure 4.5

Distribution of years of experience

Figure 4.5 display distribution of years of experience of the professional nurses. Mellish and Brink (2003:258) point out that insufficiently and inexperienced nursing staff may refrain from supervising students.

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This item was included to determine the relationship of professional experience and clinical teaching/supervisory ability of clinical staff. Results showed that 21 (42.0%) were having 10-19 and 20-29 years experience as professional nurses while few respondents 8 (16.0%) were having more than 30 years of professional experience which indicates that there were enough experienced professional nurses to enhance student clinical learning and supervision. This affirms the saying that experience is the best teacher. In contrary, old professional nurses might be resistant to contemporary techniques and confuse students with their old practices.

4.5.1.6 Distribution according to clinical units

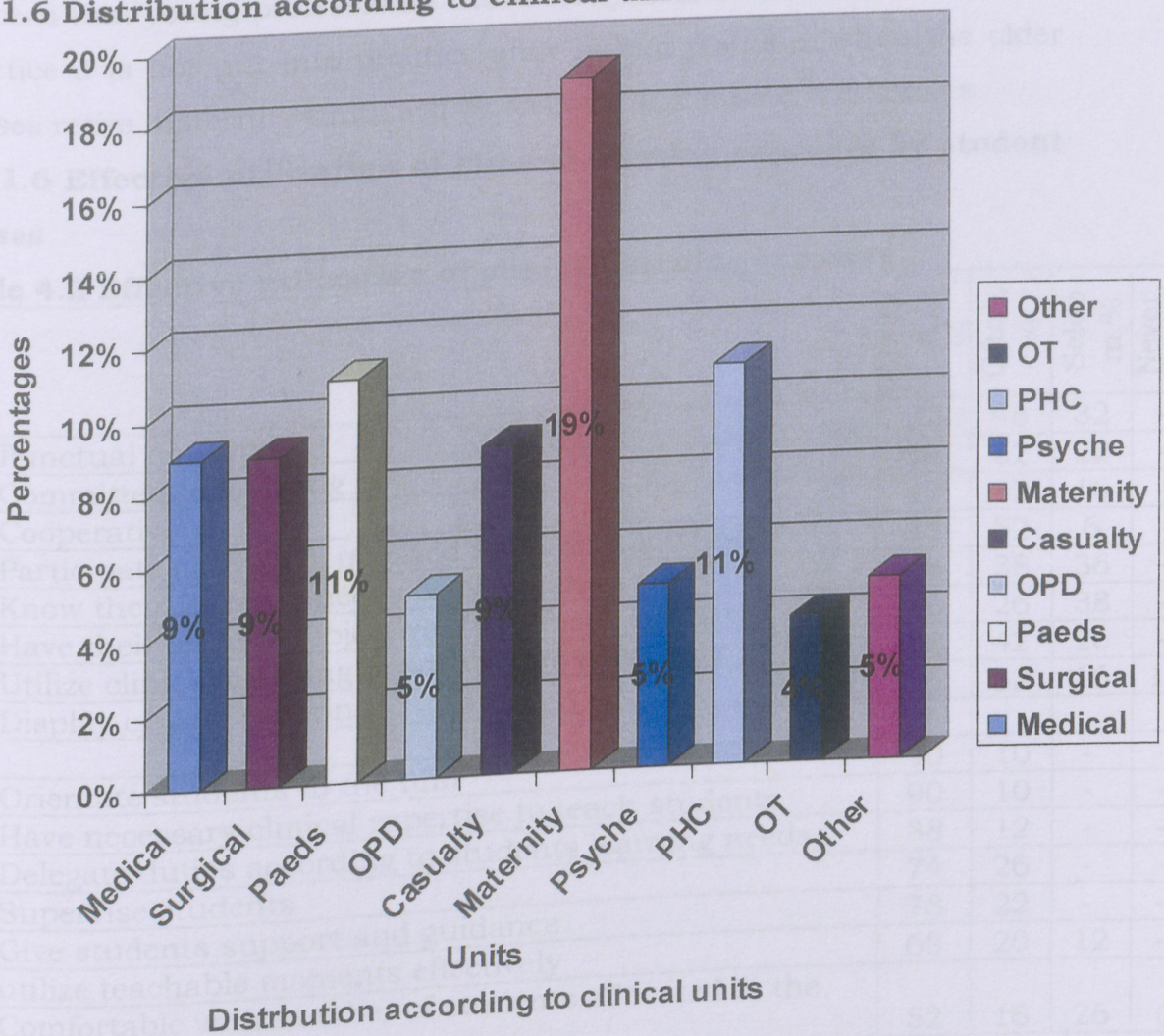


Figure 4.6

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Figure 4.6 shows distribution of professional nurses according to clinical units. This item was important to determine if professional nurses were available in the different clinical disciplines to enhance clinical learning environment. Results indicated that 4 (9.0%) professional nurses were available in medical, casualty and operating theatre respectively and surgical unit, 5 (11.0%) placed in paediatric unit, 5 (11.0%) placed at PHC and 2 (5.0%)) in other units. Majority of respondents 9 (18.0%) were allocated in maternity unit, the reason being that most of the young generation do not like working in maternity unit. The respondents who met inclusion criteria were concentrated in maternity unit. This raises a concern that young professional nurses may be out dated with midwifery practice if is not put into practice after formal training, when the older nurses retire maternity units will be left with incompetent midwives.

4.5.1.6 Effective utilization of clinical learning exposure by student nurses

Table 4.2 Effective utilization of clinical learning exposure

		Always, %	Often, %	Seldom,%	Never, %
Role of student	Punctual on duty	22	46	32	-
	Committed to learning	26	52	22	-
	Cooperative	42	42	16	-
	Participate actively & involved in clinical activities	42	52	6	-
	Know their learning needs & expectations	26	38	36	-
	Have their learning objectives/workbook/registers	36	26	38	-
	Utilize clinical learning opportunities effectively	32	42	26	-
	Display critical thinking	36	32	16	16
Role of clinical staff					
	Orientate students to the unit	90	10	-	-
	Have necessary clinical expertise to teach students	90	10	-	-
	Delegate duties according to students learning needs	88	12	-	-
	Supervise students	74	26	-	-
	Give students support and guidance	78	22	-	-
	utilize teachable moments effectively	68	20	12	-
	Comfortable with number of students allocated to the unit	52	16	26	6

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Table 4.2 displayed responses of clinical staff towards effective utilization of clinical learning exposure by student nurses. This item consisted of two parts: the first part was responses of clinical staff on observations made about the role of student nurses on utilization of clinical exposure. The second part consisted of responses of clinical staff about themselves on effective utilization of clinical exposure of student nurses.

4.5.2.1 Role of student nurses as observed by clinical staff

Student nurses are expected to play their role in enhancing clinical teaching and learning. Effective utilization of clinical exposure included information about punctuality, commitment to learning, active participation, cooperation, knowing learning needs, displaying critical thinking, having learning objectives/workbooks/registers.
Table 4.2 represents the results as follows:

4.5.2.2 Punctual on duty

To be punctual on duty refers to coming on duty at scheduled time and take report from the staff who has been on duty, not extending tea and lunch breaks, knocking off scheduled time, and carrying out orders on time.

Results indicated that clinical staff who participated in the study was not that happy about punctuality of student nurses. Less than half 23 (46, 0%) of respondents said student nurses were often punctual on duty as compared to 11 (22, 0%) of those who said students were always punctual, which means students either arrive late or leave early. This is in consistent with the study by Ewan and White (2006:109) who identified spending more time travelling to different clinical areas by students as one of the problems experienced by clinical educators.

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Sovenga students travel to and from the selected clinical facilities on daily basis. More time for training is wasted during travelling which necessitates attention of provincial government to provide accommodation for students at the clinical facilities. If students do not give and receive reports, even when qualified they will not know how to handover report, leading to medico-legal hazards of omissions.

4.5.2.3 Committed to learning

Commitment to learning refers to the students showing interest in their learning without being followed. Thirteen (26, 0%) of respondents indicated that students were always committed to learning, 26 (52, 0%) often committed, while 11 (22, 0%) said students were seldom committed. Commitment seemed to be lacking. As many as 26 (52, 0%) of respondents indicated that student nurses are often committed as compared to 13 (26, 0%) of those who said student nurse were always committed to learning. This is in contrary with the study by White and Ewan (2006:5) which indicated that nursing students are adult learners who should display characteristics of accepting responsibility, self direction and independence. Lack of commitment could have been observed in level III students than in level IV students. When students reach level IV mostly they display a great deal of maturity and commitment. This does not necessary confirm that there won't be students who show lack of commitment and maturity in level IV.

4.5.2.4 Cooperative

Cooperative refers to the extend at which students comply and work harmoniously with the clinical team.

Less than half respondents 21 (42, 0%) said student nurses were always committed and another 21 (42, 0%) said students were often cooperative.

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Only few (16, 0%) said students were seldom cooperative. The findings demonstrated that student nurses were not difficult to work with. The results are in consistent with Jung and Weil's findings (2002:72) which indicated that the roles of student and preceptor must work in synchrony for good learning outcomes.

4.5.2.5 Participate actively and involved in clinical activities

Majority of respondents 26 (52, 0%) were not satisfied with the students' active participation and involvement in clinical activities as compared 13 (26, 0%) of respondents who said students always participated actively. The findings affirm the study by Foley and Bayat (2006:19), Ewan and White (2006:109) and Spencer (2003:326) who found that students participated less than clinical staff in clinical activities, passive involvement of learners, little opportunity for reflection and competing demands were common problems with clinical teaching. The findings contrast the study by Naude, Meyer and Van Niekerk (2001:112) which reflected that students should be actively involved in the execution of nursing care, problem solving and decision making, to enhance correlation of theory and practice. Without chance to practice applying what they are studying, students are not likely to recall it later. Mellish, Brink and Paton (2008:67) demonstrated that nursing students are adult learners who should display characteristics of decision making, self-direction, independence and active participation and involvement.

4.5.2.6 Know learning needs and expectations

Each and every level of training has its own learning expectations as outlined by the curriculum. It is a joint responsibility of both the students and nurse educators to ensure that learning expectations are laid down and well understood by all involved.

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In this item results showed that few respondents 13 (26, 0%) said that students always know their learning needs and expectations, 18 (37, 0%) said students often know learning needs and expectations while another 18 (37, 0%) said students seldom know their learning needs and expectations. Few students always knew their learning needs. This is in contrast with Olivier's (2004:3) findings which reported that outcomes-based learning is learner-driven aimed at achieving outcomes. Findings implied that students were just working as delegated; not utilizing the clinical placement to achieve expected learning outcomes. This might be the reason for failure to complete required learning outcomes as indicated in the problem statement. This calls for nurse educators to acquaint students with clinical learning expectations.

4.5.2.7 Have learning objectives/workbooks/registers

Students are provided with learning guides, workbooks and procedure manual at the beginning of the academic. These materials inform and direct the students and clinical staff on what should be accomplished in that level of training and should be always available during clinical exposure. Clinical staff is able to assist students if they are aware of their learning needs as stipulated in the study materials. Workbooks have to be fully completed at the end of every level of training.

Findings indicated that 18 (36, 0%) respondents said students always have materials, 13 (26, 0%) often have materials, 18 (36, 0%) seldom have learning objectives/workbooks/registers, no one said never. Respondents who said student nurses always and those who said seldom were both at 18 (36, 0%). There is no significant difference on this variable. Literature (Ewan & White, 2006:326) indicated that students' unpreparedness or ignorant of the objectives of the placement leads to inability to direct their learning efforts. These findings suggest that students who do not have workbooks and registers do not complete

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clinical learning requirements as observed by the researcher in the problem statement.

4.5.2.8 *Utilize learning opportunities effectively*

Utilizing learning opportunities involves active involvement in clinical activities, identify and grab learning opportunities as they unfold.

Few 16 (32, 0%) respondents said students always utilizes learning opportunities effectively, 21 (42, 0%) respondents rated at often, 13 (26, 0%) respondents said seldom and no participant said students never utilize learning opportunities effectively. Majority of respondents 21 (42, 0%) indicated that student nurses often utilize learning opportunities effectively as compared to 16 (32, 0%) who responded at always. The results demonstrate that student nurses do not utilize learning opportunities effectively as outlined by Ewan and White, (2006:5) where students need to learn how to set own personal learning objectives. Results confirmed the problem statement which indicated that students disappear from workstations without the knowledge of their supervisors

4.5.2.9 *Display critical thinking*

Critical thinking refers to the ability of students to analyze the situation and act appropriately without being told what to do.

Few 18 (36, 0%) respondents perceived students as always displaying critical thinking, 16 (32, 0%) often, 8 (16, 0%) seldom, while 8 (16, 0%) said students never display critical thinking. Results showed that students' critical thinking was poorly developed. Sixteen (16, 0%) indicated that students never display critical thinking, which indicates that students cannot act independently. This necessitates implementation of problem-based learning which enhances critical thinking as advocated by Mogale's findings (2000:105). Students need to

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be assisted in developing critical thinking skills so that they can take right decisions in providing patient care. South Africa needs more critical thinkers so rescue the health care system from collapsing.

4.5.3 Role of clinical staff towards clinical teaching and learning

4.5.3.1 Orientate students to the unit

Majority of respondents 45 (90, 0%) said that they always orientate students to the unit. This demonstrated that clinical staff was enhancing clinical learning and teaching by bringing students on board. This is in line with Ehlers (2010:265) study which indicated that clinical teachers must provide a non-threatening environment and give clear directions as to what is expected of the student. Proper orientation is essential as it helps students to start learning as early as possible and being certain about what they are expected to do.

4.5.3.2 Have necessary clinical expertise to teach students

Majority of respondents 45 (90,0%) said they always have clinical expertise to teach students, meaning that clinical learning was effectively taking place. This is in consistent with the study by Dibert and Goldenberg (2008:50) where student nurses commented about their clinical tutor as "someone who has a sound knowledge of what he is talking about, not drifting through it telling students that they can do it this way or this way, someone you feel confident to put questions to". The qualifications and years of experience of clinical staff contribute towards having necessary expertise to teach students. However some clinical nurses do not have interest in teaching students irrespective of their experience and expertise.

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4.5.3.3 Delegation of duties according to students learning needs

As many as 44 (88, 0%) respondents indicated that they always delegate duties according to students learning needs, 6 (12, 0%) often delegate duties according to students learning needs. No one respondent at "never". Results indicated that students were given opportunities to achieve learning outcomes. This affirms the South African Nursing Council Act (Act 33, 2005) which stipulates that for any nurse to be qualified and competent to independently practice nursing in the manner and to level prescribed, should be capable to assume responsibility and accountability for such practice. Findings are in contrary with the problem statement where students complained about inappropriate delegation and unrealistic workload. Findings also negate study by Ewan and White (2006:109) and Spencer (2003:326) which outlined problems experienced by students as being that clinical supervisors may not be aware of the objectives or background knowledge and skills that students have, where they may be assigned to tasks they not have skills or background knowledge, leaving them with little opportunity to achieve intended objectives. This indicated that students were given opportunity to achieve their learning objectives and to adequately correlate theory with practice.

4.5.3.4 Always supervise students/give support and guidance

Students need to be always supervised as they are not yet qualified to work independently. Their knowledge and skills are still developing, so supervision is of paramount importance.

Findings for this question is not satisfactory as only 37 (74,0%) always supervise students and 39 (78,0%) always give support and guidance to students. This is in contrary with Mcleod and Harden findings (2009:26)

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which emphasize the significance of supervising trainees in clinical setting as a way of correcting deficiencies and providing guidance, support, feedback and direction. This affirms the problem statement where students complained that clinical staff does not give them adequate learning opportunities, support, supervision and guidance. Nurse educators are also expected to supervise the students to provide on-going guidance to clinical staff. Results indicate the existence of poor student supervision, support and guidance. This could results in students' failure to complete the training program, which is fruitless expenditure to the government.

4.5.3.5 Utilize teachable moments effectively

Teachable moment is one of the teaching tools much more readily available to the trained staff in a unit than clinical teacher or tutor outside (Mellish & Brink 2009:156).

As many as 34 (68, 0%) respondents said they always utilize teachable moments effectively, 10 (20, 0%) often, 6 (12, 0%) seldom. No respondent said "never". Results showed that teachable moments were not utilized effectively.

Only (68%) of clinical staff always utilize teachable moment effectively. The findings indicate that most unusual incidents or cases go by unnoticed or unused. This indicates poor utilization of clinical learning opportunities. Less number of qualified nurse educators in the clinical areas might have contributed to not realizing teachable moment as a teaching strategy.

4.5.3.6 Comfortable with number of students allocated to the unit

More than half 26 (52, 0%) respondents showed that they were always comfortable with number of students allocated to the unit while very few 3 (6, 0%) were never comfortable with number of students allocated to

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the unit. Results showed that clinical staff was not comfortable with number of students allocated to their units, overcrowding was a concern. Few clinical staff 26 (52, 0%) said they were always comfortable with number of students allocated to the unit. The findings confirm Spencer's findings (2003:326) which found that little opportunity for reflection, time pressures and large number of students were common problems with clinical teaching. Supervision becomes a problem if students are many in one unit. Nurse educators should design placement program in such a way that it will avoid overcrowding.

SECTION B: STUDENT NURSES RESPONSES

Subsection A of the questionnaire consisted of biographical data of student nurses.

4.5.4 Biographical data

4.5.4.1 Student age distribution n=50

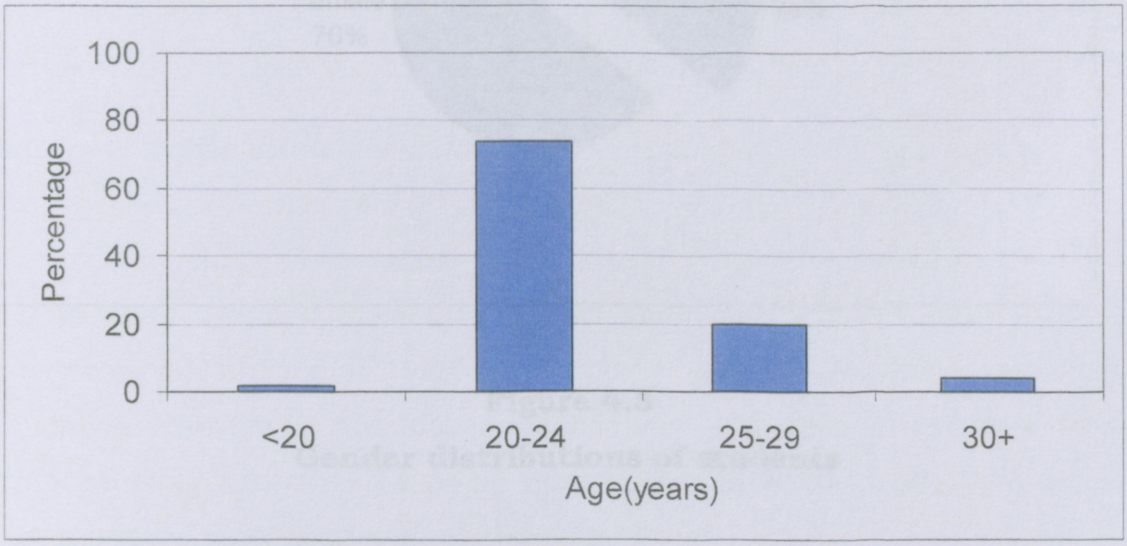


Figure 4.7

Age distribution of student nurses

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Figure 4.7 shows age distribution of student nurses. A total of fifty n=50 student nurses participated in the study. Of these majority 37 (74, 0%) were in the age group 20-24 years followed by 10 (20,0%) in the age group 25-29 years, 1 (2,0%) was less than 20 years and 2 (4,0%) were 30 years and above. The average age of the students was 23.4±2.41 years (ranged: 19 to 31 years). Differences in age might indicate that the older students were admitted in the four year program as result of Recognition of Prior Learning (RPL). Older students were seen to be committed than younger students. On the other hand, younger students were seen to grasp more quickly than older students.

4.5.4.2 Gender distribution

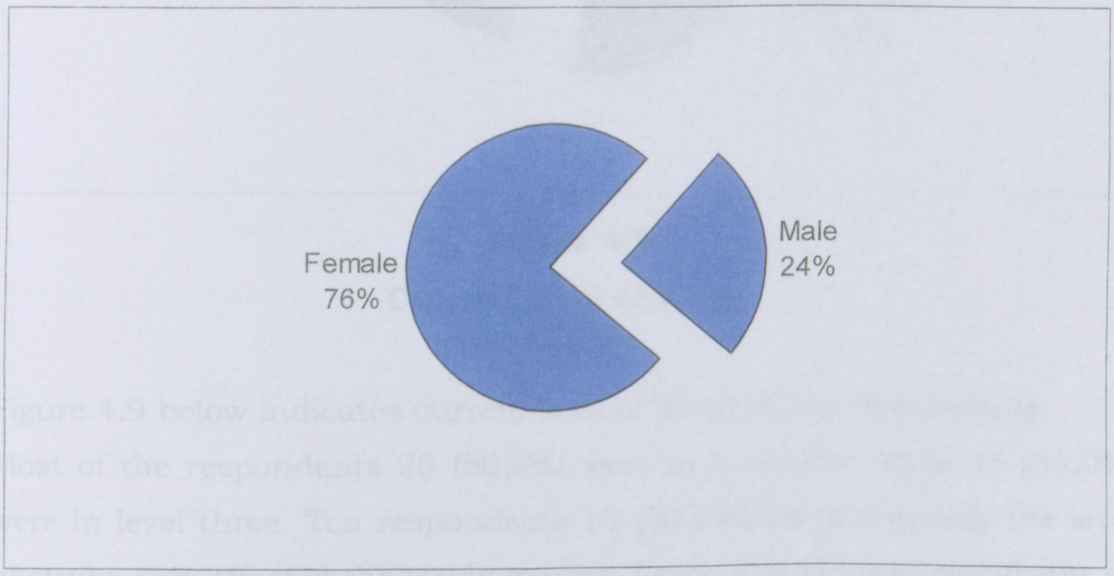


Figure 4.8
Gender distributions of students

Figure 4.8 shows the number of male and female student nurses. Thirty eight 38 (76,0%) of respondents were females while 12 (24,0%) were males. Females were in majority because nursing is female dominated

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profession. There was no statistical significance about relationship of gender and effective clinical learning.

4.5.4.3 Current level of study n=50

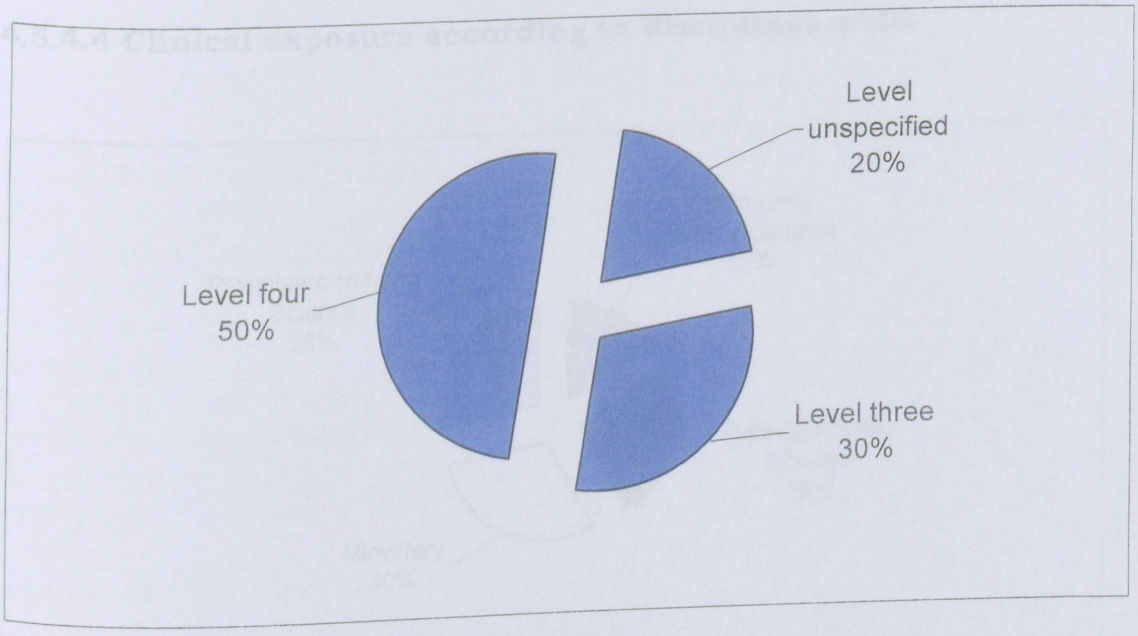


Figure 4.9

Current level of study

Figure 4.9 below indicates current level of study of the respondents. Most of the respondents 25 (50,0%) were in level four while 15 (30,0%) were in level three. Ten respondents 10 (20,0%) did not specify the level of study, this affected the study results. Level of study was significant as it determined students' level of maturity and acquaintance with the clinical environment. Results revealed that majority of students were demonstrating maturity because they were cooperative, committed and were aware of their learning needs.

Of the students who participated in the study 6 (12,0%) reported that they have repeated a level of study. The majority 3 (50,0%) of students

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repeated level two, 2 (33,0%) repeated level one and 1 (12,0%) repeated level three. The results indicate that students repeated a level of study at lower levels. This might be that they were still lacking maturity and commitment.

4.5.4.4 Clinical exposure according to disciplines n=50

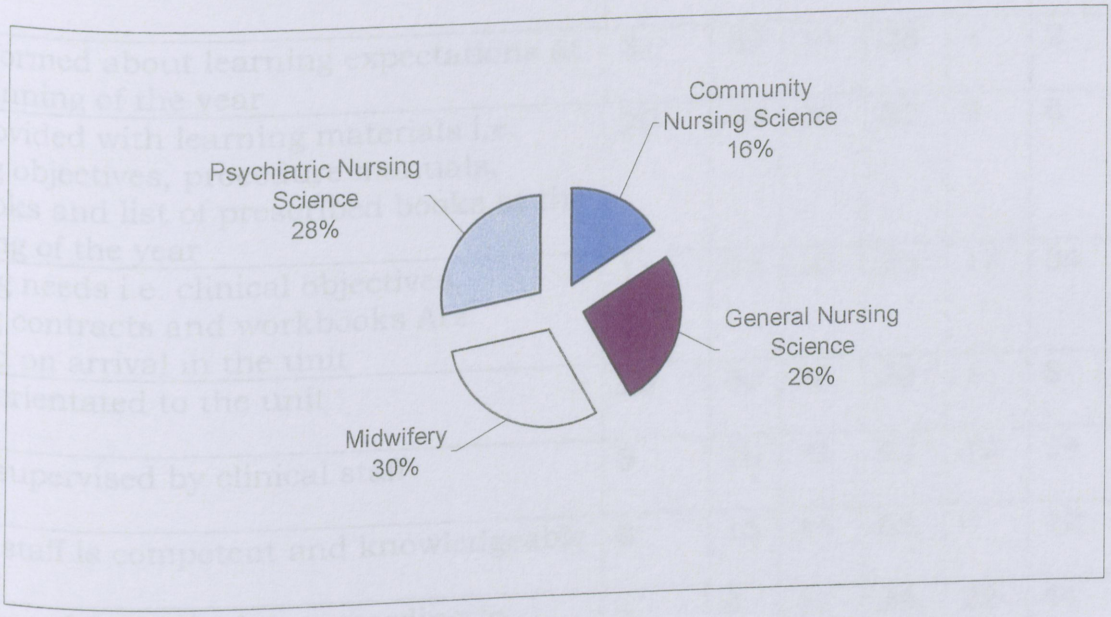


Figure 4.10

Clinical exposures according to disciplines

Figure 4.10 shows current clinical exposure of students by the time data was collected. The majority 15 (30,0%) of students who participated in this study were allocated in midwifery, 14 (28,0%) psychiatric nursing science, 13 (26,0%) general nursing science, and 8 (16,0%) community nursing science. This might have been affected by the training program for that period. Results has indicated that there was enough suitably qualified and experienced clinical nurses allocated in midwifery section, therefore one can be satisfied that clinical learning is enhanced. Other units were also suitably staffed.

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4.5.5 Students' responses about clinical staff's role towards teaching and learning

Table 4.3 students' responses about clinical learning expectations

description	1.Strongly agree		2.Agree		3.Disagree		4.Strongly disagree	
	n	%	n	%	n	%	n	%
informed about learning expectations at eginning of the year	31	62	14	28	1	2	4	8
provided with learning materials i.e. ing objectives, procedure manuals, books and list of prescribed books at the ning of the year	20	40	26	52	3	6	1	2
ning needs i.e. clinical objectives, ing contracts and workbooks Are ssed on arrival in the unit	11	22	10	20	17	34	12	24
ys orientated to the unit	20	40	25	50	4	8	1	2
ys supervised by clinical staff	5	10	21	42	12	24	10	20
cal staff is competent and knowledgeable	8	16	34	68	6	12	2	4
gation of duties is done according to ing needs	4	8	13	26	22	44	11	22
ys given guidance and support	3	6	20	40	21	42	6	12
cal areas have necessary resources to nce learning	5	10	27	54	14	28	4	8
are sufficient learning opportunities atients, equipments and staff	10	20	26	52	11	22	3	6
cal experts always teach students	3	6	28	56	16	32	3	6
ng care skills are done correctly	5	10	18	36	11	22	16	32
cal staff are good role models	1	2	28	56	16	32	5	10
cal allocation/rotation period enough to ve learning objective	5	10	9	18	17	34	19	38
ys complete required clinical learning before final exam	10	20	24	48	11	22	4	8

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Table 4.4 Relationship between clinical disciplines and learning expectations

	CNS	GNS	MID	PNS	p-value
informed about rning expectation	8(100%)	13(100%)	15(100%)	9(65%)	0.003
provided with rning materials	8(100%)	13(100%)	15(100%)	10(71%)	0.018
arning needs are sessed	3(38%)	5(38%)	10(67%)	2(15%)	0.053
orientated to the it	8(100%)	11(85%)	14(93%)	13(93%)	0.745
supervised by nical staff	5(63%)	9(69%)	11(73%)	4(29%)	0.076
nical staff is mpetent and owledgeable	7(88%)	12(92%)	14(93%)	6(46%)	0.009
legation of duty is ne according to rning needs	1(12%)	4(31%)	9(60%)	1(7%)	0.012
given dance/support	3(38%)	7(54%)	9(60%)	5(36%)	0.562
nical area have cessary resources to nance learning	2(25%)	10(76%)	9(60%)	11(79%)	0.064
ere are sufficient ning opportunities	2(25%)	12(92%)	9(64%)	9(64%)	0.017
nical expects always ch students	8(100%)	9(69%)	8(53%)	5(36%)	0.018
rse care skill are ne correctly	1(13%)	4(31%)	12(80%)	6(46%)	0.008
nical staff are good e model	6(75%)	7(54%)	11(73%)	4(29%)	0.071
cation period is ough to achieve rning objectives	0(0%)	3(23%)	4(27%)	8(57%)	0.035
ways complete uired clinical rning skills before al exam	5(63%)	12(92%)	11(73%)	8(62%)	0.255

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Table 4.3 shows students' responses about clinical learning expectations, and table 4.4 shows the relationship between clinical disciplines and learning expectation as discussed below. **NB Results and discussion of the two tables were combined as they are interrelated and cannot be separated.**

4.5.5.1 Informed about learning expectations at the beginning of the year

Students need to be informed about learning expectations at the beginning of the academic year so as to have direction in the program.

Thirty one (62,0%) strongly agreed with the statement, 14 (28,0%) agreed, very few respondents 1 (2%) disagreed while few 4 (8,0%) strongly disagreed with the statement.

Majority of students 31 (62,0%) strongly agreed with the statement. The findings were in contrary with McLeod and Harden (2009:37)'s findings which reflected lack of clear expectations as a problem for students' performance. The results also showed that all students 50 (100%) were satisfied with GNS, CNS and Midwifery. Only sixty five percent (65,0%) were satisfied with PNS with the p-value of 0.003. This showed that facilitators in PNS were not doing enough in informing student nurses about learning expectations at the beginning of the year. This means that if students do not know their learning expectations they will not utilize clinical learning opportunities effectively, which will result in failure to achieve required objectives.

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4.5.5.2 Provided with learning materials at the beginning of the year

Students have to be provided with learning materials such as workbooks, study guides and procedure manuals to enhance teaching and learning. Less than half 20 (40,0%) of respondents strongly agreed with the statement, 26 (52,0%) agreed, 3 (6%,0) disagreed and only 1 (2,0%) student disagreed with the statement.

The highest percentage in this item was 26 (52,0%) of those who agreed with the statement. There were also respondents 1 (2,0%) who strongly disagreed with the statement. All respondents 50 (100%) were satisfied with CNS, GNS and Midwifery; only 35 (70,0%) were not satisfied with PNS with the p-value of 0.018, which showed that PNS staff did not do enough in providing students with learning materials at the beginning of the year. Without learning materials learning will not take place.

4.5.5.3 Learning needs are assessed on arrival in the unit

Results indicated that 11 (22,0%) of respondents strongly agreed, 10 (20, 0%) agreed, 17 (42,0%) disagreed while 12 (24,0%) disagreed that learning needs are assessed on arrival in the unit. The clinical discipline which got higher percentage 36 (68,0%) was midwifery and the least was PNS 7 (14,0%) with the p-value of 0.053. The results indicated that students' learning needs are not adequately assessed on arrival in the unit which is contrasting Williams' findings (2001:29) which emphasized that teachers need to identify individual student needs and learning styles and plan supervision accordingly. If clinical staff does not assess learning needs, learning opportunities will be missed, where students will just become workforce in the unit.

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4.5.5.4 Always orientated to the unit

Twenty (40,0%) of respondents strongly agreed, 25 (50,0%) agreed, 4 (8,0%) disagreed, only 1 (2,0%) strongly disagreed that they are always orientated in the unit. Related to disciplines, all students 50 (100%) agreed with the statement. The lowest discipline was GNS 43 (86,0%) with the p-value of 0.745. This showed that clinical staff orientates students to the unit which is in consistent with the study of Papp, Markkanen and Bonsdorff (2003:267) which found that it is important to provide the student with clear directions and a non-threatening environment. David et al (2009:115) states that the main function of orientation program is to reduce fears and uncertainties. Clinical staff needs to provide clear and detailed instructions on safe practice to novice students to enhance efficiency in patient care while on the other hand students are being provided with learning opportunity.

4.5.5.5 Always supervised by clinical staff

Of the fifty respondents, 5 (10,0%) strongly agreed, 21 (42,0%) agreed, 12 (24,0%) disagreed, while 10(20,0%) strongly disagreed with the statement.

Supervisory relationship includes the supervisor's attitude towards students, nature of interaction between student and nursing staff and feedback from the mentor (Mashaba & Brink, 2004:157). The results for this item showed that students are not adequately supervised. Only 5 (10,0%) strongly agreed with the statement. Only 14 (28,0%) of students placed in PNS indicated that they were always supervised. This showed that clinical staff did not demonstrate their roles and responsibilities in enhancing clinical teaching and learning. Students need close supervision as they are still learning to be professional nurses.

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4.5.5.6 Clinical staff is competent and knowledgeable

Eight (16,0%) respondents strongly agreed, 34 (68,0%) agreed, 6 (12,0%) disagreed and only 2 (4,0%) strongly disagreed that clinical staff is competent and knowledgeable.

Findings indicated that student nurses perceived clinical staff as knowledgeable and competent. Sixty eight (68,0%) agreed with the statement. Midwifery had a higher percentage 47 (94,0%) as compared to 23 (46,0%) in PNS, with the p-value of 0.009. CNS had 44 (88,0%) while GNS had 46 (92,0%). The higher percentages are in consistent with the study of Edwards (2008:211) which indicated that the teacher must have mastery of the subject matter.

4.5.5.7 Delegation of duties is done according to learning needs

Students who strongly agreed were 4 (8,0%), 13 (26,0%) agreed, 22 (44,0%) disagreed, 11 (22,0%) strongly disagreed that delegation is done according to learning needs. Students express concerns like" clinical staff seem not knowing that we have specific objectives to achieve at the end of our clinical placement resulting into assigning us to the same kind of work every day which result into us not doing some procedures". Results affirmed these concerns because majority of respondents 22 (44, 0%) disagreed that they were delegated according to learning needs as compared to 4(8, 0%) who strongly agreed. As far as disciplines were concerned PNS had the lowest percentage 3 (6, 0%) of respondents who agreed with the statement as compared to Midwifery 30 (60, 0%), CNS 6 (12, 0%), and GNS 15 (30, 0%) with the p-value of 0.012. The respondents were mostly agreeing that in Midwifery their learning needs were considered. This calls for clinical staff in CNS, GNS and PNS to familiarize themselves with the learning needs of students so as to delegate them accordingly. When student are not delegated ac

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4.5.5.8 Always given guidance and support

Majority of respondents 21 (42, 0%) disagreed and 6 (12, 0)% strongly disagreed. Findings indicated that students were not satisfied with the support and guidance provided by clinical staff. PNS had the lowest percentage 18 (36, 0%) as compared to 30 (60, 0%) in midwifery with the p-value of 0.562. This is in contrary with the enabling characteristics of a mentor as outlined by Morton-Cooper and Palmer (2000:158) in which support, guidance and feedback were included. Students need support from both the clinical staff and nurse educators to reduce anxiety and uncertainty.

4.5.5.9 Clinical areas have necessary resources to enhance learning

Necessary resources include human and material resources (equipments and supplies) that will enhance learning. Responses from students showed that few 5 (10, 0%) strongly agreed, 27 (54,0%) agreed, 14 (28,0%) disagreed whereas few 4 (8,0%) strongly disagreed with the statement. A higher percentage 38 (76, 0%) of those who agreed was seen in PNS with the p-value of 0.064. The results indicated that clinical areas should have necessary resources to enhance learning which is in consistent with Morton-Cooper and Palmer (2000:158) findings where they cited enabling characteristics of a mentor as helping students in identifying resources for learning and socialization. For clinical learning to take material and human resources have to be adequate. Results revealed that there was no problem with resources in the clinical facilities.

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4.5.5.10 There is sufficient learning opportunities e.g. patients, equipments

Students are expected to provide nursing care to patients at different levels and perform prescribed skills on life patients. Majority of respondents 26 (52,0%) disagreed that there is sufficient learning opportunities. Ninety two 46 (92,0%) were satisfied that in GNS there are sufficient number of patients as compared to 13 (26,0%) in CNS with the p-wave of 0.017, meaning that there were insufficient patients and equipments at the PHC facilities. The results were not in consistent with Edwards (2008:211)) which indicates that a preceptor's role is to create a conducive environment and access to patients.

4.5.5.11 Clinical experts always teach students

Majority of respondents 28 (56,0%) agreed that clinical experts always teach them. All respondents 50 (100%) in CNS agreed with the statement, with the p-value of 0.018. This is influenced by clinical staffs' years of experience, professional qualifications and post basic qualifications as reflected in figure 4.The findings are in consistent with the study by Beck and Srivastava (2006:132) which indicated that clinical teacher must have broad knowledge pertaining to the clinical setting.

4.5.5.12 Nursing care skills are done correctly

Five (10,0%) of respondents strongly agreed, 18 (36,0%) agreed, 11 (22,0%) disagreed, while 16 (32,0%) strongly disagreed that nursing care skills are done correctly. Results indicate that there are discrepancies between what is taught to them in the classroom and what is actually being implemented in the clinical environment. They also report that the

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practice experience was not integrated with the theoretical content learnt in the classroom. Results confirmed this statement because only 10% strongly agreed with the statement. Only 7 (14,0%) in CNS agreed with the statement. However 40 (80,0)% in Midwifery section agreed that nursing care skills were done correctly. The p-value was found to be 0.018. The results are in consistent with the problems identified by Ewan and White (2006:109) and Elliot (2002:69) that there are many distracters in the clinical situation and that competing responsibilities of caring and learning can be confusing to the learner. Time pressures, competing demands by clients and large number of students were also identified as common problems with clinical teaching.

5.5.4.13 Clinical staffs are good role models

Only 1 (2,0%) strongly agreed, 28 (56,0%) agreed, 16(32,0%) disagreed and 5(10%) strongly disagreed to the statement. The lower percentage of respondents who strongly agreed with the statement raises a concern that some clinical staff do not lead by example. Twenty eight (56,0%) respondents agreed that clinical staffs are good role models as compared to 5 (10,0%) of those who strongly disagreed. This demonstrated that some clinical staffs lead by example except in PNS where only 29% agreed as compared to 38 (76,0%) in CNS (p=0.008). Findings are partly in consistent and partly in contrary with McLeod and Harden (2008:2537) findings which indicated that inadequate role models were a problem in clinical education. Clinical staff in PNS needs to be role models to students.

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4.5.6.14 Clinical allocation/rotation period is enough to achieve learning objectives

Five (10,0%) strongly agreed, 9 (18,0%) agreed, 17 (34,0%) disagreed while 19 (38,0%) strongly disagreed that clinical rotation is enough to achieve learning objectives.

Clinical hours are prescribed by SANC. It is the responsibility of the nursing college to distribute students accordingly to cover for those hours in the four clinical disciplines during the four year period of training. The results demonstrated that students feel that clinical rotation period is not enough to achieve learning objectives. Less than half 19(38%) of respondents strongly disagreed with the statement as compared to 5(10%) of those who strongly agreed. None of the students (0,0%) in CNS agreed with the statement as compared to 11 (23,0%) in GNS, 13 (27,0%) in Midwifery and 28 (56,0%) in PNS (p=0.035). This is in consistent with the findings by Flager, Lopez-Powers and Spitzer (2008:346) where time pressures were identified as one of common problems in clinical teaching. Results showed that attention should be given to clinical hours and workload allocated for the four year (R425) program.

4.4.5.18 Always complete required clinical skills before exam

Ten (20,0%) strongly agreed, 24 (48,0%) agreed, 11 (22,0%) disagreed while 4 (8,0%) strongly disagreed with the statement. These results indicate that completion of required clinical skills before examination is a problem. Possibilities for not completing required work might be that students relax when placed in clinical areas or placement period is not enough.

Findings showed that few students 10 (20,0%) strongly agreed that they always complete required clinical skills before examination. These

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confirm the researcher's observation where students would run around before exam in an attempt to qualify for exam. There were no statistical significant observed between the four clinical disciplines (p=0.255). This is in consistent with the study by Duch et al (2001:71) and Amador et al (2006:102) which indicated that overwhelming work demands placed upon students leaving them with little time for completing learning expectations.

4.6 SUMMARY OF RESEARCH RESULTS

This summary is provided according to the two subdivisions of the research results as presented in this chapter, namely demographic data, roles of clinical staff/students, nurse/student relationship and clinical environment.

4.6.1 Social demographic profile of respondents

Findings were categorized according to responses of clinical staff and student nurses.

Clinical staff referred to professional nurses with more than ten years experience. Student nurses referred to learners registered for the R425 program for the academic year. Fifty (50) participants for each category took part in the study.

4.6.2 Clinical staff social demographic data

The majority of clinical staff 29 (58,0%) were aged 50 years and older as compared to 11 (22,0%) of ages between 40 and 49. The average age of clinical staff was 45.5 years, ranging from 37 to 58 years. The reason behind this average age was that the study wanted respondents with ten or more years experience as professional nurses.

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The majority of respondents 34 (68,0%) had nursing diploma as the highest qualification as compared to 16 (32,0%) who had nursing degrees, the reason being that they underwent the old three year diploma, four year comprehensive nursing diploma and bridging course. Few clinical staff had the nursing degree because it is expensive to pay for university fees. Thirty one 31 (62,0%) had post basic nursing diploma, the reason being that they have been granted study leaves in the different clinical specialties. Their working experience qualified them for post basic study leaves. These indicated that students are taught by experts in the different clinical nursing fields.

Professional registrations varied from general nurse to nurse education. Hundred percent of respondents were registered as general nurses and as midwives because these are considered as the basics to nursing. Few 4 (8,0%) respondents were registered as nurse educators. There are few professional nurses with nurse education qualification working at clinical facilities, majority of them are at nursing education institutions.

Advanced midwifery was the highest 5 (10,0%) under other qualifications, the reason being that it was the first post basic program to be offered at Limpopo college of nursing. These indicated that student nurses are taught by capable and knowledgeable midwives.

Twenty one (42,0%) of respondents had 10-19 and 20-29 years experience as professional nurses respectively which indicates that there are enough experienced professional nurses to enhance student clinical learning. This affirms the saying that experience is the best teacher.

Majority of respondents 9(18,0%) were allocated in maternity unit, the reason being that most of the young generation do not like working in maternity. The respondents who met inclusion criteria were concentrated in maternity.

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4.6.3 Student nurses social demographic data

The number of respondents aged 20-24 was higher 37 (74,0%) as compared to other age groups. This indicated that most students started training immediately after matriculation. At this age, student nurses are considered adult learners who should display characteristics of adult learners). Hence commitment to learning was not a problem. Females were in majority 38(76%) as compared to 12 (24,0%) males. The reason might be that nursing is predominantly considered female profession.

Most of the respondents 25 (50,0%) were in level four while 15 (30,0%) were in level three. The reason being that 10 (20,0%) did not specify the level of study, this affected the study results. The majority of participants 15 (30,0%) were allocated in midwifery as compared to 14 (28,0%) in PNS, 13 (26,0%) in GNS and 8 (16,0%) in CNS. This might have been affected by the training program for that period.

4.6.4 The roles of clinical staff/students towards clinical teaching and learning

Clinical staff who participated in the study was not that happy about punctuality of student nurses. The majority 23 (46,0%) of respondents said that student nurses were often punctual on duty as compared to 11 (22,0%), which means students either arrive late or leave early.

As much as 26 (52,0%) of respondents indicated that student nurses were often committed as compared to 13 (26,0%) of those who said student nurses were always committed to learning. Commitment was not a problem.

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Twenty one 21 (42,0%) said student nurses were always and another 21 (42,0%) said students were often cooperative. Only few 8 (16,0%) said students were seldom cooperative. The findings demonstrated that student nurses are not difficult to work with.

Majority of respondents 26 (52,0%) were not satisfied with the students' active participation and involvement in clinical activities as compared to 13 (26,0%) of respondents who said students always participate actively. These indicate that students were either dodging or uncertain of what to do.

Regarding learning needs, results indicated that student nurses often 18 (36,0%) and seldom 18 (36,0%) know their learning needs and expectations. Working without knowing learning outcomes result in failure to achieve those learning outcomes.

Majority of clinical staff 21 (42,0%) indicated that student nurses often utilize learning opportunities effectively as compared to 16 (32,0%) of those who scored at always. The results demonstrate that student nurses do not utilize learning opportunities effectively.

Eighteen (36,0%) clinical staff reported that students were not displaying critical thinking, meaning that they could not act decisively without guidance of professional nurse.

4.6.5 Nurse/student relationship

Nurse/ student relationship was not a problem. Most respondents 45 (90,0%) always orientated students to the unit. This demonstrated that clinical staff was enhancing clinical learning and teaching by bringing students on board, which indicated that clinical staff was providing a non-threatening environment and give clear directions as to what is

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expected of the student. Findings showed that 44(88%) of clinical staff always delegated students according to learning needs.

Ninety percent (90,0%) of clinical staff had clinical expertise to teach students, which indicated that students were being taught by knowledgeable nurses. This was also confirmed by students 50(100%).

Forty four (88,0%) of respondents indicated that delegation was done according to learning needs. Findings were in contrary with the problem statement where students complained about inappropriate delegation and unrealistic workload. But on the other hand, students' responses indicated inadequate delegation 22 (44,0%). Percentage of student supervision, guidance and support was not satisfactory which was rated at 37 (74,0%). Students need constant supervision, guidance and support.

Only 34 (68,0%) of clinical staff always utilize teachable moment effectively. The findings indicated that most unusual incidents or cases go by unnoticed or unused. Few clinical staff 26,(52,0%) were always comfortable with number of students allocated to the unit. Overcrowding of students was a concern that hinders proper supervision.

4.6.6 Clinical environment

Majority of students 31 (62,0%) strongly agreed that they were informed about learning expectations at the beginning of the year. A lower percentage was reported in PNS which indicated that facilitators in PNS were not doing enough in informing student nurses about learning expectations at the beginning of the year. Provisioning of learning materials at the beginning of the year seemed to be a problem as only 26 (52,0%) agreed with the statement.

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The results indicated that students' learning needs were not adequately assessed on arrival in the unit, mostly in PNS section which rated at 7 (14,0%). However the percentage was high in midwifery section 34 (68,0%).

The results indicated that clinical areas have necessary resources to enhance learning. Responses from students showed that few (10%) strongly agreed, 27 (54,0%) agreed whereas few 4 (8,0%) strongly disagreed. A higher percentage 38 (76,0%) of those who agreed was seen in PNS with the p-value of 0.064.

Majority of respondents 26 (52,0%) disagreed that there is sufficient learning opportunities. Ninety two 46 (92,0%) were satisfied that in GNS there were sufficient learning opportunities as compared to 13 (26,0%) in CNS with the p-wave of 0.017, meaning that there were insufficient patients and equipments at the PHC facilities.

Results indicated that clinical skills were not done correctly by clinical staff as only 50 (10,0%) strongly agreed with the statement. Only 7 (14,0%) in CNS agreed with the statement. Midwifery section did very well in this item, was rated at 40 (80,0%).

Findings on clinical rotation period revealed that was not enough to achieve learning objectives. Thirty eight (38,0%) strongly disagreed with the statement as compared to 10% of those who strongly agreed.

Findings showed that few students 10 (20,0%) strongly agreed that they always complete required clinical skills before examination. This affirms the researcher's observation where students were seen running around to complete workbooks and registers in order to qualify for examination.There were no statistical significant observed between the four clinical disciplines (p=0.255).

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Nursing is a profession whereby correlation of theory and practice is done throughout training. Adequate training requires collaboration and active participation of both the trainer and the trainee of which in this study was the clinical staff and student nurses. Clinical learning environment needs competent, suitably qualified and experienced clinical nurses to guide, support and supervise students. Effective utilization of the clinical learning environment depends on nurse educators, clinical nurses and the students themselves. Clinical nurses' role include creating a conducive learning environment by ensuring that resources are available, orientate students to the unit, assessing students' learning needs and delegating them accordingly, applying different clinical teaching methods such as teachable moment, demonstrate clinical expertise and be role models to students. On the other hand students have to play their role in effective utilization of the clinical placement to ensure that learning outcomes are achieved. Among other things, students should display punctuality, commitment, cooperativeness, active participation and critical thinking. Challenges experienced were insufficient rotation period and overcrowding, therefore nurse educators and curriculum committee need to consider these factors when planning for clinical placement.

4.7 CONCLUSION

Chapter four presented the results of data analysis and interpretation of the data using descriptive statistics, tables, pie charts, and bar graphs. The findings showed responses of both the clinical staff and student nurses regarding their roles and responsibilities towards clinical teaching and learning. Results revealed that clinical staff was not satisfied about students' punctuality, commitment, and critical thinking. Positive results revealed that students were cooperative, participate actively in clinical activities, and know their learning needs. Students' responses indicated

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that there was insufficient supervision, inappropriate delegation and insufficient rotation period to achieve learning outcomes. The next and final chapter in this dissertation will present the conclusions, limitations and recommendations based on research findings.

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CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter 4 presented the results of data analysis and interpretation of the findings. Chapter 5 presents the conclusions, based on the research results, of the study about the roles and responsibilities of clinical staff and student nurses towards clinical teaching and learning at Limpopo College of nursing (LIMPCON). Following the analysis and interpretation of data, the objectives and assumptions were correlated with the results to determine the relationship among various variable. Limitations of the study were also identified.

5.2 PURPOSE OF THE STUDY

The purpose of the study was to determine the roles and responsibilities of clinical staff and student nurses towards clinical teaching and learning in Limpopo College of Nursing at Sovenga campus such as to provide recommendations that could be used in the improvement of clinical teaching. The intention was to provide the basis for appropriate interventions to improve clinical learning environment.

The study sought to answer the following questions:

- What are the roles and responsibilities of student nurses in clinical practice at Limpopo College of nursing?
- What are the roles and responsibilities of clinical staff in terms of clinical teaching and learning for student nurses?
- What relationships exist between the nursing students and the clinical health providers in terms of the provision of the ongoing support to accompanists?

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5.3 CONCLUSION IN RELATION TO THE RESEARCH OBJECTIVES

The objectives guiding this study were to:

- Identify the roles and responsibilities of student nurses towards clinical practice
- Determine the roles and responsibilities of clinical staff in terms of clinical teaching and learning for the nursing students.
- To explain the existing relationships between the nursing students and the clinical health providers.
- To develop recommendations regarding the relationships exist between the nursing students and the accompanists.

5.3.1 The roles of clinical staff/students towards clinical teaching and learning

Clinical staff who participated in the study was not that happy about punctuality of student nurses. Almost half 23 (46,0%) of respondents said student nurses were often punctual on duty as compared to 11 (22,0%), which means students either arrive late or leave early.

As many as 26 (52, 0%) of respondents indicated that student nurses were often committed as compared to 13 (26, 0%) of those who said student nurses are always committed to learning. Commitment was not a problem.

Twenty one 21 (42, 0%) said student nurses were always and another 21 (42,0%) said students were often cooperative. Only few 8 (16,0%) said students were seldom cooperative. The findings demonstrated that student nurses are not difficult to work with.

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Majority of respondents 26 (52,0%) were not satisfied with the students' active participation and involvement in clinical activities as compared 13 (26,0%) of respondents who said students always participate actively. These indicate that students were either dodging or uncertain of what to do.

Regarding learning needs, results indicated that student nurses often 18 (36,0%) and seldom 18 (36,0%) know their learning needs and expectations. Working without knowing learning outcomes result in failure to achieve those learning outcomes.

Majority of clinical staff 21 (42,0%) indicated that student nurses often utilize learning opportunities effectively as compared to 16 (32,0%) of those who scored at always. The results demonstrate that student nurses do not utilize learning opportunities effectively.

Eighteen (36,0%) clinical staff reported that students were not displaying critical thinking, meaning that they could not act decisively without guidance of professional nurse.

5.3.2 Nurse/student relationship

Nurse/ student relationship was not a problem. Most respondents 45(90%) always orientated students to the unit. This demonstrated that clinical staff was enhancing clinical learning and teaching by bringing students on board, which indicated that clinical staff was providing a non-threatening environment and give clear directions as to what is expected of the student. Findings showed that 44 (88,0%) of clinical staff always delegated students according to learning needs.

Forty five (90,0%) of clinical staff had clinical expertise to teach students, which indicated that students were being taught by knowledgeable nurses. This was also confirmed by students 50 (100%).

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Forty four (88,0%) of respondents indicated that delegation was done according to learning needs. Findings were in contrary with the problem statement where students complained about inappropriate delegation and unrealistic workload. But on the other hand, students' responses indicated inadequate delegation 22 (44,0%). Percentage of student supervision, guidance and support was not satisfactory which was rated at 37(74%). Students need constant supervision, guidance and support.

Only 34 (68,0%) of clinical staff always utilize teachable moment effectively. The findings indicated that most unusual incidents or cases go by unnoticed or unused. Few clinical staff 26 (52,0%) were always comfortable with number of students allocated to the unit. Overcrowding of students was a concern that hinders proper supervision.

5.3.3 Clinical environment

Majority of students 31 (62,0%) strongly agreed that they were informed about learning expectations at the beginning of the year. A lower percentage was reported in PNS which indicated that facilitators in PNS were not doing enough in informing student nurses about learning expectations at the beginning of the year. Provisioning of learning materials at the beginning of the year seemed to be a problem as only 26 (52,0%) agreed with the statement.

The results indicated that students' learning needs were not adequately assessed on arrival in the unit, mostly in PNS section which rated at 7 (14,0%). However the percentage was high in midwifery section 34 (68,0%).

The results indicated that clinical areas have necessary resources to enhance learning. Responses from students showed that few 5 (10,0%) strongly agreed, 27 (54,0%) agreed whereas few 4 (8,0%) strongly

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disagreed. A higher percentage 38 (76,0%) of those who agreed was seen in PNS with the p-value of 0.064.

Majority of respondents 26 (52,0%) disagreed that there is sufficient learning opportunities. Majority of respondents 46(92,0%) were satisfied that in GNS there were sufficient learning opportunities as compared to 32(26,0%) in CNS with the p-wave of 0.017, meaning that there were insufficient patients and equipments at the PHC facilities.

Results indicated that clinical skills were not done correctly by clinical staff as only 5 (10,0%) respondents strongly agreed with the statement. Only 7 (14,0)% in CNS agreed with the statement. Midwifery section did very well in this item, was rated at 40 (80,0%).

Findings on clinical rotation period revealed that was not enough to achieve learning objectives. Nineteen respondents (38,0%) strongly disagreed with the statement as compared to 5 (10,%) of those who strongly agreed.

Findings showed that few students 10 (20,0%) strongly agreed that they always complete required clinical skills before examination. This affirms the researcher's observation where students were seen running around to complete workbooks and registers in order to qualify for examination. There were no statistical significant observed between the four clinical disciplines (p=0.255).

5.4. LIMITATIONS OF THE STUDY

The study had the following limitations:

- The quantitative nature of the study made restrictions in terms of the responses the participants made since they had to respond to a close ended questionnaire. Parahoo (2007:123) states that the

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main disadvantage of a self administered tool is that there is no opportunity to ask respondents to elaborate, expand and clarify their answers. A qualitative study would yield more elaborative views and more opinions could have been obtained.

- The questionnaire contained a four point likert scale. This type encourages fence sitting as stated by Polit and Beck (2004). If they were five probably the results would have been different because every participant would have made a decision about each item.
- The study was contextual; it only involved one nursing campus and clinical facilities in one district. It also involved students in level III and IV only. Professional nurses with less than ten years experience were excluded. If it involved other students, campuses, professional nurses and more hospitals, the results could have been compared and probably there could be varying findings. Therefore the results cannot be generalized however; they may be generalized to the selected clinical facilities and Sovenga campus only.

5.5 RECOMMENDATIONS

5.5.1 Recommendations from findings

The purpose of the study was to determine the roles and responsibilities of both the clinical staff and student nurses towards clinical teaching and learning. Recommendations will look at both the target population.

5.5.1.1 For nursing education practice

This review provides valuable information for guiding educational practices and identifying alternative ways of supporting both the health

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provider and nurses to achieve positive outcomes in the supervision of students. Strategies need to be developed by both nursing college and health providers to improve the support for nurses in clinical practice. Recommendations to emerge are:

- Collaboration between the nursing college and health provider needs to be strengthened to facilitate open communication and information sharing. This will improve the quality of clinical experiences for the clinical nurses and students.

- An expectation that nurses will be involved in student learning in clinical practice.

- Adequate preparation and support for nurses to participate in the crucial role of student supervision.

- Both the nursing college and health provider need to clarify the terms used to describe the roles and responsibilities related to student support.

- Recognition by the college and provider for nurses who supervise students in the clinical setting would highlight the value of their contribution to student education.

- Insistence on the clinical credibility of clinical facilitators in their area of expertise to provide the appropriate level of support to health providers and nurses.

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- The development of strategies by the provider and nurses to enhance and promote the value and acceptance of students in the clinical area as part of the team.

- Discussion regarding strategies aimed at addressing the issues and improving the quality of clinical learning need to occur between nursing college and health provider.

5.5.1.1 Clinical staff

Very few clinical staff 4 (8,0%) had Nursing education as an additional qualification. More professional nurses should be motivated to study Nursing Education to enhance adequate clinical teaching and learning. Clinical staff should improve on supervising students, performing nursing care skills correctly and to assess learning needs of students on the first day of arrival in the unit so that they are guided and delegated accordingly.

5.5.1.2 Student nurses

Findings indicated that student nurses participated less in the clinical activities. Clinical stakeholders should always involve and monitor student nurses so as to ensure effective utilization of the clinical learning exposure. Student nurses were not satisfied with clinical rotation period. From the researcher's observation, students are overwhelmed by rotation amongst the four clinical disciplines. They do not achieve required objectives during the particular placement, carrying unfinished work to another discipline. Therefore the researcher recommends that the four year program should be reviewed.

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5.5.1.3 Learning expectations

There should be improvement in PNS on assessment of learning needs, supervision, delegation of duties according to learning needs and role modeling. Findings reflected that there were insufficient resources to enhance learning at the PHC facilities. Therefore the researcher recommends expansion of clinical facilities and provision of resources at the PHC facilities.

5.5.2 Recommendations for further study

There is need to conduct similar research in other campuses of the LIMPCON before results can be generalized to other student nurses. There is also a need to conduct this research in other clinical facilities and other health professionals.

Further study should be conducted on the attitude of clinical staff towards clinical teaching and learning of student nurses.

Further study is recommended on factors contributing towards effective clinical teaching and learning.

5.6 CONLUSIONS

Numerous studies identify that the clinical experience roles of clinicians as well as roles of the student nurses vary considerably in terms of learning opportunities, support and positive outcomes from their clinical practice. It is the attitudes and behaviors of the professional nurses as clinicians and clinical nurse educators working with the student nurses that have an impact or place the greatest influence on their ability to succeed in practice. Adequate support from the nursing college, health providers and colleagues is essential for nurses in providing role clarity and professional development opportunities. Careful planning is required

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to protect the welfare of the nurses and students through agreed guidelines for realistic numbers and frequency of students attending the health provider. Appropriate preparation for the supervising role has been identified as one of the keys to reducing the frustration and role confusion for nurses working with students. Nurse preparation enhances student performance and enables nurses to review their own level of knowledge, while being stimulated both professionally and educationally. Time and workload considerations are key factors contributing to reduced learning opportunities for students. Workloads need to be reduced for nurses supervising students due to their supernumerary status. Effective time management needs to be demonstrated and role modeled through prioritizing care and allowing time for unplanned events or teachable moments. The quality and success of the clinical experience depends largely on the individual nurse's attitude, willingness and ability to facilitate teaching and learning opportunities in a supportive way.

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REFERENCES

Adams, H. 2008. *Consistent clinical assignment for nursing students compared to multiple placements. Journal of Nursing Education*, 41(2):80-82.

Addis, G & Karadag, A. 2003. An evaluation of nurses' clinical teaching role in Turkey.*Nurse Education Today*, 23(1):27-33.

Altman, T. K. 2006. *Preceptor selection, orientation, and evaluation in baccalaureate nursing education. International Journal of Nursing Scholarship, 3(1):1-16.*

Amador, J.A., Mile, J & Peters, C.B. 2006. The *Practice of Problem-Based Learning: A Guide to Implementing PBL in the College Classroom.* Francisco

Anderson, E & Shannon A, 2005. *Towards a conceptualization of mentoring.* Routledge.

Andrews, G. J., Brown, D & Smit, A. 2009. *Professional roles and communications in clinical placements: A qualitative study of nursing students' perceptions and some models for practice. International Journal of Nursing Studies*, 43(7):861-874.

Arries, E, J. 2009. Interactional Justice in Student-Staff Nurse Encounters. *Nursing Ethics*, 16(2):147-160.

Ausubel, D. P. 2008. *Educational Psychology.* New York: Holt Rinehart and Winston.

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Ballard, L. 2009. Preceptorship: A review of the literature. *Journal of Advanced Nursing*, 24(1):104-107.

Barrows, H.S. 2006. *Problem-based learning in medicine and beyond: A brief overview.* San Francisco: *Jossey Bass.*

Beck, L.H & Srivastava, S.D. 2006. Exposing Shame and Its Effect on Clinical Nursing Education Journal of Nursing. *Journal for Educational Psychology*, 48(30):132-140.

Bennett, R. 2003. Clinical education: perceived abilities/qualities of clinical educators and team supervision of students. *Physiotherapy.* 89(7):432-440.

Benoliel, B.V. 2008. Clinical nurses as teachers of nursing students. *Australian Journal of Advanced Nursing*, 14(2):340-349.

Benoliel, J.Q. 2008. Some reflections on learning and teaching. *Journal of Nursing Education*, 27(8): 340-341.

Booyens, S.W. 2008. *Introduction to Health Services Management.* 2nd ed. Lansdowne. Juta Education.

Botma,Y, Greef, M, Mulaudzi, FM & Wright, SCD. 2010. *Research in health sciences.* Cape Town: Pearson Education.

Bowling, A. 2009. Research methods in health. Investigating health and health statistics 3rd edition. Berkshire: Open University Press.

Bloom, LE & Garner. 2009. *Frames of mind: The theory of multiple intelligences.* New York: Basic Books.

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University of Venda
Creating Future Leaders

Brink, H.I. 2006. *Fundamentals of Research Methodology for Health Care Professionals*. Cape Town: Juta.

Brink, H.I, Van der Walt, C. & Van Rensburg, G. 2006. *Fundamentals of Research Methodology for Health Care Professionals*. 2nd ed. Cape Town: Juta.

Brown, L., Herd, K., Humphries, G & Paton, M. 2004. The role of the lecturer in practice placements: what do students think? *Nurse Education Today* 5(2):84-90.

Burns, I. & Paterson, I. M. 2004. Clinical practice and placement support: supporting learning in practice. *Nurse education in Practice.* 5(2):3-9.

Burns, N & Grove, S.K. 2009. The *Practice of Nursing Research.* Philadephia: Saunders.

Burns, N & Grove, S.K. 2011. The *Practice of Nursing Research.* Philadephia: Saunders.

Chan, D. S. K. 2001. Combining quantitative and qualitative methods in assessing hospital learning environment. *International Journal of Nursing Studies* 38(7):447-459.

Collins English Dictionary: 2009. 10th edition, William Collins, Sons & Co.LTD.

Creswell, J.W. 2009. Research *Design: Qualitative, Quantitative and Mixed Methods Approaches*.3rd ed.Thousand Oaks: Sage.

© University of Venda

University of Venda
Creating Future Leaders

Daggles, H., Mathews, M., Oskouie, C.R & Frans, L. 2005. *Student nurses' experience of clinical placement. International Nursing Review* 5(2):234-241.

David, M., Jerome, M.E. 2009. *Effective Clinical Teaching and Learning.* Centre for Medical Education. University of Dundee: New York.

De Villiers, J.C. 2004. *Evaluation of clinical teaching and professional development in a problem-and community based nursing module.* Curationis 30(19)82-90.

De Vos, A.S. 2005. *Research at grassroots for the social sciences and human service professions.* 3rd edition. Pretoria: Van Schaick.

Dibert, B.V & Goldenberg, F. 2008. *Preceptors' perceptions of benefits, rewards, support and commitment to the preceptor role. Journal of Advanced Nursing,* 21(11):44-51.

Duch, B.J., Groh, S.E & Allen, D.E. 2001. *The Power of Problem-Based Learning*, Sterling, VA: Stylus.

Dunn, H & Hansford, B. 2009. Undergraduate nursing students' perceptions of their clinical learning environment. *Journal of Advanced Nursing,* 25(9): 12-19.

Edwards, I. 2008. Nursing students' experience of care planning activities in clinical education. *Nurse Education Today.* 15(8):209-215.

© University of Venda

University of Venda
Creating Future Leaders

Ehlers, VS. 2010. *Clinical environment as learning environment: student nurses' perceptions concerning clinical learning experiences. Nurse Education Today. (2): 262-268*

Elliot, M. 2002. Clinical education: *A challenging component of undergraduate nursing education.* Contemporary Nurse, 12(1):69-71.

Ewan, C. & White, R.2006. *Teaching nursing: a self instructional handbook.* London: Chapman & Hall.

Flagler, S, Loper-Powers, S. & Spitzer, A. 2008. Clinical teaching is more than evaluation alone. *Journal of Nursing Education*, 27(8), 342-347.

Foley, W & Bayat, M.S. 2007. *A guide to managing research.* Cape Town: Juta.

Gaberson, G.E & Oermann, H. 2007. The impact of clinical placement location on nursing students' competence and preparedness for practice. *Nurse Education Today*, 24(4):48-55.

Gallagher, P. 2007. Pre-conceptions and Learning to be a nurse. *Nursing Education Today*, 27(5):878-880.

Gardner,HK. 1983. *Frames of mind: The Theory of multiple intelligences.* New York: Basic Books.

Gignac-Caille, A.M & Oermann, M.H. 2001. Students and Faculty Perceptions of effective Clinical Instructions in ADN Programs. *Journal of Nursing Education40 (8)347.*

Grant, F & Raybould, B. 2006. Clinical nurses as teachers of nursing students. *Australian Journal of Advanced Nursing*, 14(2):42-50.

© University of Venda

University of Venda
Creating Future Leaders

Grant, T & Raybould, R. 2010. Mentorship: The students' view. *Nurse Education Today,* 8(5):520-529.

Haskvitz, S & Koop, D. 2004. The clinical learning environment and supervision: testing a research instrument in international comparative study. *Nurse Education Today* 22(9): 119-129.

Helm, T & Bjorvellm, C. 2008. Nursing students' experience of care planning activities in clinical education. *Nurse Education Today,* 15(9):612-619.

Hmelo-Silver, C.E & Barrows, H.S. (2006). *Goals and Strategies of Problem Based facilitator.* Interdisciplinary Journal of Problem-Based Learning, 1.21-29. San Francisco: Jossey Bass.

Jones, B. 2010. *Various unpublished reports on clinical teaching from focus group and workshops in nursing colleges*: USA.

Jung, B & Weil, M. 2002. *Models of teaching.* 4th ed. Boston: Allyn and Bacon.

Karuhije, H. E. 2007. Preparation for clinical teaching: Perceptions of the nurse educator. *Journal of Nursing Education,* 25(4): 137-144.

Kowalski, R.M. 2003. *Complaining, teasing and other annoying student behaviors.* New Haven: Yale University Press.

Klopper, H.C. 2009. *Nursing Education:A reflection.* Pretoria: Amabhuku.

Leedy, PD & Omerod, JE. 2005. *Practical research planning and design.* 8th edition.Englewood Cliffs, NJ: Pearson Merrill Prentice Hall.

© University of Venda

University of Venda
Creating Future Leaders

Letizia, C, 2008. A review of preceptorship in undergraduate nursing education: Implications for staff development, Journal of Continuing Education in Nursing, 9(5):211-216.

LoBiondo-Wood, B & Haber, J. 2006.*Nursing Research Methods and Critical Appraisal for Evidence-Based Practice.*6th ed. St Louis: Mosby.

Mamchur, H & Myrick, O. 2008. Preceptorship and interpersonal conflict: A multidisciplinary study. *Journal of Advanced Nursing,* 43(2):388-390.

Mateo, M.A & Kirchhoff, KT. 2009. *Using and Conducting Nursing Research in the Clinical Setting.* 2nd ed. Philadelphia: Saunders.

Mashaba, T.G & Brink, H.I. 2004 .*Nursing Education: an International Perspective.* Kenwyn. Juta & Company.

Maree, K. 2008. *First steps in research.* 2nd ed. Pretoria: Van Schaick Publishers.

McLeod, P.J & Harden, M. 2009. *Effective Clinical Teaching and Learning, Centre for Medical Education, University of Dundee, 2537.*

Mellish, J.M & Brink, H. 2003. *Teaching the practice of nursing.*3rd ed. Durban. Butterworth.

Mellish, J.M., Brink, H. & Paton, SE. 2008. Teaching & *Learning the Practice of Nursing.*4th ed. Sandton. Heinnemann.

Moeller, P. 2004. Clinical supervision: Guidelines for managing the problem student. *Journal of Allied Health,* August, 205-211.

© University of Venda

University of Venda
Creating Future Leaders

Mogale, N.M. 2000. *Problem-Based Case Study to Enhance Critical Thinking in Students.* Rand Afrikaans University.Pretoria.

Mogan, J. & Knox J.E. 2001. Characteristics of best and worst clinical teachers as perceived by university nursing faculty and students. *Journal of Advanced Nursing*, 12(7): 331-337.

Morton-Cooper, A & Palmer, 2000. *Mentoring, preceptorship and clinical supervision.* 2nd ed. Blackwell Science.

Mouton, L.A. 2005. *How to succeed in your Master and Doctoral studies: African guide and resource book.* 2nd ed. Pretoria: Van Schaick.

Murathi, L.A. 2005. Clinical teaching of student nurses by unit managers of selected hospitals in Limpopo Province. *Curationis, 23(12):13-19.*

Napthine, B.N. 2007. Clinical education: A system under a pressure. *Australian Nursing Journal*, 3(9):20-24.

Naude, M., Meyer, S & van Niekerk, S. 2001. *The Nursing Unit Manager: a Comprehensive Guide.* .Sandton: Heinnemann.

Neary, M. 2007. Supporting students' learning and professional development through the process of continuous assessment and mentorship. *Nurse Education Today,* 20(6):463-474.

Newton, C.E. 2010. Students clinical placement and supervision: the role of the clinicians. *International Journal for Nursing,* 10(8):221-215.

Nylund, E & Lindholm, Q. 2009. Practice placement supervision: the role of a personal tutor. *Nurse Education Today* 18(3):343-349. www.sciencedirect.com/science? Accessed on 2012/12/06.

© University of Venda

University of Venda
Creating Future Leaders

Olivier, C. 2004. How *to Educate and Train Outcomes-Based.* 2nd ed. Goodwood: Western Cape.

Parahoo, K. 2006. *Nursing Research Principles, Processes and Issues.* 2nd ed. Macmillan: New York.

Parahoo, K. 2009. Nursing research. Principles, process and issues. Macmillan Press Ltd. UK.

Papp, I., Markkanen, M & von Bonsdorff, M. 2003. Clinical environment as a learning environment: student nurses' perceptions concerning clinical learning experiences. *Nurse Education Today,* 23(4): 262-268.

Pearcey, P. A & Elliot, B. E. 2004. Students' impressions of clinical nursing. *Nurse Education Today* 24 (5):382-385.

Pellatt, G. C. 2006. The role of mentors in supporting pre-registration nursing students. *British Journal of Nursing,* 15(6):336-340.

Peyrovi, H., Yadavar-Nikravesh, M., Oskouie, S. F & Bertero, C. 2005. *Iranian student nurses' experience of clinical placement. International Nursing Review* 5(9):134-141.

Polit, D.F. & Beck, C. T. 2005. *Developing a Conceptual Context. Nursing Research Principles and Methods. 7th ed.* Lippincott: Philadelphia.

Polit, D.F & Hungler, B.P. 2005. *Nursing Research: Principles and Methods.* Philadelphia: Lippincott.

© University of Venda

University of Venda
Creating Future Leaders

Raisler, J., O'Grady, M & Lori, J. 2003. Clinical teaching and learning in midwifery and women's health. *Journal of Midwifery and Women's Health*, 48 (6):398-406.

Saarikoski, M. 2003. Mentor relationship as a tool of professional development of student nurses in clinical practice. *The International Journal of Psychiatric Nursing Research* 9(1):1014-1024.

Schmidt, N.A & Brown, JM. 2009. Evidence-based practice for nurses: appraisal and application of research. New York: Jones & Bartlett

Schweer, J. E & Gebbie, K. M. 2006. *Creative teaching in clinical nursing.* St Louis: C.V. Mosby.

Sellick, K & Kanitsaki, O. 2001. A comparison of faculty and student perceptions of clinical nurse teacher behaviours. *The Australian Journal of Advanced Nursing*, 9(1): 3-7.

Smith, L & Lindholm, C. 2009. The importance of ethics in clinical supervision of nursing students. *Nursing Ethics* 12(6): 278-286.

South African Nursing Council, Nursing Act, 2005. Act No 33 of 2005. Pretoria.

Spouse, J. 2001. Bridging theory and practice in the supervisory relationship: a sociocultural perspective. *Journal of Advanced Nursing* 33(9):512-522.

Stringer, N.J. 2008. *Action research in education.* 2nd ed. Upper Saddle River, NJ: Pearson Education Inc.

© University of Venda

University of Venda
Creating Future Leaders

Quinn, F.M. 2006.*The principles and practice of nurse education.*2nd ed.London: Chapman & Hall.

Treece, E.W & Treece, J.W. 2006. *Element of research in nursing.* St. Louis: Mosby.

Uys, B.Y. & Meyer, S.M. 2005. Critical thinking of student nurses during clinical accompaniment. *Curationis, 28 (3)11-19.*

Uys. H. H. M & Basson, A. A. 2005. Research methodology in nursing. Kagiso Tertiary, Cape Town.

Volshenk, M.D. 2009. *Applying the seven principles for good practice in undergraduate education. New Directions for Teaching and Learning.* San Francisco: Jossey Bass.

Vygotsky, L.S. 2008. *Mind and society: The development of higher psychological process.* Cambridge: Harvard University Press.

Wasili, R. M. 2002. Continuing education needs of practicing nurse-midwives in Southern Malawi. Unpublished dissertation. University of Witwatersrand, Johannesburg.

Wells, G.G & Bernard, C. 2009. Clinical education: A challenging component of undergraduate nursing education. *Journal of Advanced Nursing*, 12(1): 69-71.

White, R & Ewan, C. 2006 .*Clinical Teaching in Nursing.* London: Chapman & Hall.

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Creating Future Leaders

White, R. 2006. *Teaching nursing: A self instructional handbook.* London: Chapman & Hall.

Wilkerson, L & Gijselaers, W.H. 2007. *New directions for teaching and learning, bringing problem-based learning to higher education: Theory and practice.* San Francisco: *Jossey Bass.*

Wilson, J & White, T. 2009. Clinical support for the nursing student: factors influencing this process. *Journal of Advanced Nursing* 21(7):252-260.

Woods, N.F & Catanzaro, M. 2003. *Nursing Research: Theory and Practice* St Louis: Mosby.

Wosley, R.T & Leon, L. 2007. *Clinical supervision, a hornet's nest. Nursing Times.* 4(1):10-18.

Wright, S. 2007. *Perceptions of barriers to implementing research. Nursing Standard 1*(19):34-37

Zhang, Z. X., Luk, W., Arthur, D & Wong, T. 2001. *Nursing competences: personal characteristics contributing to effective nursing performance. Journal of Advanced Nursing* 33 (4):467-474.

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ANNEXURE A

UNIVERSITY CLEARANCE CERTIFICATE

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S162

NAME OF RESEARCHER/INVESTIGATOR:

Dilebo ME

Student No: 11618167

PROJECT TITLE: THE ROLES AND RESPONSIBILITIES OF STUDENT NURSES AND CLINICAL STAFF TOWARDS CLINICAL TEACHING AT LIMPOPO COLLEGE OF NURSING – SOVENGA CAMPUS.

PROJECT NO: SHS/12/PDC/12/1012

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof L Nelshikweta	University of Venda,	Supervisor
Dr L Nemathaga	University of Venda,	Co-supervisor
Ms Dilebo ME	University of Venda,	Investigator - Student

ISSUED BY:

UNIVERSITY OF VENDA, HEALTH, SAFETY AND RESEARCH ETHICS COMMITTEE

Date Considered: October 2012
Decision by Ethical Clearance Committee Granted
Signature of Chairperson of the Committee: .....
Name of the Chairperson of the Committee: Prof. X.G Mbhenyane

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ANNEXURE B

REQUEST FOR PROVINCIAL PERMISSION

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TO: LIMPOPO PROVINCIAL GOVERNMENT
DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

FROM: MS ME DILEBO

DATE: 14 AUGUST 2011

RE: REQUEST TO CONDUCT RESEARCH

1. The above matter refers:
2. Permission is hereby requested to conduct research at the Department's health care facilities. Title of my research is **ROLES AND RESPONSIBILITIES OF STUDENT NURSES /CLINICAL STAFF TOWARDS CLINICAL TEACHINGAND LEARNING AT LIMPOPO COLLEGEOF NURSING –SOVENGA CAMPUS**

Selected facilities are Mankweng Hospital, Polokwane Hospital, Seshego hospital Thabamoopo hospital, Nobody Clinic, Makanye clinic and Evelyn Lekganyane Clinic.
3. The research project is a requirement for MCUR degree.
4. The researcher shall observe all the ethical principles for collecting data.
5. Attached find permission letter from University of Venda Ethical Committee.

Regards

.....

ME Dilebo

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ANNEXURE C

PROVINCIAL LETTER OF APPROVAL

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Ref:4/2/2

Enquiries: Selamolela Donald

Dilebo ME

University of Venda

Thohoyandou

0950

Dear Sir

Re: Permission to conduct the study titled: The roles and responsibilities of student nurse and clinical teaching and learning at Limpopo College of nursing-Sovenga campus.

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
3. Kindly be informed that:-
   - 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.

Your cooperation will be highly appreciated.

General Manager: Strategic Planning, Policy and Monitoring

Date 20/12/2010

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ANNEXURE D

INFORMATION LETTER FOR PARTICIPANTS

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INFORMATION LETTER FOR PARTICIPANTS

RESEARCH TOPIC:

The roles and responsibilities of student nurses and clinical staff towards clinical teaching and learning at Limpopo College of nursing –Sovenga campus

Researcher: ME Dilebo

I am herewith inviting you to participate in the abovementioned research. The purpose of the study is determine the roles and responsibilities of student nurses and clinical staff towards clinical teaching and learning in the clinical facilities where student nurses are placed for clinical learning experiences

Findings may be utilized to develop strategies to enhance clinical teaching and learning.

As far as I can tell, there are no risks or discomforts to you in participating in this study.

A questionnaire will be provided to you to respond to the questions.

It will take you 15-20 minutes to answer questions.

You are assured that confidentiality and anonymity will be maintained. Your name will not appear on the questionnaire, so that data will not be linked with your name.

All data will be stored in a secure place and no one except the researcher will have access to the data.

No reimbursements will be made by the researcher for participation in this study

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Your participation in this study is totally voluntary, and you have the right to withdraw at any time without repercussions or penalty.

The original copy of this agreement will be given to you.

If you have any questions about the study or about participating in the study, please feel free to ask the researcher at 082 3474 484 (mobile phone) or 015 267 1114 (work).

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ANNEXURE E

CONSENT FORM FOR PARTICIPANTS

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CONSENT FORM FOR PARTICIPANTS

I.....hereby freely consent to take part in this research project. The study was explained to me, and I voluntarily consent to participate in this activity. I had an opportunity to ask questions and understand that future questions will be answered by the researcher. I understand that my participation is voluntary and that I may withdraw my consent and stop taking part at any time without penalty.

.....

Signature of subject

Date.....

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ANNEXURE F

QUESTIONNAIRE FOR STUDENT NURSES

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QUESTIONNAIRE FOR STUDENT NURSES

DIRECTED TO THE STUDENT NURSE ABOUT CLINICAL TEACHING BY CLINICAL STAFF

Age in years

Gender: put a cross in appropriate space

M	F

Current level of study:.....

Repeated any level: put a cross in appropriate space

Yes	No

If yes, indicate which level .....

Current clinical exposure: put a cross in appropriate space

CNS	GNS	MID	PNS

Put a cross (X) in the column that most closely describes how much you agree or disagree with each of the statements

Roles of clinical staff				
Item description	1.Strongly agree	2.Agree	3.Disagree	4.Strongly disagree
I am informed about learning expectations at the beginning of the year				
I am provided with learning materials i.e. learning objectives, procedure manuals, workbooks and list of prescribed books at the beginning of the year				
Learning needs i.e. clinical objectives, learning contracts and workbooks Are assessed on arrival in the unit				

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Nurse/student relationship				
Always orientated to the unit				
Always supervised by clinical staff				
Clinical staff is competent and knowledgeable				
Delegation of duties is done according to learning needs				
Always given guidance and support				
Clinical environment				
Clinical areas have necessary resources to enhance learning				
There are sufficient learning opportunities e.g. patients, equipments and staff				
Clinical experts always teach students				
Nursing care skills are done correctly				
Clinical staff are good role models				
Clinical allocation/rotation period enough to achieve learning objective				
I always complete required clinical learning skills before final exam				

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ANNEXURE G

QUESTIONNAIRE DIRECTED TO CLINICAL STAFF

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QUESTIONNAIRE DIRECTED TO CLINICAL STAFF

INDICATE YOUR RESPONSE TO THE STATEMENTS ABOUT CLINICAL LEARNING BY STUDENT NURSES

BIBLIOGRAPHIC DATA

Indicate your response by marking the appropriate space with an X.
For office use only

1. Age in years ☐

2. Indicate your highest qualification/s

Basic Nursing Diploma	
Basic Nursing Degree	
Post Basic Nursing Diploma	
Post Basic Nursing Degree	
Honours Degree	
Masters degree	
Doctorate Degree	
Other(Specify)	

3. Indicate your professional registration/s

General Nurse	
Psychiatric Nurse	
Community Nurse	
Midwife	
Nurse Educator	
Nurse Manager	
Other(specify)	

4. How many years of professional experience do you have ☐

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5. Indicate the clinical unit in which you work

Medical	
Surgical	
Paediatric	
Out Patient Department	
Casualty	
Operating Theatre	
Ante-natal	
Labour ward	
Post Natal	
Psychiatric unit	
PHC	
Other(specify)	

6. Questionnaire: Effective utilization of clinical learning exposure by student nurses.

Put a cross (X) in the column that most closely describes your opinion with each of the statements.

Role of student nurses				
ITEM DESCRIPTION	**4.Always**	**3.Often**	**2.Seldom**	**1.Never**
Students are punctual on duty				
Students are committed to learning				
Students are cooperative				
Students participate actively and involved in clinical activities				
Students know their learning needs and expectations				
Students always have their learning objectives and workbooks/registers				
Students utilize clinical learning opportunities effectively				
Students display critical thinking				
Role of clinical staff				
I always orientate students to the unit				
I have necessary clinical				

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expertise to teach students effectively				
I delegate duties according to students learning needs				
I always supervise students				
I always give students support and guidance				
I utilize teachable moments effectively				
I am comfortable with the number of students allocated to the unit				

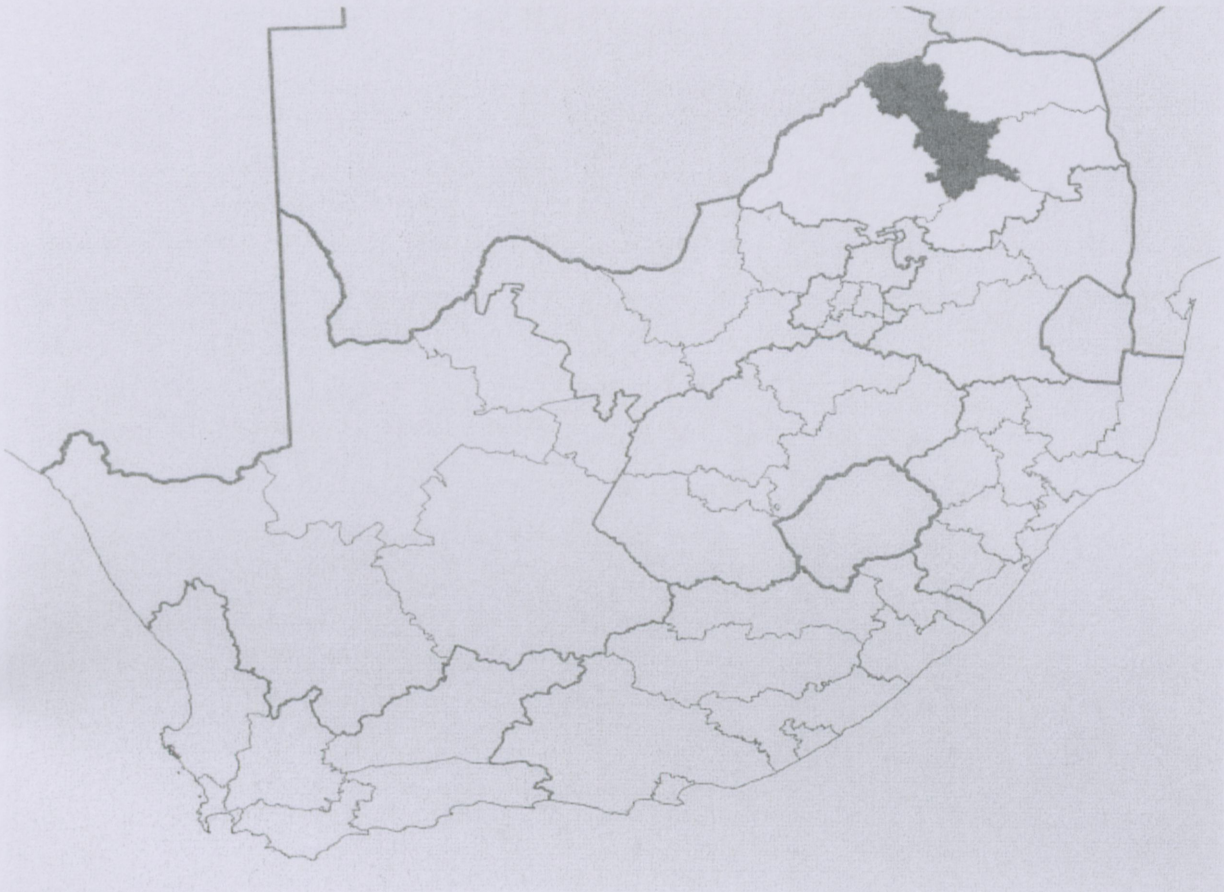
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ANNEXURE H

MAP OF CAPRICORN DISTRICT OF LIMPOPO PROVINCE

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