



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

CHALLENGES DURING CLINICAL ACCOMPANIMENT: REFLECTIONS OF THE UNDERGRADUATE NURSING STUDENTS

LEDILE EDITH MANAMELA

Student number: 982 905 77

**Submitted in fulfilment of the requirements for the degree of
Magister Curationis (Nursing Education)**

Faculty of Health Sciences
School of Health Care Sciences
Department Nursing Sciences

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Supervisor: Dr VM Bhana-Pema

Co-supervisor: Prof SS Moloko-Phiri

DECLARATION

I, Ledile Edith Manamela,

Student Number: 982 905 77,

declare that:

“Challenges during clinical accompaniment: Reflections of the undergraduate nursing students”

Is my original work and has not been previously submitted before for any degree or examination by me or anyone at any other institution.

I further declare that all efforts to acknowledge sources used in this study were taken by means of complete references in the text and reference list.

Signed

Date

Ledile Edith Manamela

DEDICATION

In loving memory of my Daddy, Malesela Terror Mello:

Any man can be a father, but it takes someone special to be a “DAD” like you ...

You raised me alone as a single- parent and gave me the greatest gift anyone could ever give: To trust in God, you instilled confidence in me and said to me “Yatu” let the sky be the limit. Despite the pain you endured because of losing your beloved wife and the mother of your children at a young and tender age, you remained an outstanding father, guardian, protector, carer, mentor and coach and above all a friend and a listener. You were tough on the outside but very gentle and humble inside and transparent. You were the best dad a child could ask for and you will always hold a special place in my heart that no one could ever fill.

I will always thank God for giving me an opportunity to be part of your life.

I will always cherish your unconditional “LOVE”.

This study is also dedicated to the following special people in my life:

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- My sons, Kabelo Nushy and Thabang, and my daughter Bokang Charis, for their love, reassurance and endurance when I was not there when they needed me.
- My adopted son Tlou Vincent Moremi, you are a blessing to our lives. Thank you for your support, love, availability and undivided attention you always provide to us and our children.

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ABSTRACT

INTRODUCTION AND BACKGROUND: One of the prerequisites during the training of nursing students is clinical accompaniment by professional nurses, which offers direction and guidance to professional development. Exposure to the Clinical Learning Environment (CLE) affords nursing students with an exclusive background for experiential learning and skills that are rare to be acquired elsewhere. Professional nurses in hospitals and clinics are expected to accompany nursing students in the CLE to assist them in achieving the learning outcomes. However, nursing students at the selected higher education institution indicated dissatisfactions with the conduct of professional nurses during their placement at the CLE.

OBJECTIVES: To explore and describe the challenges experienced by the undergraduate nursing students within the CLE in the Capricorn District, Limpopo Province.

METHODOLOGY: A qualitative research method was used to explore and describe the challenges experienced by undergraduate nursing students in the CLE in the Capricorn District, Limpopo Province. The population comprised of undergraduate student nurses enrolled for Bachelor of Curationis Degree for the academic year 2017 from the selected higher education institution, with a total number of 258 undergraduate nursing students. Purposive sampling was used to select participants who are more knowledgeable about the problem studied. The third- and fourth-year undergraduate nursing students, who are 122 in total, were selected purposively until data saturation was reached. Four focus group interviews were conducted to collect data. Tesch's open coding data analysis method was used to analyze data. Ethical considerations and trustworthiness were maintained throughout the study.

FINDINGS: Three main themes and sub-themes related to challenges of the undergraduate nursing students within the Clinical Learning Environment emerged, based on the findings of the study

namely: Challenges experienced by students; inadequate learning opportunities and Attitudes of professional nurses. These themes further guided the recommendations for the nursing practice, nursing education and for future research.

CONCLUSION: A conducive learning environment should be established to enable nursing students to acquire professional knowledge and skills through team-work between nursing education institutions, clinical staff, and multidisciplinary team members. Professional nurses need to support and treat students fairly, irrespective of their educational institution or field of training.

KEYWORDS: Accompaniment, Clinical learning environment, Nursing students, Professional nurse, Reflections.

LIST OF ABBREVIATIONS / ACRONYMS

ABBREVIATION / ACRONYM	MEANING
CLE	Clinical learning environment
DHE	Department of Higher Education
HEI	Higher Education Institution
NEA	Nursing Education Association
NEI	Nursing Education Institution
RSA	Republic of South Africa
SANC	South African Nursing Council
TREC	Turfloop Research Ethics Committee
UK	United Kingdom
UL	University of Limpopo
UP	University of Pretoria

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

In South Africa, nursing practice, including the training of nursing students, is governed by the South African Nursing Council (SANC). SANC (1992) describes accompaniment as the directed assistance and support extended to a student by a professional nurse and/or midwife with the aim of developing a competent, independent practitioner. In addition to the above, a study conducted in Turkey by Serçekuş and Baskale (2016:1) revealed that clinical education provides nursing students with an opportunity to translate the knowledge, abilities, and conceptions acquired from modules into practice if they are guided throughout training. They further indicated that a constructive clinical learning environment (CLE) is critical for positive learning experiences.

In the United Kingdom (UK), Carlisle, Calman, and Ibbotson (2009:715) conducted a study which exposed challenges such as a busy CLE with, amongst others, overloaded placements and heavy workloads. Such factors contribute to an unfavorable learning environment. In Australia, Chuan and Barnett (2012:192) also conducted a study which pointed out that the CLE has many benefits for nursing students; such as the development of nursing knowledge, professional socialization and development of confidence, amongst others. At the same time, it can be challenging, unpredictable and stressful. These authors further indicated that a positive CLE produces positive outcomes, while a negative one produces poor learning outcomes.

In South Africa, one of the prerequisites during the training of nursing students is clinical accompaniment by professional nurses, which offers direction and guidance to professional development (Letswalo & Peu, 2015:351). This notion is supported by Mothiba, Lekhuleni, Maputle, and Nemathaga (2012:195), who stated that exposure to a CLE affords nursing students with an exclusive background for experiential learning and skills that are difficult to be acquired elsewhere. Professional nurses in hospitals and clinics are expected to accompany nursing students in the CLE

to assist them in achieving the required learning outcomes. However, nursing students at the selected higher education institution indicated dissatisfaction with the conduct of nursing staff in the nursing units. The situation might be caused by a difference in the perceptions of nursing students and nursing staff.

According to Letswalo and Peu (2015:353), perception is described as a complicated phenomenon demanding the acquisition of data from the environment utilizing all five senses which are sight, hearing, touch, smell, and taste. Papathanasiou, Tsaras and Sarafis (2014:59) indicated that there is a noticeable gap between the expectations and reality of the clinical learning environment for the students in nursing, where they are expected to have their abilities in the application of knowledge, abilities, attitudes, and values inherent in the nursing profession developed. In addition, Brown, Williams, McKenna, Palermo, McCall, Roller, Hewitt, Molloy, Baird and Aldabah (2011: e22) argues that the CLE provides nursing students with opportunities to observe their role models, practice in action and to reflect on what is seen, heard and done. These opportunities are sometimes not being provided to student nurses.

As part of their training, nursing students are often given an opportunity to complete reflective journals with regard to their experiences during clinical learning. The researcher's observation from students' reflections is that students are often not given the opportunity to learn and be supervised in skills they are expected to perform. Johns (2013:34) defines reflection as "a purposeful and active learning progress, either in class or in the CLE, from a lived experience that gives practitioners insight into self and practice". Dahl and Eriksen (2016:402) further described reflection as an "action that necessitates a person to inspect the manner in which one has reacted in a previous situation to increase alertness and to improve in future for better performance".

According to Government Notice No. R425 of 22 February (SANC, 1985), undergraduate nursing students must have a minimum of 4000 hours in the CLE as a requirement for experiential learning for the four-year programme leading to registration as a nurse (general, psychiatry and community) and midwifery. In addition to the above requirements, students should be provided with meaningful learning opportunities in accordance with their level of training. This should be done to ensure that students are competent when they complete their training programme. However, despite the learning opportunities that students have to cover in the CLE, students complain about their learning needs

not being met and lack of supervision from professional nurses. Based on the above assertion, the challenges of undergraduate nursing students regarding their experiences in the CLE in Limpopo Province will be explored and described.

1.2 PROBLEM STATEMENT

The undergraduate nursing students are allocated to the CLE where they are often expected to record their experiences in reflective journals following their allocation. Subsequently, after reading the student's reflective journals, it was observed that most students reported dissatisfaction with respect to their experiences in clinical learning. Some of their challenges were among others, poor communication and lack of supervision. This problem was also alluded to by Beukes, Nolte and Arries (2010:2) when they argued that a respectful relationship grounded in ethical, personal and professional values are essential for clinical accompaniment to be effective.

The Nursing Act No.33 of 2005 (SANC, 2005) directs professional nurses and midwives to give guidance and support to student nurses throughout their training with the aim of developing them into competent, independent nursing practitioners by creating a conducive environment for learning. There is, however, uncertainty with regard to the responsibility of guiding and providing support to nursing students (Rikhotso, Williams & de Wet, 2014:1). This is so despite the Nursing Act 2005 (Act No.33 of 2005) prescriptions regarding the concerns raised. Undergraduate students continue to complain of a lack of support when placed in the CLE and they continue to expect the best from professional nurses, who sometimes complain of a shortage of staff and complexities of the units. The researcher, therefore, intends to explore and describe the challenges experienced by the undergraduate nursing students in the CLE in the Capricorn District, Limpopo Province.

1.3 SIGNIFICANCE OF THE STUDY

The significance of this study lies in understanding how undergraduate student nurses perceive the challenges at the CLE. Understanding these perceptions may assist the clinical facilitators in designing measures that will result in the CLE becoming a favourable environment for student nurses to learn. The study may assist in addressing the challenges that student nurses experience in the CLE, bearing in mind that student nurses are future health care providers. This study may also serve as a springboard for future research in CLE and improve the policy formulation on how to support students in the CLE.

1.4 AIM

The aim of this study was to explore the challenges experienced by the undergraduate nursing students in the CLE in the Capricorn District, Limpopo Province.

1.5 RESEARCH QUESTION

The research question guiding this study was formulated as follows:

What are the challenges experienced by the undergraduate nursing students in the CLE in the Capricorn District, Limpopo Province?

1.6 OBJECTIVE OF THE STUDY

The objective of the study can be summarised as follows:

To explore and describe the challenges experienced by the undergraduate nursing students in the CLE in Capricorn District, Limpopo Province.

1.7 DEFINITION OF CONCEPTS

CHALLENGES

A broad spectrum of behaviours that can be experienced as aggressive or unpleasant and can affect people who are involved (Pierson & Thomas, 2010:73). In this study, challenges shall refer to the experiences of the undergraduate nursing students in the CLE.

PROFESSIONAL CONDUCT

The accepted manner in which a professional should act (Garner, 2001). In this study, professional conduct shall mean the behaviour displayed by the professional nurses towards the undergraduate nursing students in the CLE in Limpopo Province.

REFLECTION

Purposeful and active learning progress from lived experiences that gives practitioners insight into self and practice (Johns, 2013:34). In this study, reflection shall refer to the thoughts the undergraduate nursing students have regarding the challenges they experience during clinical learning in the CLE.

ACCOMPANIMENT

This is described as directed assistance and support extended to a student by a professional nurse and or midwife with the aim of developing a competent, independent practitioner (SANC, 1992). In this study, accompaniment shall mean directed assistance and support extended to a student by a professional nurse who is allocated to the ward for patient care, and who is also responsible for the students.

CLINICAL LEARNING ENVIRONMENT

An environment in which professional nurses and students are involved in patient care and where learning opportunities are in existence (Jeggels, Traut & Africa, 2013:1). In this study, CLE will refer to the public hospital and clinics where undergraduate student nurses are allocated for the clinical learning experience.

NURSING STUDENT

According to the Nursing Act, Act No. 33 of 2005 a nursing student is a person undergoing education and training in nursing at any accredited nursing education institution (SANC, 2005). For the purpose of this study, nursing students will refer to 3rd and 4th year nursing students enrolled for Bachelor of Curationis degree at a higher education institution in Limpopo Province during the 2017 academic year.

HIGHER EDUCATION INSTITUTION

According to the Higher Education Act 101 of 1997 (as amended), a higher education institution is any institution that provides higher education on a full-time, part-time or distance basis and which is merged, established or deemed to be established as a public higher education institution (Higher Education Act, 1997). In this study, it referred to the selected higher education institution in the Capricorn District, Limpopo Province.

PROFESSIONAL NURSE

A person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed, and who is capable of assuming responsibility and accountability for such practice (SANC, 2005). In this study, a professional nurse refers to a person registered with the SANC as a professional nurse and is allocated in the different wards in the hospitals and the clinics.

1.8 PHILOSOPHICAL PERSPECTIVES

1.8.1 Assumptions

Assumptions are described by Grove, Burns and Gray (2013:41) as statements that are viewed as being true, despite the fact that they have not been scientifically proven. In this study, assumptions will be discussed with regards to paradigms that are ontological, epistemological and methodological assumptions.

1.8.2 Paradigms

According to Kuhn (1970:42), there is an interrelationship between paradigms and rules. This interrelation is shown in the fact that rules emanate from paradigms and can, therefore, guide research, even in the absence of rules. Brynard, Hanekom and Brynard (2014:5) describe a paradigm as a pattern of commonly held theories or assumptions on scientific and sociological models, serving as patterns for a research topic influencing the research of a scientist. The research was based on the constructivists' paradigm, which assumes that people interpret the realities in which they participate, constructing meaning from that explanation (Denicolo & Becker, 2012:124).

The constructivists' paradigm is therefore relevant in this study as it seeks to explore and describe the challenges experienced by undergraduate nursing students in the CLE in the Capricorn District, Limpopo Province. The following assumptions were discussed: ontological, epistemological and the methodological.

1.8.2.1 Ontological assumptions

According to Botma, Greeff, Mulaudzi and Wright (2015: 40), ontology is defined as a branch of philosophy that deals with the nature of reality, and it is mainly concerned with how people view the world. The realities exist socially and experimentally or locally and specifically, and also in the form and content of the person who holds them (Gardner, 2013: 245). In this study, ontological assumptions referred to the challenges experienced by undergraduate nursing students in the CLE. The researcher assumes that the CLE is the world that is populated with human beings with thoughts and that have the ability to interpret and attach meanings to occurrences from their world. The researcher further assumes that there are realities in the CLE which affect the learning process of the undergraduate nursing students that must be explored and described as stated in the objective of the study.

1.8.2.2 Epistemological assumptions

Epistemology is a branch of philosophy that deals with the nature of knowledge and how it is acquired (Denicolo & Becker, 2012:125). Epistemology identifies principles, methods, theories, concepts, procedures or rules to identify a social phenomenon and what kind of explanation is seen as being satisfactory in knowledge development (Botma et al., 2015:40). In this study, the researcher seeks to explore and describe the challenges experienced by undergraduate nursing students at the CLE with the view that all the knowledge and meaningful realities of human being practices are constructed within their interaction with the world. The researcher interacted with the undergraduate nursing students to gather knowledge regarding their experiences at the CLE, which was collaborative in nature.

1.8.2.3 Methodological assumptions

Methodology refers to steps, rules and procedures and strategies for gathering and collecting data (Polit & Beck, 2012:733). The study was qualitative in nature and used descriptive, explorative and

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contextual methods of research designs. The researcher used four focus group interviews to achieve an in-depth understanding from participants' narratives regarding the challenges they experienced in the CLE. Tesch's open coding data analysis method was used to analyze data collected and recommendations to address the challenges in the CLE were developed.

1.8.2.4 Paradigmatic perspective of the study

A theoretical assumption reflect the knowledge of an existing theoretical or conceptual framework which relates to the researcher's study (Botma et al., 2015:187). Neuman (2006:56) indicated that theories offer insight into the actual gist of a phenomenon by revealing the interpretations of the study findings. In this study, Graham Gibbs's model of Reflection was adopted as a theoretical perspective of the study. Gibbs (1988) describes a reflective cycle that present questions that needs to be answered to learn from an experience similar to that of student nurses in the clinical learning environment, it is cylindrical and consist of six main stages. See more details in chapter 2.

1.9 DELINEATION

Only the third- and fourth-year undergraduate nursing students enrolled at the selected higher education institution for the 2017 academic year were included in the study. The reason for including them was that they have been training for more than two years and have an understanding of the challenges in the CLE.

1.10 RESEARCH DESIGN AND METHODS

Research design refers to "the structures within which the study is implemented" (Grove, Burns & Gray, 2013: 27). It is through a research design that the research question is addressed and the quality specifications for enhancing the study's integrity are set (Polit & Beck, 2012:227). This study used a qualitative research design to conduct the study whereby different types of qualitative research designs such as an explorative, descriptive and contextual where included.

A qualitative research method was employed to conduct this study. Polit and Beck (2012:763) define qualitative research as an investigation of the phenomena, typically in an in-depth and holistic fashion, through the collection of rich narrative material using a flexible research design. Qualitative

research methods aim to explore and describe a phenomenon from experiences of participants (Polit & Beck, 2012:23). A detailed discussion regarding the context, population, sample method, data collection and data analysis will be outlined in chapter 2.

According to Grove, Burns and Gray (2013:66), exploratory design refers to research conducted to address an issue or problem in need of a solution. In this study, explorative design was used to gain insight into and have an understanding regarding the challenges experienced by undergraduate nursing students in the CLE. The researcher asked questions and gave the participants the opportunity to respond.

Descriptive designs are described by Botma et al. (2015: 110) as non-experimental designs used to describe the variables of interest as it naturally occurs. Descriptive design assisted the researcher with obtaining the complete and accurate information needed on the reflections of undergraduate nursing students regarding the challenges in the CLE.

Contextual designs intend to describe and understand events within the concrete, the natural context in which they occur (Babbie, 2010:46). In this study, the contextual design was described in terms of the environment, context and situation at the selected institution of higher learning in the Capricorn District, Limpopo Province. More details will be discussed in Chapter 2.

1.11 ETHICAL CONSIDERATIONS

The researcher received approval from the University of Pretoria Research Ethics Committee.

Permission was obtained from the Department of Health and Department of Higher Education, Limpopo Province, and from the School of Health Sciences from the selected institution of higher learning. The following ethical principles were adhered to in this study:

1.11.1 Beneficence

Polit and Beck (2012:152), define beneficence as a fundamental ethical principle that seeks to maximize benefits for study participants and prevent harm. The participants were not subjected to unnecessary risks for harm or discomfort. Involvement in this study did not place participants at a

disadvantage or expose them to situations for which they were not prepared for. The research was beneficial to participants and was not used against them in any way.

1.11.2 Respect for human dignity

Respect for human dignity includes the right to self-determination and the right to full disclosure (Polit & Beck, 2012:153). In this study, the participants had the right to voluntarily decide whether they want to participate in the study, including the right to withdraw at any time without penalty. The right to self-determination and full disclosure, which are the main elements of informed consent, were adhered to. An outline of the study and its purpose was explained to participants and those who were willing to participate signed the relevant consent forms.

1.11.3 Justice

Justice refers to fairness and equity (Polit & Beck, 2012:155). In this study, the researcher avoided neglect and discrimination against participants at all costs. Confidentiality was maintained. The researcher also ensured that the participants' privacy was maintained throughout the study. Information was provided to all participants equally and were given equal opportunities to respond to questions.

1.11.4 Elimination of bias

Bias, according to Polit and Beck (2012:176), is an influence that produces an error in an estimate or an inference. In this study, the bias was minimized by adhering to the research methodology of the study. A prepared interview guide was used to enter into conversation with each focus group and the same questions were asked during all focus group sessions. The researcher also minimized bias by avoiding to adding her own opinions or manipulating the information given, and all participants had an equal chance to participate. Purposive sampling was used to select people to participate in the study.

1.12 CHAPTER OUTLINE

The outline of this study is presented in Figure 1.1

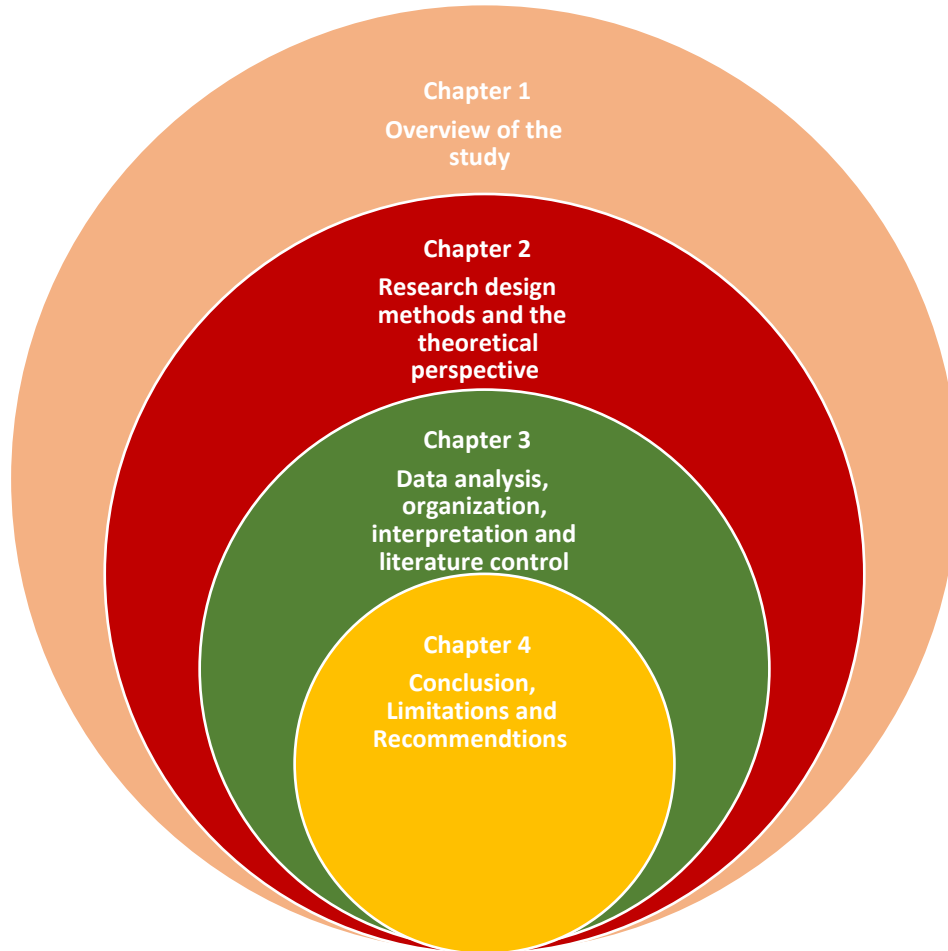


Figure 1.1: Overview of the study

1.13 CONCLUSION

Chapter 1 deliberated on the introduction and background of the study. This chapter also scrutinized the literature pertaining to the topic under study and outlined the problem statement. The chapter further delineated on the significance of the study, aims and objectives, research question, definition of concepts and the philosophical perspective. The researcher used a qualitative, explorative and descriptive FGI research design and methodology to address the aim and objective of the study. Ethical considerations were briefly discussed, and an outline of the entire dissertation was provided

CHAPTER 2

RESEARCH DESIGN METHODOLOGY AND THEORETICAL PERSPECTIVES

2.1 INTRODUCTION

The previous chapter described the overview of the study. This chapter describes the research design and methods, and ethical considerations applied in this study. The research methodology includes the research designs, population, sampling, inclusion criteria, data collection, data analysis theoretical perspectives and dissemination of results. The purpose of the study was to explore and describe the challenges experienced by undergraduate nursing students in the CLE in the Capricorn District, Limpopo Province.

2.2 RESEARCH DESIGN

Research design refers to “the structures within which the study is implemented” (Grove, Burns & Gray, 2013: 27). It is through a research design that the research question is addressed and the quality specifications for enhancing the study’s integrity are set (Polit & Beck, 2012:227). The research design is considered to be the foundation for the study and indicates the method used by the researcher in obtaining participants, collecting and analysing data and interpreting results (Brink, Van der Walt & Van Rensburg, 2013:120). This study used a qualitative research design to conduct the study whereby different types of qualitative research designs such as an explorative, descriptive and contextual where included.

2.3 QUALITATIVE RESEARCH

In this study, a qualitative research method was employed. Polit and Beck (2012:763) define qualitative research as an investigation of the phenomena, typically in an in-depth and holistic fashion, through the collection of rich narrative material using a flexible research design. Qualitative research methods aim to explore and describe a phenomenon from experiences of participants (Polit & Beck, 2012:23). In this study, a qualitative research method was used to obtain in-depth

information regarding the challenges experienced by undergraduate nursing students in the CLE. This was achieved by exploring and describing the phenomena of the study, through giving participants' time to describe the problem studied.

2.4 TYPES OF QUALITATIVE RESEARCH DESIGNS

Research designs are authentic pillars of the study which provides the structure for research methodology and design adoptions (Botma et al., 2015:108). As indicated in Chapter 1, the research designs followed in this study was qualitative, descriptive, explorative and contextual in order for the researcher to explore and describe the challenges experienced by the undergraduate nursing students in the Clinical Learning Environment (CLE).

2.4.1 Descriptive Design

According to Grove, Burns and Gray (2013:215), a descriptive design is crafted to gain more information about characteristics within a particular field of study. Grove et al., (2013:215) further indicated that descriptive designs are used to identify problems related to current practice, make judgments, and related statements that could be used to describe, explain, predict, or control the phenomenon being studied. Descriptive design describes the experiences' while emphasizing the richness, extent and seriousness of such experiences (Streubert & Carpenter, 2011:81). The study was descriptive, as it intended to describe the phenomena precisely and was based on valid presentation relevant to the research questions. This design assisted the researcher with obtaining the complete and accurate information needed on the reflections of undergraduate nursing students regarding the challenges in the CLE.

2.4.2 Explorative design

The explorative design was conducted to address an issue or problem in need of a solution (Grove, Burns & Gray, 2013: 66). An explorative design was used in this study to gain insight into and have an understanding of the problem under study in which the researcher asked questions and gave the participants the opportunity to respond. The study had to be explorative in nature as the researcher wished to explore a phenomenon with high levels of uncertainty and ignorance about the subject (Babbie, 2010:89). The study explored the phenomena which entailed the reflections of undergraduate nursing students regarding the challenges they experience at the CLE.

2.4.3 Contextual design

Contextual research strategy intended to describe and understand events within the concrete, the natural context in which they occur (Babbie, 2010:46). In this study, the contextual design was described in terms of the environment, context and situation at the selected institution of higher learning in the Capricorn District, Limpopo Province.

2.5 RESEARCH METHODS

In this study, a qualitative research method was employed. Polit and Beck (2012:765) define research methods as the techniques used to structure a study and to gather and analyze information in a systematic fashion. Polit and Beck (2012:758) further describe research methods as the steps, procedures and strategies for gathering and analysing data in a study. The application of these research methods will now be discussed in detail.

2.5.1 Context

The context refers to the physical location and conditions in which data collection will take place (Brink et al., 2013:59). The study will be conducted at the selected higher education institution which offers a four-year Bachelor of Curationis Degree. The HEI is situated in the Capricorn District, Mankweng, 32 kilometers from Polokwane City. The HEI consists of four faculties namely: The Faculty of Health Care Sciences, the Faculty of Science and Agriculture, the Faculty of Management and Law and the Faculty of Humanities. The Faculty of Health Care Sciences has schools that are further divided into five departments namely: Nursing Science, Human Nutrition, Pharmacy, Optometry and Medical Sciences. The Department of Nursing Sciences offers a Bachelor of Curationis Degree and had 258 undergraduate nursing students registered for the 2017 academic year, six lecturers facilitating the theoretical modules of General Nursing Science, Psychiatry, Community and midwifery and six clinical lecturers. A training programme is drawn up indicating clinical schedules in different clinical units to be covered by each student nurse at all levels in three accredited public hospitals and 10 clinics.

2.5.2 Population

The population is a complete set of persons or objects that meet the criteria that the researchers are interested in studying (Brink et al., 2013:131). The population comprised of all the 3rd and 4th-year undergraduate student nurses enrolled for the Bachelor of Curationis Degree for the academic year

2017 from the selected higher education institution. The population consisted of a total number of 122 undergraduate nursing students.

2.5.3 The Inclusion criteria

Inclusion criteria also referred to as eligibility criteria are described by Polit and Beck (2012:338), as the criteria that specify the preferred population characteristics. The inclusion criteria for the study included:

- The third- and fourth-year undergraduate nursing students,
- Registered for Bachelor of Curationis Degree for the academic year 2017,
- Only those who qualify to be allocated at various CLE for experiential learning.

2.5.4 Sampling method

A sample is a subset of the population selected by the researcher to obtain information representing the population (Brink et al., 2013:141). Sampling takes place from the identified population. Burns and Grove (2013:357) state that sampling entails the selection of groups of people with which to conduct a study. Purposive sampling, which is another type of non-probability sampling, was used to select participants who have experience with the problem studied (Bless, Higson-Smith & Sithole, 2013:172). In this study, purposive sampling was chosen because the participants experienced challenges in the CLE. Purposive sampling refers to the selection of subjects who are judged to be typically particularly knowledgeable about the issue under study. Creswell (2009:178) pointed out that the idea behind qualitative research is to purposefully select participants who will best help the researcher to understand the problem. Therefore, participants in this study were purposefully selected to explore and describe the challenges experienced in the CLE.

Sample size in qualitative research has no rules and data saturation are the guiding principle (Polit & Beck, 2012:357). According to Streubert and Carpenter (2007:29), participants are selected for their expertise and experience. Saturation can be achieved with a relatively small number of effective and well-informed participants who are able to reflect on their experiences (Polit & Beck, 2012:357). However, a minimum of 40 participants was chosen as a guide to ensure that adequate data were collected. In this study, data was collected until no new information was obtained and redundancy was achieved.

2.5.5 Data collection

Botma et al. (2015:131) define data collection as the precise and step-by-step gathering of information to be able to resolve a research problem. The purpose of data collection is to obtain information, to keep it on record, to make decisions about important issues, and to pass that information to others (Polit & Beck, 2012:532). Data collection involves, among others, interview steps which need to be followed to obtain accurate and detailed information. Focus groups were used to collect rich data.

2.5.6 Recruitment of participants

Recruitment was done by the researcher who made the initial contact with the potential participants by inviting third- and fourth-year nursing students to the skills laboratory a month before the focus group interviews were conducted. The need to research was outlined and the aim, objectives and benefits of the study to the nursing students were briefly introduced. The student nurses were then allowed time to think and come back at a later stage when ready and report to the researcher their intention to participate in the study.

2.5.7 Focus group interviews

Focus group interviews were utilised to collect data. Polit and Beck (2012:754) define a focus group interview as an interview consisting of a group of individuals assembled to answer questions on a given topic. Arnold and Boggs (2015:239) further describe a focus group as “a group of people who have personal experience of a topic of interest and who meet to discuss their perceptions and perspectives on that topic”.

Four focus group interviews, two from each 3rd and 4th level, comprising of eight to twelve nursing students in each group to ensure manageability and to gain a variety of perspectives were conducted. An interview guide with semi-structured questions was used during the focus group interview. The central question asked to all participants was “what are the challenges you experience during clinical learning in the clinical learning environments”? The researcher probed and did follow up questions. See Annexure F for the interview guide. All interview sessions were recorded with the permission from participants and later transcribed verbatim. Field notes were collected to compensate for any discrepancies in audio recordings.

The focus group relied on the dynamics of the researcher to facilitate the interview. During FGI's, participants communicate and explain their views in ways that do not always occur in one-to-one interviews (Grove et al. 2013:275). Focus groups were utilised to allow the researcher to obtain a deeper understanding of the challenges experienced in the CLE. The focus group interviews have not only enabled the researcher to capture the viewpoints of the participants in a short time but were also stimulating, assisting with the recalling of information which leads to richer and deeper expressions of opinions (Streubert & Carpenter, 2011:38).

Grove et a. (2012:275) emphasized the establishment of a relaxed setting for FGI's. A secure environment ensures free discussion of experiences without fear and criticism. Therefore, the skills laboratory boardroom was used as it is conducive for conducting the interviews because it is quiet, and participants felt free to share their in-depth experiences whereby rich data was obtained.

Liamputtong (2011:46) indicated the importance of negotiating interview dates and timeframes. The interview sessions were scheduled to last for approximately one to two hours with each group. Liamputtong (2011:46) further indicated that the time may be longer than scheduled, up to three hours, depending on the group dynamics or less time may be required if the examined issues have been effectively covered. Data collection continued until data saturation had been reached.

Streubert and Carpenter (2011:38) indicated that FGI's are advantageous because they are inexpensive, flexible, stimulating, cumulative, elaborative, assistive in information recall and capable of producing rich data. The disadvantages of FGI's, according to Burns and Grove (2012:274), is that it requires careful planning in terms of a secured venue and other logistics such as recruitment, accessibility of participants, timeframe and dates as well as the conducting of the FGI's, especially if the researcher is inexperienced.

2.5.7.1 Preparation of the focus group

Two days before the scheduled meeting, a follow-up contact session was made to remind potential participants of the time, place, purpose and importance of the focus group, as was suggested by (Liamputtong, 2011:72).

The skills laboratory boardroom was the ideal venue as it has a circular table which avoided 'dominant seating positions' as recommended by Liamputtong (2011:72). The skills laboratory boardroom was prepared in such a way that the participants sat around a table, enabling them to make eye contact and interacted with each other as recommended by Grove et al. (2013:275). The equipment set up included two audio recorders which were used in order to ensure that loss of data was kept to a minimum.

2.5.7.2 Conducting the focus group interviews

The researcher arrived earlier than the scheduled time to welcome the participants on arrival. Refreshments were served to allow the participants to settle in. An information leaflet was read and explained to the participants. Participants were also informed to address themselves as participant one and so forth to maintain confidentiality. Participants introduced themselves as such preferred names to establish rapport and create a sense of group identity, as advised by Liamputtong (2011:73).

Before the introductions were done, the participants were requested to seat themselves around the table. The researcher introduced herself as well as her role and asked participants to introduce themselves. The researcher further welcomed and thanked all participants for their willingness to participate, thus creating a non-threatening, comfortable, accommodating environment, as recommended by Grove et al. (2013:275).

The researcher explained her role, which included taking notes and handling any interruptions during the discussion, the seating arrangements, the order in which participants spoke to assist with voice recognition, and non-verbal actions such as eye contact and gestures between group members as suggested by Streubert and Carpenter (2011:39).

The researcher continued and explained the ground rules and the fundamentals that the focus group discussion was based on (Liamputtong, 2011:74). The researcher indicated that she would commence with questioning the participants. The researcher initially created a non-threatening and non-evaluative environment by encouraging all participants to feel free and speak openly during the

discussion even if some of their views are not agreed upon by some of the participants, as advised by Liamputtong (2011:74).

Questions were posed skilfully, and in a manner which steered the participants towards staying focused and even raise their own questions, which made the discussion more interesting as advised by Grove et al. (2013:276). Participants were prompted to ensure that they have an understanding of the topic under discussion. Field notes were written by the researcher during the focus group interviews to assist with recording the thoughts and reactions of the participants as well as noting areas of concern which needed further questioning and clarifications from participants. Follow-up questions further encouraged participants to elaborate on their answers. The researcher also prompted some of the participants who were not as assertive as others to share their opinions (Liamputtong, 2011:77).

Reflection on events was ensured through repetition of questions and summarizing of questions, which offered participants an opportunity to think deeply about the question asked and respond with understanding, as indicated by de Vos et al. (2011:290). Liamputtong (2011:77) further alluded that summarizing each question after discussion enables participants to confirm the outcomes or disagree with them.

The focus group lasted approximately 47 to 92 minutes and all participants availed themselves until the end of the session. The researcher concluded the interview session by thanking all participants for their willingness to participate in the study and indicating that a summary of the study would be available, should the participants wish to access it. Refreshments were served to participants as a token of appreciation.

2.5.8 Data analysis

Data analysis is the systematic organization and synthesis of research data to answer a research question and test a hypothesis (Polit & Beck, 2012: 751). In qualitative research, data analysis begins during data collection and continues until the end of the study. The purpose of data analysis is to preserve the uniqueness of each participant's lived experience while permitting the understanding

of the phenomenon (Streubert & Carpenter, 2011:158). Tesch's open coding data analysis method was used in the study as outlined by Botma et al. (2015:223-225).

The following 8 steps were followed:

Step 1

Organize and prepare: Data, which involved transcribed interviews and field notes, was organized and sorted into different types.

Step 2

Developing a general sense: A general sense was developed by reading and re-reading all data including listening to recorded audio-tapes several times. A general sense was obtained and reflected on including the meaning of data collected.

Step 3

Code the data: Coding of data involved the process of organizing the themes and subthemes.

Step 4

Describe and identify the themes: A description of the setting or people and the themes and subthemes emerged and was used to create headings in the reporting of the findings.

Step 5

Represent findings: A narrative passage was used to convey the findings. A detailed discussion of several interconnecting themes was used. Figures and tables were created to illustrate the findings.

Step 6

Interpret data: Interpretation of the meaning of data collected included the researchers' personal interpretation, combined with theories or literature on lessons learned.

Step 7

Assemble data: Data material belonging to each category was assembled and the codes arranged alphabetically.

Step 8

Recoding of data: Recoded data was analyzed by the researcher and the independent co-coder and the consensus was reached on the themes that emerged from the data. The researcher reviewed the literature to place the findings within the context of what is already known about the subject matter developed by other researchers (Streubert & Carpenter, 2011:92).

2.6 THE THEORETICAL PERSPECTIVES OF THE STUDY

A theoretical assumption refers to the researcher's view regarding what the truth or valid knowledge is in an existing framework, which relates to the researcher's study (Alligood, 2013:200). The researcher chose the Gibbs's model of reflection because it was found to be appropriate since it is particularly useful for helping students learn from situations that they experience regularly at the CLE, especially when the outcomes were not what they expected.

This study was based on Professor Graham Gibbs's model of Reflection built from Kolb's experiential learning cycle, which proposes that theory and practice enrich each other in a never-ending circle (Finlay, 2008:8). Gibbs (1988:46) in his book "Learning by Doing", described a reflective cycle that is often used by education practitioners to encourage a clear and objective description, analysis and evaluation of your own experience. The use of this reflective model assisted the researcher with exploring and describing the participants' experiences and reflections in the CLE.

A reflection is a tool that is commonly used as part of student nurse education, and in clinical practice and is often supported by the use of reflective models (Barksby, Butcher & Whysall, 2015:34). Barksby et al., (2015:34) further indicated that reflection can help demonstrate everyday learning and is also useful for processing thoughts after a critical incident. Gibbs's model presents questions that need to be answered by students regarding what they have learned from their experience in the CLE.

This model can also be used by health care professionals to continuously improve their competency and efficiency in responding to various patient situations. Gibbs's model of reflection is cylindrical and consist of six main stages as described by Gibbs (1998:46). Following is a representation of this model:

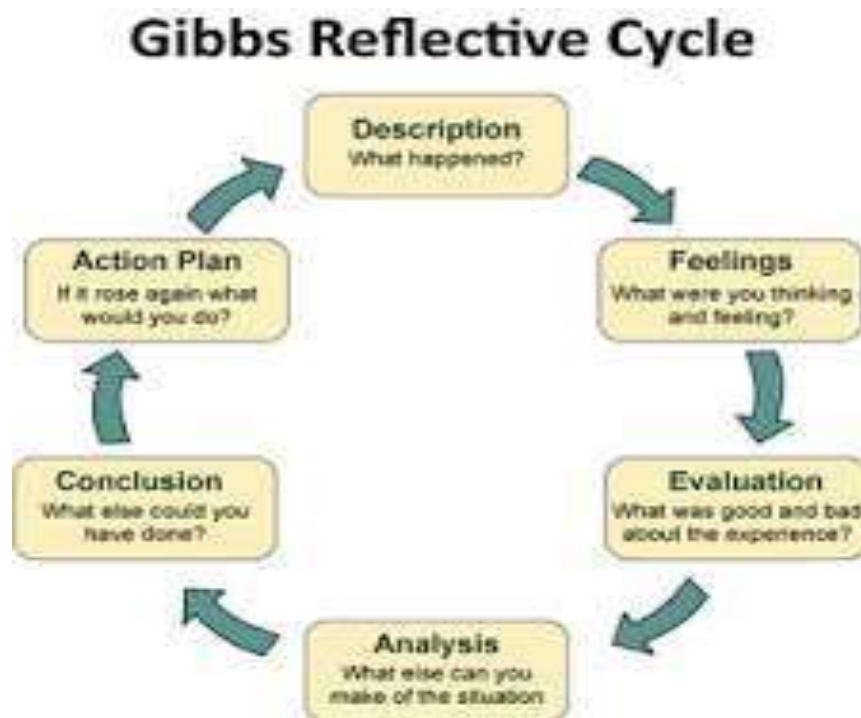


Figure 2.1. Gibbs Reflective Cycle adapted from Kolb's experiential learning cycle (Gibbs, 1998:46)

(A) DESCRIPTION

During the FGI's, the nursing students provided an in-depth description of the various contexts or events which included what happened in the CLE and who was involved. The challenges included among others congestion in the clinical learning environment, professional nurses' refusal to sign for students' work performance, inadequate learning opportunities because of professional nurses' lack of execution of teaching functions and the attitudes of professional nurses in the CLE such as negative attitudes and ill-treatment directed to students.

(B) FEELING

The students indicated that they felt that they were ill-treated and disrespected by professional nurses. They further indicated that there was a preference for college students above university students and students from other medical fields. This emerged as a major challenge which disturbed nursing students' personal dignity. Most students even developed feelings of not wanting to attend the CLE due to these challenges they experienced.

(C) EVALUATION

The evaluation stage is whereby a value judgment is made by the nursing students regarding their challenges in the CLE. What was good or bad about the experience, was addressed. These challenges made students feel hopeless and unwelcome in the clinical learning environment as a result of continuous negative attitudes.

(D) ANALYSIS

During this stage, participants provided more detailed reflections of what was happening in the CLE, which was either positive or negative. Students made sense of the situation regarding what was happening in practice including those factors that were helpful and those which hindered their expected outcomes.

(E) CONCLUSION

During this stage, a conclusion was made on any alternative approaches that could have been implemented. These approaches were stated and explained with regards to how negative events could have been avoided in the CLE. More support was needed with constructive feedback and respect from the professional nurses.

(F) ACTION PLAN

During this stage, recommendations on what could improve the situation were suggested. In addition, recommendations were generated and included on, among others, the issue of a communication system which needs to be addressed urgently to improve the interpersonal relationships among students and professional nurses. Collaboration meetings between training institutions were to be improved in order to assist students in the CLE.

2.7 TRUSTWORTHINESS

Trustworthiness is defined by Polit and Beck (2012:768) as the degree of confidence qualitative researchers have in their data, assessed using the criteria of credibility, transferability, dependability, and conformability. Authenticity is the fifth distinctive strategy that was added to ensure trustworthiness (Polit & Beck, 2012:539). The model of Lincoln and Guba (1985:289-311) was implemented to ensure trustworthiness or truth value for this study. These strategies are essential in designing ways to increase the rigor and assessing the value of findings in qualitative research (Houghton, Casey, Shaw & Murphy, 2013:14).

2.7.1 Credibility

Polit and Beck (2012:585) describe credibility as the confidence in the truth of the data and the interpretation thereof. Guba (1981:84) advises that credibility should be ensured by prolonged engagement, from which a trusting relationship between the researcher and participants will be enhanced.

The researcher used an audio recording to record all the interviews conducted. In addition, field notes were written by the researcher to supplement the voice recordings where nonverbal communication was not noted. Referential adequacy was ensured whereby the raw data was collected and stored in a secure place for future reference, especially after analysis, if needed or when a comparison with other studies will be required.

Participants' responses were seriously considered and analyzed as a way of obtaining their authentic views. The researcher remained in the field for a prolonged period of time. Four focus group interviews were conducted to ensure that sufficient data was collected and until data saturation occurred.

2.7.2 Dependability

Polit and Beck, (2012:585) describe dependability as the reliability of data over time and conditions. Houghton et al. (2013:14) advise that dependability should be ensured by involving an independent coder and to ensure that the processes and procedures used are acceptable. Data were analyzed by the researcher and the independent co-coder. Meetings were held by the researcher and independent coder to reach consensus on the themes that emerged from data.

2.7.3 Confirmability

According to Polit and Beck, (2012:585), confirmability refers to the objectivity of two or more external people about the relevance of data. Houghton et al. (2013:14) further conclude that confirmability should be ensured by a confirmability audit, where the researcher submits the transcribed notes and audio tapes to an external coder who should perform independent co-coding of the data. This is done to ensure that the findings reflect the participants' voices and the inquiry conditions and not the researchers' viewpoints or biases. In this study, confirmability was ensured by submitting transcribed notes and audio tapes to a co-coder.

2.7.4 Transferability

Polit and Beck (2012:585) refer to transferability as the extent to which the finding can be applied in other settings or groups. Houghton et al. (2013:14) indicated that for transferability to be ensured, a

comparison of the sample to demographic data should be ensured by utilizing purposive sampling to include the participants in the study. Dense descriptions regarding the participants, the research context and research method used should be provided by the researcher to allow consumers to evaluate the applicability or transferability of data in other settings or groups. In this study, the research context, description of participants, research methods and findings were described in detail in the dissertation, thus allowing for transferability.

2.7.5 Authenticity

Polit and Beck (2012:585) refer to authenticity as the ability and extent to which the researcher expresses the participants' feelings and emotions with fairness and faithfulness in different realities. In this study, the researcher seeks to explore and describe the experiences of nursing students' reflections regarding the challenges they experience in the CLE. Authenticity emerged following the report, which conveyed the feeling tones of the participants' experiences. In this study, the readers will grasp the essence of the participants' experiences through the quotes when reported in a descriptive approach.

2.8 DISSEMINATION OF RESULTS

This refers to communicating the results of the study, which leads to professional growth, recognition, and financial rewards. Results will be communicated through presentations at conferences and publications. This will create an opportunity for reviews and future research (Grove, Burns & Gray, 2013: 619).

2.9 CONCLUSION

The chapter described the research design and methods. Data was obtained by means of focus group interviews with the intention of extracting responses relevant to the research problem from the specifically selected participants. An independent coder and the researcher conducted the data analysis. The theoretical perspective of the study was discussed. Trustworthiness was adhered to throughout the study. Chapter 3 provided an overview of the study findings and discussions of related literature.

CHAPTER 3

DATA ANALYSIS, INTERPRETATION OF FINDINGS AND LITERATURE CONTROL

3.1 INTRODUCTION

The previous chapter presented the research design and methods that were used to conduct the study. The methodology included the research design, population and sampling method, data collection. The chapter focussed on data analysis and interpretation of the findings including literature control to contextualize the findings. The purpose of the study is to explore and describe the challenges experienced by undergraduate nursing students in the (CLE) in Capricorn District, Limpopo Province. The following research question was answered.

What are the challenges you experienced in the clinical learning environment?

A qualitative research approach was used to conduct the research. Four focus group interviews were conducted to collect data. The researcher achieved a sense of the whole by reading all the verbatim transcriptions carefully. The transcripts were read several times. The meaning that emerged during reading was written down. The researcher grouped similar topics together, and those that did not have any association were clustered separately.

The researcher started to abbreviate the topics that emerged as codes. All codes were written in the margins of the paper against the data they represent with a different pen colour. Themes and subthemes were developed from coded data and grouped using related topics in order to create meaning.

The researcher reworked the transcript from the beginning to check for duplication and to refine codes, topics, and themes where necessary. The data belonging to each theme were assembled in one column and preliminary analysis was performed, which was followed by a meeting between the researcher and co-coder to reach consensus on themes and sub-themes that each one has come up with independently.

3.2 PARTICIPANT PROFILES

TABLE 3.1: PARTICIPANT PROFILES

Focus groups	Level of study	Gender	Frequency	Percentage
1	Level 4	Females	10	23,8
		Males	0	0
2	Level 4	Females	10	23,8
		Males	0	0
3	Level 3	Females	6	14,28
		Males	4	9,5
4	Level 3	Females	7	16,66
		Males	5	11,9
Total			42	100

Table 3.1 shows the participant profiles, presented according to the participant's level of study and gender. The total number of participants as well the percentage of the sample is indicated. This implies that more females than males are in the B Cur programme at the selected NEI.

3.3 SUMMARY OF RESEARCH FINDINGS

The findings of the study were summarised into three themes. The findings were further elaborated on in sub-themes under each of the three themes. Table 4.2 shows a summary of the themes and sub-themes.

TABLE 3.2: SUMMARY OF THEMES AND SUB-THEMES

THEMES	SUB-THEMES
1. Challenges experienced by students at the clinical learning environment	1.1 Congestion in the clinical learning environment 1.2 Shortage of material and human resources 1.3 Professional nurses' refusal to sign for students' work performance
2. Inadequate learning opportunities	2.1 Lack of orientation 2.2 Professional nurses' lack of execution of teaching function 2.3 Lack of integration of theory into practice 2.4 Delegation of duties for students not relevant to learning objectives
3. Attitudes of professional nurses in the clinical environment	3.1 Negative attitudes and ill-treatment directed to students 3.2 Perceived favoritism for other students 3.3 Professional nurses lack of respect and confidentiality towards patients 3.4 Professional nurses' willingness to teach nursing students.

3.3.1 Theme 1: Challenges experienced by students at the clinical learning environment A description of the context and the events that happened in the CLE was provided by the participants as alluded to by the Gibbs' Reflective model. During the description of the context, themes and subthemes emerged and participants further explained the changes experienced in the CLE as described in the findings.

Challenges experienced by nursing students within the clinical learning environment emerged and were described as the first theme. The following sub-themes were identified to further describe the context and what actually happened in the clinical learning environment: Congestion in clinical learning environment, Shortage of material and human resources, Professional nurses' refusal to sign for students' work performance.

3.3.1.1 Sub-theme 1.1: Congestion in the clinical learning environment

According to the Collins English dictionary (2012:352) congestion in a place refers to an extremely crowded place, blocked with traffic or people. The study findings revealed that within the clinical learning environment there is congestion that interferes with the learning opportunities as the ratio of students is higher than that of the professional nurses. According to the Nursing Act No.33 of 2005, nursing students are to be placed in clinical practice in order to apply theoretical knowledge in real life settings and thus gain clinical experience. All nursing education institutions are required by the South African Nursing Council to fulfill this requirement. Therefore, nursing students from more than one Nursing Education Institution are likely to be placed in a particular clinical learning environment.

This was confirmed by a participant who stated that:

"So, you'd find that in a ward there are 21 students and maybe 3 professional nurses and 5 auxiliary nurses ..." (P3-FG3)¹

¹ In the interest of authenticity, all quotes are presented verbatim and no amendments were made to grammar or use of language.

Another participant added that:

“In terms of Midwifery practicals, it becomes hard for other students to get cases because if you are allocated in the ward and we are 10 and maybe only three or four women come to deliver, only four people will get to deliver those women or maybe two because the others will be at the ... another ... the two phases, the other will be at latent and the other at active. And we might even spend the whole week going there but maybe each of us will only have one case because we are too many in the ward.” (P8-FG3)

And one participant said:

“We have limited clinical learning experience because of the fact that eeh ... for example, in psychiatry and midwifery, you'd find that we are allocated in a ward in large numbers. So, it is difficult for some of us to get to learn the things that are supposed to be done in that ward because you'd find that, eeh ... the delegation or that specific work requires to be done by maybe two people or maybe by one person. So, our learning experience, it's very limited.” (P5-FG3)

Congestion in the ward interferes with the learning opportunities; students are unable to perform certain procedures and attend doctor's rounds because they are allocated in large groups. This finding concurs with the findings of the study conducted by Mothiba et al. (2012:199) which also reflected that student nurses are assigned to the wards and clinics in large numbers. This limits their practical opportunities for learning, irrespective of their level of training.

This study also found that professional nurses who were registered for specializations such as advanced midwifery or advanced psychiatric nursing were also allocated for clinical experience in the same clinical learning environment as they were. Such situations were also found to influence the students learning experiences as identified by the following participant:

“There was also an incident at another Hospital whereby we are working with people who are doing advanced midwifery and the sister said that ... the ones that are doing advanced midwifery should

take the cases because now we're still learner-midwives ..., so they should be the one taking the cases first and then we'll take the others that are coming.” (P8-FG3)

Mabuda, Potgieter and Alberts, (2008:23) cited that overcrowded clinical facilities by large numbers of students in certain disciplines were hampering effective clinical learning. According to de Swardt, van Rensburg and Oosthuizen (2017:1), professional socialization of nursing students involves learning skills, attitudes, behaviour and professional roles, largely in the clinical area. It is within this environment that students acquire clinical competence by achieving their learning objectives through the direct and indirect supervision of professional nurses.

Congestion at the clinical learning environment is a major concern which impedes students to achieve set learning objectives and has to be looked into. Therefore, in order for the students to be competent professionals, during training they need to be accompanied within a suitable and conducive environment which will allow them to meet their learning objectives. In addition, a plan needs to be devised by clinical lecturers and hospital management to assist students to achieve the learning objectives before the end of each clinical exposure period.

3.3.1.2 Sub-theme 1.2: Shortage of material and human resources

The study findings revealed that there is a shortage of both material and human resources at the clinical learning environment. Shortage of resources, specifically human resources, has a negative impact on learning leading to students being viewed as manpower not being able to learn clinical skills.

This was confirmed by the following expression:

“With the shortage of staff, usually during the night, you may find that like an example, only four midwives are working in the labour ward... when you get there as a student, it becomes a challenge to us whereby you'll find that you are allocated in the antenatal care but only to find that you are working with the staff nurses of which some of the procedures, they don't know how to perform. It means you'll have to perform those procedures alone and patients are many. It is an overload and you'll get tired before the end of the shift.” (P1-FG4)

Another participant added that:

“In a general hospital sometimes some staff nurse and enrolled nursing auxiliary, when they see student nurses, they become happy because they know that they will make us dress the wounds the whole day without them helping us or supervising us, which is a challenge...” (P11-FG4)

The study findings concurred with the results of a study conducted by Thobakgale, Lekhuleni and Kgole (2013:183), which revealed that students may withdraw themselves from the clinical settings due to a shortage of staff, work overload and when treated as the workforce. According to Lee, Kang, Ko, Cho, S.H. and Kim (2014:106), a shortage of nurses is not necessarily a shortage of individuals with nursing qualifications, but also includes complex issues such as lack of well-educated nurses, shortage of nurses willing to work, and geographical imbalances of nurses.

Allari and Farag (2017:66) revealed in their study that the clinical setting and all human resources working there including health care professional and administrative staff are most significant in the development of nursing knowledge and skills. Allari et al. (2017:66) further indicated that most students emphasized that the presence of a competent, supportive and collaborative team can help them a lot to achieve clinical training goals. Students also emphasised that the available resources, equipment, and supplies in the hospital can lead them to practice in a standardized and ideal way.

Another challenge that emanated was that professional nurses denied students from having personal protective equipment, resulting in students refusing to attend to patients because of a fear of contracting infections.

This was confirmed by one participant saying:

“The challenge that I have seen is that in some wards such as Medical they sometimes uhm, deny us the PPE’s such as masks, they are saying that they are few, so we have to work without wearing masks in a Ward where its full of TB patients it is not safe for us. Regarding the denial of protective clothing uhm, they always tell us that uhm, we go there for a short period of time, so we are wasting their resources.” (P5-FG1)

Shortage of equipment does not only have a negative impact on students but can also result in life threatening situations.

Another participant added:

"I remember the other day while we were at the clinical area... as we know, we have to use a sterile delivery pack. We went to CSSD, they said it's not yet prepared. And then, as we have to deliver the mother, so we just washed the old delivery pack with D-germ and a soap and then we deliver. We used the very same delivery without being sterilized." (P3-FG2)

Tseng, Wang and Weng (2013:164) indicated that students considered nursing as a high-risk job due to a high possibility of coming in contact with infectious contaminating diseases that presents a risk to their physical safety. Moyimane, Matlala and Kekana (2017:5) alluded in their study that medical equipment is necessary for nurses to provide quality nursing care. Additionally, Moyimane et al. (2017:6) reiterated that the district hospitals are accredited as training institutions for nursing, medical and allied students. Nurses expressed concerns about inadequate and irrelevant equipment for demonstrating nursing procedures to student nurses, for example, incomplete maternity delivery packs and lack of vulva swabbing packs. Thus, a shortage of medical equipment has a negative impact on the nursing profession and a barrier that prevents the health system from functioning.

An ultimate learning environment should be well equipped with resources. Motsilanyane (2015:80) exposed that insufficient resources are a challenge which denied students the learning opportunity. Moyimane et al. (2017:6) added that a shortage of resources in the CLE denies students meaningful learning opportunities to develop the knowledge and skills required. Furthermore, a shortage of materials should not be left unattended, particularly because of the fact that it poses a health risk to students during clinical learning.

3.3.1.3 Sub-theme 1.3: Professional nurses' refusal to sign for students' work performance.

While placed in the clinical learning environment, students are required to complete clinical hour books and clinical workbooks that guide their clinical learning. The clinical workbooks have learning

outcomes and procedures which needs to be completed whilst attending the clinical learning environment. The procedures need to be performed under the supervision of a professional nurse, who then need to sign that the learning outcomes have been achieved.

The findings of the study revealed that the professional nurses refused to sign those clinical workbooks and the clinical hour books which serve as evidence of students' work performance and attendance. This was viewed as unprofessional and unfair by nursing students because they felt that they had worked and therefore deserve signatures as proof of having worked and having met set learning objectives. In this study, students have verbalized such that situations lead them to forge the signatures of professional nurses, which is both illegal and unacceptable.

This was verified by one participant who stated that:

"Some sisters don't want to sign for our hours, they will just say I didn't see you working, even if you were working with them and they will end up not signing for you and you end up not having enough hours that are needed then it leads us into forging." (P12-FG4)

Another participant added that:

"The other challenge that eeh... student experience that I've seen from eeh... our institution is that after delivering with the sister, they write a case down... After writing the case down, the sister will say that 'I won't sign the case because I didn't see the file well'. She signed with the sister in the admission book that you have delivered with her but then she doesn't sign the case. She denied to sign the case, It's very painful, Ma'am. You deliver the woman and you... you have that thing of saying 'I'm having a case now' and you write it down. You take your effort to write the case down and then after that she doesn't sign for you. You don't feel good, I ... to be honest, it's not good." (P8-FG4)

Another participant attested that:

“We have to carry our hour books where you have to get signatures at the end of day to ..., to show proof that we have worked, some nurses because you've indicated to them that ‘I've forgotten my hour book, I'll bring it the following day,’ when you come back with your hour book the following day, they were like ‘Buy me 2L of Coke before I sign for you’. If you're not buying them, they really... they will not sign for you.” (P12-FG4)

This was also confirmed by a participant who indicated that:

“After working at the hospital, instead of the sisters to sign for your hours that you've worked for, sometimes they tell you that ‘No. Today I won't sign, I will sign tomorrow,’ only to find that when you go there tomorrow, the sister is off during that time. So, when she comes to other day the sister will say ‘No, I don't remember working with you’. So, it becomes a challenge.” (P1-FG4)

South African Nursing Council (SANC, 1992) states that the overall objective of clinical practice is to provide student nurses with meaningful learning opportunities in every area of placement according to the level of training to ensure that on completion of the program, the student nurses are able to nurse efficiently. According to Government Notice No. R425 of 19 February (1985), the learner nurses must have a minimum of 4000 hours in the clinical environment as a requirement for experiential learning in the four-year programme leading to registration as a nurse (general, psychiatry and community) and Midwifery. Exposure to all clinical fields of nursing is necessary to reach the particular outcomes as prescribed by (SANC, 2005).

However, when professional nurses refuse to sign the clinical workbooks, maternity registers and the clinical hour books which serve as evidence for students' work performance and attendance, students become frustrated and such situations lead them towards forging the signatures of professional nurses, which is both illegal and unacceptable. These unacceptable actions occur as a result of fear that their training may be extended due to unmet practical needs that resulted from failure to acquire the stipulated minimum 4000 clinical hours. This is supported by Mothiba et al. (2012:202), who asserted that the professional nurse does not recognize the competency displayed by the student nurse when delivering the patient and hence refuses to sign in the maternity register.

Professional nurses' need to teach and supervise students directly or indirectly so that they can sign the clinical hour books, maternity registers and workbooks with confidence, for students to achieve the required minimum 4000 hours for experiential learning on completion of training. This will also assist the students with refraining from forging the professional nurses' signatures, which is illegal.

3.3.2 Theme 2: Inadequate learning opportunities

Inadequate learning opportunities within the clinical learning environment emerged as the second theme. The following sub-themes were identified namely: Lack of orientation, Professional nurses' lack of execution of teaching function, Lack of integration of theory into practice and delegation of duties for students not relevant to learning objectives.

3.3.2.1 Sub-theme 2.1 Lack of orientation

Booyens and Bezuidenhout (2014:3820) define orientation as the personalized training of an individual employee so that they become acquainted with the requirements of the job itself. According to the Business Dictionary (2015:380), the major objectives of orientation include gaining employee commitment, reduction of anxiety, helping to understand the organization's expectations and conveying what can be expected from the job and the organization. The study findings revealed that students were not well orientated within the clinical learning environment resulting in increased anxiety during their initial clinical exposure.

This was confirmed by a participant who indicating that:

"Sometimes it's not like the sisters orientate you. They just do it so that we can sign for them. Sometimes, we'll reach the ward for the first-time allocation, they must orientate us, and it's a must. But then they'll be like 'Hi, you are sisters while at the duty station. There is the treatment room... You'll just see the place as time goes by. Can you please sign for us that we orientated you?' It's not like they do it correctly." (P14-FG2)

Another participant indicated that:

“I remember in the third year, there was a diabetic patient getting Actrapid. I went to the sister and asked where I can get Actrapid. I didn't know how to pronounce it. Then the sister said, ‘Which level are you doing’ and I said, ‘Third year’ and she said, ‘You're a sister, you know where to find it, go to the fridge and then you get the Actrapid’. I didn't know where the fridge is. I went and came back with the wrong thing and then the sister laughed at me.” (P12-FG2)

The findings of the study revealed that a lack of orientation or partial orientation resulted in poor adaptation. Worrall (2007:33) alluded that appropriate orientation enhances the quality of the students' learning experience while on the placement and orientation days, can play a large part in maximizing the learning potential of a placement area. Worrall (2007:31) further indicated that if designed appropriately, orientation can help students fit in, reduce anxiety associated with a perceived lack of knowledge and skill and help students focus on the learning outcomes they can achieve.

Allari and Farag (2017:66) supported this notion and indicated the most important characteristic for effective clinical training is to practice in a safe, encouraging environment that can help students to adapt to a new experience. Thus, it is imperative that students should be orientated in all aspects in every new learning units to familiarise them with the clinical learning environment.

Another participant added that:

“When we're doing level one, we arrive in the ward we find that the routine has already started, and they did not show us a BP machine in the treatment room, the professional nurse just says ‘Hey student, come... Just give us the duties’ without knowing where we are going to get that stuff to do those duties and how to operate them. We feel that we are not welcome in the ward.” (P17-FG2)

A study conducted in Australia by Birks, Bagley, Park, Burkot and Mills (2017:21), concurred with the previous study and further exposed that providing students with a comprehensive, practical orientation upon arrival is a key responsibility of placement sites. Birks et al. (2017:21) further

indicated that without proper orientation, students spend valuable time seeking mentorship and trying to orient themselves to the site rather than gaining valuable professional experience. Orientation within the various units assists students to adjust and present real-life work experience, thus allowing them to perform their learning activities as expected. This notion was supported by Allari et al. (2017:65) who indicated that being orientated to clear rules, regulations and procedures that are flexible and adaptable to students' needs, are considered to be most important for effective clinical training and can help students' adaptation process.

Professional nurses in the unit are accountable for creating an orientation programme that is comprehensive of every element pertaining to their ward activities and procedures, which will ultimately promote competency within the students. Furthermore, the orientation of students in the clinical setting is critical to the success of the placement experience and facilitates positive learning experiences that are crucial to preparation for the professional role.

3.3.2.2 Sub-theme 2.2: Professional nurses' lack of execution of teaching function

The registered nurse renders nursing care within the specified scope of practice (SANC, 1991: para 2). The main four functions of the registered nurse include client care, administration, teaching, and research. In the current study, findings revealed that professional nurses refuse to teach, supervise and involve nursing students during execution of ward activities. This lack of supervision, involvement and procedure demonstration not only lead to poor adaptation but also lead to learning objective not been met by nursing students in the clinical learning environment.

A participant expressed as follows:

"Sisters instead of teaching us what to do they told us that they do not have time to teach each student, each and every time and another challenge that we face is lack of supervision by the sisters because we know that as a student everything that we do must be supervised but then you find that the sisters are not supervising us in most of the activities that we do. For example, giving of medication, they just sit there and say you are final year students, so you know everything you did Pharmacology you can give medication by yourself." (P6-FG1)

Another participant added that:

“I remember one day when I was at the clinical environment, the sister said to us that ‘We’re not here to teach you because of, we’re not getting paid. We are here for the patients, not for the students.’” (P7-FG3)

The registered nurse, by virtue of their experience and clinical skills, is in a good position to teach students as part of their scope of practice. These findings are supported by Letswalo and Peu (2015:364), who alluded that teaching and learning remain the cornerstone of nursing because professional nurses represent the interface between the planned curriculum and the instruction experienced by students. The notion was also supported by de Swardt et al. (2017:4) who indicated that professional nurses should encourage students to communicate their learning needs in order to provide support by creating opportunities for learning such as discussions, comparing current practice with the best evidence and applying reflective activities. Therefore, it is fundamental that professional nurses, as the main executors in teaching and learning of students within the clinical learning environment, create learning opportunities for student nurses.

Another participant added that:

“The challenge that I have experienced in clinical areas is that uhm, some of the sisters don’t involve us when doing some of the procedures... will start telling you that you are many we can’t teach all of you and do the procedure because they work within a timeframe so if we are many, we will ask too many questions then we will delay their jobs.” (P8-FG1)

Another participant alluded that:

“In labour ward uhm, this lack of supervision is also brought about by a shortage of staff, you find that maybe we are allocated in the ward uhm, fourth level and third level students then you will just be, left to be alone to progress and deliver a patient...and it becomes a problem, shortage of staff it’s really a challenge.” (P2-FG1)

Students lack support from professional nurses within the clinical learning environment and reported that they are often excluded during the execution of tasks, denying them an opportunity to acquire necessary skills; this may lead to an increase in medical errors resulting in lawsuits. These findings are supported by Letswalo (2015:362), who asserted that effective supervision allows students to focus on personal and professional strengths and difficulties and, when supervision is not exercised, discipline in the profession diminishes. Lack of supervision leads to increased litigation for the disciplinary committee of SANC as proved by the Statistics on Professional Misconduct Cases (2003-2013).

The findings of the study also concurred with the study conducted by Kerridge (2008:394) which expounded that, due to a shortage of equipment and staff, there was no clinical teaching by ward staff and that this was affecting the conduciveness and effectiveness of the learning environment during clinical learning of students. Allari et al. (2017:66) articulated that students would like to be assigned in the hospital so that they are able to participate in clinical procedures, not only observe them. A professional nurse practitioner is trained to function in a variety of units within health care settings and it is therefore relevant that health professionals prepare students to function effectively and efficiently within clinical settings.

Students need to be supported, guided, supervised and mentored during their placement in clinical settings to prepare students as future professional nurses. Therefore, professional nurses in the unit and training institutions need to communicate in order to clarify roles when teaching students. They also need to accept and execute their teaching and supervision roles lead by the unit manager as the overall supervisor, as indicated by Meyer, Naude & Shangase (2009:160).

3.3.2.3 Sub-theme 2.3: Lack of integration of theory into practice

Participants reported a lot of discrepancies between what is taught by clinical lecturers and what is taught by nursing staff. Students were not given the opportunity to practice what they have been taught by the clinical lecturers at the skills laboratory. Lots of shortcuts when performing procedures and restrictions by professional nurses due to saving resources and saving time may result in confusion and lack of confidence.

This was confirmed by the following expressions:

“When they start those procedures, they will be telling us that uhm, you know what uhm your lecturers taught you at school, so you should apply there, but here because we want to save time, and we want to save the resources we are going to use uhm, the short-cut.” (P6-FG1)

Another participant alluded that:

“I want to make example on the short-cuts. I was working the night shift at this certain ward, so during the night they prepare the oral medication to give the patient in the morning and write the report from 7 to hand over for day staff, saying that's how they make the work easy.” (P7-FG1)

Students experienced many discrepancies between what was taught at the clinical skills laboratory and what was practiced within the clinical learning environment. Professional nurses use short-cuts during the execution of nursing care to patients. These practices confused students and resulted in a lack of integration of theory to practice. The findings of this study concurred with the findings of the study conducted by Kaphagawani and Useh (2013:182), which revealed that what was taught in the classroom could not be practiced in the clinical area, and students were not given an opportunity for this to take place. Tiwaken, Caranto and David (2015:72) also agreed and stated that students would feel happy and safe when theory and practice were integrated with good clinical guidance.

Another participant indicated that:

“At school when we focus on theory, we learn the whole procedure, but when we get to the Hospital when professional nurses are doing the short-cuts and not doing the whole procedures it affects us in such a way that we are not exposed to uhm, practical experience of the whole procedures.” (P3FG1)

Adding to what Participant 3 mentioned:

“Our clinical lecture teaches procedure, then when we get to the clinical practice, they teach us differently because they... they do them differently. One sister will do it differently and the other one will come and teach you the different thing. When you tell them that this is not how they taught us to do it, they will say ‘That’s not how we do it’. And then you’ll get confused that ... which one is the correct procedure to do. And you’ll be like you don’t know anything... like what is the correct procedure.” (P8-FG4)

This lack of integration of theory to practice is further caused by professional nurses by executing procedures differently, which confuses students even further. In a study conducted in Turkey by Serçekuş and Başkale (2016:3), students indicated that there were significant differences between what they learned in the classroom and clinical practice, and differences of practice were found between academicians and nurses within the clinical learning environment

In another study conducted in Saudi Arabia by Mutair (2015:3), it is mentioned that clinical teaching lacks effectiveness which indicates a need for a more active clinical setting to be able to make the theoretical components come alive in practice and enthuse students. In addition, he argued that there is a lack of preparing nursing clinical preceptors, which affect negatively on the teaching process. Integration of theoretical knowledge to practice does not occur properly due to a lack of consistency in performing the procedures. In addition, it was revealed that the majority of procedures are performed by professional nurses in a different way and non-standard methods are used, which students are obligated to follow. The nursing education institution and the clinical learning institutions have to join forces to support students in all programmes.

3.3.2.4 Sub-theme 2.4: Delegation of duties for students not relevant to learning objectives

The study findings exposed that students were not delegated duties according to their learning outcomes, but rather delegated menial duties that are not relevant to their level of study - this led to students not meeting their learning outcomes.

This was confirmed by participant saying:

“They will send you to CSSD which is not our scope mostly. And then you will miss some of the things in the ward like doctors' round, management duties at the ward while you are going to CSSD or taking a patient to X-ray, spending almost an hour or 30 minutes there waiting for the patient.”
(P9-FG2)

Another participant reaffirmed that:

“Other non-nursing duties that we do... at the hospital there are porters and each ward have its own pharmacist but then when students get to the hospital, they don't call the porters when a patient has to go to X-ray or theatre or anything. They don't give the pharmacist the scripts to collect the medication. They send the students. They always say, 'If the students are here, we don't have to call the porters or anything.’” (P2-FG3)

It was evident from written comments of students that most of their dissatisfaction was due to inability to achieve their learning objectives. This resulted from being delegated menial duties and not being given opportunities to perform relevant tasks according to their level of training. Students are demoralized as their student status is not recognized and this led to students not seeing the importance of attending the clinical environment.

The findings of the study were also confirmed by Levett-Jones and Lathlean (2008:107), who indicated in their study that students pointed out occasions when too many responsibilities had been assigned to them. Heidari and Norouzadeh (2015:35) confirmed the findings of this study and stated that there was a difference between expectations of health care personnel of students and educational purposes, and that satisfaction rates of students for clinical teaching in this field were low.

Bisholt, Ohlsson, Engström, Johansson and Gustafsson (2014:309) indicated that it is important to consider whether the learning environment in the clinical setting allows students to achieve the desired learning outcomes. Bisholt et al. (2014:309) further pointed out that it is important to consider not only in which clinical setting the clinical placement shall be, but also to which term it shall be assigned.

One participant added that:

“As a fourth-year student we are being delegated to do the vital signs and uhm, also maybe damp dusting of which is not our outcomes. Our learning outcomes maybe in the ward it would be to do maybe uhm, ordering of drugs and all those things. We end up not achieving, our learning outcomes and learning those things which are not uhm, necessarily use for our outcomes of the day.” (P8FG2)

Another participant attested that:

“It’s like when they see students, they see cleaners because when we come to the ward, they’ll say ‘Today students are here we’re going to clean’. I remember working in surgical and they said we should scrub the footstools until they are shining. They even gave us things to clean. So, the whole day we had to clean all the footstools around the ward and not do anything concerning our objectives for that day.” (P5-FG2)

Students exposed that while allocated in some wards, particularly during their first year, professional nurses would take advantage of them due to lack of experience and delegate them activities of which are mostly not in line with the learning objectives of students. Some of the activities included instructing them to clean the windows and hang the curtains for that particular day. In a study conducted in Iran by Jamshidi, Molazem, Sharif, Torabizadeh and Najafi (2016:5), the authors found that nursing students’ young age when entering the clinical environment and their social and emotional lack of experience lead to stress and psychological problems. This can occur due to lack of support and abuse by professional nurses and some health workers.

In their study, Moonaghi, Mirhaghi, Oladi and Zeydi (2015:5) cited that one of the important effective factors of clinical education is the supportive atmosphere. Students spend most of their time in the clinical learning environment and only a few responsibilities are delegated to them. Professional nurses should support students step by step and transfer their experience to them. Meyer et al. (2009:229), indicated that delegated tasks must be within the legal framework and capabilities of those whom they are delegated to and further alluded that the tasks must be accepted by those whom they are assigned to. Therefore, professional nurses need to delegate tasks fairly, realistically

and according to the scope and level of students. They also need to realize that they are still responsible and accountable for all the tasks delegated to students.

3.3.3 Theme 3: Attitudes of professional nurses in the clinical environment

An attitude, as defined by the Business Dictionary (2015:30), is “A predisposition or a tendency to respond positively or negatively towards a certain idea, object, person, or situation. Attitude influences an individual's choice of action, and responses to challenges, incentives, and rewards (together called stimuli)”. Both the negative and positive attitudes of professional nurses were reflected upon and emerged as the third theme.

This stage, in accordance with Gibbs' Reflective Cycle Stage 2, addresses Feelings. These feelings are linked to Theme 3, which emerged as Attitudes of professional nurses. The following subthemes, which also addresses feelings, were identified as follows: Negative attitudes and ill-treatment directed to students, Perceived favoritism of other students, Professional nurses lack respect and confidentiality towards patients, Professional nurses' willingness to teach nursing students.

3.3.3.1 Sub-theme 3.1: Negative attitudes and ill-treatment directed to students

The Business Dictionary (2015:31) defines a negative attitude as a disposition, feeling, or manner that is not constructive, cooperative, or optimistic according to mental health studies. Ill-treatment refers to harsh or cruel treatment according to the Collins English Dictionary (2012:817). The findings of the study revealed that the majority of nursing students reflected on the continuous negative attitudes of professional nurses, which lead to feelings of despair whilst being allocated within the clinical learning environment. Gibbs Reflective Cycle Stage 2 addresses Feelings and Stage 5 deals with the Conclusion. Both stages will be discussed under this sub-theme because they address what participants felt during their placement. In addition, the participants concluded that the professional nurses were harsh. The Gibbs Reflective Cycle will be discussed in this theme because it deals with what participants could have done. Restrictions and lack of respect towards students were experienced in the units and were perceived to impede the students' clinical learning. Findings further exposed that some professional nurses do not talk to students in a good manner, rather they shout at them and call them names.

This was voiced out by participants as follows:

“Some of the staff members are too harsh depending on their moods. Maybe she or he came to work being angry and then sometimes that person will be harsh to you... And depending on what we have done on the previous days, if you have done something wrong, sometimes they will treat you too badly.” (P16-FG2)

This was reiterated by another participant who stated that:

“I once witnessed uhm... one incident in Midwifery whereby one of my colleagues was busy preparing for delivery. Actually, he was delivering the woman. So, one sister came and then she literally pushed him and told him to stop whatever he was doing and leave the cubicle because he didn't know whatever he was doing.” (P5-FG3)

Another participant confirmed that:

“The way professional nurses are conducting themselves there at the hospital, it affects our learning, it seems like we are not supposed to make mistakes... the way they are shouting when we did something wrong, you get frustrated and being confused... and end up giving up on whatever you are doing. Then after completing that particular procedure you were doing, you are no longer interested in partaking another procedure.” (P1-FG4)

Another participant reaffirmed that:

“We'll dodge... like we'll dodge practicals and not do go there because we are afraid of them shouting at us.” (P8-FG4)

Attitudes in these studies were determined by how easy students were able to communicate with professional nurses and how friendly they were. Most of the time, students viewed the attitudes of professional nurses as negative, characterized by shouting, disrespect, demeaning and unsupportive behaviour, which displayed unprofessionalism. This was confirmed by Moonaghi, Mirhaghi, Oladi and Zeydi (2015:4), who explored that students generally consider the clinical setting as a tough and difficult environment which has the least adjustment for student clinical education.

Patients, staff, physicians and settings are all unfamiliar to students and it causes them to feel unwelcome, in addition to many other restrictions and limitations. Jackson, Hutchinson, Everett, Mannix, Peters, Weaver and Salamonson (2011:108) conducted a study on the experiences of student nurses and found that students were at risk of being exposed to aggression and bullying within the clinical learning environment. Motsilanyane et al. (2015:84) further alluded that if a negative, unsupportive attitude prevails, it can result in deterioration of the educational quality in the CLE.

One participant further attested that:

“The other thing is that whenever you enter the entrance of the clinical area, some of the wards, they are calling us names. Like they are swearing at us, they’ll say ‘(reptiles), they are coming.” (P1-FG3)

Another participant concluded by saying:

“This affected us in a way that we feel discouraged and lose interest in our profession, what we’re doing. We feel like... we’re not in the right profession.” (P3-FG4)

The findings of the study further revealed that students felt hopeless and unwelcome within the clinical learning environment as a result of continuous negative attitudes and ill-treatment by professional nurses. This was confirmed by Ashktorab Hasanvand, Seyedfatemi, Salmani and Hosseini (2017:230), who mentioned that the mistreatment of the students was considered an obstacle, influencing their sense of belonging. Confirming this was a study conducted by Onuoha, Prescott Carter and Daniel (2016:2952) which indicated that students were dissatisfied with feeling a part of the ward/unit team and also dissatisfied with the atmosphere, attitudes of the nursing staff and supervision received in the wards. Onuoha, et al. (2016:2952) further indicated that professional nurses who made arrogant comments were not interested in helping students and did not allow students nurses to participate in patient care.

Ashktorab et al. (2017:229) mentioned in their study that one of the basic concepts of nursing which need to be discussed is the feeling of belonging of the students to the environment. Ashktorab et al.

(2017:229) further alluded that, based on the experiences of the participants, belonging plays a significant role in the development of professional identity.

Phillips, Mathew, Aktan and Catano (2017:212) further alluded that the most important domains in faculty attributes include fostering a student-centric environment, listening to students, offering additional support, providing constructive feedback and clear, well-planned assignments, facilitating the meeting of individual learning needs, innovation, and promoting student the voice. Professional nurses should support students and treat them with respect while observing the students' dignity. Respect toward students reinforces an atmosphere of learning. It is therefore important to establish and maintain trustful and respectful relationships and creating a platform for understanding the perceptions, attitudes, and needs of each party.

3.3.3.2 Sub-theme 3.2: Perceived favoritism for other students

Students are placed within the clinical setting to acquire clinical skills and to be socialized into the nursing profession. In addition to student nurses, the clinical learning environment also caters for the learning needs of students from other disciplines such as medicine, physiotherapy or human nutrition and nursing colleges, among others.

The third stage of the Gibbs Reflective Cycle is an evaluation. During this stage, participants critically evaluated what was happening in the clinical learning environment (CLE). They stated that there was favoritism in the CLE. The findings of the study link to Gibbs' Reflective Cycle Stage 3, which addresses Evaluation. They further revealed that there was a preference for college students above the university students and students from other medical fields. This emerged as a major challenge which violated nursing students' personal dignity.

This was expressed by one of participant saying:

"The challenges that I have experienced during the clinical placement is discrimination by the hospital sisters as I am a University Student. Uhm, we tend to be compared uhm, to the Nursing College students uhm, they usually refer to us as incompetent and not doing procedures correctly in the practical area." (P1-FG4)

Another participant added:

“When we ask question, they, ...they just give us excuses and tell us that we are incompetent where our Clinical Lecturers is, they are supposed to be here with us, to answer the questions we are asking but when the college student ask questions, they help them, they give them the correct answers.”
(P4-FG1)

A further participant expressed that:

“It made me feel like an outsider, like I do not belong in that practical area, or I do not belong with that certain group of people, and I felt like if we were to be placed in Hospital let it be a short uhm, a smaller group with the University student only, maybe then we will get the attention that we deserve as uhm, University students.” (P4-FG1)

Discrimination emerged as a major challenge for students at the CLE. Discriminatory acts ranged from excluding university students from executing certain nursing skills for informing college students to delegate and supervise them among others, all of which brought feelings of not belonging to the CLE. Baraz-Pordanjani, Memarian and Vanaki (2014:6) concurred and indicated in their study that discrimination in the use of educational facilities and amenities and also in interpersonal communication were reported as factors distorting the nursing students' professional identity in the clinic, which is in line with the results of this study. Jamshidi et al. (2016:5) concurred with the results of the study and further indicated that improper treatment, discrimination, inadequate knowledge and skill, and lack of communication skills lead to stress and inferiority complexes in them.

As a participant mentioned:

“This discrimination makes those college students feel superior in terms of practical performing. They believe that with us, the university student, we are only equipped with theory than the practical skills of which is not true. So, they end up not giving us the opportunity to perform procedures, the sisters don't allow us because they believe that we don't know. So, end up not meeting our objectives.”
(P7FG4)

In addition to the demonstrated preferences by registered nurses and nurses towards college student nurses, participants also experienced this favoritism within the multidisciplinary team.

A participant indicated that:

“Another challenge that we are facing as a nursing student comes from the other multidisciplinary team, they look down on us. I ask one doctor a question, then he said to me ‘You are not training to become a medical doctor, so go to your professional nurse and ask her’... so that thing, it created some confusion whether are we a multidisciplinary team, are we not supposed to work together.” (P4-FG3)

A participant attested that:

“It is said that we are a multidisciplinary team but at some point, one doctor wants to know something and ask his own colleague doctor or another sister, and then they will share. But if ... now I’m a nurse, I’m asking like the same doctor as ‘What’s happening here’, they won’t tell me that information. Why, because us nurses, we are always being underrated like ‘You don’t know, even if we tell you this still it won’t matter to you.’” (P6-FG3)

This partiality between nursing students and students the medical field was perceived as demoralizing and disheartening, bringing a sense that some students or disciplines are superior to others. This also led to feelings of not belonging to the clinical learning environment. This was confirmed in the study conducted by Jamshidi et al. (2016:5) which demonstrated that a high percentage of nursing students reported discrimination between them and students of other fields.

Jamshidi et al. (2016:5) further indicated that the comparison between nursing and medicine and regarding medicine as a superior major violates nursing students’ personal dignity and gives them a sense of professional inferiority. Jamshidi et al. (2016:5) concluded by exposing that, regardless of similarity between the two professions, staff often disobeyed the nursing students.

Comparisons among nursing students and students from other fields, medicine, in particular, cultivates inferiority feelings. Such behaviors are considered to be unprofessional and triggered feelings of anger in students. Therefore, collaboration among multidisciplinary teams need to be emphasized and all students must be treated equally.

3.3.3.3 Sub-theme 3.3: Professional nurses' lack of respect and confidentiality towards patients

As indicated in the Constitution of the Republic of South Africa (Act No 108 of 1996), the Department of Health is committed to upholding, promoting and protecting this right and therefore proclaims the Patients' Rights Charter as a common standard for achieving the realization of this right. Bullet no.7 reflects on confidentiality and privacy and explain that this is the information concerning one's health, including information concerning treatment which may only be disclosed with informed consent, except when required in terms of any law or an order of the court. The findings of the study revealed that professional nurses were not respecting and keeping in confidence patient information.

This was confirmed by one participant who indicated that:

"I think I know what confidentiality is, the patient's information is only discussed to the person who is providing care to the patient. But you find that sisters are having maybe a friend at Medical Ward come to visit in the particular ward, you find them in the nurses' station discussing patient's confidential information with a person not providing care to the patient, of which is wrong." (P3-FG4)

Another participant added that:

"In the labour ward the professional nurse would scream calling the name of the patient who is at the end of the cubicle while sitting at the nurses' station saying: 'you so and so, when did your pains start? Have you ever been sick before?' Such questions and then the patient is forced to answer the question while other patients are listening. 'When last did you test?' like those kinds of things, and they are exposing uhm, patient's information to not only the other staff but other patients." (P4-FG1)

This was supported by another participant who stated that:

“We don’t learn because like the professional nurses are supposed to be the ones caring for those patients and then we have to learn a lot from the nursing-patient relationships. So, the nurse-patient relationship is poor because like they always far away from patients at the nurse’s station. So, we won’t learn a lot from, how we supposed to like to relate with patients.” (P6-FG3)

Much as students are learning clinical skills within the clinical learning environment, they are simultaneously learning and developing and learning ethical principles and professional morals from professional nurses, which is not observed by professional nurses within the clinical learning environment. Allari and Farag (2017:66) supported the finding of the study and mentioned that practicing in an environment that protects the ethical principle of the patients and workers will help students substantially because they are in a stage where their ethical and professional values are developing. Allari and Farag (2017:66) further reiterated that all students want is to end up with complete values clarification, a solid ethical background and decision-making abilities, and professional characteristic in their personality and behavior.

In addition to ethical conduct, this participant indicated that:

“What I observed and thought it’s unethical, it’s when the sisters call the patients by their conditions and sometimes even when the patient’s visitors come and they will say ‘Oh, you are here for that diabetic patient’ or ‘You are here for that asthmatic patient’ ‘... or TB patient’. Just like that and it’s not comfortable at all.” (P8-FG4)

Another participant added that:

“We should be seeing them as our role model. But right now, we see them as people who are just there to discourage us, even ask why you choose nursing.” (P6-FG4)

In addition:

“Their role as a nurse is to care and also be kind, committed and be passionate about your profession. But what we get there, it's no longer about being passionate and committed; it's about money.” (P11-FG4)

Professional nurses should be seen as role models to students and should always display a caring and passionate attitude towards their patients. Melincavage (2011:788) stressed that it is important for faculty and professional nurses to acknowledge that when students are exposed to social groups, they undergo enculturation. They learn more than clinical skills and caring for patients during clinical experience, students also copy behaviours and learn the language and act according to the norms of the group. If the profession of nursing is to gain more respect, it is imperative that nurses in every role begin to respect each other. Beukes, Nolte and Arries (2010:2) specified that good ethical values are important in any relationship because they set the climate for personal and professional wellbeing.

Professional nurses need to be sensitive to the values of their patients in order to facilitate good nurse-patient relationships and other interpersonal relationships, including with family members. The motive behind this is that not only will the students' learning be affected, but also their socialisation as professional nurses.

3.3.3.4 Sub-theme 3.4: Professional nurses' willingness to teach nursing students

The fourth stage of Gibbs' Reflective Cycle is Analysis, during this stage some participants analyzed and thought that some professional nurses were willing to teach them, irrespective of the majority who were unwilling to teach them. Even though the majority of nursing students reported on the negative attitudes of professional nurses, others reported on positive attitudes regarding the presence of professional nurses that are willing to teach nursing students. An attitude, as defined by the New Webster's Dictionary and Thesaurus (1993:60), "...is a mental position with regard to a fact or state; a feeling or emotion toward a fact or state". The dictionary goes on to state that the word "positive" can be used as "having a good effect; favourable; marked by optimism". These positive attitudes displayed by some professional nurses encourage students through their learning journey and they have no regrets that they have chosen the decent profession.

This was confirmed by a participant who illustrated that:

"There are some professional nurses who are always attached to their books. Like they will always group us and then they will make some time to teach us procedure properly... I know I did it that way but then it's supposed to be like this way. That's how it has to be like." (P6-FG6)

Another participant added that:

"Some professional nurses, when you ask them questions ... they are actually fully equipped with information. And they will seat you down and teach you everything and it all makes sense because they will actually be emphasizing what you did theoretically and also what you have been taught at school practicals and then everything will be making sense at the end of the day." (P3-FG3)

Some participants reflected that:

"Some of the sisters will call us in groups and say I am doing this kind of a procedure, this is how uhm, it has to be done. And while you are not busy like she will give you a chance to do the procedure alone the way she has shown you how to do it and it teaches us to be independent and have confidence when we are doing some of the things." (P4-FG1)

The findings of this study exposed that some reasons why professional nurses did not want to teach and supervise students are lack of information regarding new developments in the nursing field and as such, they always give old information at the practicals or refuse to answer questions from students. Contrary to this is that there are professional nurses who are always keeping themselves up-to-date by studying further and attending workshops. Such professional nurses always display positive attitudes toward students by mentoring, supporting, teaching and supervising them.

A study that supported these findings was by Papastavrou, Dimitriadou, Tsangari and Andreou (2016:1), who indicated that the acquisition of quality clinical experience within a supportive and pedagogically adjusted clinical learning environment is a significant concern for educational institutions. The quality of clinical learning usually reflects the quality of the curriculum structure.

Esmaeili, Cheraghi, Salsali and Ghiyasvandian (2014:463) also concurred and reiterated that having specialized instructors, with a specific emphasis on the instructor's knowledge and motivation, are important factors in learning. Esmaeili et al. (2014:465) further revealed in their study the significant role of mentors in providing effective educational and clinical experiences and said that mentors must strive to develop their knowledge and clinical behaviours according to students' needs in clinical settings.

Papastavrou et al. (2016:1) recapped that the nursing students' satisfaction is considered as an important factor of assessment, contributing to transformations in order to enhance the learning activities and achievements within clinical settings.

Another participant added by saying that:

“Another positive impact is that some nurses there at the clinical area, even if you don't ask them, they will be like ‘Let's go and see this certain procedure. You will do it next year’. They sort-of motivate and encourage you to do beyond ... whatever you are doing in this year for the next level. They also educate you more about new conditions and how to handle new conditions so ... which is a good thing.” (P11-FG4)

One Participant mentioned that:

“Some of the sisters, more especially in the labour ward, they are very good, they are calm, and they are kind. So, whenever they are teaching you a certain procedure like delivering a woman, they teach you with a passion. They don't make noise, then you get to learn because the person wants you to learn.” (P6-FG4)

In addition to what was revealed:

“Somehow the challenges that we face at the clinical learning experience, at the end they become somehow positive because they encourage us to do more and to prove ourselves that we can do

this. And the end, you'll find that the very same issue that you had because you couldn't do this and that, you will excel in it.” (P5-FG3)

Even though student nurses reported on the negative attitude of professional nurses, others reported on those who encourage and praise them for their theoretical knowledge. This positive attitude encouraged students through their learning. This was supported by Esmaeili et al. (2014:467) who indicated that having a positive attitude in the clinical environment is among the fundamental factors in increasing students' willingness to learn and improving the quality of their learning. In addition, the communication skills of clinical education instructors are of paramount importance.

Hardy, Koharchik and Dixon (2015:72) concurred and alluded that when professional nurses and student nurses work together as a team to create a unit culture, they are able to reach beyond their patients' needs. This also enhances in-depth clinical teaching and learning experiences as well as the professional development of students. Kurian and James (2017:62592) concluded by indicating that professional nurses should adopt a participative leadership style to involve the student nurses in patient care and decision making. Regular feedback should be taken from the student nurses to assess their level of satisfaction with their clinical learning environment.

There is a need for professional nurses to upgrade themselves educationally, this will reduce tension among students and professional nurses. A positive attitude enhances professional development and promotes quality patient care. Among the most important factors, students believed that, for effective clinical learning to take place, professional nurses should employ respectful behaviour, be responsive to students' learning needs, give confidence to students, and abstain from discouraging students.

3.4 CONCLUSION

Chapter 3 presented the findings of the data obtained in accordance with the themes and subthemes which emerged. The researcher supported the findings with quotes from participants. The findings of the study were further supported by relevant literature.

The last stage of the reflective cycle, which is an Action plan, links with the recommendations and will be discussed under recommendations in Chapter 4, which will present the conclusions, limitations, and recommendations based on the findings

CHAPTER 4

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

In Chapter 3, the findings of the study were discussed in detail. Verbatim quotes from participants were validated with relevant literature reviews in order to place research findings in the milieu. In this chapter, the conclusions of the study are summarised, and an overview of the limitations and recommendations of the study are discussed. The purpose of the study was to explore the challenges experienced by undergraduate nursing students in the CLE in the Capricorn district, Limpopo Province.

4.2 CONCLUSION OF THE STUDY FINDINGS

This study reflected on the challenges experienced by the undergraduate nursing students during clinical accompaniment at the clinical learning environment. Resemblances regarding challenges experienced during clinical accompaniment emerged from the participants of four focus groups. It is evident that the negative and restraining attitudes of professional nurses appeared to have the greatest impact on students learning in the clinical learning environment. The findings are discussed by reflecting on the objectives of the study.

4.3 OBJECTIVES OF THE STUDY

The objective of the study was to explore and describe the challenges experienced by the undergraduate nursing students within the CLE in the Capricorn District, Limpopo Province. The researcher achieved this objective by obtaining information from focus group interviews with the participants. The participants shared their experiences, which assisted the researcher to gain an in-depth understanding regarding the challenges experienced by the undergraduate nursing students in the CLE in Capricorn District, Limpopo Province.

The study used qualitative research methods to explore and describe the challenges experienced by the undergraduate nursing students in the CLE in Capricorn District, Limpopo Province. Explanatory, descriptive and contextual research designs were used to conduct the study. Four focus groups were used to collect data.

4.4 SUMMARY OF THE THEORETICAL PERSPECTIVE OF THE STUDY

Participants provided a description of the CLE context which included what really happened and who was involved in this interaction. No conclusions were made, only a detailed narrative about what happened in the CLE was given. During Stage 2 of Gibbs' Reflective Cycle, participants were allowed to describe their feelings, emotions, and reactions at the time of their interaction with the professional nurses in the CLE. For example, some of the professional nurses refused to sign their clinical hour books, indicating that they have not seen them perform some procedures.

During evaluation in Stage 3, value judgments were made by participants regarding their challenges in the CLE. They verbalized what was good or bad about the CLE. For example, favoritism of college students over university students. The fourth stage was analysis whereby all factors which hindered clinical learning were pointed out and their outcomes were verbalized during the interview.

In conclusion, which was Stage 5, alternative approaches that could have been implemented were stated and the participants explained how negative events could have been avoided. The last stage came out with an action plan, was recommendations of what could improve the CLE were generated such as such as strengthening collaborative meetings between the nursing education institutions and the CLE.

4.5 SUMMARY OF THE FINDINGS

The following three main themes emerged from the data analysis and guided the recommendations. The conclusions will be delineated in conjunction with each theme.

- Theme 1: Challenges experienced by students at the clinical learning environment
- Theme 2: Inadequate learning opportunities
- Theme 3: Attitudes of professional nurses in the clinical learning environment

4.5.1 Theme 1: Challenges experienced by students at the clinical learning environment

The majority of nursing students experienced many challenges within the CLE, which impacted negatively on their learning. The challenges included congestion in the clinical learning environment, which interfered with the learning opportunities as students were unable to meet their learning objectives because they are allocated in large numbers irrespective of their training level.

Shortage of material and human resources emerged as another challenge, particularly human shortages, as students indicated that they are viewed as manpower rather than students allocated to learn clinical skills. A shortage of medical equipment has a negative impact on student training and patient's well-being, as such, it is a barrier to the health system to function effectively.

Lastly, professional nurses' refusal to sign for students' work performance was viewed as unprofessional and unfair by nursing students, because they felt that they have worked and therefore deserve signatures as proof of having worked and met set learning objectives. The researcher concluded that these challenges impacted negatively on students learning.

4.5.2 Theme 2: Inadequate learning opportunities in a clinical learning environment

Inadequate learning opportunities within the clinical learning environment were perceived by nursing students as the main reason for not achieving their learning objectives. Most of the time, students were neither orientated or orientation was not done properly, which resulted in a lack of adaptation in the wards. The majority of professional nurses refused to teach the students, telling them that they are not getting paid to teach students but that they are there for the patients. This lack of teaching of students by professional nurses resulted in a lack of supervision and support.

Most of the time, students indicated that they were not involved in the execution of procedures because professional nurses claimed that they work within timeframes and that students are delaying them with lots of questions. Mostly, professional nurses use short-cuts when performing procedures, which lead to lack of integration of theory into practice for students. Students were delegated non-nursing duties or irrelevant duties which is not within their level of training that lead to learning objectives not met. The researcher concluded that students indeed lack adequate learning opportunities during their allocated at the CLE.

4.5.3 Theme 3: Attitudes of professional nurses

The findings of the study revealed that the majority of nursing students reflected on the continuous negative attitude of professional nurses, which lead to feelings of despair while allocated to the clinical learning environment. Most of the time, participants viewed the attitudes of professional nurses as negative, characterized by shouting, disrespect, demeaning and unsupportive behaviour which displayed unprofessionalism. Findings further exposed that some professional nurses do not talk to students in a good manner, but rather shout at and treat them in a harsh manner and call them names.

The findings also indicated that they were treated differently from college and other medical field students. They perceived that such favoritism is discriminatory and unprofessional as it makes some students to feel superior to others, which violates nursing students' personal dignity and gives them a sense of professional inferiority. This also led to feelings of not belonging to the clinical learning environment. The findings of the study also revealed that professional nurses were not respecting and keeping in confidence patient information. Participants indicated that professional nurses would scream the name of a patient who is at the end of the cubicle while sitting at the nurses' station, asking for confidential information. Professional nurses would further be disrespectful, unprofessional and unethical, which the participants did not approve of.

Even though the majority of nursing participants reported on the negative attitudes of professional nurses, others reported on the positive attitudes regarding the presence of professional nurses who understood the importance of clinical accompaniment to nursing participants.

4.6 RECOMMENDATIONS

Gibbs' Reflective Cycle Stage 6, which is Action Plan, is linked to recommendations and will be discussed under the following sub-sections:

4.6.1 Recommendations for nursing practice

The recommendations will be presented based on the themes that have emerged during data analysis. Based on the contextual nature of this research and findings thereof, the researcher proposes the following recommendations for nursing practice:

- Nursing Education Institutions (NEI's) in association with accredited CLE should develop accompaniment guidelines in line with SANC Regulation R425 and R174 in order to facilitate clinical learning according to the level of training for students.
- A formal and comprehensive orientation program to be structured and practiced in each new unit during clinical accompaniment.
- Professional nurses should assist students to correlate theory with practice by supervising and guiding them while allocated in the CLE.
- The teaching function of professional nurses in relation to learner nurses accompaniment should be included as one of the key performance areas and sanctions be applied if this is not complied with.
- Accredited hospitals management to address the issue of shortage of resources, both human and material as these are necessary tools for provision quality nursing care and training of students.
- The communication system should be addressed urgently to improve the interpersonal relationships among students and professional nurses.
- All professional nurses involved in accompaniment of students should keep abreast with new developments regarding clinical accompaniment and practices by attending workshops and seminars.
- Accredited hospital management should take responsibility to ensure that nursing students receive relevant clinical practice according to their level of training.
- Accredited institutions and Nursing Education Institutions should have monthly feedback sessions to discuss and resolve the challenges experienced by students in the CLE.

4.6.2 Recommendations for nursing education

The recommendations will be based on the core of nursing education, which is educating and developing nursing students on both professional and personal levels:

- Nursing Education Institutions to apply for accreditation of more CLE's to avoid congestion of nursing students during clinical placement.
- Nurse educators are to be involved in re-education to address both their concerns as well as student concerns regarding the timing and duration of clinical placement.
- Nurse educators should create and implement integrative teaching strategies to address the theory and practice gap.
- Nursing Education Institutions to employ more clinical facilitators to develop and support students academically while allocated for experiential learning in the CLE.
- Nurse educators are to continuously engage themselves in professional development activities, to ensure that they are up-to-date with various teaching and assessment strategies and research-based teaching and learning methodologies.
- Communication methods among academics and students are to be improved to enhance teaching and learning processes.
- Nursing education management should be supportive of the needs and expectation of both nurse educators and nursing students.

4.6.3 Recommendations for future research

The researcher recommends that future research could address related issues such as:

- Challenges experienced by professional nurses during clinical accompaniment of student nurses in the presence of a shortage of staff practice.
- More research could be conducted at different NEI's in other provinces on challenges experienced by the undergraduate nursing students at the CLE.
- Development of guidelines to address challenges experienced by nursing students at the CLE.
- Develop guidelines to address challenges experienced by professional nurses during clinical accompaniment in the CLE.
- More universities and nursing colleges can be involved in the study to generalize the findings, which may also address the gender limitation.

4.7 LIMITATIONS OF THE STUDY

The study was conducted using four focus groups from the third- and fourth-year level students only. Level one and two students were excluded from the study, as they were not yet exposed to all clinical disciplines. Most participants in the study were females as the majority of male students were unwilling to provide information. One of the major limitations of this study was that the participants were nursing students from one nursing education institution in Limpopo, therefore the findings may not be generalized to other settings. However, rich data was collected, and thick descriptions provided to describe the study and the findings in order to allow the study to be replicated.

4.8 FINAL CONCLUSION

The clinical accompaniment by professional nurses is one of the prerequisites during training of nursing students, which offers direction and guidance to professional development. The Clinical Learning Environment affords the nursing students with an exclusive background for experiential learning and skills that cannot be acquired elsewhere. Therefore, a conducive learning environment should be established to enable nursing students to acquire professional knowledge and skills.

The study objectives were met, and findings indicated that students experienced negative and restraining attitudes from professional nurses and other multidisciplinary team members, which appeared to have the greatest impact on their learning at the clinical learning environment. Several challenges associated with clinical accompaniment were exposed, such as congestion of students in the CLE, shortage of both human and material resources, lack of orientation, negative attitudes and ill-treatment directed at students and professional nurses' lack of respect and confidentiality towards patients, to mention only a few. Recommendations were generated on how to create a conducive learning environment through team-work between nursing education institutions, clinical staff, and multidisciplinary team members.

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ANNEXURE A

RESEARCH ETHICS APPROVAL UP



The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002567, Approved dd 22 May 2002 and Expires 03/20/2022.
- IRB 0000 2235 IORG0001762 Approved dd 22/04/2014 and Expires 03/14/2020.



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences Research Ethics Committee

27/11/2017

Approval Certificate
New Application

Ethics Reference No: 344/2017

Title: "CHALLENGES DURING CLINICAL ACCOMPANIMENT: REFLECTIONS OF THE UNDERGRADUATE NURSING STUDENTS"

Dear Ledile Edith Manamela

The **New Application** as supported by documents specified in your cover letter dated 24/11/2017 for your research received on the 24/11/2017, was approved by the Faculty of Health Sciences Research Ethics Committee on its quorate meeting of 27/11/2017.

Please note the following about your ethics approval:

- Ethics Approval is valid for 1 year
- Please remember to use your protocol number (**344/2017**) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, or monitor the conduct of your research.

Ethics approval is subject to the following:

- The ethics approval is conditional on the receipt of **6 monthly written Progress Reports**, and
- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

Dr R Sommers; MBChB; MMed (Int); MPharMed, PhD
Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health).

☎ 012 356 3084 ✉ fhsethics@up.ac.za 🌐 <http://www.up.ac.za/healthethics>
✉ Private Bag X323, Arcadia, 0007 - Tswelopele Building, Level 4, Room 60, Gezina, Pretoria

ANNEXURE B

**DECLARATION REGARDING
PLAGIARISM**



DECLARATION REGARDING PLAGIARISM

Full names	Ledile Edith Manamela
Student number	98290577
Topic of work	CHALLENGES DURING CLINICAL ACCOMPANIMENT: REFLECTIONS OF THE UNDERGRADUATE NURSING STUDENTS.

Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.
2. I declare that this proposal is my own original work. Where other people's work has been used (either from a printed source, internet or any other source), this has been properly acknowledged and referenced in accordance with the requirements as stated in the University's plagiarism prevention policy.
3. I have not used another student's past written work to hand in as my own.
4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

Signature..... Date.....

ANNEXURE C

**PARTICIPANT'S INFORMATION
LEAFLET**



PARTICIPANT'S INFORMATION LEAFLET**TOPIC OF STUDY: CHALLENGES DURING CLINICAL ACCOMPANIMENT: REFLECTIONS OF THE UNDERGRADUATE NURSING STUDENTS.**

Dear Student

1) INTRODUCTION

We invite you to participate in a research study. This information leaflet will help you to decide if you want to participate. Before you agree to take part, you should fully understand what is involved. If you have any questions that this leaflet does not fully explain, please do not hesitate to ask the researcher.

2) THE NATURE AND PURPOSE OF THIS STUDY

The aim of this study is to study is to explore and describe the challenges experienced by undergraduate nursing students during clinical accompaniment in the clinical learning environment in Limpopo Province. As a student, you are a very important source of information in this study.

3) EXPLANATION OF PROCEDURES TO BE FOLLOWED

This study involves a focus group interview process where the interviewer will ask each group of nursing students' questions. The researcher will be the main mediator of the focus group interviews. A voice recorder will be utilized to capture all interview sessions and field notes will be written to capture what couldn't be captured through a recorder. The interview is scheduled to last for approximately one-two hours with each group. The interview sessions will be conducted in a private and quiet place.

4) RISK AND DISCOMFORT INVOLVED

There are no risks in participating in the study. Some of the questions we are going to ask you may make you feel uncomfortable, but you need to answer them to the best of your ability. The interview will take about one-two hours of your time.

5) POSSIBLE BENEFITS OF THIS STUDY

The study may also assist in addressing challenges that the nursing students are experiencing during clinical accompaniment in the CLE, bearing in mind that student nurses are future health care providers and need to acquire necessary skills and competency required for the nursing profession at the end of their training.

The study may assist the clinical facilitators in designing measures which will make the clinical learning environment to become favourable for student nurses to learn.

In the event of questions asked, which will cause emotional distress, then the researcher is able to refer you to a competent counselor.

6) WHAT ARE YOUR RIGHTS AS A PARTICIPANT?

Your participation in this study is entirely voluntary. You can refuse to participate or stop at any time during the interview without giving any reason. Your withdrawal will not affect you or your marks in any way.

7) HAS THE STUDY RECEIVED ETHICAL APPROVAL?

Permission to conduct the study has been written to the Turfloop Research Ethical Committee and to the Department of Education in Limpopo Province. The approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria has been obtained. Telephone numbers 012 356 3084 / 012 356 3085.

8) INFORMATION AND CONTACT PERSON

The contact person for the study is Mrs LE Manamela. If you have any questions about the study, please contact her at the following telephone numbers **081 712 0244** alternatively you may contact my supervisors at telephone numbers **078 412 1540 / 072 783 1843**

9) COMPENSATION

Your participation is voluntary. No expenses anticipated.

10) CONFIDENTIALITY

All information that you give will be kept strictly confidential. Once we have analyzed the information no one will be able to identify you. Research reports and articles in scientific journals will not include any information that may identify you or your clinic, hospital or institution.

ANNEXURE D

**CONSENT TO PARTICIPATE IN
THIS STUDY**



CONSENT TO PARTICIPATE IN THIS STUDY

I confirm that the person asking my consent to take part in this study has told me about nature, the process, risks, discomforts and benefits of the study. I have also received, read and understood the above-written information (Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I am participating willingly. I have had time to ask questions and have no objection to participating in the study. I understand that there is no penalty should I wish to discontinue the study and my withdrawal will not affect my marks in any way.

I have received a signed copy of this informed consent agreement.

Participant's name (Please print)

Participant's signature Date.....

Investigator's name (Please print)

Investigator's signature Date.....

Witness's Name (Please print)

Witness's signature Date.....

ANNEXURE E

RESEARCH INTERVIEW GUIDELINE



RESEARCH INTERVIEW GUIDELINE

Title: Challenges during clinical accompaniment: reflections of the undergraduate nursing students.

Aim: To explore the challenges experienced by the undergraduate nursing students in the Clinical Learning Environment (CLE) Capricorn District, Limpopo Province.

Introduction: The researcher will start each of the interview sessions by introducing herself and also allow the consenting participants to introduce themselves.

Central question.

Please describe the challenges you experience during clinical learning in clinical learning environments?

Probing questions.

1. What was your reaction to the challenges?
2. Explain how you handled the situation?
2. Describe how these challenges affect your learning?
3. How best do you think such challenges can be addressed in the future?

More probing questions will follow depending on the participants` responses during the interview.

Exit question

Is there any other thing you will like me to know about the challenges you are experiencing as an undergraduate nursing student in the Clinical Learning Environment (CLE)?

Signature..... Date.....

Ledile Edith Manamela

ANNEXURE F

CLEARANCE CERTIFICATE





University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 4029, Fax: (015) 268 2306, Email: Abdul.Maluleke@ul.ac.za

**TURFLOOP RESEARCH ETHICS
COMMITTEE CLEARANCE CERTIFICATE**

MEETING: 02 November 2017

PROJECT NUMBER: TREC/384/2017: IR

PROJECT:

Title: Challenges during clinical accompaniment: Reflections of undergraduate nursing students
Researcher: LE Manamela
Supervisor: Dr VM Bhana
Co-Supervisor: Dr SS Moloko-Phiri
Institution: University of Pretoria
Research: Independent Research


PROF. TAB MASHEGO

CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

Note:

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol.
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding solutions for Africa

ANNEXURE G

DATA ANALYSIS CERTIFICATION



Qualitative data analysis

Masters Degree

For

Ledile Edith Manamela

Study Title: **Challenges during clinical accompaniment: Reflections of undergraduate nursing students**

THIS IS TO CERTIFY THAT:

Professor Tebogo Maria Mothiba has co-coded qualitative data which was collected through:

Semi-structured focus group interview

I declare that the candidate and I have reached consensus on the major theme reflected by the data during a consensus discussion meeting.

Prof TM Mothiba

Signature:

Date: 2018/07/10



Prof TM Mothiba (PhD)

ANNEXURE H

PERMISSION TO CONDUCT RESEARCH





**University of Limpopo
Office of the Registrar**

Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 2407, Fax: (015) 268 3048, Email: Office.Registrar@ul.ac.za

04 December 2017

Ds LE Manamela

Email: ledile.manamela@ul.ac.za

Dear Ms. Manamela

GATEKEEPER PERMISSION TO CONDUCT RESEARCH

TITLE: CHALLENGES DURING CLINICAL ACCOMPANIMENT: REFLECTIONS OF UNDERGRADUATE NURSING STUDENTS

PROJECT LEADER: LE Manamela
SUPERVISOR: Dr. VM Bhana
INSTITUTION: University of Pretoria
RESEARCH: Independent research

Kindly be informed that Gatekeeper permission is granted to you to conduct research at the University of Limpopo entitled: **"Challenges during clinical accompaniment: Reflections of Undergraduate Nursing Students"**.

Kind regards,

**DR. JEFFREY MABELEBELE
UNIVERSITY REGISTRAR**

Cc. Prof. RJ Singh, DVC: Research, Innovation and Partnerships
Dr. TE Mabila: Acting Director, Research
Prof. TAB Mashego – Chairperson: Research and Ethics Committee
Ms. N Monene – Office Manager: Research Development and Administration

ANNEXURE I

EDITING CERTIFICATE



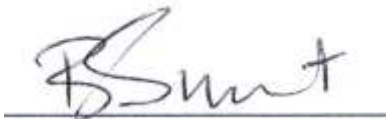
EDITING CERTIFICATE

Date: 17 December 2018

I, Berdine Smit, ID 7712190011083, hereby certify that the M Ed (Philosophy of Education) by **LEDILE EDITH MANAMELA:**

CHALLENGES DURING CLINICAL ACCOMPANIMENT: REFLECTIONS OF THE UNDERGRADUATE NURSING STUDENTS

has been edited by me according to the Harvard Author-date System APA application).



BERDINE SMIT

BA. Publishing (UPE)

