EXPLORATION OF THE VIEWS OF THE LECTURERS ON THE IMPLEMENTATION OF CLINICAL COACHING DURING THE PRE-REGISTRATION TRAINING OF NURSING STUDENTS

by

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DECLARATION

I Lefalane Amanda Antoinette Mamabolo

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declare that:

EXPLORATION OF THE VIEWS OF THE LECTURERS ON THE IMPLEMENTATION OF CLINICAL COACHING DURING THE PRE-REGISTRATION TRAINING OF 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

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DEDICATION

No one achieves success or fulfils goals in isolation. This dissertation is my work that could not have been achieved without the unconditional support and understanding of my family, friends and colleagues.

- To my wonderful daughters Koketso and Litholoana. I will forever be grateful to you for your undying love, support, understanding and believing that I could fulfil my dream at this age.

- To my late mother Makopi Daisy Mokwena for moulding me and encouraging me to be what I am today.

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- A sincere word of thanks to the nursing lecturers who participated in this study openly, shared their time and experiences. This study would not have been possible without your valuable contribution.

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ABSTRACT

Introduction: Professional nurses are expected to make clinical decisions to meet patients' needs by integrating nursing theory into their daily practice. Patient-centred care is the norm, and the unique circumstances of every patient should be taken into account. Nursing care has become increasingly complex and large nurse turnover rates are experienced. Despite an abundance of literature confirming the need for coaching in the clinical learning environment, there is a lack of clear guidance and direction in how clinical coaching should be implemented for nursing students during pre-registration training.

Aim of the study: This study aims to explore and describe the views of the lecturers at a specific college regarding the implementation of clinical coaching of nursing students during pre-registration training.

Research design: The aim of the research will be addressed by exploring and describing the views of lecturers regarding the implementation of clinical coaching of nursing students. A constructivist grounded theory approach will be followed.

Methods: The researcher will collect data interactively with the participants through intensive interviews to gain an understanding of their views regarding the implementation of clinical coaching of nursing students. Ongoing comparative analysis of the data will be done; the existing data will determine the questions for further data collection; emerging categories will be formulated and theoretically saturated. Once the categories emerged from the data, a selective literature review will be done to determine how the findings fill the knowledge gap that led to the study.

Significance of the study: The findings of the study seek to bring new insight into the practice of clinical training of students in nursing science.

Conclusion: The clinical coaching of students to integrate theory in practice needs to be studied to provide theoretical knowledge that can lead to the planning and implementation of coaching programmes.

Key concepts: Clinical coaching, clinical teaching and learning, theory and clinical integration.

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LIST OF ABBREVIATIONS / ACRONYMS

ABBREVIATIONS / ACRONYMS

Abbreviation / acronym	**Meaning**
CC	Clinical Coach
CLE	Clinical learning environment
GP	Gauteng Province
NE	Nursing education
NES	Nursing Education Stakeholders
PHC	Primary health Care
SA	South Africa
SANC	South African Nursing Council
WCDOH	Western Cape Department of Health

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CHAPTER 1
ORIENTATION OF THE STUDY

1.1 INTRODUCTION

Clinical coaching as a strategy is a valuable tool for teaching during clinical placement of nursing students. The concept can be traced back to the Florence Nightingale era (1820-1910) who instructed that student nurses should be trained under direct coaching of experienced nurses who were "trained to train" (Myrick, 1998:589; Dossey, 2013:10). Professional nurses are expected to make clinical decisions to meet patients' needs (Benner, 2015:6) by integrating nursing theory into their daily practice (Murray, 2018:1). Patient-centred care is the norm and the unique circumstances of every patient should be taken into account (Hollard & Ulrich, 2016:108).

Nursing care has become increasingly complex (Chang et al., 2011:32240) due to changes in practice such as task shifting (Chan, 2013:236) and the preference of managers to appoint professional nurses who function optimally within multidisciplinary teams (Fletcher & Meyer, 2016:121). Exceptionally good critical thinking and reasoning skills are required to integrate theory in practice to address patients' needs (Murray, 2018:3). Acording to Maxwell, Black and Baillie (2015:135), clinical learning that is done at the point of patient care tends to enhance theory and practice integration. It is at the bedside of patients that experienced professional nurses should clinically coach less experienced nurses (Walker-Reed, 2016:41).

In Australia, huge governmental investments have been made to implement clinical coaching programmes. Senior professional nurses coach junior professional nurses to use their theoretical knowledge to improve and individualise patient care (Faithfull-Byrne et al., 2017:403). The positive effect that the programme has on the retention of nurses and the improvement of patient care was widely published on and institutions who want to duplicate the programme can easily obtain the information.

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While there is an abundance of literature confirming the need for clinical coaching in the clinical learning environment (CLE), there is a paucity of information regarding the literature that discusses the impact that clinical coaching has on clinical lecturers to best facilitate clinical education for undergraduate nursing students (Bridges, Holden-Huchton & Armstrong, 2013:10). The researcher thus aimed to explore and describe the views of the lecturers at a specific nursing education institution regarding the implementation of clinical coaching of 4th year nursing students during pre-registration training. The study was done in a specific nursing education institution in the Gauteng Province (GP) of South Africa (SA). The facilitation of clinical learning at this nursing education institution takes place in a variety of clinical facilities.

1.2 BACKGROUND TO THE PROBLEM STATEMENT

Nursing education consists of theoretical and clinical teaching and learning. Good nursing practice consists of the implementation of theoretical knowledge in clinical skills.

1.2.1 Theoretical teaching and learning

Nursing Education (NE) comprises of theoretical and clinical components (Ofili, Ncama and Moses-Ewhre, 2019:145) and is aimed at preparing students to become professional nurses (Jamshidi et al., 2016:1). Currently, nursing education is transforming (Zwane & Mtshali, 2019:2). Traditional teaching methodologies (Gonen et al., 2016:1) that fail to enable nurses to deal with the dynamics of the challenging healthcare system (Fletcher & Meyer, 2016:121) are replaced. Such education systems lead to educational practices that are not centred around the students, and consequently, around the nurturing of students who assume passive roles. It does not consider learners as whole human beings (Nguyen & Larson, 2015:331). The mind is separate from the body, with the body regarded as little more than a subordinate instrument to the mind. In embedded pedagogy, according to Nguyen and Larson (2015:341), the physical body and the reflective mind can be merged in unexpected ways to discard passive learning and mind/body separation. The resultant physical awareness lends itself to the actualisation of the unified learning roles of mind and

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body through the cycle of mindful action and reflection. For this reason, curricula in nursing education need to be modified in a manner that provides an active role to the students (Eyikara & Baykara, 2017:3). This calls for curricular experts to design a teaching space, tactics and objectives to enhance learning (Nguyen & Larson, 2015:341) to do away with passiveness on the part of the student (Schmidt & Brown, 2016:100).

Nursing education needs a paradigm shift from a teacher to a learner-centred approach (Nguyen & Larson, 2015:331; Ellis, 2016:66). Theoretical teaching should be less content-driven and more focused on the development of critical thinking (O'Rae, Langille, Li, Sealock & Rutherford, 2016:57; Posel, McGee & Fleiszer, 2015:813). Lecturers should move away from teaching students' superficial descriptive knowledge in classrooms separated from the clinical environment (Benner, 2015:2). A student new to nursing programs often needs to be helped to see beyond their own context and to look at the bigger picture to move past narrow thinking (Raymond & Sheppard, 2017:16).

1.2.2 Clinical teaching and learning

The clinical component of nursing education takes place when students gain hands-on experience in patient care (Kiblasan et al., 2016:100). That is, according to Gustafsson, Blomberg and Holmefur (2015:253) and Ofili et al. (2919:145), where most of the learning takes place. Placements in clinical settings to deliver patient care present students with opportunities to apply theory in practice. Clinical learning enhances the development of professional attitudes, and it assists students to gain clinical competence (Ofili et al., 2919:145; Tseng, Wang & Weng, 2013:162; Johnson, Hong, Groth & Parker, 2014:3). Quality clinical learning opportunities are critical to the development of dedicated and skilled professional nurses (Killam, Luhanga & Bakker, 2011:437) which is a crucial requirement for state registration as professional nurses (Maxwell et al., 2015:35). Close interaction with other students during clinical placement periods is one of the most critical aspects of nursing education (Brynildsen et al., 2014:72; Laari & Dube, 2020:55).

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1.2.3 Integration of theoretical and clinical teaching and learning

The development of clinical nursing competence cannot be divorced from gaining theoretical knowledge (Johnson et al., 2014:9). A separation of the components leads to newly qualified professional nurses finding it difficult to meet the demands of evolving healthcare systems (Yang et al., 2013:199). In nursing education, it is imperative that teaching and learning should be integrated (Henderson & Eaton, 2013:197).

1.2.4 Clinical coaching for integration of theoretical and clinical teaching and learning

According to Thistlethwaite (2016:180), the integration of theory and practice is the translation of classroom-based learning and theory into the clinical setting. Low clinical competency levels of nurses can be addressed through clinical coaching (Kelton, 2014:709). The aim of such coaching is, according to Faithfull-Byrne et al. (2017:403), to expose nurses to quality learning opportunities where they can learn from expert nurses. Clinical coaching focuses on both the personal and professional development of nurses to achieve quality patient care (Faithfull-Byrne et al., 2017:403; Walker-Reed, 2015:42). Clinical coaches provide 'point of care' educational interventions to enhance the clinical competence of less experienced nurses (that can include nursing students) (Faithfull-Byrne et al., 2017:403). Clinical coaching can be done in real patient care situations or during simulated patient care situations. In both cases, a situation (actual or simulated) is used to enhance the performance of nursing students (Gonen et al., 2016:2; Benner, 2015:4).

Experiential learning happens during clinical placement (Mamaghani, 2018:217) when students are coached by experienced nurses (Weidman, 2013:108). Students learn from senior professional nurses (and that includes lecturers) how to administer patient care, employ nursing techniques and interact with patients (Waddell et al., 2015:184). Because they often bridge the gap between the clinical and the educational worlds, no one is better placed to demonstrate the intricacies of nursing practice than the

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professional nurses in practice and lecturers (both clinical and theoretical) during clinical coaching (Adelman-Mullaly et al., 2013:30).

The transition from the comfort zone of a classroom to that of a practice environment can be daunting for nursing students (Jewell, 2013:323). They may have the required theoretical knowledge, but unfortunately, they still need to learn how to use it in practice (Jewell, 2013:324). Lecturers face challenges to create sufficient opportunities for students to integrate theory into practice (Henderson & Eaton, 2013:197) to meet the objectives of the educational institutions (Duff, 2013:1108) and to learn how to manage their own emotions when patients suffer severe pain or even die (Jewell, 2013:324). Theoretical and clinical nursing lecturers should therefore also take part in the coaching of students during practical placements (Grassley & Lambe, 2015:365).

1.3 RATIONALE OF THE STUDY

Although there is a significant number of studies done internationally on coaching in general (Henderson & Eaton, 2013:198), there is still major challenges in the clinical coaching of nursing students in South Africa. During a summit that was convened by the Minister of Health in April 2011 in the Gauteng province of South Africa (SA), the Minister created a nursing ministerial task team to address the education and training of nurses. Clinical education and training were listed as some of the challenges confronting the nursing profession (Nursing Education Stakeholders (NES) Group, 2012:1). The relationship between clinical coaching and clinically competent nurse practitioners was emphasised during the summit (NDOH, 2013:3). According to the Strategic Plan for Nurse Education, Training and Practice (2012/13 – 2016/17), policies should be initiated and implemented to enable the utilisation of retired nurses in a coaching and mentoring role (NDOH, 2013:55).

The response generated by the Forum of University Nursing Deans in South Africa (FUNDISA) and Annual Nurse Educators Conference (ANEC) during discussions on teaching skills, scored coaching, mentoring and facilitation techniques the highest

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(Botma, 2016:6; SANC, 2013:55). These techniques will support the student in making sound clinical judgments and developing meta-cognitive knowledge. Clinical coaching as a strategy for learning and teaching nursing students in South Africa is a relatively new concept. Strategic Objective 2.6 of the Provincial Government of the Western Cape Department of Health (WCDOH, 2008:22) in SA indicated the need to develop a mentorship and coaching department to improve the research capacity of nurse educators. The researcher asserts that in SA clinical coaching will elevate the standard of nursing education and advance learning at the point of care.

1.4 PROBLEM STATEMENT

Newly qualified professional nurses enter the profession with substantial amounts of knowledge, yet their ability to apply this knowledge often needs to be developed. Switching from the safety net of classrooms to that of independent practice can be a frightening experience (Jewell, 2013:323). In a study by Johnson et al. (2014:1), newly qualified professional nurses' fears about their inability to render safe patient care due to clinical incompetence are highlighted. Complex patient care situations (Forsberg et al., 2014:538) and the demanding expectations of hospital management and members of the multidisciplinary team (Fletcher & Meyer, 2016:121) also contribute to the challenges that they have to cope with. Without efficient intervention, these nurses leave the profession (Walker-Reed, 2015:41).

While much research is done on how to retain nurses (Henderson & Eaton, 2013:198; Duff 2013:1108) the researcher believes that students in nursing science should be prepared to cope with the challenges that they may face when they enter the profession. They should be able to bridge the gap between being a student and being a professional nurse. It should be easy for them to apply knowledge in practice (Kelton, 2014:709) and to deliver safe patient care (Fletcher & Meyer, 2016:122). The problem can be solved through the clinical coaching of undergraduate students.

Unfortunately, research reports reveal that nursing students do not always receive the support that they need to apply knowledge in practice during their training. The findings

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of a study completed by Kerthu and Nuuyoma (2019:22) in Namibia indicated that clinical settings are very different from the classroom and can shock students in a major way that they end up struggling when it comes to the application of theoretical aspects into practice. Hence, clinical teaching and coaching are highly recommended. In a psychiatric institution in the Limpopo Province of SA, Ohaja (2010:3) found that students believed that their practical training did not prepare them sufficiently for the responsibilities of professional nurses. Often students are expected to render routine patient care during clinical placements instead of acquiring clinical skills (Van Graan, Williams & Koen, 2016:228). The delivery of care is the primary objective and teaching and learning become the secondary objectives (Henderson & Eaton, 2013:198). Students raised concerns while in the clinical field. They experienced clinical anxiety, a theory-practice gap, lack of clinical supervision worsened by an increased number of responsibilities and less support and guidance in the clinical field (Bosch, 2017:20). Mamaghani et al. (2018:222) mentioned that the CLE of Iranian nursing students contains many challenges which are similar to those identified globally. Poor interaction and the negative attitude of clinical nurses toward student nurses significantly impacted students' experience in the CLE. Furthermore, a study completed by Parvandeh et al. (2018:43) indicated that in Iran, nursing students understand the gap between theory and practice more so than other groups because they are under the direction of the model and scientific training of the coaches.

There is global evidence to support the statement that effective clinical coaching contributes to quality nursing education and improved patient care. In the study completed by Hidalgo (2018:16) in Mexico, students felt strongly about clinical coaching sessions that helped prepare them for summative exams. In Canada, clinical coaching sessions were rated as highly supportive and valuable for participants' professional development (Graham & Beuthin, 2018:55). Implementation of the clinical coaching technique is a highly effective method to improve nurses' knowledge, attitude and acquisition of skill (Elganar, 2020:24). The guidance from an experienced and knowledgeable clinical accompanist is essential for fostering critical thinking skills and ultimately, clinical judgement (van Graan et al., 2016:285) to integrate theory into practice (Adelman-Mullaly et al., 2013:30). Therefore, clinical settings should have

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clinical support structures where students can access support (Kerthu & Nuuyoma, 2019:22).

Currently, a clinical coaching programme to develop professional nurses is implemented with huge success in Australia (Faithfull-Byrne et al., 2017:403). Despite overwhelming international evidence in the literature of understanding the contextual factors related to clinical coaching of undergraduate nursing students in a clinical learning environment, and endorsement by the International Council of Nurses (Kennedy, Choi & Peplinski, 2016:23), there is a lack of clear guidance and direction in which clinical coaching can be implemented for undergraduate nursing students in SA.

In SA, nursing students are taught in lecture rooms by theoretical lecturers. Clinical training by clinical lecturers is done in skills laboratories and clinical practice. The newly approved nursing curriculum that was implemented at all SA nursing education institutions (NEI) in 2016, requires a minimum exposure of 3000 clinical hours to clinical nursing practice (Department of Health, 2011).

The researcher, as a former clinical lecturer responsible for the accompaniment of student nurses to clinical practice in a Primary Health Care (PHC) facility accredited by the SANC for the training of students, observed that in many instances what the students have been taught by their theoretical lecturers is not what is practised in the clinical areas where nursing care is provided, irrespective of the available standardized procedure manuals. The study conducted by Kerthu and Nuuyoma (2019:21) revealed that as nursing is practised task-centred, students rarely get involved in the total care of individual patients, thus leading to the theory-practice gap. The theory-practice gap occurs when there is a disparity between what has been learned in the classroom setting and what is practised in the clinical learning environment (Kerthu & Nuuyoma, 2019:21; Kaphagawani & Useh, 2013:182). There are no assurances that participating in impromptu work experience opportunities that emerge in the workplace will assist students to achieve the range and depth of the desired outcomes (Henderson & Trede, 2017:2). Hence, taking a "coaching approach" helps students find the richer answer

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and facilitate deeper learning (Haroun, 2018:29). This will narrow the prevailing practice-theory gap. Lecturers are in a position to tell how clinical coaching should be done only if the clinical facilitators have buy-in for clinical coaching.

1.5 SIGNIFICANCE OF THE STUDY

The findings of the study seek to bring new insight into the theory and practice of clinical learning for students in nursing science.

1.6 RESEARCH QUESTION

The study will be guided by the following research question:
What are the views of lecturers on the implementation of clinical coaching to student nurses during pre-registration training?

1.7 AIM OF THE STUDY

The study aims to explore and describe the views of the lecturers at a designated nursing education institution on the implementation of clinical coaching of nursing students during pre-registration training.

1.8 CONCEPT CLARIFICATION

Clinical coaching is defined as partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential (Elnagar et al., 2020:25). It is a one-to-one conversation focused on the enhancement of learning and development through increasing self-awareness and a sense of personal responsibility, where the coach facilitates the self-directed learning of the student through questioning, active listening and appropriate challenges in a supportive climate (van Nieuwerburgh & Tong, 2013:13; McDiarmid & Burkett, 2020:15). It refers to a process of enabling the personal and professional growth of healthcare professionals to render improved patient care (Walker-Reed, 2016:42).

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Clinical coaching is a term borrowed from the philosophies of administrators in sports (Kelton, 2014:712). A coach in the nursing profession is a professional nurse who integrates coaching competencies into any setting or speciality area of practice to facilitate a process of change or development that assists individuals to realise their potential (Elnagar, 2020:24). In this study, clinical coaching refers to a process of enabling nursing students to grow in a personal and professional manner to render quality patient care.

Nursing student refers to a student (learner) who is registered with the SANC as a learner nurse or a learner midwife (SANC, 2013; R.174, para 1). In this study, the term student is used when referring to student nurses and it signifies a person studying at a nursing education institution to train as a nurse and who is registered with the SANC for this purpose.

A **lecturer**, according to the Cambridge Advanced Dictionary, is someone who teaches at a university or college. Lecturer refers to professional nurses and midwives who hold an additional qualification in nursing education and a clinical speciality and are registered for the qualification with the SANC (Nursing Act 33 of 2005 S31). In this study, lecturers refer to professional nurses who are registered for a qualification in nursing education with SANC and who are full time employed to teach nursing theory and facilitate clinical learning in a selected nursing education institution in the Gauteng province of SA.

A **clinical learning environment** is a place where students synthesise the knowledge gained in the classroom and apply it to practical situations (Stokes & Kost, 2013:283; Chan, 2002:518). A clinical learning environment (CLE) is a complex social entity where the client, doctors, pre-registration students, clinical lecturers, coaches and other members of the multidisciplinary health team co-exist, each with their own objectives (Chan, 2002:630). SANC (2013c: Section 58(1) [g]) define a clinical learning environment as a continuum of services to promote health and provide care to individuals and groups used to teach students/learners. In this study, CLE encompasses all that surrounds the pre-registration student to develop competence,

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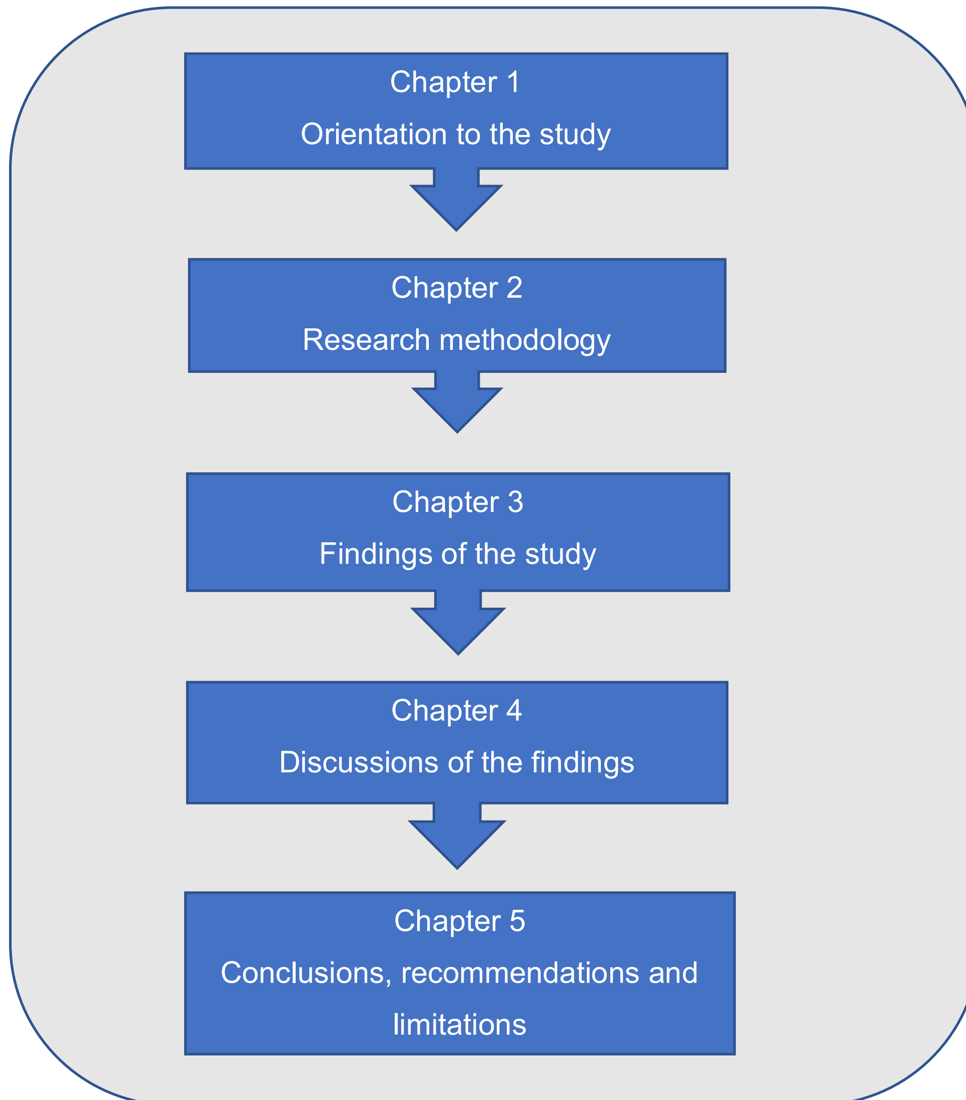
attitudes, interpersonal skills and problem-solving abilities to deliver quality patient care.

1.9 LAYOUT OF THE STUDY

Figure 1: The layout of the study is as follows:



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1.10 SUMMARY

The first chapter sets the tone of the study. An overview of how the study was conducted to eventually achieve the aim of the study was explained and keywords that will be used throughout this study were defined. In Chapter 2, a detailed discussion of the study methodology is described.

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CHAPTER 2
RESEARCH METHODOLOGY

2.1 INTRODUCTION

A qualitative study following a constructivist grounded theory (GT) approach was conducted. The background and fundamental guidelines common to different approaches to GT methodologies are provided. In this chapter, an overview of the paradigmatic perspective and philosophical framework underlying the research methodology is presented. The philosophical framework is followed by a description of the research methodology. The research design and methods that the researcher used to achieve the aims and objectives of the study will follow. The research methods are described with reference to the population, sample, sampling method, data collection and analysis (Grove, Gray & Burns, 2015:511). The chapter concludes with a description of the ethical considerations relevant to the study.

2.2 AIM OF THE STUDY

The study aimed to explore and describe the views of the lecturers at a designated nursing education institution regarding the implementation of clinical coaching of nursing students during pre-registration training.

2.3 PARADIGM OF THE STUDY

A paradigm is considered as a philosophical worldview that dictates how research is conducted (Denzin & Lincoln, 2005:3; Bryman & Bell, 2015:24). It describes the researcher's perspective about the studied phenomenon and its associated reality (Polit & Beck, 2017:13).

The ontology, epistemology and methodology of grounded theory research are influenced by Symbolic Interactionism (Miliken & Schreiber, 2012:685; MvCann & Clark, 2003:8) that assumes that human beings live in a "symbolic world of learned meanings; that they react to symbols based on the meanings of the symbols; that the

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meanings of symbols develop in the interaction between people; that the self as social construct develops through interaction with others; and that the self-concept provides a strong motive for behaviour" (Aldiabat & Le Navenec, 2011:1064).

A constructivist paradigm was used as it is assumed that the views of the lecturers could be studied through their personal description, as they re-lived events that occurred during their clinical coaching of nursing students during pre-registration training. The meaning that they attach to clinical coaching is learned and developed in interaction with others. In the case of this study, they interacted with other lecturers and also with students during clinical coaching. The constructivist paradigm enables researchers to study complex phenomena such as clinical coaching (Birks & Mills, 2015:16).

2.3.1 Ontological assumption

Ontology refers to the nature of social reality and how humans view their world (Blanch, Durrheim & Painter, 2014:6). In the constructivist paradigm, a relativist ontological view looks at the multiple realities of the phenomena in the lifeworld of the participants (Denzin & Lincoln, 2005:35). This study assumed a constructivist ontological position. The researcher intended to unearth the nature of reality that in this study refers to the implementation of clinical coaching of nursing students. Constructivist researchers in grounded theory studies believe that human beings construct meaning as they engage with each other (Hallberg, 2006:142).

2.3.2 Epistemological assumption

Epistemology deals with the nature of knowledge and identifies the rules and principles of the known phenomena and how we can explain and know something (Botma et al., 2015: 40). It specifies the relationship between the researcher and what can be known. It is also concerned with how knowledge is generated and communicated (Holloway & Wheeler, 2010:21). The researcher assumed that a reciprocal relationship between her and the participants (Aldiabat & Le Navenec, 2011:1064) would contribute to the

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depth of the exploration and description of the phenomenon (Plummer & Young, 2010:313) that in this study refers to the implementation of clinical coaching of nursing students. In constructivist grounded theory, research relationships are formed with participants (Charmaz, 2014:3) and data are co-constructed with them (Plummer & Young, 2010:313). Basic social processes involved in clinical coaching refer to activities that should happen routinely in CLE that can bring about a major change in preparing nursing students for independent practice.

2.3.3 Methodological assumptions

Methodological assumptions refer to the rules and methods used to obtain the knowledge that is necessary to understand the meaning of the studied phenomena. In grounded theory research, constructivism assumes the relativism of multiple social realities, recognizes the mutual creation of knowledge by the viewer and viewed and aims towards an interpretive understanding of meanings of phenomena (Denzin & Lincoln, 2005:35). The researcher assumed that the participants would discuss the symbolic meaning of clinical coaching of nursing students during pre-registration training. The researcher, from a constructivist approach with certain ontological assumptions, viewed the reality of the phenomenon not as a fixed reality but rather as a construction of the multiple interpretations of the reality that exists in the minds of the participants (Polit & Beck, 2017:12).

In constructivist grounded theory studies, the whole research process is interactive as researchers bring past interactions and current interests into the research; they interact with their participants and emerging ideas develop out of the interaction (Charmaz, 2006:510; Moghaddam, 2006:52). The researcher followed the processes of constructivist grounded theory research as developed by Charmaz from the original method put forth by Glaser and Strauss (1967) and Glaser (1978).

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2.4 RESEARCH DESIGN

The research design refers to the overall plan that researchers follow to address a research question (Polit & Beck, 2017:463; Grove et al., 2015:511). It forms the backbone of the study. According to Botma et al. (2015:108), a research design is an authentic pillar of the study which provides the structure for the research methodology. The research design provides a road map in terms of sampling, data collection and analysis procedures. In this study, the researcher designed a plan of how the study would be conducted up until the data was analysed. In this context, a qualitative approach situated in the constructivist paradigm was considered to be appropriate to facilitate the inquiry into the complex processes related to clinical coaching of nursing student. For this study, data was collected interactively with the participants through intensive interviews (Charmaz, 2014:56) to understand the views of lecturers as they are of great importance to tell how clinical coaching should be implemented.

A constructivist grounded theory study in the domain of qualitative research is used to explore and describe the meaning that individuals and groups ascribe to social phenomena (Creswell, 2014:246). Researchers interact closely with their participants during data collection (Moule & Goodman, 2014:206). Phenomena are explored in-depth and described holistically. Flexible designs are used (Polit & Beck, 2017:741). In this study, the researcher used a qualitative approach to conduct a constructivist grounded theory study. In Table 2.1, the characteristics of a qualitative research design are applied.

Table 2.1 Application of the characteristics of a qualitative research design (Creswell, 2014:185; Moule & Goodman, 2014:207; Guba & Lincoln, 1985:41)

Characteristics	Application in study
Natural setting	• Data was collected in venues at the designated NEI.
Involves complex inductive reasoning	• Data were organised into categories and subcategories.
Focuses on participants' perspective	• The researcher focused on understanding the meaning that the participants had about clinical coaching of nursing students.

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Interpretive inquiry	• The researcher tried to understand the participants' views about clinical coaching.
Holistic account	• The researcher gained an understanding of the complexity of clinical coaching of students during pre-registration training.
The researcher as the key instrument	• The researcher collected the data on her own, analysed it, and discussed it with theoretical and empirical data.
Contextualisation	• The context of the designated NEI is applicable.
On-going analysis of data	• Repetitive rounds of data collection and analysis were done until theoretical saturation was obtained.

2.4.1 Constructivist grounded theory research

A constructivist grounded theory design and methodology for the study are discussed as they unfold in this study. In grounded theory research, social processes such as clinical coaching are studied (Hallberg, 2006:142). The processes are phenomena that exist in reality and have shared symbolic meaning (Aldiabat & Le Navenec, 2011:1064). In this study, the researcher assumes that lecturers share the symbolic meaning of clinical coaching.

The grounded theory research methodology was conceptualized by Anselm Strauss and Barney Glaser, two sociologists. Their first study together was about awareness in dying patients (Hallberg, 2006:142). A methodological split between them about the role of the researcher in grounded theory research and more specifically the level of involvement of the researcher in data collection and analysis (Walker & Myrick, 2006:547) lead to the development of the constructivist stance in grounded theory research (Charmaz, 2005:519).

The researcher used the Charmaz (2005:519) school of thought, namely the constructivist grounded theory methodology. Constructivist grounded theory has its foundation in relativism and the recognition of multiple truths and the contribution of realities of subjectivism. A constructivist study requires the adoption of a position of mutuality between the researcher and the participants in the research process (Charmaz, 2014:13). The researcher and the participants interact in a mutual

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relationship to explore social processes (Aldiabat & Le Navenect, 2011:1068). The researcher commits to a relationship of reciprocity with the participants (Mills, Bonner & Francis, 2001:9).

2.5 RESEARCH METHODOLOGY

Research methodology is the plan of how the study will be conducted and are described with reference to the population, sample, sampling method, data collection and data analysis (Grove, Gray & Burns, 2015:511). Research methods are the techniques or tools with which the researcher use to structure a study and to gather and analyse information relevant to the research question (Polit & Beck, 2017:743). A qualitative design with a constructivist grounded approach was used for this study to understand the views made by lecturers in the implementation of clinical coaching of nursing students during pre-registration training. In this study, the perceptions, opinions and views of lecturers were of great importance (Lincoln, Lynham & Guba, 2011:103). Constructivist researchers in grounded theory studies believe that human beings construct meaning as they engage with each other (Hallberg, 2006:142). The process of this research is inductive in approach (Creswell, 2014:9; Charmaz, 2005:510).

2.5.1 Research setting

A study setting is defined by Polit and Beck (2017:744) as a physical location and the conditions in which data collection takes place. Qualitative data collection is usually done in a real-world, naturalistic setting. Conducting a study in a natural setting means that the researcher does not make any effort to change or manipulate the environment for the study (Burns & Grove, 2011:40). As advised by Burns and Grove (2009:99), providing a secure environment ensures that the participants discuss their views without fear of criticism from outsiders. In this study, all the interviews were conducted in a venue at the designated NEI in the Gauteng Province in SA.

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2.5.2 Study population

A study population refers to the entire set of elements, individuals or objects in which a researcher is interested (Polit & Beck, 2017:739). Grove et al. (2015:250) define the study population as all the people who meet the criteria for inclusion in a given sample.

In this study, the researcher was interested in gathering information on the views of lectures on the implementation of clinical coaching of nursing students during pre-registration training. The study population comprised of lectures responsible for the education and training of nursing students to qualify for registration as professional nurses with the SA Nursing Council.

2.5.3 Sampling process and sample size

Sampling is the process of selecting a part of the population for a particular study to represent the total population (Polit & Beck, 2017:743). It is important to select a sample that reflects the key characteristics approximate to those of the study population. According to Glaser and Strauss (1998:45), in grounded theory research the researcher cannot predict the sample size. Two sampling methods are applicable in constructivist grounded theory, namely initial sampling and theoretical sampling (Charmaz, 2006:96: Coyne & Cowley, 2006:507).

Initial sampling is guided by the research question (Charmaz, 2006:96). The researcher selected participants (in this study lecturers at a designated NEI) that were "considered likely to provide rich information relevant" (Watling & Lingard, 2012:856). The participants were lecturers who could provide variations in perspectives to ensure that rich data get collected (Backman & Kyngäs, 1999:149). Selected participants were involved to ensure that different perspectives on clinical coaching were explored. According to Cutcliffe (2000:1478), it is important to ensure that all the participants should have an interest in the studied phenomenon. In this study, where clinical coaching focuses on the integration of theory and practice, it was necessary to involve

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all potential stakeholders that may in future be involved in clinical coaching by either implementing the process or by being involved in a managerial way.

The purposive sampling method was used in the initial sampling process as the researcher wanted to select participants who would likely provide the data that she needed to answer the research question (De Vos, Strydom, Fouche & Delport, 2013:232; Grove et al., 2015:270; Watling & Lingard, 2012:856; Bryman & Bell, 2015:442) namely "what are the views of lecturers for the implementation of clinical coaching of nursing students during pre-registration training?"

Taylor (2014:306) describes a purposive sample as one that is based on the selection of participants who have experienced the phenomenon under investigation. The study population was briefed during meetings about the research. All people interested in the research and who meet the inclusion criteria were invited to take part in the intensive individual interviews. The researcher made her email address and cell number available so that potential participants could call her to indicate their interest in the research. According to Kumar (2005:165), the number of participants from whom a researcher obtains relevant information forms a sample size. The researcher asserted that an initial sample of 10 lecturers would provide a reasonable insight and a considerable amount of data from which concepts for theoretical sampling would emerge (Charmaz, 2006:97).

2.5.3.1 Inclusion criteria

The researcher must stipulate the criteria to be used for inclusion in a study. Polit and Beck (2017:250) state that inclusion criteria designate the specific attributes of the study population, by which participants are selected for inclusion in a study. The researcher decided whether an individual would or would not be included in the study population (Brink, Van der Walt and Van Rensburg, 2018:140). The inclusion criteria were based on potential participants' expertise and experience. These participants were most likely to make valuable contributions to the study.

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The inclusion criteria for the initial sample of participants were:

- Involved in the teaching of student's pre-registration.
- Need to hold a bachelor's degree in nursing having a professional qualification in nursing education.
- Have experience of 2 years and more in teaching nursing students.

Theoretical sampling is viewed as the most important part of data collection in grounded theory research (Coyne & Crowley, 2006:507). Grounded theory research is an iterative study design that involves cycles of "simultaneous data collection and analysis in which the results of the ongoing data analysis inform the subsequent data collection" (Kennedy & Lingard, 2006:103). It implies that emerging categories will motivate further data collection until codes are saturated (Boychuk-Duchscher & Morgan, 2004:610).

A database comprising of participants' names and contact numbers was kept electronically to help in keeping track of participants for possible theoretical sampling. On completion of each interview session, each participant was informed of the possibility of having another interview following the data analysis process. From the emerging concepts and categories, the researcher progressed from initial sampling to theoretical sampling to identify and include further participants (Charmaz, 2006:100).

In this study, four lecturers were interviewed (two were interviewed during initial sampling) following a constant comparative data analysis process, and as informed by emerging theory and the participants' main inclusion criteria until theoretical saturation was achieved (Hallberg, 2006:144). Saturation occurs when categories in the data become repetitive and redundant, such as when new information cannot be sourced by further data collection (Watling & Lingard, 2012:856; Polit & Beck, 2010:62). Theoretical saturation implies that: 1) no new data with regard to a category emerge; 2) the category is intense enough to cover variations and process, and 3) relationships between categories are defined adequately (Moghaddam, 2006:57). Hence, the collection of further data ceased when no new data concerning a category emerged, individual codes were saturated, elaborated upon and fully integrated into the

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emerging theory (Boychuk-Duchscher & Morgan, 2004:610). Data from the initial sample of participants was used during the initial phases of the coding process. However, only data obtained from the participants through theoretical sampling was used to produce the core category and to explain the recommendation of the lecturers on the implementation of clinical coaching for undergraduate nursing students during training.

2.5.4 Data collection

Gray et al. (2017:675) define data collection as the precise step-by-step gathering of relevant information to resolve a research problem. Data collection is a systematic way of gathering information relevant to the research purpose or question (Grove, Gray & Burns, 2015:502).

The purpose of collecting data in grounded theory research is to gather a wide range of perspectives and experiences appropriate to the research question (Kennedy & Lingard, 2006:103). Grounded theory research methods are flexible, it does not have fixed steps to follow in collection and analysis of data, hence an iterative approach was employed. It allowed data collection and data analysis to occur simultaneously (Charmaz, 2005:507; Kennedy & Lingard, 2006:103).

Charmaz (2014:56) define intensive interviewing as "a gently-guided, one-sided conversation that explores research participants' perspective on their personal views with the research topic". Intensive interviews are qualitative research interviews where participants talk and the researchers listen intently, encourage and learn from the participants about the topic under study. According to Hallberg (2006:143), intensive interviews permit in-depth exploration of a particular topic and goes beneath the surface of ordinary conversation.

The key elements of intensive interviewing that were adhered to in this study are summarised in Figure 2.2.

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Figure 2: Key elements of intensive interviewing (Charmaz, 2014:56)

- Selection of research participants who have first-hand experience that fits the research topic.
- In-depth exploration of participants' views
- Objective of obtaining detailed response
- Emphasis on understanding the participants' perspective
- Rely on open-ended questions
- Practice of following up on unanticipated areas of inquiry, views and hints

The researcher received written approval and permission to conduct the study from the Health Service Authorities (refer Annexure B), Faculty of Health Sciences Research Ethics Committee of the University of Pretoria (UP) (refer Annexure G), and Research Ethics Committee of the Nursing College (refer Annexure C) where the study was conducted and the participants have given informed consent (refer Annexure D).

Out of the 14 lecturers who volunteered to participate in the study only 10 lectures were selected. The nature of the study allowed only a certain population and few participants as the goal was to explore and describe the participants views and experience for the study phenomenon (Porter 1999:797). The participants were carefully selected from the list of volunteers among the lecturers and were contacted telephonically to set up times that would suit them best for the interviews. Before the interviews, rapport was built between the researcher and the participants. The setting within the college and the times of the interviews were chosen by them to ensure that they were most comfortable and interviews could be held uninterrupted. Each participant was thoroughly briefed beforehand and informed consent was obtained. Confidentiality was ensured and permission asked to record all the interviews and it was made clear that they could withdraw from the research at any time. The lecturers were keen to participate and made appointments within a short period of time after being contacted. Informed consent forms (Annexure D) were provided during

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meetings and received back signed before the interviews were conducted. Permission to record the interviews was obtained.

2.5.4.1 Gaining access

Gaining entry encompasses convincing people that the researcher has decided upon who should be the participants that will provide rich information for the study (Polit & Beck, 2017:168). As a former lecturer at the NEI under study, gaining access posed no problem for the researcher, however gaining the interest of the lecturers was a problem due to their busy schedules. A formal letter requesting permission to conduct a study was submitted (Annexure B) to the Research Ethics Committee of the Nursing College and management. The researcher made an appointment with the NEI management to explain the intended study. A formal invitation was extended to all academic staff members during a routine academic meeting.

The researcher had an information session with the prospective participants. She collected the data personally. The approach was convenient and had the advantage of maximising the interview guide and allowing the researcher to clarify any possible misunderstanding (Polit & Beck, 2017:289).

The researcher gave an overview of the study to the participants before the interview. The aims and objectives of the study were explained. The researcher explained what was expected from the participants and how the process of data collection would take place. She emphasised that participation in the study was voluntary and that the participants could withdraw at any time from the interview if they so wish. Intensive interviews were employed during the data-generation process and were "gently-guided, one-sided conversations that explore research participants' perspectives on their personal experiences with the research topic" (Charmaz, 2014:56).

Multiple visits to the same participants or visits to new participants were conducted (Hallberg, 2006:146) until theoretical data saturation was reached (Hallberg, 2006:144). Saturation occurs when categories in the data become repetitive and redundant, such as new information cannot be sourced by further data collection

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(Watling & Lingard, 2012:856; Polit & Beck, 2010:62). Even though the questions were open-ended to stimulate the participants, one broad question was asked: *What are your views with regard to implementation of clinical coaching of nursing students?*

A total of ten participants participated in the study. All participants met inclusion criteria. The interview sessions ranged from between 25 minutes and 35 minutes and were conducted over a period of ten weeks. Theoretical sampling then followed, based on what was emerging in the data. Two participants were interviewed more than once, in order to find out more about particular categories that had emerged during analysis. Interviews were conducted in the participants' offices on their invitation at a designated NEI in Gauteng Province in SA. Adopting this strategy allows the researcher to address the potential for power imbalance, thereby increasing the credibility of the research process.

Grounded theory research methods use various forms such as interviews, observation, documents and records (Creswell, 2014:291). In this study, the main tool for the primary collection of data was intensive interviews to uncover the views of the participants regarding the clinical coaching of nursing students (McCann & Clark, 2003:21).

An interview schedule is a guide "which provides the researcher with a set of predetermined questions that might be used as an instrument to engage the participants and designate the narrative terrain" (De Vos et al., 2012:352; Creswell, 2014:244). The main question was "What are your views with regard to implementation of clinical coaching of nursing students"? The interview was guided by a flexible interview guide (Refer to Annexure E) with a set of open-ended questions to elicit and probe for more information during interviews. The open-ended questions allowed participants to answer in their own words (Polit & Beck, 2017:510). Questions elicited responses and thoughts to understand the views of lecturers on the implementation of clinical coaching of student nurses during pre-registration training. Probing words were used. They allowed the researcher to probe or search for deeper meanings to increase richness (Jooste, 2010:288). They assisted the researcher in understanding the participants' perceptions of reflection and clarifying their views of aspects that affect

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clinical coaching. As the researcher was well acquainted with the interview guide, she was able to concentrate and pay attention to what the participants were saying and ensured that all the questions that were in the guide were covered. In constructivist grounded theory research, an interview guide is a flexible tool that is revised after every interview as data collection and analysis happen simultaneously emerging categories influence the questions that need to be asked during subsequent interviews (Charmaz, 2014:68).

2.5.4.2 Conducting the interviews

An initial open question was asked to stimulate thought and ensure that a rich description of the phenomena could be obtained. The probing questions were only asked when necessary. To ensure that participants fully describe their views of the clinical coaching of nursing students, open-ended questions were used to enhance the description of the phenomena and what are their perspectives regarding the phenomenon. The researcher ensured that the participant was comfortable to continue with the interview. It was always offered to reschedule the interview should they not feel comfortable continuing, but they wanted to complete the interviews.

2.5.4.3 Field notes

Polit and Beck (2017:729) define field notes as the notes taken by the researcher to record the unstructured observation made in the field and the interpretations of the observations. Field notes are much broader, more analytical and interpretative than a list of occurrences that happened during the interview. The researcher made field notes during and after the interviews as part of the data collection. Not only are verbal data collected during interviews, but also non-verbal information to ensure that rich data is collected. The contribution of field notes ensures that the researcher generated and understood the meaning of the data collected (Polit & Beck, 2017:521). Field notes consisted of informational and personal reflective notes. Field notes were written during and immediately after the interview to capture data that was not audio-recorded (Birks & Mills, 2015:76).

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The notes on interview 5 are presented as an example of the field notes of the interviews in Figure 3.

Figure 3: Example of field notes: Notes on interview 5

Interview 5: Participant 5

Informational notes: The participant is a nursing lecturer. She has been teaching and accompanying students during clinical practica for 16 years. She got very excited when she narrate the support and guidance they provide to student nurses throughout their training.

Reflective notes:

Methodological: A personal and relaxed interview. The participant spoke freely about her views and experiences on recommendation of implementation of clinical coaching of nursing students during pre-registration training. She frequently mentioned an important experience and had to be redirected to elaborate on her thoughts of the coaching experience.

Theoretical: Open ended questions were repeated and refrain from asking closed questions. The researcher became aware of the importance of building rapport before the interview to ensure that there is a trust relationship with the participant.

Personal: Bracketing emotions of the researcher's experience with the challenges experienced during clinical teaching at facilities was also strenuous.

Demographics: Participant 5 was interviewed in her office on her invitation. This gave a very personal touch to the interview.

Informative or descriptive field notes consist of the information gathered by the observation of the researcher as objective as possible of the dialogue and settings (Botma et al. 2015:218).

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Methodological notes refer to the reflections of strategies and methods used in the interview to obtain rich data. The theoretical notes or analytical notes describe the efforts of the researcher to make meaning from the observations to start the analysis. Personal notes included and reflected the researcher's personal feelings and perception to ensure bracketing takes place (Polit & Beck, 2017:522).

2.5.4.4 Reflective journal

The reflective journal includes personal experiences of the researcher, for example: "…as a former clinical lecturer myself, I observed during accompaniment of students how they became overwhelmed and frustrated about performing certain skill on a live patient. However, the presence of the clinical lecturer made them feel comfortable and at ease".

Alongside the field notes, the reflective journal was continuously used to note the emotions, thoughts and feelings after interviews and during data analysis.

2.5.4.5 Recording of interviews

With the permission of the participants, the interviews were audio-recorded. The researcher made notes for non-verbal cues, such as facial expressions that indicated approval or disapproval of what was said, shaking or nodding of heads and wrote field notes that assisted in data analysis.

2.5.5 Memo writing

Memos are described as 'intellectual capital in the bank' (Clarke, 2005:85). According to Charmaz (2014:162), memo writing is the fundamental intermediary phase between data collection and report writing. Even though memo writing can serve as an intermediate between collecting data and drafting manuscripts, the process should be free and informal. Although memo writing is an informal form of taking notes, it has been characterised as the "cornerstone of quality" in grounded theory research (Birks

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& Mills, 2015:39). It is a continual process that leads to abstraction and the continuous capturing of data. Memo writing was done throughout the entire process of data analysis, interpreting in-vivo material, examining the relationships among categories, explaining major categories and exploring methodological issues (Eaves, 2001:659). Basically, memos are the written records of a researchers' thinking during the process of undertaking a grounded theory study (Birks & Mills, 2015:11). In grounded theory research, memo writing is an essential method as it encourages the researcher to analyse data and codes at an increased level of abstraction early in the research process (Charmaz, 2014:162). In addition to using memo-writing for the aforementioned purposes, memo-writing was used as a means of exploring and capturing the researchers' personal assumptions and reflective thoughts.

2.5.6 Data analysis

Data analysis is the systematic organisation and synthesis of the research data (Creswell, 2014:151). In qualitative research, data analysis is done concurrently with data gathering and continues thereafter (Botma et al., 2015:220). Once the first interview was done, the researcher started with the comparative analysis. Comparative analysis refers to a continual process of analysis that occurs throughout a grounded theory study. It involves comparing data from all sources including memos, field notes, comparing code to code, code to category and category to category to allow full development of each (Birks and Mills 2015:90). In data analysis, researchers need to make decisions on what methods to use, how to analyse the data and how to present it in a meaningful way (Jirwe, 2011:4).

Data were analysed to identify the emerging conceptual categories. Constructivist grounded theory researchers view data analysis as an active engagement where the researcher brings her background and assumptions to the analytic process (Watling & Lingard, 2012:852). Memo writing and comparative analysis were utilised throughout the study and assisted the process of open coding, axial coding and selective coding as suggested by Charmaz (2014:124).

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Coding is an initial step of analytic strategy in grounded theory studies and it forms part of the process of interpretation and conclusion drawing (Blanche, Durrheim & Painter, 2014:325). The researcher used three types of coding practices namely open, axial and selective coding (Hallberg, 2006:143).

Open coding focuses on selecting and conceptualising data to organise it (Klunklin & Greenwood, 2006:35). According to Bryman and Bell (2015:578) and Strauss and Corbin (1990:61), open coding is a process of breaking down, examining, comparing, conceptualising and categorizing data. Transcripts were examined repeatedly while the digital recordings of the interviews by the researcher were listened to, to verify words and phrases with similar meaning in order to produce initial codes (Poteat, German & Kerrigan, 2013:25). Ideas were jotted in the margins as they come to mind and as it recurs codes were formulated. Open coding was done in a line-by-line manner as a prerequisite in grounded theory research (Charmaz, 2014:134; Corbin & Strauss, 2008:198). After every interview, the data were compared with existing data obtained through previous interviews (Boeije, 2002:395). The data were also compared with existing codes which have been identified after previous interviews (Charmaz, 2006:25). The initial codes reflected the words of the participants to ensure that the codes were grounded in the data as that is the core of grounded theory research (Elliot & Jordan, 2010:32). These codes are called in-vivo codes (Harry et al., 2005:5). When the codes recur, the researcher checked for similarities and grouped them to form categories (Wuest et al., 2010:798; Corbin & Straus, 2008:160). The terminology assigned to the preliminary categories was based on the researcher's conceptual interpretation and understanding of the data as well as the subjective understanding of the participants' views of clinical coaching of the nursing students.

Axial coding follows open coding whereby connections between categories are explored (Moghaddam, 2006:58; Bryman & Bell, 2015:578; Strauss & Corbin, 1990:96). Categories were checked against new raw data as the process of data collection was still continuing (Watling & Lingard, 2012:853). Through systematic analysis and constant comparison of data, the number of categories was reduced. The categories also needed to be raised from a descriptive to a theoretical level (Wuest et al., 2010:799). The researcher worked from a categorical level to a conceptual level

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(Watling & Lingard, 2012:853) to ensure that a narrative description was not provided, but rather a description through theoretical conceptualization (Elliot & Jordan, 2010:37).

Selective coding is the final stage of data analysis and is also called theoretical coding (Elliot & Jordan, 2010:38), as descriptive categories changes to theoretical categories (Charmaz, 1990:1168). Charmaz (2014:138) defines selective coding as the use of the most significant and/or frequent earlier codes to sift, sort, synthesize and analyse through a large amount of raw data. The categories were refined through the collection of more data through theoretical sampling and ongoing comparison between data and categories to explore and saturate the properties of the categories and to indicate relationships between the categories (Charmaz 2006:104; Moghaddam, 2006:58; Strauss & Corbin, 1990:116).

Detailed memo writing was done throughout the process of collecting, coding and analysis of data to facilitate the emergence of new insights about the connections between categories (Watling & Lingard, 2012:854; Eaves, 2001:659). Data collection and analysis discontinued when the categories were saturated and no new theoretical insights were gained (Charmaz, 2006:113). Once the categories have emerged from the data, they were compared with existing theoretical frameworks to determine how they relate or differ from them (Watling & Lingard, 2012:855).

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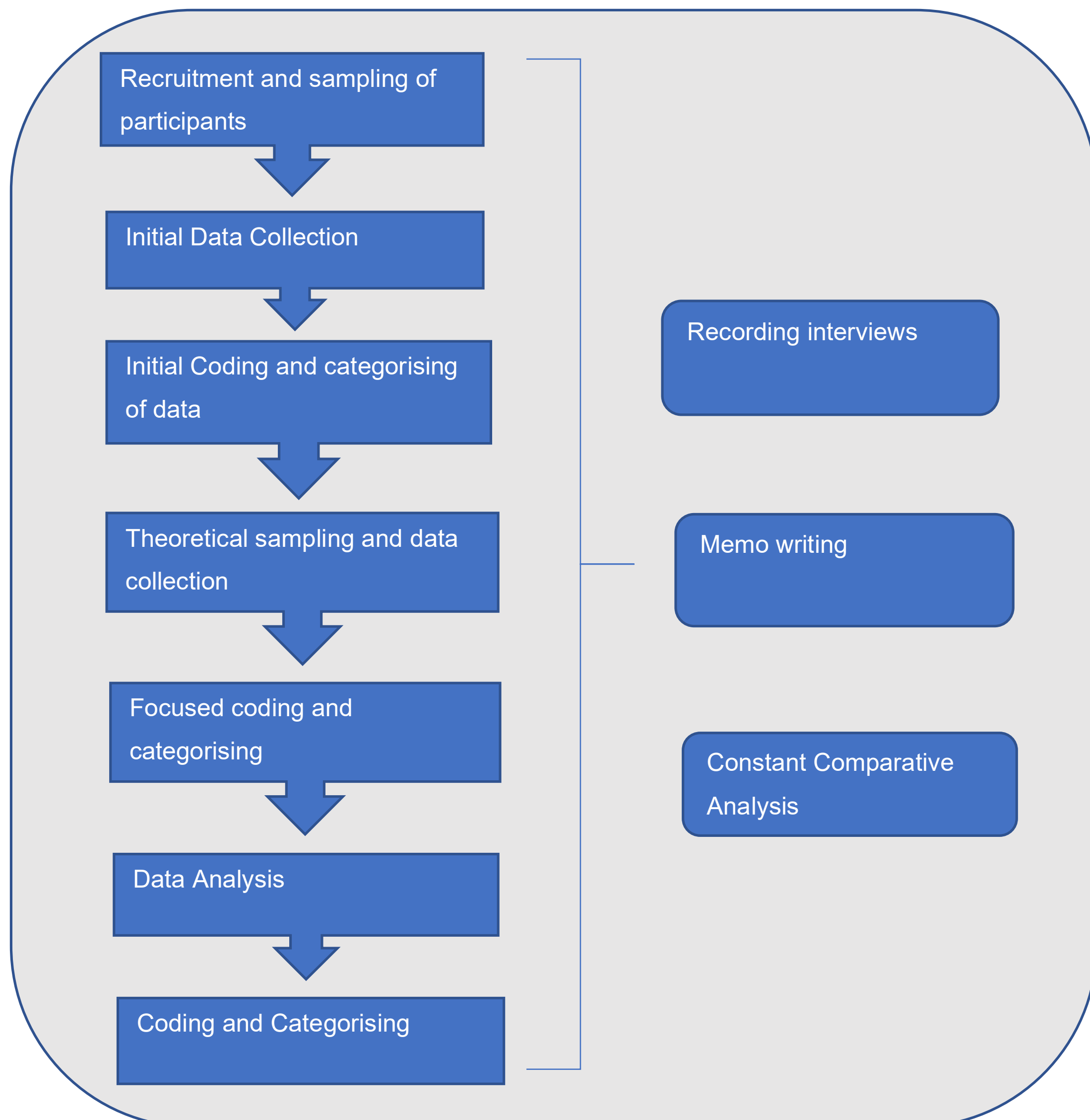
Figure 4: Data gathering and analysis procedure.



A visual representation of data gathering and analysis procedure (Charmaz, 2014).

2.5.7 Use of literature

According to Coyne and Cowley (2006:514), literature is another source of data that ought to be integrated into the constant comparative analysis process once the core category and related categories have emerged. Grounded theory methodology encourages the researcher to commence the research project without conducting a thorough literature review (Ramalho, Adams, Huggard, and Hoare 2015:1) so that the

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researchers' knowledge of previous research evidence relevant to the study is limited and the researcher can generate a study that is pure to gather data (Dick, 2014:86).

A good literature review lays the foundation for the researcher as it generates a picture of what is known and not known about the research problem. Reading the literature helps to focus one's thoughts and narrow down the research topic. A literature review was done before, during and after the actual study (Polit & Beck, 2017:87). The researcher started the literature review before conducting the actual study in order to determine how best she can contribute to the existing base of evidence. By undertaking literature the researcher aimed at finding similar studies conducted and identifying the gaps to ensure that there was a theoretical base for the study (Creswell, 2014:61). The findings were validated with the current literature available.

2.6 RIGOUR

According to Birks and Mills (2015:180), rigour in grounded theory research implies the processes used to explain all factors that can influence the truth value of the research outcomes. Rigour in grounded theory research is ensured during all phases of the study. The categories should be based on the data that was obtained from the participants (Charmaz, 1990:1163).

Rigour ensures the credibility of the findings in a study in relation to the application of the methods used and the methods' integrity (Noble & Smith, 2015:34). Qualitative researchers endeavour to describe and reflect on human experiences from the viewpoints of the participants (Elliot & Jordan, 2010:33). Researchers should avoid the risk of misinterpretation of collected data (Backman & Kyngäs, 1999:148). The researcher strived to maintain rigour in the study through ongoing reflection on possible factors that might have influenced the relationship between her and the participants (Hall & Callery, 2001:258).

Reflexivity emphasises that the researcher should be able to identify the effect of self in these relationships (Neil, 2006:259). Lincoln and Guba (1995:218) proposed that it

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is necessary to establish a way of assessing quality in qualitative research. The writing of reflective journals throughout the research process served as a vital tool for reflection (Bringer, Johnson & Brackenridge, 2006:247). The following four criteria of Charmaz (2006:182) were used to demonstrate how data was interpreted, presented and conclusions drawn:

2.6.1 Credibility of findings

Credibility refers to the believability and truthfulness of the findings (Lincoln & Guba, 1985:301). A study has credible findings if it reflects the perceptions of participants (Moule & Goodman, 2014:455). Credibility validates that there is a match between the participants' view and the researchers' reconstruction and representation of them (De Vos et al., 2011:420).

Lincoln and Guba (1985:301) identify two aspects of credibility as (1) conducting the study in a way that enhances the believability of the findings and (2) taking steps to demonstrate the credibility to the external reader. The credibility of the findings was enhanced through prolonged engagement with the participants, comparison of data with emerging categories, the use of comprehensive field notes, and verbatim transcripts of all interviews (Brink et al., 2018:172).

As the data collection progressed, the researcher ensured that the flexible interview guide was adapted to ensure the inclusion of opportunities for the verification of categories (Charmaz, 2006:182). The available literature was not considered until the emergent categories were identified (Charmaz, 2006:182).

During the initial phase of data analysis, in-vivo codes were used to ensure that the participants' actual words were represented in the categories (Chiovitti & Pinan, 2003:430). The researcher worked back and forth between the data and categories to get a sense of how well the emerging analysis fits with the participants' recommendations about the clinical coaching of nursing students (Elliot & Jordan, 2010:33).

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2.6.2 Originality of the findings

Originality requires that the researcher should offer new insight and fresh conceptual understanding of the studied phenomenon (Watling & Lingard, 2012:855). Researchers have to guard against describing the phenomenon. The researcher in this study strived to move beyond a narrative description (Elliot & Jordan, 2010:37). Through theoretical sampling and constant comparative analysis conceptualization of the data was done and all the categories were substantiated in data (Charmaz, 1990:1163).

2.6.3 Resonance of the findings

Resonance implies that the findings should truly reflect the real-life experiences of the participants (Watling & Lingard, 2012:855). Throughout the process of data collection, the researcher continued with the constant comparison process between data and emerging categories (Boeiji, 2000:393). Data were collected until the categories were saturated (Charmaz, 1990:1163). Theoretical sampling was done to support the iterative data collection and analysis process (Lingard, Albert & Levinson, 2008:460).

2.6.4 Usefulness of the findings

The researcher made sure that the categories have a connection to the data (Backman & Kyngäs, 1999:151). Initially, in-vivo categories were used to show the link with the transcripts (Elliot & Lazenbatt, 2005:50). The researcher provided detailed information on the study so that other people who read the audit trail can understand the processes that she followed (Chiovitti & Pinan, 2003:430-433). Once the categories were developed, it was compared with theories in the knowledge base to determine how it relates or differs from it (Watling & Lingard, 2012:855).

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2.7 ETHICAL CONSIDERATIONS

Polit and Beck (2017:727) define ethics as a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to the study participants. According to McDonnell and McNiff (2016:50), all research should be conducted within an ethic of respect for person, knowledge, democratic values, the quality of research and academic freedom. Hence, the researcher did throughout the study support and follow the three ethical principles (beneficence, respect for human dignity and justice) articulated in the Belmont report issued by the United States National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research to ensure that ethically sound research was conducted and the rights of the participants are protected (Polit & Beck, 2017:138). Ethical principles are fundamental guidelines that will influence decision making. The research was only conducted once the proposal has been approved by the Faculty of Health Science Research Ethics Committee of the University of Pretoria and permission to conduct the study was granted. Permission to conduct the study was obtained from the college management and ethics research committee of the designated nursing college.

Beneficence is defined as the fundamental ethical principle that encourages the researcher to maximise benefits for study participants and prevent harm (Polit & Beck, 2017:720; Moule & Goodman, 2014:454; Grove et al., 2015:501). In this study, the participants were assured of their right to protection from harm and discomfort, right to confidentiality, privacy and fair treatment. All research with humans involves intruding into their personal lives (Polit & Beck, 2017:137).

To ensure confidentiality, pseudonyms substituted names during transcription of data so that they were not linked to the study. The researcher did not reveal any personal information about participants. Privacy and confidentiality in this study were maintained at all times. The audiotapes and field notes were kept under lock and key. Participants were informed on how the information will be disseminated. The researcher also avoided asking questions that will make participants feel

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uncomfortable. The estimated time of the interview was approximately 30 minutes and the time was adhered to. The researcher gave the participants her telephone number in the event of further questions, comments or complaints (Polit & Beck, 2017:144).

Respect for human dignity includes the right to self-determination and the right to full disclosure (Polit & Beck, 2017:140). The research was conducted only once the proposal was approved by the Faculty of Health Science Research Ethics Committee of the University of Pretoria and permission to conduct the study had been granted. Permission to conduct the study was requested from the college management and ethics research committee of the designated nursing college.

Participants were asked individually to consent to their taking part in the research. They were also informed that taking part is voluntary and their right to withdraw at any time if they so wish without any fear of being discredited (Polit & Beck, 2017:141). A detailed explanation of the purpose of the study in a form of writing and verbal explanation was given to the participants. The interviews were conducted in a private place where the participants felt comfortable to ensure privacy and dignity. All participants were treated with respect and their contribution was acknowledged.

Justice refers to the right to fair treatment and their right to privacy (Polit & Beck, 2017:141). Justice is concerned with fairness and the participants are not obliged to take part in the research study by virtue of existing relationship (Maltby et al., 2014:348). In this study, informed consent was signed by the participants and if the participants wished to withdraw from the study after the initial agreement, they would be treated fairly and not be discriminated against. All participants were made aware that confidentiality during interviews would be maintained. According to Moule and Goodman (2009:57), confidentiality is the ethical principle of safeguarding the personal information gathered during data collection. Information gathered was not given to any other person or shared with outsiders, except study supervisors (Gray et al., 2017:194).

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2.8 SUMMARY

Chapter 2 provides the reader with a comprehensive description of the research methodology of the study. Individual one-to-one interviews were conducted to gain deep insights into the views of the lectures regarding the implementation of clinical coaching during pre-registration training for student nurses. The coding process as described by Charmaz (2014) was discussed followed by an in-depth exploration of ethical considerations in line with the expectations of constructivist research. In Chapter 3, the research findings will be described.

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CHAPTER 3
RESEACH FINDINGS

3.1 INTRODUCTION

This chapter presents the constructed analysis of the data, as it was shaped through the processes of initial and focused coding, categorising, memoing and constant comparative analysis. In grounded theory, research findings are “presented in isolation of both extant theory and contemporary literature and then discussed in relation to each other” (Birks & Mills, 2015:130).

In this study, data collected during the initial phase of the coding process was analysed to explore variations, similarities and differences in data (Hallberg, 2006:143). Theoretical sampling was pursued only once the data analysis allowed the construction of some categories that needed exploration (Charmaz, 2014:192). The properties were explored through theoretical sampling and coding during the second round (four participants were interviewed). New data was gathered and analysed to verify the information of initial interviews and to confirm that sufficient information was collected from appropriate sources to ensure that the properties substantiate the categories (Elliott & Lazenbatt, 2005:50).

Grounded theory studies include a process of constant comparison of data that guides further enquiry until saturation is reached (Hallberg, 2006:144). This implies that the relationships between categories are adequately defined (Moghaddam, 2006:57) and no new information or insight can be produced from the data. The five categories are considered to be most relevant to the topic of the current research which aimed to explain the views of lecturers on clinical coaching during the pre-registration training of nursing students. The constructivist grounded theory emphasises the importance of integration between different categories in the construction of an analytic and abstract framework of analysis (Birks & Mills, 2015:115; Charmaz, 2014:214).

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Five major categories emerged during data analysis:

1) Structuring clinical coaching to prepare students
2) Engaging stakeholders in supporting students
3) Role modelling independent nursing practice
4) Displaying a caring attitude towards students
5) Independent practice

Gerunds that are easily understood contributed to the use of the study (Charmaz, 2014:288). The five main categories that explain actions, interactions and conditions that comprised the study were interrelated and connected through sequential and causal statements of relationship.

3.2 BIOGRAPHIC DATA

An invitation was extended to lecturers involved in the four-year comprehensive nursing training programme at a designated NEI in South Africa. A total of ten (n=10) lecturers were interviewed. Participants were asked about their demographic details (gender, age, years of experience and academic qualifications). All the participants were females but this was not unusual as the nursing profession in SA is dominated by women. Table 3.1 below depict the biographical data of the research participants.

Table 3.1: Participants biographical data

Pseudonyms	Gender	Age	Years of teaching experience	Academic Qualifications	Sampling method
P1	Female	58years	17years	Master's degree	Initial sampling
P2	Female	46years	4years	Bachelor degree	Initial sampling
P3	Female	45years	6years	Bachelor degree	Initial sampling
P4	Female	52years	3years	Bachelor degree	Initial sampling
P5	Female	34years	3years	Bachelor degree	Initial sampling
P6	Female	69years	15years	Master's degree	Initial sampling
TSP1	Female	46years	16 years	Master's degree	Theoretical sampling
TSP2	Female	58years	17years	Master's degree	Theoretical sampling
TSP3	Female	58years	17years	Bachelor degree	Theoretical sampling
TSP4	Female	52years	15years	Master's degree	Theoretical sampling

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3.3 FINDINGS

In this study, the five categories are perceived to be in interaction with each other and meaningful only as part of the total of the analysis. While each category focuses on the views of the lecturers on the implementation of clinical coaching for nursing students during pre-registration training, they were not understood to have distinct boundaries and they complimented each other in answering the research questions. They were constructed in interaction with each other throughout the data analysis process. The discussion of findings in this study contributes to new knowledge on the uniqueness of the views of the lecturers on the implementation of clinical coaching that they discussed during the interviews.

The participants were able to identify and reflect on the aspects they had employed and implemented during clinical coaching to prepare confident and well-skilled nurses ready for independent practice. In this study, participants viewed clinical coaching as a valuable tool to prepare nursing students for independent practice. It referred to a process of enabling the personal and professional growth of healthcare professionals to render improved patient care (Walker-Reed, 2016:42). It was evident from the data collected that successful clinical coaching could be achieved through the integration of the different categories that emerged during data gathering and analyses. Clinical coaching must be structured to achieve the desired results which are preparing the nursing students for independent practice. Most participants indicated that it is possible through proper planning which involves setting learning objectives in line with the curriculum and designing clinical placement programmes according to the requirements of the SA Nursing Council. This statement showed that according to the participants successful clinical coaching must be structured to prepare nurses for independent practice.

The participants narrated the need to start with orientation from the first day they met the students and to continue with it throughout their studies. The lecturers indicated that they allowed students to open up and express their fears as they are going to the real setting where they are expected to provide care to a live patient. All the

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participants mentioned that demonstrating procedures first, allowing students to first observe and support their attempts to gain skills was crucial.

The participants mentioned that involving or engaging with other stakeholders is important to support the learning of the students. The participants alluded that monthly collaboration meetings with the staff from clinical facilities to discuss the training of the students was necessary. They should spend time agreeing on measures to be taken to support students in skills development. One of the participants (TSP3) indicated that stakeholders should also include the community members and patients that the students are taking care of. Open communication between all the stakeholders contributed positively to the development of the students and made them feel confident and accepted. Students spend most of their time in the clinical setting and need support and guidance from experienced practitioners for them to become competent for independent practice. Participants viewed the independent practice as being able to function with little or without supervision. A student who can function independently can make decisions and exercise them for the benefit of the patients without causing harm to those in their care. They need guidance and support from experienced professionals to learn and perform the necessary skills. Hence, the involvement of other stakeholders is crucial to prepare students. The findings of the data revealed that intersectoral collaboration is crucial to support and guide the students throughout their studies. Professional nurses spend a substantial amount of time with the students in clinical practice, they are best suited to teach the students in the absence of the clinical coach.

Most participants mentioned that clinical coaches need to role model independent practices necessary for students to imitate and implement in independent practice. Participant (TSP2) mentioned that students observe how the clinical coach conduct themselves personally, professionally and academically as well. A well-groomed, knowledgeable, approachable and empathetic coach will contribute to the development of nursing students. Students like to copy and imitate good practices. How the clinical coach communicates with other health care professionals, the students, the patient and their relatives speak a volume. Someone respectful, humble

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and approachable makes the students comfortable to seek information and approach when faced with complex situations during patient care. How the clinical coach gives feedback and support contributes to alleviating fear and gives the students confidence that they will be able to perform the skill.

Participants saw a need of showing empathy and respect to display a caring attitude towards students. The participants asserted that by being empathetic you put yourselves in the shoes of the students and understand better the challenges they encounter in learning a new skill and providing care to the patients without causing harm. The participants mentioned that if you treat the students with respect, they will feel important and will be motivated to work hard to be competent and independent practitioners.

Displaying a caring attitude is crucial when role modelling to make the students feel that they are accepted and be comfortable. Figure 3.2 illustrates the categories and supporting focused codes. A detailed description of each category and its dimensions follow. The categories are presented with references to symbolic interactionism. The sub-categories are substantiated with quotations from the interviews with the participants.

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Figure 5: Summary of categories

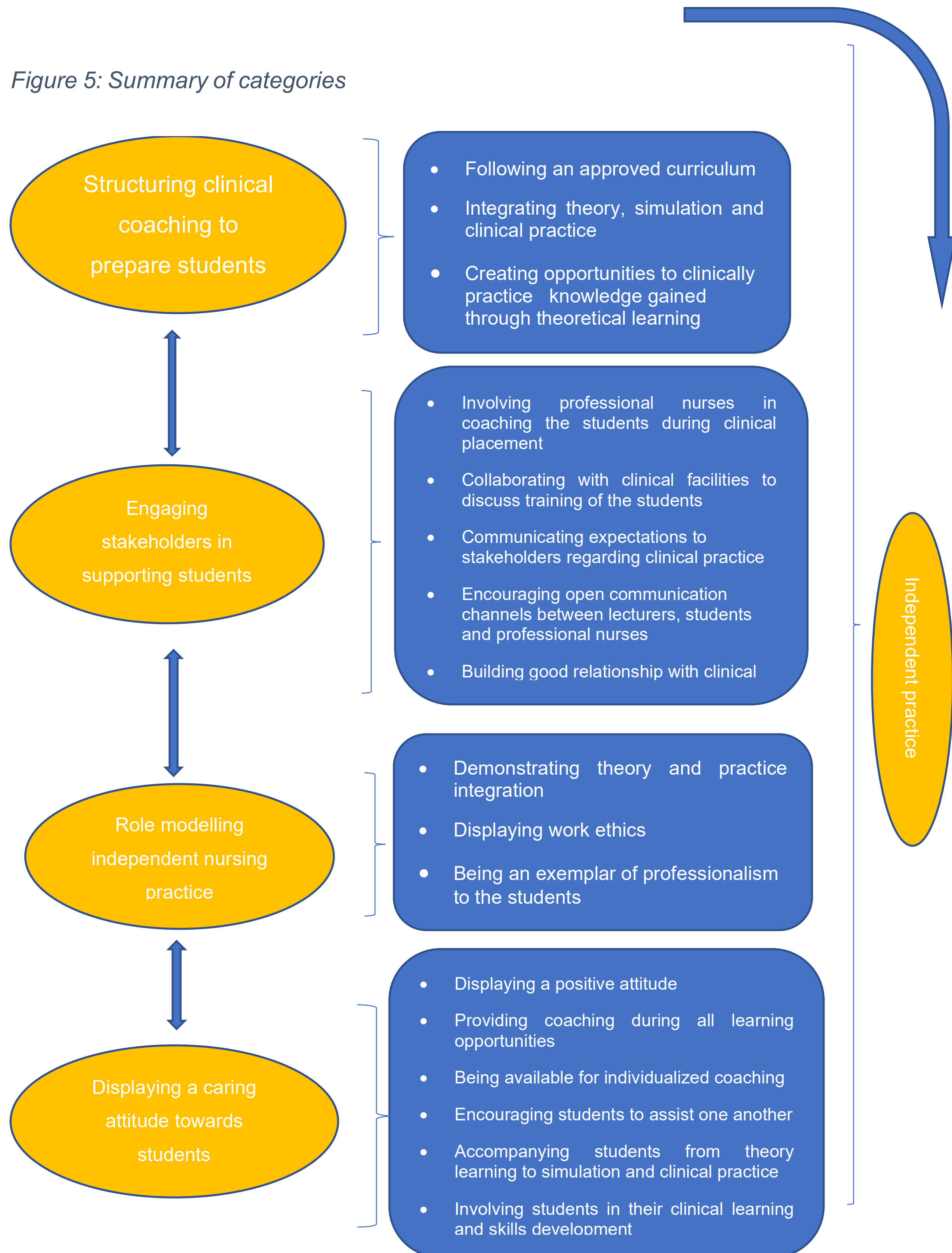

Figure 5: Depicting the study's categories with supporting focused codes as they were constructed through the data analysis.

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3.3.1 Structuring clinical coaching to prepare students

The training of nursing students is regulated by the SANC. It stipulates the hours the students are required to cover during theory and clinical practice. Learning during clinical practice overseen by clinical coaches assist the nursing students to develop clinical judgement and decision-making skills in their interaction with patients and other health care providers. This helps them to practice independently without supervision.

3.3.1.1 Following an approved curriculum

Every education programme follows an approved curriculum. Similarly, the nursing education programme follows a curriculum approved by the regulatory body, namely SANC. The regulator stipulates the credits for each study unit. Nursing education consists of theory and clinical practice that cannot be divorced from each other. The participants mentioned that to prepare student nurses for independent practice realistic objectives must be aligned with the curriculum. The SANC stipulates the clinical learning hours and credits students are expected to cover to successfully complete their studies. Clinical practice composed of 60 per cent of work-integrated learning:

> *"…hmm what can I say, when structuring clinical coaching firstly we set learning objectives according to the curriculum. We plan the required clinical credits as prescribed by the regulatory body which is the SANC. We know that for community health to complete and pass the subject she must have exposed for 720 hours of practical*." (TSP2)

> *"Clinical coaching has to be structured in order to be successful. Every study programme follows a well-structured curriculum. Clinical practice forms 60 per cent of work-integrated learning."* (TSP4)

A block programme must be drawn indicating the theory and clinical practice. The block programme starts with the theory before students are exposed to clinical practice

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as it is a subject matter that forms the foundation of learning nursing students have to apply in a clinical setting:

> *"…block programme is drawn indicating when the students are going to be placed at clinical facilities. Hours of practical placement and the learning objectives to be reached are clearly indicated…*" (TSP4)

Following a block programme, an accompaniment schedule must be drawn and students will be accompanied according to the schedule drawn to ensure that clinical learning outcomes are achieved:

> *"…we draw a plan before we see the students, then we see the students according to the program that has been drawn prior…"* (P6)

A clear orientation programme needs to be drawn for students to follow. This programme will highlight all the important aspects which the student needs to know. The learning objectives clearly specifying what the students should achieve on completion of clinical placement. On orientation, students should be afforded individualized time to acquaint themselves with the clinical coach and their peers:

> "… it will also allow us to interact and be closer to the students…" (P2)

This will assist in understanding each student's clinical background and knowledge in order to plan for individualized teaching and learning experience. Orientation can influence the entire career of students. It aims at the motivation of students by introducing them to the values and knowledge which guides the practice of nursing.

> "… preparing them prior going there (clinical facilities) so that mentally they are ready..." (P4)

It is an ongoing process that can be used as a strategy to create conducive clinical learning if done properly. Students must be informed on what to expect at the clinical facilities. Some of the information given may be daunting for a student who is about to

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study nursing, but their fears will be allayed as they are promised to be supported when they come across overwhelming situations:

> *"…during orientation we prepare them about what is expected of them in the clinical facilities, we demonstrate to them the skill before they go to clinical facilities and we allow them to practice the skill repeatedly and ask where they are not sure."* (TSP1)

This helps in building student's confidence and will help them to navigate a way where they find themselves in a complex clinical environment. Orientation of students to clinical practice helps to reduce their fears, enable them to function effectively and feel like members of the team. A remedial plan must always be in place to accommodate even the slow students.

3.3.1.2 Integrating theory, simulation and clinical practice

During clinical practice, students are expected to integrate the theory learned in the classroom with practice. This will help students to develop critical reasoning skills. They will be able to put into practice what they have learned in the classroom. They will use theoretical knowledge to solve the problems they come across in a clinical setting:

> *"Students are supported and encouraged to integrate the theory they have learned in class with practice…"* (TSP 3)

A clinical coach needs to simulate different clinical procedures stipulated in the procedure manual of the institution which is in line with the learning outcomes in the skills laboratory and allow students to practice on mannequins to perfect the skill:

> *"Hm, jaa I think with clinical coaching is best to do a simulation with the student first at the college using the mannequins, now when going to the clinical setting now is then that they are given a real patient… going for clinical setting or clinical practica they are now integrating all the theory they have learned."* (P4)

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> *"…to be honest with you we see the student for one week at the college during skills laboratory, we simulate different procedures to them…the second week we do follow up of the students at the clinical facility. During this period, we expect the students to demonstrate back to us that we have taught them during simulation…"* (P1)

Clinical learning experience critical for knowledge application and skill development happens at the bedside. The clinical setting prepares students to deal with complex situations. During clinical practica, students can apply their caring abilities and also be allowed to practice the use of cognitive, psychomotor and communication skills. Students must be given enough time to practice what they have been taught to integrate theory and practice:

> ***"…****they are now integrating all the theory they have learned. It gives them an opportunity because it is something else to have knowledge based on theory and knowledge in an actual practical setting."* (P4)

> *"…in order to transfer the skill to the student, you need to integrate what has been taught in class to clinical practice. Students are hungry for knowledge if they find a lecturer who understands what he/she is teaching and able to explain and transfer the knowledge…"* (TSP2)

3.3.1.3 Creating opportunities to clinically practice the knowledge gained through theoretical learning

Every opportunity is a learning opportunity**.** It is necessary to create a conducive clinical environment where students can practice knowledge and skill gained through theoretical learning. This is a process involving professional nurses, clinical coaches and other health care providers to prepare the nursing student for independent practice by allowing them to clinically practice the knowledge gained through theoretical learning. Students need to concentrate on the learning experiences that

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are appropriate to achieving their objectives. Objectives that are student-focussed help the student to be conscious of what is expected of them:

> *"…the theory part takes place in a classroom and the practice part takes place at the clinical setting or bedside. At clinical setting it is where a student is going to rely on the professional nurse for guidance and support to achieve the set objectives…"* (TSP1)

Discussion sessions should be allocated where students can share good practices and common experiences. Students must be encouraged to voluntary study and time must be allocated for students to consult individually with the coach. Professional nurses allow students to be hands-on during patient care to practise the skill learned and integrate theoretical learning:

> "*…you (lecturer) are supposed to give all the students an opportunity to demonstrate back to you. From then you expect the professional nurses to assist and teach the students during your absence…"* (P1)

During clinical coaching, students learn to be self-disciplined, to be aware of their responsibility and accountability for anything they do. Allowing students to perform skills independently with limited supervision improves their self-esteem and gain confidence to function independently:

> *"…I think we need to tell them or remind them about their responsibilities when they go for clinical experience especially that they are almost registered nurses they need to know about their responsibilities and their accountabilities when they see the patients at the clinical area…"* (P3)

The students must see both theory and clinical as equally important in their training. They require the guidance of experienced professionals to apply their theoretical knowledge to clinical practice. A clinical coach must simulate the skill needed to

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provide quality care. Simulation is carefully planned and appropriately designed to suit the set learning objective at the level of the student:

> *"…we integrate what they have learned in theory class with practice. We simulate in skills laboratory on mannequins before exposing the students to the actual practical setting where they will have to perform a skill on a live patient. This is done to ensure that students gain confidence and are comfortable to perform to perform the skill…"* (TSP2)

Every opportunity is a learning opportunity in clinical practice. Objectives must guide the learning experience and they should be achievable and correspond with the student's level of training. During this period, the student will be learning the art of nursing under the supervision of a clinical coach and professional nurses in a clinical area. It will prepare the student for independent practice. The participants mentioned the importance of allocating students in clinical practice according to their level of experience. Students must meet their learning objectives set according to each level of training that are achievable and that correspond with the programme outcome. Students are expected to have acquired certain knowledge and skill at different levels of their training:

> *"…they can start with vital signs and be allocated a room where they can consult patients on their own. In that way, you instil that independence in the students…"* (P5)

> *"…the students will start by observing but they must also be given an opportunity to practice the actual skill. Students must not work alone they must be supervised, demonstrations must be done and feedback is very important…"* (TSP4)

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3.3.2 Engaging stakeholders in supporting students

The participants mentioned the involvement of different stakeholders as crucial for support and guidance of students to be ready for independent practice, to put into practice knowledge and skill gained during theoretical learning. One participant (TSP3) indicated that stakeholders include the community (clients) too. The National Department of Health stipulates the training programmes and the clinical facilities where the students will be placed for clinical practical learning.

3.3.2.1 Involving professional nurses in coaching the students during clinical placement

Professional nurses have an independent function to teach others including student nurses. Learning during clinical practice overseen by professional nurses assist the nursing students to develop clinical judgement and decision-making skills in their interaction with patients and other healthcare providers. This has been observed since the inception of nursing, during the Florence Nightingale era when a nurse was trained alongside other nurses:

> *"….a person who is qualified to be a nurse encourages and show guidance to the student."* (P1)

> *"…in the clinical area, the professional nurses have a shared responsibility of coaching the students to be competent in the required skills."* (TSP4)

Demonstrations are done on how to care for a patient but they also need to know how to apply knowledge to care for the patient. To achieve this, students must spend substantial time with professional nurses in clinical settings:

> *"Professional nurses spend most of their working time in clinical facilities with the students in the absence of the lecturers. They need to teach the students,*

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> *make them feel accepted so that they will have the confidence to perform…"* (TSP2)

Student nurses need professional nurses to guide and support them. They need someone who has knowledge and expertise to point them in the right direction. Students learn from professional nurses how to administer patient care, employ nursing techniques and interact with patients, their families and other healthcare workers. Professional nurses in clinical facilities need to work hand-in-hand with the clinical coach to identify learning opportunities for nursing students and provide support:

> *"It should be implemented with collaboration with the professional nurses in the unit. Professional nurses have got a teaching/supervisory role to fulfil."* (TSP1)

Reinforcement of the theoretical aspect of all the clinical activities happens during clinical learning. Clinical settings present students with the opportunity to apply theory in practice while they deliver patient care. A participant mentioned that clinical learning is vital to nursing education as it is the foundation for bridging the gap between theory and practice. Nursing cannot be learned either by theory or practice alone:

> *"In coaching the students, we start with theory knowledge as it forms the basis…"* (TSP2)

Students come to clinical practice with extensive theoretical knowledge, yet they lack practical skill. For students to provide quality care to their patients they must be equipped with the necessary skill to manage any challenging situation they encounter. They must be able to apply the knowledge they have gained in class to practice. Within this framework, all professional nurses will be expected to act in a coaching role for nursing students.

A participant alluded that professional nurses are central to the success of the students' experience during their placement and support the development of their

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professional identity. Professional nurses should facilitate the personal and professional development of nursing students.

Demonstration and supervision of students emerged as an important aspect in the coaching of students. They (professional nurses) are the ones who orientate the students to the routines of the ward, encourage students to be involved in every aspect of patient care and involve them in decision making and problem-solving processes:

> *"…professional nurses even in our absence and they will be able to role model or to emulate the lecturers…"* (P5)

> *"Clinical coach demonstrates skills to students but only for a certain period, the professional nurses in clinical practice spend most of their working time with the students. They are actually the ones who guides the students towards independent practice…"* (TSP3)

3.3.2.2 Collaborating with clinical facilities to discuss the training of the students

The principles of collaboration, inclusion and participation cannot be underestimated. The participants indicated the need to hold monthly collaboration meetings with the clinical facilities where students are placed for clinical practice to discuss the learning and training issues of the students:

> *"From the clinical facilities, we need to continually meet and discuss the learning of the students…"* (P1)

> *"…we normally schedule monthly collaboration meetings where we discuss the training of the students, share the challenges the students encounter from the educational and clinical situation and agree on how we can work together to assist in the learning of the students so that at the end we produce competent professionals."* (TSP1)

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It includes but is not limited to the following: Students' progress, behaviour and attitude towards their training, patients, other healthcare providers and their families. These meetings are important as issues concerning the learning of the students are discussed and decisions are taken on how best to assist the students. Inter-sectoral collaboration between the NEI, clinical coach and professional nurses in clinical practice is a very important component for effective clinical learning and training of students. The priorities and values held in NEI and those of clinical practice should be the same as some of the participants mentioned that:

> *"…collaboration of the institutions the NEI with the clinics to say they need to sit down and see how best they can assist the students."* (P4)

> *"…assisting one student who maybe the lecturer has missed during skills lab and the professional nurse has identified them."* (TSP4)

3.3.2.3 Communicating expectations to stakeholders regarding clinical practice

Effective communication is a key strategy that must be employed between the NEI and the clinical facilities. The participants indicated that as a clinical coach, one needs to liaise with professional nurses in clinical practice to ensure they are aware of the students' progress, so they must have good communication skills. Expectations must be clearly delineated. One participant mentioned that:

> *"…we (NEI) provide the clinical facilities with learning materials e.g., study guides and procedure manuals…"* (P1)

> *"…we need to have a memorandum of understanding with the health establishment we are going to place our students for clinical practica. We engage the clinical facilities because the learning outcomes must be aligned with the clinical setting… the clinical facilities must know what is it that is*

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> *expected from them to produce an independent, competent practitioner."* (TSP1)

At the beginning of each academic year, the clinical facilities must be provided with the year programme, the objectives to be achieved, the allocation plan, the hours to be completed during clinical placement, study manuals, guidelines on specific tasks to be done and any other material to support learning and training of students:

> *"…the objectives are clear and communicated to both the student and the clinical facilities. Students are supported and guided to reach their objectives… even if we can teach and train a student but if the required hours are not met, we cannot safely say that we have produced a competent practitioner…"* (TSP1)

This strategy could help to build rapport between the clinical coach, professional nurses in clinical practice and the student. Communication will only be effective when it is designed to support and promote learning and teamwork. Professional nurses in clinical settings provide guidance and support to ensure that the daily goal of the students is achieved:

> *"…the clinical personnel are also orientated about the learning objectives the students are expected to achieve, how long are they going to be placed under their care, all the necessary learning material for example study manuals are given to the clinical facilities to follow and we encourage them to guide and support students."* (TSP4)

3.3.2.4 Encouraging open communication channels between lecturers, students and professional nurses

The clinical situation can be very frightening, stressful and challenging for nursing students. Hence, they need to be encouraged to communicate their feelings. Knowing that there is someone prepared to listen to you and allay your fears is very comforting

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and empowering for students during clinical practice. Ineffective communication leads to a breakdown between the clinical facilities, NEI and the students:

> *"…you interact with them if they do not understand, you are with them and also if your there in clinical area, you teach them how to relate, so the interpersonal relationship of the people in the ward. Sometimes you find that there is a problem between the clinical people and your students, you are also there when you are guiding and coaching them to intermediately show them how to solve problems…"* (P3)

A participant indicated that constructive deliberations bring about solutions on how best they can assist the students with their clinical learning. One participant (P3) mentioned that:

> *"…student who struggles with clinical work once identified, both the clinical coach and the professional nurse can discuss how best to assist the students…"* (P3)

An open line of communication between the student, clinical coach and professional nurses in clinical facilities is important to create a conducive learning atmosphere for students. Meaningful communication in clinical practice contributes to the student's learning of the art of nursing:

> *"…open line of communication must be encouraged. We do have collaboration meetings once a month with all the clinical facilities where we discuss the problems of the students…"* (P1)

One participant mentioned that:

> *"...open communication between the student, clinical coach and professional nurses in a clinical setting is very important. This will help in assisting the development and learning of the student. The student will also feel free to*

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approach any of the professional nurses when she/he encounters difficulties in clinical practice." (TSP1)

Communication is a personal skill that must be used to benefit the students, the patient and the professional nurses to provide a positive caring environment:

"…communication is very important as we will be assisting one student which maybe the lecturer has missed during skills lab and the professional nurse has identified them…" (P1)

"…The nursing college and the clinical facility need to communicate from time to time on the learning and the progress of students. They need to share ideas on how they can assist the students who need extra support. They also need to communicate and share good practices for example new policies and protocols which are introduced and have to be implemented. Currently, we are talking about Covid 19. Students must also be made aware of the regulations and know how to apply them…" (TSP3)

Communication needs to always be clear and direct to the appropriate, responsible person. Direct communication between students, clinical coach and professional nurses will eliminate most of the misunderstandings. Both the professional nurses in clinical practice and the clinical coach must be willing to listen to the students. Professional nurses in the clinical setting play a major role in teaching and coaching the students in the absence of a clinical coach as they spend most of the time with the students. Coaching places high value on using communication skills to build trust, engage and motivate others.

3.3.2.5 Building good relationship with clinical nurses

Building a good relationship with clinical nurses is important. As humans, we need personal connection for support and meaning. We need to create a conducive learning

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environment of support and communication to prepare students for independent practice:

> ***"…**but the fact that I come in somebody's territory, the clinical sisters, I should first make a good relationship with them."* (P1)

Students must be equipped with the skills to build an effective relationship with patients and other healthcare providers to successfully manage the challenges they can encounter in clinical practice:

> *"…lecturers must have contact or a relationship with the sisters so that they can also assist one another to identify the students who are struggling, who has problems with integrating the theory and practice."* (P3)

> *"The NEI (clinical coach) and professional nurses in clinical facilities need to have a collaborative relationship where they meet and discuss how best they can assist in developing student nurses who can function in independent practice…"* (TSP1)

3.3.3 Role modelling independent nursing practice

A role model is an individual who possesses certain skills and displays techniques that other individuals can learn. Clinical coaches are ideally placed to role model positive skills and character to develop competency. In addition to imparting knowledge and resolving any doubts the students might have, the clinical coach guides them to put their goals into action and practice.

3.3.3.1 Demonstrating theory and practice integration

Nursing education consists of both the theoretical and practical component. The theory taught in classroom situation focuses mainly on formal decision making and problem-solving processes with little emphasis on the use of knowledge obtained in practice.

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Whereas in practice, how to use this knowledge is equally important as the knowledge presented in class. Clinical competency is the ability to understand what is done, how it's done, when and why it is done. Reinforcement of the theoretical aspect of all the clinical activities happens during clinical learning. A clinical coach has to demonstrate repeatedly the skill emphasising theory in every situation. Student nurses are taught to use different frames of reference in performing a skill. For example:

> *"when a lecturer demonstrates how to administer oxygen to a patient who has got difficulty in breathing, she/he has to explain the pathophysiology, anatomy taught in class and explain why she is performing the skill, what happens to the patient at that period and explain to the students the consequences of not administering it."* (P4)

> *"…with regard to role modelling, the knowledge and ability of the lecturer to pass the skill are crucial. The lecturer needs to be knowledgeable about the recent information in order to transfer it to the student. You need to integrate what has been taught in class to clinical practice."* (TSP2)

> *"…one needs to know the subject matter and be sure that what is being presented is relevant."* (TSP3)

Failure to integrate theory and practice negatively affect the development of nursing students. Enough time needs to be allocated to practice psychomotor skills in order to benefit students.

3.3.3.2 Displaying work ethics

The participants emphasised the influence the coach has on students towards professional growth. All participants mentioned that they have to be exemplary in their appearance, behaviour, dress code, work ethic and relationship with other healthcare providers and be up to date with the current nursing standards, policies and procedures. They need to be knowledgeable about the current issues relating to the

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practice of nursing. Student nurses are guided to self-cultivate morality and display a good attitude towards the patients they are nursing, their families and colleagues:

> *"…good attitude is another factor which must not be forgotten. Students like to imitate good behaviour, they want to be like someone who portrays good moral and ethical values…"* (TSP1)

A participant emphasised the importance of helping students to develop a deep sense of professional identity and ethical demeanour. Students need to be coached to learn the ethical code of conduct of the profession. When a clinical coach is always on time for work or when having appointments with the students, it will encourage them to do likewise:

> *"…we need to instil morals and skills acceptable of a professional nurse. Students look up to their lecturers. They wish to become the good and perfect professionals who instil a sense of responsibility and impart knowledge. We must guard how we communicate, not only with the students but amongst ourselves as professionals and the patients. Our conduct, outlook, professionally, personally and academically speaks a volume. We need to be exemplary both the lecturers and the professional nurses. We have a moral and ethical obligation to produce competent professionals."* (TSP1)

The clinical coach needs to have integrity, he/she must not be biased when treating the students. The clinical coach must not have favouritism.

Coaches help students to learn more about themselves, identify gaps between where they are and where they want to go. The design steps forward their actions and built-in accountability along the way. Acknowledging your students is a way of helping them know themselves, gain self-awareness, and gain confidence. When you acknowledge students, it is usually about their values and who they are rather than something they have done. Acknowledging them helps them to see their inner strengths in a way they might have missed. The acknowledgement has to be genuine and true. It must be an authentic acknowledgement otherwise it will be meaningless. Students want to hear

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positive comments and constructive criticism from their clinical coach to boost their morale, self-confidence and self-esteem. They need reassurance, to hear that they are doing the correct thing:

> *"...when you are a student, you need someone, you can look up to. They need role models so the coach will be that person the students aspire to be."* (P6)

3.3.3.3 Being an exemplar of professionalism to the students

A clinical coach who demonstrates a good attitude towards others can form good professional relationships, has emotional intelligence and insight into the nursing practice. She always acts as an exemplar of professionalism to the students:

> ***"...**they (professional nurses) should role model what is needed in clinical coaching to nurses."* (P5)

Students under the guidance of such a coach will want to imitate those attributes and in turn, apply these personal strengths to their relationships and colleagues. Students migrate towards an experienced nurse who is approachable, friendly, willing to listen, offer support and possess good interpersonal skills. Student nurses learn and imitate their role models, hence role modelling is seen as a healthy route to the development of students. Every student aspires to be a responsible and competent professional nurse in executing her duties:

> *"...when you are a student, you need someone, you can look up to. They need role models so the coach will be that person the students aspire to be."* (TSP4)

A participant narrated how professional nurses should demonstrate the skills and attributes of the profession. Building a relationship of trust between students, a clinical coach and professional nurses are very important**.** Developing trust requires commitment and it happens over a period of time. Realistic goals need to be set and everyone must be held accountable:

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> *"The coach must be able to build a relationship of trust with the students so that they can feel free to consult at all times."* (P1)

> *"Trust that the students are doing what they have been taught, trust that when the students come to you with a problem, they are genuine and they really need help…. normally students tell you their problems in confidence trusting that what they have told you will remain between the two of you."* (TSP3)

The participants mentioned that how the clinical coach treats the students, may have a huge impact on how students react to learning and training. His or her tone when giving feedback, how the coach or professional nurse speaks to others and the use of words speaks a volume. The feedback must be direct, honest and consistent. Positive feedback increases students' confidence, boost self-esteem and lead to improvement in their clinical practice. Gossiping and competition must be discouraged and students must be supported to work together towards a common goal:

> *"…the other example of coaching is when a lecturer has a one-on-one with the student, give the students support, guidance and feedback on the work the student does…"* (P1)

A relationship based on trust builds psychosocial safety where disagreements are not seen as obstacles, but as a learning curve to develop problem-solving skills. Developing a trusting, comfortable and supportive relationship contributes significantly to the establishment of a conducive clinical learning environment. The clinical coach must not micromanage the student, he/she need to be trust that they are responsible enough to carry out their delegated duties. A clinical coach needs to show respect to the students, patients and any other members of the healthcare providers at all times. The students will want to return the same respect towards the clinical coach, colleagues and the patients:

> *"…one has to show respect at all times and be patient with the students. No two students are the same, some are a bit slow and some are fast learners. A*

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patient lecturer will support and guide the slow student in the right direction until the student masters the skill." (TSP2)

It helps in developing a relationship of trust and mutual respect. Such an atmosphere calls for the intervention of a clinical coach to create and provide a supportive attitude with mutual trust and respect between the nursing students. A student-coach relationship built out of trust and respect enables the student to be him- or herself. The student will not try hard to please the coach but will focus on the development of personal and professional growth to do the right thing.

3.3.4 Displaying a caring attitude towards students

A participant mentioned that caring is an art of nursing. Therefore, all nurses need to be competent in the affective domain. The clinical coach needs to role model the art of caring to ensure that they infuse these attributes of professional values to the students.

3.3 4.1 Displaying a positive attitude

Attitude is determined by how easily the students can approach the clinical coach. A positive attitude of both the students and the clinical coach will create a non-threatening atmosphere conducive to learning. The clinical coach needs to display a caring attitude towards students to create an environment conducive to clinical learning. A clinical coach who displays a caring attitude, demonstrating consideration and kindness towards the students contributes to the learning experience which is enjoyable for students to feel comfortable during clinical practice. A positive attitude is a kind of internal motivation. One of the participants said:

"…attitude of lectures can make or break a good student. Lecturer who is approachable, considerate and cares about the wellbeing of the students makes it possible for students to feel free and come to her with any problem even if it is not related to her studies but might contribute to the students' performance." (TSP2)

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The positive attitude of the clinical coach coupled with a conducive learning environment contributes to the development of students and yield healthy minds. It is of vital importance for a clinical coach to acknowledge that students do not only learn clinical skills and patient care during clinical practice. In the process of learning, the students also learn the behaviour and language used by the coach. Hence the clinical coach needs to be mindful of non-verbal cues of communication such as their attitude.

A clinical coach must be approachable so that the students can be able to feel free to approach her for help when phased with overwhelming situations during clinical practice. A warm smile from the coach means a lot to the students:

> *"You have to act like a parent, you encourage them to prioritise education because it is only this time you need this time to be qualified, to be experienced, to work for your future and all that. Some you can identify that things are not well. You have to ask them before you can send them to counselling."* (P5)

A positive attitude towards nursing students will ensure that there is openness, lessen anxiety, boost morale and minimize errors during clinical practice. Students are different, some need more individualised attention and some are fast learners who grasp the concepts faster than others. No two students must be treated the same. Every student is unique and must be treated as such. A platform for questions and corrections must be created to allow the students to seek clarity. A clinical coach is not only a source of knowledge and demonstrator of skills but she is also a role model of attitude, a motivator, and counsellor and must possess good communication skills:

> *"…lecturers must also be supportive emotionally and psychologically."* (P3)

Opportunities for counselling regarding personal problems are as important as academic support and should be always maintained. A participant mentioned that the nursing colleges must have a counselling department where students are free to go or be referred to seek counselling when in need of such a service. The counselling

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sessions should be very private and confidential. Students will show improvement academically and in their relationships with others post counselling:

> *"…clinical coaching is more about supporting and giving proper guidance to the pre-registered student…and also to help them to solve their problems…"* (P3)

> *"You need to be empathetic and show them that you care about them and their studies and you are there to guide and support them. This will boost the students' morale and they will feel acceptable and important."* (TSP4)

3.3.4.2 Providing coaching during all learning opportunities

A conducive learning environment is necessary to provide coaching during learning opportunities. The staff members have to be friendly, available and willing to guide and support the students at all times. Such an environment will provide students opportunities to develop confidence and competence in clinical skills. Both the clinical coach and the nursing staff need to focus on students learning needs when providing service needs of the clinical facilities. Students must be supervised and coached at all times when allocated in clinical practice:

> *"…with nursing, we work with patients and experiences is gained through real-life situations. When real-life situation presents, then the person that coaches must be around to take them through the steps on how to manage different situations or conditions… when they get to do some falls (mistakes) you are able to correct the situation on the spot."* (P2)

The clinical coach and the professional nurses must ensure that tasks allocated to students are relevant to their level of training. They need to ensure that students qualify to perform delegated tasks. Students are not a working force. They need to be supervised at all times when performing skills to avoid medico-legal hazards. This will make students feel accepted and comfortable to practice more under the guidance of experienced staff. A participant mentioned that as nursing is a practice-based discipline, nursing students must be allowed to practice under supervision to assist

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them to translate theory into practice, develop consistent performance and improve their self-esteem. Coaching provided at every learning opportunity makes the student feel free and safe to ask questions. The student will be encouraged and motivated to analyse and act appropriately when confronted with overwhelming situations:

> *"…you go through your practica guide with the students so that they know what is expected of them when they go to clinical. After we have done that with them, the next step you go to is simulation. You simulate the procedure that they know they are expected to present in clinical, so then when you go to clinical you are with your students, you revise with them what they have learned in simulation… now in clinical, I would be with them. The patient will be in front of us, now applying what they have learned."* (P2)

> *"…students must not work alone they must be supervised; demonstrations must be done and feedback is very important."* (TSP4)

3.3.4.3 Being available for individualized coaching

From the data collected, it was evident that nursing students need guidance to develop professionally for independent practice and a clinical coach is best suited to do that. To develop a functional relationship, the clinical coach must be available during all learning opportunities to provide support, guidance, willingly assist the students and manage practice improvement and change:

> *"…clinical coaching is more about supporting and giving proper guidance to the pre-registered student…and also to help them to solve their problems…"* (P3)

There is evidence that the presence of a clinical coach during clinical placement is becoming part of the participants' regular practice and the benefits of this are illustrated by the following quotes:

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> *"…if the students can be given enough opportunity to be with the lecturer e.g. have one on one session and enough time so that the coach can explain properly to the student until the student understand…"* (P1)

> *"…be there with the students almost every day until they finish their period. In that way, I think I will be satisfied to say I had time to instil the information, the knowledge and the experience that I have."* (P5)

Students learn to act in a specific manner in different situations. Another significant finding was the importance of a support framework to transfer nursing skills to students. During clinical learning, students require the guidance of a clinical coach on how to act in different situations that will be presenting. Students learn best when they observe a clinical coach demonstrating skill that they can imitate. As the student and coach interact in caring for the patients, knowledge and understanding is enhanced and the student becomes comfortable in providing nursing care:

> *"…we only see them when they are in clinical obviously per placement and we do contact sessions…"* (P6)

Nursing students need to be actively involved in all their learning activities in order to understand and grasp fundamental knowledge concepts and principles of self-directed learning. Learning and mastering a skill is acquired through doing as the proverbial expression "practice makes perfect" alludes to. Students need to be allowed to practice skills on an ongoing basis. Hence the students can demonstrate the learned skill to their peers and clinical coach. Allowing the students to practice will be integrating what they have learned in class with practice:

> *"…the students will start by observing but they must also be given an opportunity to practice the actual skill. With repeated practice, they will master the skill. Students must not work alone they must be supervised, demonstrate and feedback is very important…"* (TSP2)

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This participants alluded that competency in practice develops over a period of time with repeated practice in clinical learning with available resources. Allowing the students to practice skills and handle equipment provide them with an opportunity to consolidate knowledge and socialise into the profession. A student-centred approach in clinical learning creates feelings of connection between students and the clinical coach. Often students are expected to render routine patient care during clinical placement. Such coaching aims to expose student nurses to quality patient care. It is the responsibility of a clinical coach to create an environment that encourages professional development for nursing students by involving them.

3.3.4.4 Encouraging students to assist one another

A participant mentioned that peer learning has the potential for supporting learning and contribute to creative and innovative learning. The participant mentioned that peer learning should be encouraged as it is crucial to learning. Students might feel safe and comfortable with each other even when exploring sensitive issues. Peer learning helps students to deal effectively with challenges they encounter in clinical settings:

> *"…peers teaching each other, maybe a senior student nurse coach a junior student nurse…this can happen at the facility or even when they are off duty… I think peer tutoring will work as they are at the same level and they are not scared to ask questions from their peers unlike from a person who is their lecturer."* (P1)

> *"…even the peer tutoring we can also consider it, those senior students who have been previously exposed to this and they know better they can help fellow students during their off-duty time. They can arrange amongst themselves…"* (P4)

Students must be assigned to group work assignments. It assists and encourages teamwork and allows everyone to participate. Students learn much better when they interact with their peers in an informal setting and they feel free to express themselves. Through discussions of clinical cases, students are inspired to do self-reflection and

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improve their nursing competencies. Developing a good relationship with peers strengthens communication skills. Their confidence will increase and they will gain knowledge, become comfortable in performing skills and develop a positive attitude towards their training. Through assisting junior nurses, the senior students will also improve their teaching skills and gain confidence and see themselves as valuable:

> *"…the other method I can use as a coach is for the senior students who you are sure that they know that part, that field or are at a higher level, they can demonstrate to the students because they are colleagues, it becomes easy for the students to understand that oh it is possible my peer can do it…"* (P5)

> *"…students need to be encouraged to work together. Encourage peer tutoring. Some students open up when they talk or discuss with their peers unlike with someone in a position of authority."* (TSP2)

The importance of encouraging and guiding peer support amongst students cannot be underestimated. It enhances collaborative problem solving of complex situations that students encounter in overwhelming clinical areas. A form of collaborative learning needs to be created. A participant mentioned that students should be encouraged to come together, talk to their peers about their fears, what they have learned from patient care, errors they made and the challenges they encountered in clinical practice. They also need to share good practices and discuss how they are going to improve their practices going forward. Debates and discussions help the students to deal effectively with the challenges in clinical settings. It strengthens their learning, increase their confidence and develop the skill to nurse the patients:

> *"…group activities are done so that students can learn to communicate with each other and be able to function in a group. This teaches them teamwork."* (TSP3)

Students will not only develop a skill to care for the patients but they will also gain professional maturity. A professionally matured student nurse can manage her career,

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function independently, develop new skills and achieve her/his goals personally and professionally with the support of experienced professional nurses.

3.3.4.5 Accompanying students from theory learning to simulation and clinical practice

The participants mentioned that clinical accompaniment is seen as providing purposeful support and guidance for nursing students. A clinical coach is required to accompany students to CLE to give support, guidance and help them to integrate theory into practice:

> *"…the lecturer who taught a specific study unit will accompany the students to clinical facilities to make sure that theory and practice is integrated."* (P1)

> *"…lecturers should be able to be there and show the students, guide them on what to do, how to do the skills."* (TSP1)

A clinical coach responsible for accompanying students must possess the necessary skills, knowledge and values to transfer to the students. Often students feel vulnerable in clinical practice. The presence of a knowledgeable expect will make them comfortable and be assured that they are supported and guided in a good manner. A block programme must be drawn indicating the theory and clinical practice. The block programme starts with the theory before students are exposed to clinical practice as it is a subject matter that forms the foundation of learning that nursing students have to apply in a clinical setting. Participant number 6 mentioned that:

> *"…following a block programme, a formal structured clinical accompaniment schedule must be drawn and students will be accompanied according to the schedule drawn to ensure that clinical learning outcomes are achieved…"* (P6)

Clinical accompaniment encourages information sharing and mutual experiences on both the student and the coach. The participants mentioned that they need to prepare students emotionally and psychologically starting from their first encounter on

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orientation to the nursing profession and continue during simulation when demonstrating the skills and before exposure to clinical practice. Participant 6 recommended that:

> "a *clinical coach must at least spend 30 minutes per session with a student as stipulated by the SANC (1992)."* (P6)

More time should be allocated for clinical accompaniment. Students must be afforded enough time to practice a clinical skill. This will allay the students' fear of the unknown, build their confidence and enhance their abilities to practice independently:

> *"… according to SANC lecturer to fifteen students and thirty minutes per period or per session… currently we draw a plan before we see the students, then we see the students according to the program that has been drawn …"* (P6)

> *"Even in clinical facilities, we accompany them and they perform skills under supervision. They are consistently assessed and feedback is given so that they can improve and become independent practitioners…"* (TSP3)

3.3.4.6 Involving students in their clinical learning and skills development

Clinical coaching must be seen as a process leading to development and growth in the nursing profession. Students should be welcomed and made to feel important. They need to be actively involved in clinical learning. They need an environment that will allow them to practice a new skill, make mistakes, admit to difficulties and be corrected in a caring and honest manner:

> *"I think that is where you allow the students now to demonstrate their skill and built confidence in them that they can do what they have been taught…"* (P4)

> *"…they must also be given an opportunity to practice the actual skill…"* (TSP4)

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A conducive learning environment has to have all the necessary tools to facilitate learning for students. There must be teaching aids, applicable medical equipment and study manuals to enrich learning:

> *"...the most important thing is that we need to place students in clinical facilities which are well equipped with equipment and resources."* (P2)

The provision of sufficient functional equipment in clinical areas enables the facilitation of learning, promotes quality nursing care, and motivates everyone to maximise the usage of their abilities. When there is a shortage of equipment it becomes difficult for students to practice their experiences to gain competence in clinical skills. Students need to be allowed to practice until they master a skill:

> *"..allow students to practise under supervision helps to allay the student's fears and they become comfortable to practice the skill until they are confident that they can practice independently without guidance and supervision."* (TSP3)

Repeated practice will assist the nursing students to gain confidence and become competent in their performance. A supportive environment is crucial in ensuring that nursing students overcome the fears of providing care to patients. Taking responsibility provides students with an opportunity to gain confidence in themselves, the clinical environment and how to communicate**.** Delegating responsibilities according to the level of knowledge and skill is a norm in the nursing profession:

> *"…especially in the last year of training you cannot expect them to do vital signs the whole day… it will depend on the level of the student you are coaching so you need to be relevant to the level of understanding of the student…"* (P5)

> *"…allocate the responsibility according to the student's ability and what the student needs to know."* (TSP3)

It is the responsibility of the clinical coach to identify and highlight the learning objectives of every student placed in clinical practice so that work is allocated

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according to the student's level of knowledge. A formal written allocation of tasks empowers students to take control over the learning environment by enabling them to practice the learned skill under supervision.

3.3.5 Independent practice

Well-structured clinical coaching prepares the student nurses for being a confident nurse practitioner. The participants viewed independent practice as functioning independently without or with minimal assistance from the clinical coach:

> *"Independent practice is working with little or without assistance. It is when a student can integrate the theory taught in class with practice without the supervisor's assistance."* (TSP4)

Nursing students must be allowed to use knowledge and develop skills. It is a process involving professional nurses, clinical coaches and other health care providers to prepare the nursing student for independent practice. We all need someone in life in general and through our studies to provide guidance and support. A good role model will help students to achieve their goals:

> *"Though they will still need supervision at least a person must be able to function on their own and get minimal guidance …students at the end of their training they will be able to practice err unsupervised or independently so."* (P2)

> *"…on completion of training the very student nurse must be competent to function independently in clinical setting."* (TSP1)

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3.4 SUMMARY

This chapter presented the findings. The researcher supported the findings with quotes from the participants. In the next chapter, the findings will be discussed with the supporting literature

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CHAPTER 4
DISCUSSIONS OF THE FINDINGS

4.1 INTRODUCTION

In Chapter 3, the findings of the study were described with quotations from the interviews. In this chapter, the categories and the relationships between the categories are discussed with extant theory and contemporary literature (Birks & Mills, 2015:130). Categories are not isolated but exist concerning other categories. They are interdependent and have interrelationships. They are built by concepts with properties that are positioned at various context and conditions under which the category was developed (Miliken & Schreiber, 2012:691).

4.2 STRUCTURING CLINICAL COACHING TO PREPARE STUDENTS

The first category that emerged following interviews with the participants is "structuring clinical coaching to prepare student". It was developed from three sub-categories namely "following an approved curriculum", "integrating theory, simulation and clinical practice" and "creating opportunities to clinically practice the knowledge gained through theoretical learning". The category was discovered during the initial interviews and confirmed during follow-up interviews.

4.2.1 Following an approved curriculum

"Following an approved curriculum" is the first sub-category under" structuring clinical coaching to prepare students." Uys and Gwele (2004:1) define a curriculum as a planned learning experience that the education institutions intend to provide for their students. Nursing educational programmes just like any educational programme should be well planned and coordinated, otherwise, it will not succeed. According to Kpodo (2015:78), a clinical coaching programme based on research, contextual experience and tailored towards the job description of the category of nurses being

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trained should be structured to prepare competent nursing students for independent practice. Furthermore, the programme should include theory and practice (Regulation 174, 2013:5) and allocate enough time for clinical placement (Kpodo, 2015:78). Evidence collected indicated that the term clinical coaching was not commonly used by nursing lecturers in South Africa, instead used interchangeably with clinical facilitator, mentor, preceptor and clinical supervision. Despite overwhelming international evidence in the literature of understanding the contextual factors related to clinical coaching of undergraduate nursing students in a clinical learning environment and endorsement by the International Council of Nurses (Kennedy & Peplinski, 2016: 23), there is a lack of clear guidance and direction in which clinical coaching can be implemented for undergraduate nursing students in SA.

Most of the participants mentioned that they need to follow a curriculum that is approved by the nursing education regulator, the SANC. Haroun (2018:11) mentioned that for a curriculum to be accredited, it would need to meet the set criteria both by SANC Regulation 174 (2013:5) and Council of Higher Education (CHE) the Quality Council for Higher Education in South Africa. According to Nursing Education Training standards (NETS, 2013:25) formulated by the South African Nursing Council, a curriculum is defined as “a systematic process that defines the theoretical and practical content of an education programme and its teaching and evaluation methods”. A programme is a purposeful and structured set of learning experiences that leads to registration in the categories professional nurse and midwife. Baldwin (2015:4) mentioned two types of curriculum, the taught curriculum and the hidden curriculum. The taught curriculum is the subject matter formally taught in a classroom for nursing students to integrate theory and practice. The hidden curriculum in nursing education refers to the professional behaviours that the nursing student learn.

In this study, it is evident that well-structured clinical coaching following an approved curriculum gives guidance to clinical coach and stakeholders to prepare students for independent practice. The findings in the study of Botma et al. (2014:5) indicated that a curriculum of all health professions should address diversity, practice critical thinking, evidence-based, quality care and clinical reasoning. Botma et al. (2014:4)

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propose for the curriculum to be directed towards effective teaching and learning strategies that engage the student in deep and active learning.

Dağ, Kılıç and Görgülü (2019:7) in their study stated that clinical practice areas should be selected from institutions that have a suitable physical infrastructure to create positive learning environments. Similarly in the SA context, they must also be accredited by the regulatory body SANC Reg174 (2013:5). Kamphinda and Chilemba (2019:9) mentioned that clinical practice needs to be adequately structured to prepare and make the students feel comfortable and supported during their training. Furthermore, to promote opportunities for nursing students to integrate theory and practice, Gerber (2016:104) stated that for students to integrate theory and practice and engage actively, their clinical placement should be planned and coordinated. A well-planned block programme for theory and clinical practice should align with the approved curriculum. The clinical program should be developed by the NEI in consultation with the clinical facility (Kpodo 2015:79). According to NEA guidelines (2013:7), planning should be future-oriented as well as specific, realistic and achievable. An effective plan can turn a negative encounter into a positive experience for nursing students. Clinical facilities and nursing students need to familiarise themselves with the block programme and plan their activities around the programme.

The SANC Regulation 174 (2013:5) stipulates the minimum clinical hours to be achieved per year of training. The clinical facilities should know when to expect the students and what objectives to be given priority to assist students' learning. The participants mentioned that clear objectives must be set for students to achieve to qualify for independent practice. The findings of the study conducted by Asirifi et al. (2019:14) on reconceptualising preceptorship in clinical nursing education in Ghana indicated that clear objectives aimed to reflect the student's expected clinical capacity at a specific point in the program and constitute an important structural component of clinical practice.

Orientation of nursing students is the first step in creating a conducive learning environment (Bwanga & Chanda, 2019:131). Furthermore, orientation is critical for the successful teaching and learning of nursing students. The participants agreed with

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Bwanga and Chanda (2019:131) that orientation is an ongoing process that can be used as a strategy to create a clinical learning environment that is conducive to learning. The findings of the study completed by Al Sebaee et al. (2017:108) asserted that an adequate orientation period provides nursing students with confidence and familiarity with the clinical placement. Moreover, proper orientation is the best way to ensure that students feel welcomed and function effectively in clinical practice.

Orientation programmes are necessary to highlight all crucial areas to be known by the students. Furthermore, orientation promotes student-staff interaction and provides an opportunity for role clarification. Bangwa and Chanda (2019:131) indicated that nursing students' orientation to clinical practice helps them to gain clarification of professional behaviour and acquire the necessary information on relevant policies. Salah, Aljerjawy and Salama (2018:004) support Bangwa and Chanda (2019:131) in that the orientation to clinical practice contributes to bridging the theory and practice gap and enhances the clinical learning environment. Kgafele, Coetzee and Heyns (2015:234) and Mothokoa (2015:72) confirmed that student nurses receive clinical orientation during their clinical placement. Orientation to the clinical setting impact students' confidence level, the value of clinical placement and nursing students' readiness to learn a new skill (Al Sabaee, 2017:103).

4.2.2 Integrating theory, simulation and clinical practice

"Integrating theory, simulation and clinical practice" is the second sub-category under the category "structuring clinical coaching to prepare students". The theory is a subject matter which is taught in a classroom and it forms the foundation of learning that the nursing students have to apply in a clinical setting. The development of clinical nursing competence cannot be divorced from gaining theoretical knowledge (Kerthu & Nuuyoma, 2019:21). The nursing education curriculum includes nursing theory and nursing practice (Jamshidi et al., 2016:1; Lapeña-Moñux et al., 2016:3) that are linked together by excellent coaching in both areas.

Integration of theory and practice is the translation of classroom-based learning and theory into the clinical learning environment. Niederriter, Eyth and Thoman (2017:1)

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view clinical learning as a critical experience in the developmental process of nursing students. Al Sebaee et al. (2017:101) define a supportive clinical learning environment as the place where the nursing student practice and develop clinical competencies including the physical environment, professional nurses and other health care professionals. However, an unsupportive clinical environment exposes nursing students to psychosocial risks, demotivation and dissatisfaction (Galletta et al., 2017:42).

The findings of the study of Jamshidi et al. (2016:1) indicated that nursing education comprises of theoretical and clinical component and it is aimed at preparing students to become professional nurses. Participants mentioned that the clinical environment presents nursing students with the opportunity to apply theory in practice while they deliver patient care under the supervision of experienced nurses. Similarly, Rosenau, Watson, Vye-Rogers and Dobbs (2015:4) concur with the participants that the clinical environment presents nursing students with the opportunity to apply theory in practice while they deliver patient care.

Aktas and Karabulut (2016:125) in their study indicated that when nursing students graduated without enough experience and with insufficient practice it is originally contributed to inadequacy of the clinical learning environment. Van Graan et al. (2016:281) verify the findings of Aktas and Karabulut (2015:4) in that limited exposure to real-life patients during the education and training period leads to limited clinical practice. Hence the findings of the study completed by Malwela, Maputle and Lebese (2016:1) on the factors affecting integration of midwifery nursing science theory with practice, emphasised that the content covered in the classroom should relate to the experience of nursing students in a clinical setting.

The participants mentioned that learning takes place when nursing students connect skills and knowledge in unique circumstances to address patient care needs. Holland and Ulrich (2016:108) verify the notion that the act of linking what is taught in the classroom with direct patient care can enhance nursing student’s clinical decision making. Therefore, it is crucial to assist students to transfer what is taught in the classroom into a clinical setting (Niederriter et al., 2017:1). The development of clinical

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nursing competence cannot be divorced from theoretical knowledge. The SANC Regulation 174 (2013:5) encourages meaningful integration of theory into practice regarding every nursing subject. Failure to integrate theory and practice negatively affects the development of nursing students. Furthermore, the gap in the theory-practice correlation contributes to a feeling of confusion and insecurity in the learning of nursing students.

The finding of the study completed by Hemberg and Sjoblom (2018:693) showed that the preparations of nursing students before the clinical placement is important to create a good platform for the clinical practice. The participants indicated that a clinical coach should prepare the nursing students before exposure to patients by demonstrating the skills. This should happen in the simulation laboratory. However, employers in clinical facilities believe that the education and clinical experience provided to student nurses before entering the clinical settings are inadequate (Muruvan, 2018:1). In contrast, Hammond (2015:7) on clinical objectives and curriculum highlights for educating students, indicated that learning was achieved through experience, practice and through authentic activities such as clinical experiences and simulation laboratory experiences which provided the students with the opportunity to apply theory to practice. The findings of the study completed by Cant and Cooper (2017:66) indicated that a meaningful and robust learning experience through simulation can benefit nursing student's performance in clinical practice.

Haraldseid, Friberg and Aase (2015:2) view clinical simulation as an activity that allows replication of clinical care in a safe environment, without the pressures and complexity of a real care environment. This refers to structured student learning experiences with the use of a mannequin, the Human Patient Simulator (Kapucu, 2017:1070). Haraldseid et al. (2015:2) reported that simulation offers effective ways of improving nursing students' confidence in prioritization and competency of performing skills, develop communication and problem-solving skills. In addition, simulation is known to improve nursing students' satisfaction with learning as well as confidence, critical thinking, communication skills and clinical performance (Omer, 2016:131). Furthermore, simulation and clinical practice enhance the performance of nursing

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students (Gonen et al. 2016:2; Benner, 2015:4). Effective simulation learning requires a skilled clinical coach who has extensive knowledge and skill to transfer to nursing students. This will help students to build confidence in their clinical practice.

The simulation must be carefully planned, appropriately designed and aligned with the curriculum. Participants mentioned that the study objectives should guide the simulation learning experience and they should be achievable and correspond with the students learning outcomes. SANC (1992) makes provision for practice sessions to take place in skills laboratory or clinical environment through clinical instruction according to the set objectives. Participants felt confident that a simulated setting appears to be the ideal setting for students to learn about patient care in a supportive and safe environment. McCabe, Gilmartin and Goldsamt (2016:55) agree with the participants that simulation is a viable educational innovation to support nursing students' development as confident and competent practitioners.

The findings of the study completed by Eyikara and Baykara (2017:5) on the importance of simulation in nursing education indicated that simulated clinical setting or laboratories allow nursing students to practice skills and develop confidence without fear of harming a live patient as they normally practise on mannequins which is more realistic. Moreover, learners can see the results of their actions without harming the patient as learning is reinforced (Kapucu, 2017:1072). Furthermore, they agree on the principle of "first do no harm" as very important for learning. It is evident from data collected that simulation has the potential to assist nursing students in increasing their sense of awareness and competence. Both the theory and clinical learning are significant for the student to achieve competency in the nursing profession and simulation allows the nursing students to link theory to practice.

4.2.3 Creating opportunities to clinically practice the knowledge gained through theoretical learning

"Creating opportunities to clinically practice the knowledge gained through theoretical learning" is the third sub-category under the category "structuring clinical coaching to

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prepare students". Participants view a learning opportunity as any event or activity that exist in clinical setting nursing students might learn something from observing or being actively involved. According to SANC Regulation 174 (2013:2), learning opportunities means the range of learning experiences available in a healthcare setting or other experiential learning sites for a learner to gain the required clinical skills.

Experiential learning happens during clinical placement (Benner, 2015:1; Bwanga & Chanda, 2019:127) when students have the opportunity to observe the well-trained, skilled and experienced professional nurses (Malwela et al., 2016:2). Students learn from professional nurses how to administer patient care, employ nursing techniques and interact with patients (Waddell et al., 2015:184). According to Niederriter (2017:1), a clinical coach and professional nurses in CLE are the key figures to create a conducive learning environment where students can practice knowledge learned through theoretical learning. Kamphinda and Chilemba (2019:2) emphasised the importance of a safe CLE to promote supervision among learners and enable nursing students to develop their clinical skills and learn about rendering care as accountable practitioners under the supervision of an experienced professional nurse (Waddell et al., 2015:184).

Furthermore, Kamphinda and Chilemba (2019:2) and Bwanga and Chanda (2019:126) alluded that clinical practice affords nursing students with opportunities to translate classroom learning experiences into competencies and skill acquisition to render patient care under the direct supervision of an expert. Opportunities should be created to practice various procedures, to try and manipulate different equipment's until they can perform the skill without assistance from senior members. In contrast, Lekalakala-Mokgele and Caka (2015:1263, 1264) found that nursing students were unable to practise clinical procedures due to limited learning opportunities. Participants are of the view that students should feel free to ask questions, motivated and be able to explore the practice. Salah et al. (2018:001), in their study on the gap between theory and practice in nursing education, illustrated that a supportive clinical environment is crucial for the development of nursing skills, knowledge acquisition and professional development to enhance student learning.

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4.3 ENGAGING STAKEHOLDERS IN SUPPORTING STUDENTS

The category on "engaging stakeholder in supporting student" was developed from the sub-categories namely "involving professional nurses in coaching the students during clinical placement", "collaborating with clinical facilities to discuss the training of the students", "communicating expectations to stakeholders regarding clinical practice", "encouraging open communication channels between lecturers, students and professional nurses" and "building a good relationship with clinical nurses". This category was discovered during the initial interviews and confirmed during follow-up interviews with the participants. The involvement of different stakeholders is crucial for the support and guidance of nursing students to be ready for independent practice, to put into practice knowledge and skill gained during theoretical learning.

4.3.1 Involving professional nurses in coaching the students during clinical placement

"Involving professional nurses in coaching the students during clinical placement" emerged as the first sub-category for "engaging stakeholders in supporting students". This sub-category highlights the distinctive role supposed to be carried out by professional nurses in the clinical facilities towards assisting the nursing students to develop personally and professionally and cannot be underestimated.

The SANC Act (SANC Act, no 33 of 2005) stipulates one of the core functions of professional nurses is to teach patients and nurses (Malwela et al., 2016:2) as it is expected that junior nurses should be trained under the direct coaching of experienced senior registered nurses. However, Setati and Nkosi (2017:131) indicated that there is a conflict of interest in the professional nurses' roles between rendering patient care and facilitating the professional aspirations of student nurses. Professional nurses as executors in teaching and learning of nursing students in the clinical learning environment have a fundamental role to support and create learning opportunities for nursing students (Manamela, 2019:40). The professional nurse who is seen as a 'coach', maintains accountability and responsibility for the care of patients in the ward

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and is the ‘go to’ person if the nursing student requires individual support (Huggins, 2016:30). Participants indicated that clinical coaching should be implemented by guiding nursing students to develop professionally in ensuring the safety of the patients.

Evidence from the data collected indicates that nursing students have fears about their inability to render safe patient care due to clinical incompetence’s, complex patient care situations and demanding expectation from clinical managers. Fletcher and Meyer (2016:121) support participants that complex patient care situations and demanding expectation from clinical managers also contribute to the challenges nursing students have to cope with. However, with effective interventions through guidance from qualified and experienced seniors and coaching, nursing students become competent and confident to provide safe patient care. The findings were similar to those of Faithfull-Byrne et al. (2017:403) in that effective and successful development of nursing students can be achieved through guidance and support from their seniors, coaches and the professional nurses who are responsible for them in a real-life situation. Furthermore, it is well known that nursing students benefit from clinical support and guidance from professional nurses to apply theory into practice (Bwanga & Chanda, 2019:134).

Muthathi et al. (2017:2) indicated that clinical learning through guidance from experienced professional nurses assists nursing students with the development of professional competence and confidence, enhancing the provision of quality care. The findings in the study of Manamela (2019:65) indicated that clinical learning allows nursing students to learn in an experiential manner that is often far more memorable than what can be achieved in a classroom situation. The underlying rationale is that working alongside experienced professional nurses, nursing students learn the art of nursing in a safe, supportive and caring environment. SANC (2005:6) requires every professional nurse to create a learning environment and opportunities to foster professional growth and to actively engage in the education and training of learners towards independence in the clinical nursing environment.

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Clinical learning is an important aspect of preparing nursing students for real-life situations. Gustafsson et al. (2015:253) concur with the statement that most learning takes place in a clinical setting under the supervision of the professional nurse. Furthermore, it helps nursing students to develop personal and professional capabilities (Bagdonaite-Stelmokiene & Zydziunaite, 2017:739). Supervision of students during clinical placement is mandated by SANC R174 (2013:1). SANC defines clinical supervision as “the assistance and support extended to the learner by the professional nurse, midwife or staff nurse in a clinical facility to develop a competent and independent practitioner”. Students in clinical practice learn through observation. Clinical exposure should be undertaken under the guidance of a suitably experienced professional nurse and clinical coach. Walker-Reed (2016:41) and Malwela et al. (2016:1) agree that it is at the bedside of patients that experienced professional nurses should clinically coach less experienced nurses.

Professional nurses and clinical coaches play a significant role in the education of nursing students by ensuring that they obtain the necessary knowledge and skills required to function appropriately in clinical practice (Lapeña-Moñux et al., 2016:7). The findings of the study done by Muthathi et al. (2017:2) assert that clinical learning under the supervision of an experienced professional nurse enhances the development of professional attitude and assists nursing students to gain clinical competence. Nursing students are left under the guidance of professional nurses in clinical practice. According to SANC (SANC Act, no 33 of 2005), the main function of professional nurses is to provide care to patients and they must ensure that those caring for the patient are capable to provide it. Hence, participants alluded that professional nurses have a moral obligation to teach and support nursing students. Teaching by example is one of the best ways of passing a skill. By identifying with professional nursing, students learn how to handle different situations including how to care for the patients. The findings of the study conducted by Maxwell et al. (2015:135) showed that clinical learning that is done at the point of patient care under the guidance of a professional nurse tends to enhance theory and practice integration. Students and professional nurses in clinical practice should receive an orientation to understand their personal roles, expectations and responsibilities, as well as other health professionals in a clinical setting (Asirifi et al., 2019:15).

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4.3.2 Collaborating with clinical facilities to discuss the training of the students

"Collaborating with clinical facilities to discuss the training of the students" emerged as the second sub-category for "engaging stakeholders in supporting students". Collaborating is what happens when the clinical coach and the clinical facility manager have a two-way discussion to achieve a certain goal. Data collected indicate that it is crucial for the clinical coach and clinical facilities to develop a collaborative relationship to make clinical learning effective. The findings of the present study verify Holland's (2015:90) stance emphasising the importance of a clinical coach and professional nurses working together for developing the students. Joyal et al. (2015:268) mentioned that effective collaboration among health professionals is crucial to ensure safety and quality health care. Hence the NEI and clinical facilities should collaborate to ensure uniformity in the best practice recommended for the nursing students. Learning opportunities for nursing students must be planned collaboratively and communicated effectively with the clinical staff with regard to the teaching and learning of nursing students (Gerber, 2016:104).

Holland and Ulrich (2016:108) supported the need for NEI and clinical facilities to work together to breach the theory-practice gap. There is no doubt that collaboration is successful when there is commitment, shared understanding and trust across NEI, clinical facilities and students guided by the student learning outcomes (Henderson & Trede, 2017:78). Effective communication can be achieved through meetings and discussions on issues pertaining to the learning of nursing students. Tanriverdi et al. (2017:206) agree with the participants that the clinical coach that guides the students and the clinic facilities should cooperate and should exchange information in annual meetings. Regular meetings and discussions between professional nurses, clinical coach and clinical practice managers would enable the early identification of problematic areas and create a collaborative forum to manage and resolve these challenges (Gerber, 2016:96). Collaboration between clinical facilities and nursing educational institutions would inform the nursing student of their expectations at the workplace and reduce the amount of shock (Sparacino, 2016:2). A collaborative relationship between the clinical staff and the lecturers is crucial to make clinical

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learning more effective for nursing students (Cooper & Orrell, 2016:114). Collaboration between NEI and clinical settings assists in the development of a common language and understanding, mutual respect and trust thereby ensuring achievement of learning outcomes (Phuma-Ngaiyaye, Bvumbwe & Chipeta, 2017:168; Henderson, 2017:77).

According to Henderson and Trede (2017:74), effective communication is a core component of a sound relationship, collaboration and cooperation which is essential for professionalism. Emvula (2016:71) mentioned that professional nurses in clinical facilities need to work hand-in-hand with the lecturers to identify learning opportunities for nursing students and provide support. Direct communication between NEI and clinical facilities will eliminate most of the misunderstandings which are normally identified. The findings of the study completed by Asirifi et al. (2019:28) recommend collaboration among all stakeholders to promote optimal environments for clinical teaching in nursing education.

4.3.3 Communicating expectations to stakeholders regarding clinical practice

“Communicating expectations to stakeholders regarding clinical practice” emerged as the third sub-category for “engaging stakeholders in supporting students”. Communicating expectations to stakeholders regarding clinical practice is a core strategy that the clinical coach should use in creating a clinical learning environment that is conducive for learning.

The word Badrov communication is derived from the Latin word “Communicare” which means “making something common or general” (Badrov & Jurković, 2017:266). During communication, the sender’s thought, feeling and idea expand outward to the public in an interpersonal relationship. Communication is a skill that can be learned and improved (Gurdogan et al., 2016:497).

Jooste (2013:106) define communication as a process by which information is exchanged and understood by two or more people with the intent to motivate or influence behaviour. Participants emphasised the need for collaborative meetings between the NEI and clinical facilities for effective implementation of the curriculum

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and achieve the set objectives. Wyngaarden (2017:285) indicated that collaborative dialogue between nursing students, the clinical coach and professional nurses in clinical settings occur to be a powerful learning tool in facilitating clinical judgement. The findings of the study completed by Oliveira and Braga (2016:34) on the teaching of communication in the nursing curricula showed that both students and clinical lecturers value communication competencies for safe, quality practice.

Participants mentioned that effective communication can be achieved through collaborative meetings, discussions and questioning around the learning issues of the nursing students. A study conducted in Malawi by Bvumbwe, Malema and Chipeta (2015:931) highlighted a lack of communication and collaboration between academic and clinical staff and unsupportive working conditions in clinical settings, which delimit students' expectation of linking theory to practice. It came out clear in this study that both the clinical facility and the NEI including the clinical coach should discuss the curriculum, objectives to be met and the accompaniment schedule to understand and acclimatise themselves with relevant issues. Kpodo (2015:64) mentioned that communicating clear learning objectives will enable every nurse involved in the clinical teaching and learning for nursing students process to know their roles and responsibilities which prevents them from either duplication or omission of roles and responsibilities.

Objectives that are student-focused helps the nursing student perceive what is expected of them. The priorities and values of the NEI and the clinical facilities should be the same regarding the learning and training of nursing students. The clinical facility and the NEI need to liaise on the student performance and assessments. Furthermore, they should work as a team and maintain clear open communication among team members which is important for meeting the learning needs of the students.

4.3.4 Encouraging open communication channels between lecturers, students and professional nurses

"Encouraging open communication channels between lecturers, students and professional nurses" emerged as the fourth sub-category for "engaging stakeholders

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in supporting students". This measure indicated that frequent collaborative meetings between the clinical coach, nursing students and professional nurses are vital in managing the theory-practice gap.

Participants mentioned that by an ongoing exchange of information, the coach gets to know the students and provides them with valuable guidance in their studies. Van Graan et al. (2016:286) support the notion that an open line of communication facilitates the building of connections to open up ideas, creates a way for thoughts and reflections to be made public and enables the dissemination of insight. Effective communication needs a stronger link between the clinical staff, the clinical coach and the nursing students. Henderson and Trede (2017:73) mentioned that shared understanding and collaboration is best maintained through regular communications between NEI, the clinical facility and nursing students, including, before, during and after placements.

Positive interpersonal relationships between the students and clinical staff members are critical (Cooper & Orrell, 2016:116) since the student desire support, respect and acceptance from more experienced colleagues. Furthermore, nursing students and clinical coaches valued communication competencies and appreciated the recognition for their contribution to patient care (Oliveira & Braga, 2016:32). The findings of the study completed by Gurdogan et al. (2016:499) indicated that effective communication skills are the foundation of good nursing care. Open professional relationships between lecturers, nursing students and professional nurses are important for teaching and learning, and also for providing quality care. According to Dias et al. (2015:52), communication channels should be kept open between NEI, professional nurses and nursing students to ensure effective clinical teaching and learning. The findings of the study completed by Lai (2016:21) indicated that communication is an important skill that nursing students should master in order to be effective in their career. Communication has been perceived as a vehicle towards problem-solving and elimination of misunderstandings (Van Graan et al., 2016 287).

Nursing students perceive professional nurses and the clinical coach as people with authority. Often in communication, speaking rather than listening is given priority.

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Professional nurses and clinical coaches should be approachable and remove the traditional protective shield of an authority figure to promote good communication between themselves and the nursing students. Henderson and Trede (2017:78) asserted that the absence of collaboration between NEI, the clinical facility and nursing students in a shared understanding of learning activities and outcomes and clinical learning experiences can present a risk for all involved. Furthermore, inadequate communication contributes to mistrust and lack of confidence to seek clarity and share understanding (Van Graan et al., 2016:288).

According to Al Sebaee et al. (2017:110), opportunities should be provided for students to reflect and verbalise their feelings about their clinical experiences, positive or negative. Hence the open line of communication will allow the nursing student to feel they are listened to; their concerns are validated and importantly they feel understood and supported. According to NEA guidelines (NEA, 2013:7) communicating openly in a non-threatening way and avoiding an emotional response boost the students' self-confidence. Communication must not be offensive but professional and non-judgemental to motivate and encourage nursing students. Effective communication with students in the clinical area promotes mutual trust and cooperation, thereby contributing to a positive clinical learning environment (Phuma-Ngaiyaye et al., 2017:168; Emvula 2016:80).

The clinical environment can be very frightening for most nursing students. Communication reduces anxiety, promote positive socialisation, building confidence and self-esteem, thus promoting learning (Van Graan et al., 2016:287). It is in such instances where nursing students need someone supportive and caring to take them through. Kamphinda and Chilemba (2019:10) concur with the participants that nursing students need a CLE that is welcoming, where they can easily fit into the health team. They need to feel free to ask difficult questions, be answered and guided in an empowering manner.

Participants mentioned that there should be continuous dialogue between the professional nurses in clinical facilities, clinical coaches and the students to enhance professional maturity. Alsifiri et al. (2019:22) on reconceptualising preceptorship in

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clinical nursing education in Ghana concur with participants that using a collaborative philosophy in clinical nursing education will allow professional nurses, clinical coaches, and students to use and share experiences to enhance their practice. According to SANC, nursing students spend 60 per cent of their learning in clinical practice. The last thing they need is a hostile environment where they are not able to raise their fears and concerns. Communication skills can be built by encouraging students' verbal expression in discussions related to learning, urging them to expose their knowledge and questions, encouraging and promoting self-reflection. Hence clinical communication is important to validate students' experiences in practice (Tanriverdi et al., 2017:201).

4.3.5 Building good relationship with clinical nurses

"Building a good relationship with clinical nurses" emerged as the fifth sub-category for "engaging stakeholders in supporting students". The findings in the study indicated that as human beings, we need personal connection for support and meaning. The findings of the study by Setiawan and Alwi (2018:605) on caring competency for undergraduate nursing students showed that relationship building ability is one of the caring competencies needed in the nursing profession. It is crucial because of the nature of nursing work both in the classroom and clinical setting which need collaboration with another health discipline.

The NEI and the clinical facilities need to build a good relationship to share information about goals, competencies and expected outcomes of the students. Emvula (2016:88) found that a poor relationship leads to frustration and demotivation, thus negatively affecting learning and acquisition of knowledge and skills. In the study completed by Esteves et al. (2018:8), it became clear that we cannot have quality nursing education without a legitimate relationship with clinical facilities.

Oliveira and Braga (2016:8) encourage nursing managers and clinical staff to maintain a non-threatening learning atmosphere in a clinical environment by promoting a questioning attitude, displaying a positive and professional attitude without humiliating the nursing students. The participants mentioned that it is important to apply the

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principles of collaboration, inclusion and participation, which influence coaching practice and build a better relationship in supporting and guiding nursing students. The findings of the study completed by Maranon and Pera (2015:861) on theory and practice in the construction of professional identity in nursing students illustrated that good relations among health professionals, nursing students and clinical coaches enhance learning, skill development, confidence and brings about successful change.

Collaboration would be a key component for ensuring effective interrelationship between the clinical coach, nursing students and professional nurses for students to have an understanding and positive learning experience within the clinical setting. Setiawan and Alwi (2018:607) mentioned in their study that nursing programs should support a conducive learning environment by creating a caring environment.

The study completed by Tanriverdi et al. (2017:207) recommended that a positive clinical education environment should be built that would contribute to the students' learning opportunity, supporting and supervising to remove the obstacles between the theory and the practice. Niederriter et al. (2017:2) advocate for the central role of clinical coaches in the development of nursing students by creating a conducive learning environment.

4.4 ROLE MODELLING INDEPENDENT NURSING PRACTICE

The category “role modelling independent nursing practice” was developed from the sub-categories “demonstrating theory and practice integration”, “displaying work ethics” and “being an exemplar of professionalism to the students”. This category emerged following the initial interviews and was confirmed during follow-up interviews with the participants.

A role model is an individual that possesses certain skills and displays techniques that other individuals can learn. Churchill Livingstone’s Dictionary of nursing define a role model as a person who acts as a model for another person’s behaviour in a particular role. Ahanonu and Waggie (2015:1) regard role modelling by professional nurses as a technique that allows nursing students to acquire new behaviours by imitating ideal

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behaviour. A clinical coach exemplifies various models, amongst others, and include role modelling by providing vision, helping nursing students to learn and seeking relational integrity. The findings of the study of Van Graan et al. (2016:288) mention that inadequate nursing role models affect nursing students' learning experiences.

4.4.1 Demonstrating theory and practice integration

"Demonstrating theory and practice integration" emerged as the first sub-category for "role modelling independent nursing practice". Kerthu and Nuuyoma (2019:22) in their study mentioned that it is imperative that teaching and learning should be integrated. Participants mentioned that demonstration is one of the teaching strategies commonly used in the clinical learning environment for theory-practice integration. Clinical exposure should be undertaken under the guidance of a suitably experienced professional nurse and clinical coach.

Emvula (2016:5) asserted that professional nurses in a clinical setting are well-positioned to demonstrate the complexities of nursing practice because they often bridge the gap between theory and clinical. The findings of the study completed by Mathevula (2016:32) indicated that students gain knowledge and have the confidence to carry out their clinical learning objectives if the demonstration of skills had carried out in a real clinical environment. Furthermore, orientation and demonstration of skills are essential for nursing students because it shows how procedures are done step by step. Professional nurses and clinical coaches play a significant role in the education of nursing students by ensuring that they obtain the necessary knowledge and skills required to function in the practice setting (Niederriter et al., 2017:1). The findings of the study of Walker-Reed (2016:41) indicated that without interventions these nurses become frustrated and anxious and ultimately leave the profession.

Clinical learning that is done at the point of patient care tends to enhance theory and practice integration. In addition, clinical learning enhances students' confidence, organizational skills and preparedness for practice (Maxwell et al., 2015:135). Teaching by example is one of the best ways of passing a skill. Most participants mentioned that a clinical coach must demonstrate repeatedly the skill emphasising

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theory in every situation. However, Mathebula (2016:330) asserted that a shortage of working material and the use of outdated equipment for the demonstration of skills in a clinical learning environment negatively affected learning for nursing students. Manamela (2019:39) reported that the lack of procedure demonstration in the clinical learning environment leads to poor adaptation and to learning objectives not been met by a student nurse. The clinical coach should ensure that students gain appropriate clinical experience aligned with theoretical instructions.

Niederriter et al. (2016:6) indicated that during the clinical learning process, nursing students should be enabled to develop critical thinking skills to integrate theory into practice. Kamolo, Vernon and Toffoli (2017:1089) agree that exceptionally good critical thinking and reasoning skills are required to integrate theory into practice to address patients' needs. Nursing students need to associate new knowledge with what they already know to integrate it into practice. In this study, the clinical coach and professional nurse are assumed to be experts to demonstrate the skill so that nursing students can observe and learn for effective practice as well as personal and professional development.

It is evident that students in clinical practice learn through observation. Malwela et al. (2016:5) mentioned that to enable nursing students to continue integrating theory to practice, professional nurses in a clinical setting should demonstrate knowledge and skill throughout their clinical placement to ensure that nursing students have the opportunity to practice, discuss activities and seek the necessary guidance. Demonstration of skills is vital in influencing the development of nursing students' competence.

4.4.2 Displaying work ethics

"Displaying work ethics" emerged as the second sub-category for "role modelling independent nursing practice". A clinical coach's role modelling is not limited to theory and clinical teaching. It should be evident in any interaction they have with students, following an educational rather than a training ethos. A role model should exhibit professional and ethical behaviour. Hence Emvula (2016:91) suggested that ethical

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and professional behaviour be emphasized during nursing students' training. A clinical coach who has empathy, trust, integrity and respect for nursing students and others, has good listening skills will guide the students to develop practical and intellectual skills and shape their attitude to learning.

Participants mentioned that an approachable coach greatly enhances the clinical learning experience and trust relationship. Niederriter et al. (2017:2) define a trusting relationship as a developmental relationship in which a clinical coach provides guidance and facilitates the student learning as the student grows into a productive and successful nurse. Furthermore, it allows students to gain autonomy and enhances the acquisition of new learning experiences. This relationship between the clinical couch and the student is crucial to encourage by recognising and appreciating individual contribution. However, a trusting relationship requires effective communication between the clinical coach and the student to share their vision and hope for their clinical experience, time and commitment. The findings of the study completed by Henderson and Trede (2017:73) alluded that trust assists the development of goodwill that is essential to assuring the realisation of quality learning outcomes that has lasting effects and sustainability.

4.4.3 Being an exemplar of professionalism to the students

"Being an exemplar of professionalism to the students" emerged as the third sub-category for "role modelling independent nursing practice". According to Thistlethwaite and McKimn (2015:85), professionalism relates to expertise in a field, knowledge, skills, competence and behaviour of a supervisor. Eid, Ahmed, Safan and Mohamed (2018:85) in their study on nursing professionalism mentioned that achieving professionalism in nursing, like in all disciplines, is crucial. However, attainment of professionalism is an ongoing process. The example of a clinical coach should stand out very clearly for all nursing students to follow.

Participants narrated how a clinical coach should be clinically competent, knowledgeable and be able to impart information. Malik, McKenna and Griffiths (2015:49) emphasised how professional nurses and clinical coaches should be using

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up-to-date knowledge and evidence to guide their decisions and teachings. They should keep up-breast with the latest developments regarding the educational policies and protocols, be able to impart knowledge for all the students to understand. Role modelling is one of the most effective ways that students learn about professional behaviour. Hence it is seen as a healthy route to the development of students (Parandeh et al., 2015:284).

The findings of the study indicate the way clinical coaches role model professional behaviour will influence whether and how well students develop emotional intelligence and adopt professional behaviour. Ahanonu and Waggie (2015:1) indicated that clinical coaches and professional nurses must demonstrate positive professional behaviours for students that fit within and alongside the nursing professional framework. Eid et al. (2018:87) mentioned that nurses are evaluated by shared and internalised professional values, behaviours and beliefs. Furthermore, the teaching of professional values positively affected the development of the professional values of the students (Lin et al*.,* 2016:225). The SANC as the regulatory body for nurses in SA has set some requisite attributes and standards for nurses. These attributes include among others personal grooming and presentation, communication with colleagues, students and patients and punctuality.

According to Elcock (2018:101), learning in practice take place under the supervision of professional nurses. Participants mentioned that nursing students always strive to be the best. They learn what a nurse is, what a nurse does and most importantly how a nurse conducts himself or herself. It might be the way they communicate, behave or perform their duties. They aspire to be the best in every situation. Hence, they imitate the clinical coach who portrays good attributes. Niederriter et al. (2016:5) agree with the participants that a role model should demonstrate the same qualities that the students were expected to emulate. How the clinical coach communicates with nursing students, patients and colleagues helps learners increase their skill while working to achieve the expected outcomes.

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4.5 DISPLAYING A CARING ATTITUDE TOWARDS STUDENTS

The category "displaying a caring attitude towards students" was developed from the sub-categories "displaying positive attitude", "providing coaching during all learning opportunities", "being available for individualized coaching', "encouraging students to assist one another, "accompanying students from theory to simulation and clinical practice" and "involving students in their clinical learning and skills development". Sparacino (2016:6) equates caring with a clinical coach taking time to view each nursing student as an individual. Caring is essential in nursing. Furthermore, it has been considered a primary component and a foundation for quality nursing education. Caring competency is a requirement needed in the nursing profession, which is expected by patients and families when seeking nursing service (Setiawan & Alwi, 2018:605). A caring environment combined with caring clinical staff members and a caring clinical coach as role models, both in class and clinical settings, will have a great impact on students in fostering caring behaviours.

4.5.1 Displaying a positive attitude

"Displaying positive attitude" emerged as the first sub-category for "displaying a caring attitude towards students". Attitude is determined by how easily the students can approach the clinical coach. Participants mentioned that the positive attitude of the clinical coach contributes to the development of the nursing students. Lapeña-Moñux (2016:7) alluded that the attitude and involvement of professional nurses and clinical coaches influence nursing students' attitude. Furthermore, a positive attitude creates a non-threatening atmosphere conducive to learning. The findings of the study done by Iwanow et al. (2018:337) indicated that the development of a positive attitude and improvement of communication skills at the very beginning of the career pathway may lead to a situation where nursing students have better soft skills and are willing to develop competences. Similarly, Lapeña-Moñux (2016:6) support the notion that the attitude of professional nurses affects nursing students' eagerness to learn. Furthermore, students who are supported and guided during clinical practice become actively involved in learning. The findings of the study indicate that the attitude of the clinical coach together with a conducive learning and welcoming environment yield

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healthy minds. Sparacino (2016:6) verify participants citing that students become comfortable seeking help from nursing professionals and clinical coaches who portrayed a caring attitude. Hence when content is difficult to understand, students sought assistance from someone they believed cared.

Hemberg and Sjoblom (2018:688) asserted that the attitude of professional nurses and clinical coaches towards students requires responsibility to create an accepting and supporting environment for nursing students to feel welcome and recognized in the clinical practice. A clinical coach who demonstrates kindness, compassion, empathy and consideration towards nursing students (Phillips et al., 2015:405) contributes positively to making the students' learning experience enjoyable. A clinical coach who portrays a positive attitude and values the students' need, always brings about behavioural change that is usually permanent. A caring environment combined with caring professional nurses and caring clinical coaches as role models, both in the classroom and clinical settings, will have a great impact on students in fostering caring behaviour (Setiawan & Alwi, 2018:607). Caring and passion were important attributes for a clinical coach, student and professional nurse in the learning environment. A role model for nursing students has to pay attention to their attitude towards the students, colleagues and the patient. Baumgartner et al. (2017:120) indicated in their study that ongoing contact and continuity between the students and clinical coach during clinical placement build trust and demonstrate respect to one another. This shows that nursing students need to continuously engage effectively with their supervisors to understand their learning goals.

4.5.2 Providing coaching during all learning opportunities

"Providing coaching during all learning opportunities" emerged as the second sub-category for "displaying a caring attitude towards students". Students perform better and feel comfortable in an environment that is accepting, welcoming and appreciated their contribution. Such an environment will boost the students' morale and provide them with an opportunity to develop confidence and competence in performing clinical skills. Kpodo (2015:9) referred to the clinical learning environment as a place (health facility) accredited by the relevant nursing council that provides patient care, teaching

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and learning, assessment and evaluation and influence students learning. Teaching and learning opportunities should be a priority to students. The participants mentioned that every opportunity is a learning opportunity in clinical practice.

Clinical learning during student placement offers the student an opportunity to integrate theory into practice, socialize into the nursing profession and build the knowledge, skills and attitudes needed for professional practice (Kpodo, 2015:8). Moreover, quality clinical learning opportunities are critical to the development of dedicated and skilled professional nurses. A significant finding in this study is that the clinical coach should be able to support and guide the nursing students in finding and implementing best practices to render patient care in every possible situation. Kamphinda and Chilemba (2019:8), in their study on clinical supervision and support, viewed a supportive culture in CLE as a cornerstone for effective clinical learning. An unsupportive clinical environment exposes students to psychological risks, dissatisfaction and contribute to the demotivation of nursing students (Galleta et al*.,* 2017:44).

Participants repeatedly mentioned the importance of providing coaching during all learning opportunities. The constant interaction of the clinical coach and the student to provide guidance and support was highlighted. Rafferty and Fairbrother (2015:1254) mentioned that learning and coaching skills with an experienced coach advance transfer of skills to practice. As the coach and nursing student engage in routine activities, the student's understanding and shared activities are enhanced by continuous instructions from the clinical coach made in a comfortable learning environment. Doyle et al. (2017:30) emphasised the importance of a welcoming workplace with a good learning environment, where clinical staff show a positive attitude towards nursing students. Clinical learning experiences are beneficial to the students by direct supervision in a clinical setting and a supportive relationship built between the coach and the nursing students. According to Mathebula (2016:103), lack of a rich learning experience discourages students from seeking knowledge and result in the loss of many opportunities for professional growth.

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Most participants viewed positive feedback as another form of providing coaching to nursing students during clinical learning. The findings of the study of Hardavella et al. (2017:333) indicated that giving immediate feedback on a particular performance provide the desired improvement and prevent errors of care delivery from happening. Effective coaching involves giving timely and specific performance feedback (Sherman & Cohn, 2016:29). This kind of coaching serves to reinforce skills and thoughts processes and quickly steer the student in a better direction. Feedback should not be discouraging the students. Feedback that focuses on the nursing student as a person has the potential to damage the student's motivation to learn.

Participants agree with Hardavella et al. (2017:327) view that giving feedback regarding clinical performance is to point out positive aspects of students' performance as well as areas that require improvement. Specific feedback provides precise information about teaching practices that benefit the students. Good feedback practise provide useful information to the students in improving their learning but also can offer information to teachers, eventually improving the learning experience for the students. The findings of the study completed by Kamphinda and Chilemba (2019:9) stated that without feedback nursing students' mistakes go uncorrected and as such, good performance is not reinforced. Furthermore, lack of feedback can lead to decreased levels of nursing students' self-worth which may have a negative impact on clinical learning. Coaching at the point of care includes providing quality information which is crucial in ensuring nursing students learning.

4.5.3 Being available for individualised coaching

"Being available for individualised coaching" emerged as the third sub-category for "displaying a caring attitude towards students". Students bring with them to the learning environment their different abilities, perceptions and experiences. The role of a clinical coach is to facilitate mechanisms that will enhance critical thinking and problem-solving in a safe and non-threatening environment. Hence availability for individualised coaching is crucial.

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Nursing Act (Act no.33 of 2005) stipulates that the nursing students should be working under the direct or indirect supervision of the registered nurse at all times. Gerber (2016:55) maintain that professional nurses must ensure that learning in the clinical environment is taking place and is supported, especially if students are present. Furthermore, the clinical coach or professional nurse must be available during all learning opportunities to provide support, guidance, willingly assist the students and manage practice improvement and change. A participant mentioned that they have an open-door policy whereby students are welcome at any time of day to attend to their concerns. The SANC (R425,1985) stipulates that the clinical lecturer must spend at least 30 minutes per session with the student in clinical practice. A clinical coach should put their students first and encourage them in their studies. Kamphinda and Chilemba (2019:10) also mentioned that nursing students have a feeling of self-worth and autonomy when adequately supervised and this is an important factor in making them participate actively in clinical learning.

Students are unique individuals with different potentials and abilities and need to be treated as such. For some, it is easy to grasp the fundamental knowledge concept and others take longer. Therefore a clinical coach must recognise and work with such individuals differently. Kamphinda and Chilemba (2019:10) alluded that students who are treated as individuals in CLE feel welcomed and easily fit in into the health care team. Dimitriadou (2015:239) support Kamphinda and Chilemba (2019:10) in that individualised student learning opportunities contribute to increased student satisfaction. The findings of the study indicate that students should be treated as unique individuals in order to accommodate every nursing student when providing support. Without the necessary support, students find it difficult to meet their learning objectives. Participants mentioned that being respectful and non-judgemental are important components required of a clinical coach in their interaction with nursing students. The findings of the study completed by Lekalakala-Mokgele and Caka (2015:5) concur with the participants that nursing students need to be treated with respect and as equal partners during clinical practice. Respect in clinical practice creates a safety net in the relations between the professional nurse, clinical coach and nursing student. (Tiwaken et al., 2015:68).

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According to van Nieuwerburgh and Tong (2013:8), the one-to-one conversation focused on the enhancement of learning and development of daily goal where the coach facilitates the learning of nursing students through questioning, active listening and appropriate challenging in a supportive and encouraging climate. Individualised coaching sessions decrease the students' anxiety and increase confidence. Furthermore, it serves as an important tool to enhance clinical expertise and build confidence. The findings of the study of Jones (2015:6) on critical reflection on practice development support the participants alluding that students who were given one-to-one support reported an increase in confidence to engage in coaching conversations with staff. This has a significant impact on their use of language and ability to ask enabling questions.

The importance of a one-on-one clinical coaching opportunity with each nursing student to improve the value of clinical time spent at the bedside cannot be underestimated. Nursing students needed more clinical experience including more time to apply theory to hands-on practice. The findings in the study of O'Rae et al. (2017:90) asserted that being available to nursing students provided the clinical coach with an opportunity to know and understand the student better since they will be spending more time together in a teaching and learning environment. This connected relationship provides support in a learning process and the nursing student feels respected. A clinical coach could spend a specific number of clinical hours that could have a dual role of maintaining clinical competence and also aid in the support of the students when in clinical practice and build clinical relationships with the professional nurses in clinical facilities (Gerber, 2016:103).

It is evident from the data collected that nursing students do not always need a clinical coach for their studies. They might want someone to share their fears, frustrations and anxieties in confidence. Individualised coaching is crucial to building an intimate relationship of understanding between the clinical coach and the student. Holland and Ulrich (2016:109) concur with the participants that allowing students to verbalise their thoughts provide the clinical coach with an opportunity to assess the nursing student's clinical knowledge and understanding. Spending more time with the student, the clinical coach and student relationship can develop and grow in a supported

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environment where students are encouraged to ask questions and challenges in their way of thinking. According to Niederriter et al. (2016:6), the availability of a clinical coach during clinical practice motivates nursing students and allow them to feel comfortable. Kamphinda and Chilemba (2019:9) indicated in their study that nursing students need encouragement when they perform well, as well as when they perform unsatisfactorily.

4.5.4 Encouraging students to assist one another

“Encouraging students to assist one another” emerged as the fourth sub-category for “displaying a caring attitude towards students”. Engaging with other students involves being motivated to do better in your studies and providing care to the patient. Walker-Reed (2015:41) mentioned that close interaction with other students in clinical placement periods is one of the most critical aspects of nursing education. Peer learning as a strategy helps nursing students to develop an appreciation and understanding of their roles and other health professionals. The peer learning role should be used as a student-centred, efficient and effective project (Wood, 2016:18). Furthermore, peer learning and teaching within the nursing profession is a professional way of passing along clinical wisdom competencies and principles to an inexperienced colleague.

In the study completed by Molloy, Walker and Lakeman (2017:86), peer-learning was included in a simulation instruction study where both senior and junior nursing students found the experience to be engaging and improved their confidence and competence. Kamphinda and Chilemba (2019:2) verify the findings of Molloy (2017:86) that peer interaction is crucial in clinical learning to enhance the development of self-esteem, confidence and motivation. Kpodo (2015:79) on best clinical nursing education practices in Sub-Saharan Africa, asserted that clinical learning should include peer group teaching, demonstrations, patient case studies and presentations, ward rounds, reflective journals and a critical incidence technique. Most of the participants mentioned that students perceive regular meetings and group assignments as very effective for clinical learning. Kpodo (2015:81) viewed this as a favourable example of cooperative learning where senior nurses teach junior nurses.

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Lapeña-Moñux et al. (2016:6) mentioned that nursing students gain skills by watching what their peers do. It helps them to gain self-efficacy and improves self-esteem. The findings of this study show that shared learning can be used to advance nursing students' learning, increase students' satisfaction and enhance the sense of responsibility to create and maintain a caring attitude with one another. Providing opportunities for senior nurses to assist and support junior nurses brings about an enjoyable learning experience and teamwork. Participants mentioned that encouraging students to assist one another can be used to enable conversation about their fears, doubts and experiences in difficult situations they come across whilst providing nursing care. Raymond and Sheppard (2017:21) concur with the participants that through the incorporation of peer learning, students will have a contact person whom they could feel more comfortable approaching when they are reluctant to contact lecturers or professional nurses.

Niederriter et al. (2016:6) indicated that nursing students should be afforded post-conference time to review the day. Furthermore, the time given will allow the students to discuss the challenges and successes with their fellow students. This experience promotes collaboration among the students. Shared learning and teamwork are found to be successful in developing effective participant discussion and enhance nursing student's confidence and self-esteem (Carey, Kent & Latour, 2019:476). Students gain comfort and confidence to express their fears and share good practices with their peers. Such conversations contribute to a learning environment that is sensitive and support learning and teaching. Case discussions and experience sharing of clinical cases could inspire nursing students to do self-reflection and improve their nursing competencies. According to Morley (2015:132), peer support was found to be important for students' emotional well-being on clinical placement and to develop confidence in acquiring knowledge and skills to make them proficient in clinical practice.

Working together based on clear articulation of values builds a safety net and sees misunderstandings and disagreements as a way to solve problems. Carey et al. (2019:476) support the notion of nursing students working together for the

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development of knowledge and skill reinforcement of learning through their own shared experiences. Participants mentioned that peer learning helps nursing students to deal with challenges in a clinical situation and increase their confidence in providing patient care, develop knowledge, skill and positive attitude. Furthermore, peer learning contributes to increasing students' confidence, psychomotor and cognitive skills in clinical practice (Clarke et al., 2018:5). The findings of the study completed by Pålsson et al. (2017:83) indicated that peer learning has the potential to support learning and contribute to creative learning and improves self-efficacy for nursing students. Peer learning is an important socialization practice for nursing students to connect and engage effectively in clinical practice. Data collected show that it is evident that peer coaching as a teaching strategy can benefit nursing students and increase confidence in providing patient care.

4.5.5 Accompanying students from theory to simulation and clinical practice

"Accompanying students from theory to simulation and clinical practice" emerged as the fifth sub-category for "displaying a caring attitude towards students". NEA (2013:3) and Van Graan et al. (2016:285) refer to clinical accompaniment as the formal teaching practice and support of nursing students by trained staff at the clinical facility where students are placed with an effort to empower them. According to the Nursing Act 33 of 2005, student nurses in South Africa should be functioning under the supervision of registered nurses. Clinical supervision is vital to the development of clinical skills in nursing students. Effective supervision includes direct supervision (accompaniment) during simulation, clinical practice and providing constructive feedback linking theory to practice

According to SANC (1992:8), accompaniment is an indispensable component of effective clinical teaching and learning in all teaching situations and professional nurses are indispensable in the accompaniment of students (Kerthu & Nuuyoma, 92019:27). In the study completed by Loots (2016:1), the development of nursing students as clinical practitioners are facilitated by means of clinical accompaniment. Evidence gathered indicate that a lack of clinical accompaniment negatively affects the clinical learning of students. Kgafela et al. (2015:229) concur with the participants

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that nursing students perceived inadequate support and clinical accompaniment as a major obstacle in their learning. The presence of the clinical coach helps to ease the frustration and uncertainties in clinical practice. Participants maintained that active accompaniment on part of the clinical coach is extremely important to develop the nursing student to be a responsible independent practitioner.

From the data collected, it is evident that nursing students need guidance to develop professionally and a clinical coach is best suited to do that. Formal discussions, demonstrations of skills and conducting academic ward rounds together with the multidisciplinary team can be accomplished through the accompaniment of students from theory to simulation and clinical practice. NEA guidelines (2013:7) state that a well-planned clinical accompaniment schedule will help students to develop confidence and be comfortable to practice and make mistakes under supervision. In a study completed by Mathebula (2016:101), scheduled accompaniment and remedial sessions must also be planned to assist those students who need additional support. A well-planned accompaniment programme is crucial to facilitate clinical learning according to the level of training for students.

Manamela (2019:63) recommended that the accompaniment programme be developed in collaboration with accredited CLE in line with SANC R425 and R174. Furthermore, a plan must be future-oriented, specific, realistic and achievable. According to NEA (2013:8) guidelines, one goal of clinical accompaniment is to promote the ability of the nursing student to integrate theory and practice. Loots (2016:2) agrees that the transfer of learning must ensure a correlation between theory and practice. According to NEA (2013:8), during clinical accompaniment nursing students will be able to practice skills under supervision and reinforce the theoretical aspect of all clinical activities. Kamphinda and Chilemba (2019:9) support the statement made by Mathevula (2019:19) that supervision involves day-to-day interaction between nursing students, a clinical coach or a professional nurse with the responsibility for promoting the achievement of learning objectives. A clinical coach should create an environment that promotes learning where the nursing students are encouraged to analyse and act appropriately when confronted with an overwhelming situation.

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4.5.6 Involving students in their clinical learning and skills development

"Involving students in their clinical learning and skills development" emerged as the sixth sub-category for "displaying a caring attitude towards students". Clinical learning is an important aspect of preparing the nursing student for real-life situations (Dağ et al., 2019:1). It is a mandatory requirement from SANC for nursing students to complete 4000 clinical hours in the form of work-integrated learning during their training. Similarly, Asirifi et al. (2019:17) encourage genuine clinical practice, as opposed to observation, as it enhances skills and knowledge development. Students must be encouraged to accept professional responsibility for practice and to increase self-knowledge. The study completed by Mathevula (2019:188) showed that allowing nursing students to take responsibility, receive responses and reflection leads to development and understanding. Encouraging students to seek insights can contribute positively to learning outcomes such as problem-solving and creative thinking (Henderson & Trede, 2017:76).

Malwela et al. (2016:2) mentioned that nursing students have an opportunity to get clinical exposure under the guidance of a suitably experienced professional nurse and clinical coach. Similarly, guidance from an experienced and knowledgeable clinical nurse is essential for fostering critical thinking skills and ultimately, clinical judgement (Van Graan, 2016:285). Furthermore, involving students in case presentations, clinical assignments and role-play are some of the skills the clinical coach can use to enhance critical thinking. Holland and Ulrich (2016:109) agree with the participants that involving students in clinical activities is one concept consistent with teaching strategies that improve critical thinking and clinical decision making. It is evident in this study that involving students in their clinical learning, increases nursing student accountability, practice-based learning and individualised learning experience. By identifying with a role model, students learn how to handle different situations including how to care for the patients. Henderson and Trede (2017:77) mentioned that students' responses to situations, events and issues are important for their subsequent learning and development. Students in clinical practice learn through observation. The study completed by Bagdonaite-Stelmokiene and Zydziunaite 2017:741) mentioned that

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nursing students must question practices, and do not undertake nursing care without understanding the rationale.

The majority of participants mentioned that nursing students should be afforded ample opportunity to practice skills under the supervision of professional nurses in the clinical facilities. Lapeña-Moñux (2016:7) agrees with the participants that involvement requires experiential learning and situated learning. Furthermore, elaborated that the skill of involvement cannot be learned from a book or a classroom. To become an expert in the skill, nursing students should be actively involved in performing it. Kamphinda and Chilemba (2019:9) also agree that learning in a clinical environment is by doing. Phuma-Ngaiyaye et al. (2017:167) mentioned that the students improve hands-on practice and develop an understanding of relevant care processes in nursing practice, thereby bridging the theory-practice gap.

The findings of the studies completed by Bosch (2017:44) and Van Graan et al. (2016:286) indicated that nursing students are used as a workforce to fill the gap in understaffed units resulting in limited learning opportunities for students and less guidance by experienced professional nurses. Often students are expected to render routine patient care during clinical placement. Ellis, Anderson and Spencer (2015: 490) mentioned that student nurses in clinical practice should be treated as learners, not an extra pair of hands. Mathebula (2016:96) verify the notion that nursing students do not form part of the essential nursing staff complement to keep a health service functioning but are afforded practice learning as members of the nursing and health care team. Students should be given adequate time to practice the clinical skill so that they can build confidence and be able to practice independently. Nursing students need hands-on practice experience and accept a commitment to learning on an ongoing process. Kiblasan et al. (2016:100) support the view that the clinical component of nursing education takes place when students gain hands-on experience in patient care. This must be viewed as a learning opportunity. Most significant learning is acquired through doing. Furthermore, hands-on experience helps the nursing student to theorise and collect practical evidence that leads to better learning and patient care (Bagdonaite-Stelmokiene & Zydziunaite, 2017:738).

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A study conducted in England in September 2013 indicated that coaching at the bedside underpins the philosophy of learning so that students are supported to take on greater responsibility for their own learning within a culture that values student identification of a patient's solutions-focused care (Stewart-Lord, Baillie & Woods, 2017:73). Clinical learning is a component of a learning programme that focuses on the application of theory in an authentic, work environment. It addresses specific competencies identified for the acquisition of knowledge (NETS, 2013:4). Gustafsson et al. (2015:253) mentioned that most of the learning takes place in clinical settings where students are hands-on. The findings of the study indicate that active participation in clinical settings to deliver patient care present nursing students with opportunities to apply theory in practice.

4.6 INDEPENDENT PRACTICE

"Independent practice" is the last of the five categories that emerged following interviews with the participants to provide support and guidance to nursing students through clinical coaching. It became apparent as a result of this study that students should be prepared to be autonomous in their learning through clinical coaching. By autonomous, the researcher implies a state of acting in accordance with one's moral duty to make good decisions. During clinical placement, nursing students should be equipped and empowered with nursing knowledge and skills they can use in independent practice. Independent practice has been explained by most participants as functioning with minimal or without supervision from the clinical coach.

Participants mentioned that clinical coaching aims to ensure that student nurses are prepared for independent practice where they will be able to employ a therapeutic use of self. The goal of clinical learning experiences is to prepare students for future practices in an uncertain world of the work environment. Usher et al. (2015:3246) and Walker et al. (2017:509) define preparedness as being ready to deliver safe patient care. The clinical coach is responsible to help them to develop confidence, responsibility, personally and professionally to meet their needs and be able to solve problems when confronted with difficult situations. For nursing students to solve problems on their own, they should be able to make responsible decisions based on

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the situation they are phased with. A competent nurse can think critically, reason clinically, make sound clinical judgments and reflect on the thinking processes applied (Botma, 2016:1). Students must be seen in terms of their professional and personal growth, not in terms of the acquisition of skills required for patient care. Emvula (2016:5) reported that professional nurses have a responsibility to ensure that students are provided with the necessary clinical support and guidance to develop towards professional growth and maturity. Nursing students need professional development.

4.7 SUMMARY

In this chapter, the findings of the study were discussed and validated with relevant literature.

Chapter 5 discusses the recommendations based on the findings, limitations of the study and conclusions drawn.

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CHAPTER 5
LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

The views of the lecturers on the implementation of clinical coaching during the training of undergraduate nursing students were presented in four chapters. Chapter 1 set the tone of the study. The background, rationale and significance of the study were explained and key terms used throughout the study were defined. Chapter 2 presented the research methodology followed to conduct the study. In Chapter 3, the findings of the study were described validated with verbatim quotes from participants. Chapter 4 provided the discussion of the study with reference to supporting literature. In this chapter, the conclusions formulated from the findings (refer to Chapter 3) and the discussion of the study (refer to Chapter4) are presented. The limitations of the study followed by recommendations generated from the study and major conclusion drawn relating to the aim of the study.

5.2 AIM OF THE STUDY

The study aimed to explore and describe the views of the lecturers at a designated NEI in SA regarding the implementation of clinical coaching of nursing students during pre-registration training.

5.3 CONCLUSION

Undeniably, the importance of clinical coaching cannot be underestimated in the clinical education environment to ensure that nursing students are adequately supported and prepared for their role to render safe patient care, develop personally and become responsible, independent professionals. The conclusions were drawn from the themes and sub-themes that were eminent in the study.

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5.3.1 Structuring clinical coaching to prepare students

For any programme to be successful it should be well structured. Similarly, clinical coaching should be well structured. This type of program helps nursing students retain a sense of achievement and limit uncertainty, fear, and reality shock that can be associated with complex clinical settings. The nursing programme, just like any educational programme, followed a curriculum approved by the nursing regulator in SA the SANC. The SANC (R425, 1985) encourages meaningful integration of theory into practice regarding every nursing subject. The nursing regulator stipulates minimum hours of clinical practice nursing students are required to cover to effectively integrate theory learned in the classroom with practice. The findings of the study further brought to the conclusion that a well-designed schedule should be drawn on how to accompany nursing students during clinical practice. This schedule affords the nursing student and the clinical coach opportunity to interact and share knowledge. It also affords the nursing student an opportunity to practice and implement best practices to render possible patient care under the supervision of an expert. According to Kerthu and Nuuyoma (2019:21), the theory-practice gap occurs when there is a disparity between what has been learned in the classroom setting and what is practised in the clinical learning environment. Failure to correlate theory and practice results in students feeling confused and disillusioned.

The findings of this study ensure that using simulation as a strategy for clinical practice promote student satisfaction with their learning and improve self-confidence. Simulation is an interactive teaching-learning method in nursing education. It prepares the nursing student for real-life experience. Furthermore, it affords them an opportunity to practice without fear of harming the patients. Although simulation proved to be an effective strategy for learning, it cannot replace the real-life practice experience.

5.3.2 Engaging stakeholders in supporting students

Evidence from the data collected indicated that nursing students fear their inability to render safe patient care due to clinical incompetence, complex patient care situations

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and demanding expectation from clinical managers. With effective interventions through guidance from qualified and experienced senior students and coaching, these students become competent and confident to provide safe patient care. Bvumbwe et al. (2015:931) agree that without the necessary support, the students find it difficult to meet their learning objectives.

Clinical learning through guidance from experienced professional nurses enhances the development of professional attitudes and assist nursing students to gain clinical competence. Similarly, it has been proven that effective and successful development of nursing students can be achieved through guidance and support from their seniors, coaches and professional nurses (Faithfull-Byrne et al., 2017:403). The distinctive role supposed to be carried out by professional nurses in the clinical facilities towards assisting nursing students to develop personally and professionally should not be overlooked.

Collaboration is the key strategy between all stakeholders who are responsible for learning and teaching nursing students to ensure uniformity in the best practice recommended for the students. The findings of this study indicated that the involvement of stakeholders is an important aspect of preparing the nurse for real-life situations where they integrate theory and practice. Collaboration between the NEI and professional nurses in clinical practice promotes good communication, the possibility to improve understanding of the clinical environment as well as the needs and directed clinical outcomes of the students. Furthermore, the relationship between the clinical coach, student and professional nurses is sustained when everyone is involved clarifying expectations in an open and respectful environment. Poor communication may lead to frustration and demoralisation therefore, negatively affecting nursing students learning and acquisition of knowledge.

5.3.3 Role modelling independent nursing practice

Role modelling was the most important aspect of learning for students and clinical coaches were role models to emulate. A role model should possess the necessary

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skill and knowledge and be willing to transfer it nursing students. A clinical coach should be a lifelong learner and thus ensure they stay up to date with changes in the clinical practice. Bvumbwe et al. (2015:931) emphasised the importance of clinical professional nurses to stay abreast with current clinical knowledge and skills and participate in continuous professional development. This will help by providing vision, helping nursing students to learn and seeking relational integrity. In this study, the clinical coach is assumed to be experts to demonstrate the skill so that nursing students can observe and learn for effective practice as well as personal and professional practice. A role model must display good work ethics. Van Graan et al. (2016:288) alluded that inadequate nursing role models affect nursing students' learning experiences. Students aspire to be the kind of person who possesses certain skills, knowledge and displays techniques that other individuals can learn.

5.3.4 Displaying a caring attitude towards students

A clinical coach who shows empathy, respect and willingness to listen to the student should be able to facilitate mechanisms that will enhance critical thinking and problem-solving in a safe and non-threatening environment. A welcoming environment where students are treated as learners and not workforce contributes significantly to learning. Teaching and learning opportunities should be given priority to the students. It is evident in this study that involving nursing students during clinical practice increases accountability, practice-based learning and individualised learning experience. Nursing students should be hands-on in their clinical learning activities. Holland and Ulrich (2016:109) support the participants stating that involving students in clinical activities is one concept consistent with teaching strategies that improve critical thinking and clinical decision making.

5.3.5 Independent practice

Independent practice is working without or with minimum supervision from the clinical coach. The main aim of supporting and guiding nursing students throughout their training is to prepare them to become autonomous in their learning. The findings of

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this study show that well-structured clinical coaching is crucial to prepare students for independent practice. Professional nurses in clinical practice and clinical coaches should have a collaborative relationship to enhance the teaching and learning of nursing students. It is evident from the data collected that students learn through observation. A competent nursing student is ready for independent practice and expected to be able to explain the manifestations and predict the progression of a condition. This kind of coaching happens at the bedside when experienced nurses demonstrate procedures and provide patient care in a non-threatening environment. Such an environment will alley the students' fear and make them feel comfortable and confident to practice the art of nursing under supervision.

Nursing students need to develop professionally and it is through support and guidance from the clinical coach and professional nurses that they could be encouraged to develop confidence, responsibility and personal growth. Positive experiences result in motivated and enthusiastic students. Professional nurses as custodians of nursing students during clinical placement have a responsibility to ensure that students are provided with the necessary clinical support and guidance to develop towards professional growth and maturity (Emvula, 2016:5). A professionally matured nurse can manage her career, develop new skills and achieve her goals personally and professionally.

5.4 LIMITATIONS

Although this is a novel study that sheds new light on the views of the lecturers on the implementation of clinical coaching during pre-registration of nursing students, to a large extent, it endorses the body of global literature on clinical coaching. The study had limitations as it was limited to the small number of participants in one NEI in South Africa.

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5.5 IMPLICATIONS FOR PRACTICE

Participants' views of clinical coaching were adequately described. The findings of the study provide key insight regarding clinical coaching. The results of the study showed that several areas can be improved to help with the clinical coaching of the nursing students in the clinical setting. Professional nurses play a vital role in supporting the nursing students to achieve their learning objectives by preparing them for independent practice. Through a collaborative effort, managers and professional nurses in the clinical facilities should provide the necessary support for students to be competent, responsible and independent professionals. More research is needed for a clinical coaching program during clinical placement.

5.6 FUTURE RESEARCH

The findings of the study can be used by scholars to bridge the gap between what is known and the unknown about this specific topic.

The researcher recommends that further research could be conducted:

- On clinical coaching in other NEIs in the Gauteng province;
- To develop strategies to improve clinical coaching of nursing students;
- To explore and describe the benefits of clinical coaching of nursing students;
- To develop regulatory guidelines for standardising, maintaining, monitoring and sustaining clinical coaching processes in nursing practice; and
- To develop a model in clinical coaching.

5.7 RECOMMENDATIONS

Recommendations are based on the findings of the study. The researcher makes the following recommendations for practice and further research:

Professional nurses in clinical settings and nurse educators should continue to promote a positive learning environment for nursing students by providing clinical

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coaching. This practice facilitates more learning than what occurs in mentoring and preceptor programs. Clinical coaching empowers students with critical thinking skills and increased confidence in preparing for independent practice. However, there is little published literature in SA on clinical coaching in nursing, despite its successful application in other countries (Bridges et al., 2013:226). The strategic objective 2.6 of the Provincial Government of the Western Cape Department of Health (WCDOH, 2008:22) highlights the need for the development of clinical coaching programs and training programs for the nurse coach and coaching department to improve the research capacity of nurse educators. Future research is recommended to compare findings with other NEI in SA. If future studies determine the area of improvement, this could improve the clinical learning of nursing students and allay fears when faced with complex situations to provide high-quality healthcare. There is strong supporting evidence that a dedicated clinical coach enables students to practice skills and procedures in a more supportive clinical environment and accomplishes the aim of producing independent competent nursing students.

5.8 PERSONAL REFLECTION

Although I knew that it was not going to be easy, I was prepared to work hard and persevere to achieve my objective. The journey was somewhat of a bumpy road, including being car highjacked at gunpoint one Friday afternoon coming back from an appointment at the university with my supervisor. My laptop was taken with the car, but fortunately, I had most of my work stored on my memory stick. This experience encouraged me to soldier on. With support from my family, supervisor, friends and colleagues I managed to pull through.

I had to overcome many obstacles in my encounters with various committees to obtain approval for the research proposal. With my supervisor's constant support, guidance and constructive criticism I managed to submit my proposal for MNur in-house as well as the Faculty of Health Sciences Research Ethics committee. As a former nurse educator, I have identified gaps in the traditional method of teaching used but I did not

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have an idea on how to change the situation. I read widely on different teaching methods more specifically pertaining to clinical coaching of students. I have developed personally and professionally through this study.

The highlight of my study was during data collection and analysis. The whole experience was very daunting but thought-provoking, an eye-opener and a learning curve at the same time. I am glad that this study will contribute to the body of knowledge in nursing education.

5.9 CONCLUSION

The study objectives have been met. Through the study, the researcher gained a deeper insight into the lecturers' views and experience on the implementation of clinical coaching. This study explored the views of the lecturers on the implementation of clinical coaching of nursing students during pre-registration training in clinical facilities in SA. The findings of the study were validated with literature on the topic and the findings revealed that it was useful, relevant and timely. It was concluded that nursing students require a structured coaching program and guided immersion in a realistic clinical setting during their training in preparation for their learning. This type of program will help the nursing students to retain a sense of achievement and to limit uncertainty, fear and the reality shock that can be associated with complex clinical practice.

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ANNEXURE A

DECLARATION REGARDING PLAGIARISM

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DECLARATION OF ORIGINALITY

UNIVERSITY OF PRETORIA

The Department of Nursing Science places great emphasis upon integrity and ethical conduct in the preparation of all written work submitted for academic evaluation.

While academic staff teaches you about referencing techniques and how to avoid plagiarism, you too have a responsibility in this regard. If you are at any stage uncertain as to what is required, you should speak to your lecturer before any written work is submitted.

You are guilty of plagiarism if you copy something from another author's work (e.g. a book, an article or a website) without acknowledging the source and pass it off as your own. In effect you are stealing something that belongs to someone else. This is not only the case when you copy work word-for-word (verbatim), but also when you submit someone else's work in a slightly altered form (paraphrase) or use a line of argument without acknowledging it. You are not allowed to use work previously produced by another student. You are also not allowed to let anybody copy your work with the intention of passing if off as his/her work.

Students who commit plagiarism will not be given any credit for plagiarised work. The matter may also be referred to the Disciplinary Committee (Students) for a ruling. Plagiarism is regarded as a serious contravention of the University's rules and can lead to expulsion from the University.

The declaration which follows must accompany all written work submitted while you are a student of the Department of Nursing Science. No written work will be accepted unless the declaration has been completed and attached.

Full names of student: Lefalane Amanda Antoinette Mamabolo

Student number: 95287932

Topic of work: **EXPLORATION OF THE VIEWS OF THE LECTURERS ON THE IMPLEMENTATION OF CLINICAL COACHING DURING THE PRE-REGISTRATION TRAINING OF NURSING STUDENTS**

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Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.
2. I declare that this thesis (e.g. essay, report, project, assignment, dissertation, thesis, etc.) 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 departmental requirements.
3. I have not used work previously produced by another student or any other person 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: L.A.A. Mamabolo

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ANNEXURE B

PERMISSION TO CONDUCT STUDY FROM GAUTENG DEPARTMENT OF HEALTH

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Outcome of the provincial protocol review committee

RESEARCHER'S NAME (PI)	Mrs. L.A.A. Mamabolo
ORGANIZATION/INSTITUTION	UNIVERSITY OF PRETORIA
RESEARCH TITLE	Ethics Reference No.: 345/2019 Title: Exploration of the views of the lecturers on the implementation of clinical coaching during the preregistration training of nursing students
CONTACT NUMBER	Cell No: 083 412 5498 E-mail address: mamabolo.la@gmail.com
PROTOCOL NUMBER/PROPOSAL NUMBER	Ethics Reference No.: 345/2019
SITES	GAUTENG PUBLIC NURSING EDUCATION INSTITUTIONS

Your permission to conduct the above-mentioned research has been reviewed by the Province and the permission has been granted.

It is requested that you submit the research report on completion of your study and present the findings and the recommendations to the Gauteng Department of Health.

YES	Permission granted

Recommended

Ms N. Gidimisana
Acting Director
GDoH: Nursing Education and Training Directorate
2019/08/20

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ANNEXTURE C

PERMISSION TO CONDUCT STUDY BY THE PRINCIPAL OF THE NURSING SCHOOL

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GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Enquiries: Dr RG Malapela
Tel : 012 319 5769
E-mail : Grace.Malapela@gauteng.gov
gmalapela@gmail.com
Date : 04 September 2019

Ms. Mamabolo LAA
Protocol number: Ethics Reference No:345/2019

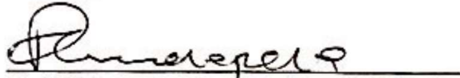
SUBJECT: APPROVAL FOR DATA COLLECTION AT SG LOURENS NURSING COLLEGE

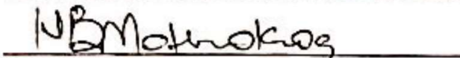
This serves as a response to your request in undertaking the study on: "Exploration of the views of the lecturers on the implementation of clinical coaching during the preregistration training of nursing students".

Permission is hereby granted for the collection of data as indicated in your proposal.
Please take note of the following:

- All information and data collection should be treated as confidential and ethical considerations adhered to as stated in the proposal.
- At the end of the study kindly furnish the college with the study results.
- After completion of your research study, we would appreciate if you could donate a hard copy to the library.
- The committee might invite you to present during their annual research day.

Warm regards


Dr. RG Malapela (Research Committee Chairperson) — Date: 04. 09. 2019


Ms. NB Mothokoa (Academic Research HOD) — Date: 30. 09. 2019

Ms. MP Tjale (College Principal) — Date: 30.09.2019

SG Lourens Nursing College, Private Bag X755, Pretoria, 0001 Tel: (012) 3195600 Fax: (012) 319 5699 Page 1

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ANNEXURE D

PARTICIPANT INFORMATION LEAFLET AND INFORMED CONSENT ICD5

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PARTICIPANT'S INFORMATION & INFORMED CONSENT DOCUMENT FOR AN INDIVIDUAL IN-DEPTH INTERVIEW RESEARCH STUDY

STUDY TITLE: EXPLORATION OF THE VIEWS OF THE LECTURERS ON THE IMPLEMENTATION OF CLINICAL COACHING DURING THE PRE-REGISTRATION TRAINING OF NURSING STUDENTS.

Principal Investigator: L.A.A Mamabolo

Supervisor: Prof Neltjie van Wyk

DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):

Daytime number/s: 0834125498

Afterhours number: 0834125498

DATE AND TIME OF FIRST INFORMED CONSENT DISCUSSION:

date	**month**	**year**

:
Time

Dear Prospective Participant

Dear Mr. / Mrs. ....……………………

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1) INTRODUCTION

You are invited to volunteer for a research study. I am doing this research for MNur degree purposes at the University of Pretoria. This document gives information about the study to help you decide if you would like to participate. Before you agree to take part in this study, you should fully understand what is involved. If you have any questions, which are not fully explained in this document, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about what we will be discussing during the interview.

2) THE NATURE AND PURPOSE OF THIS STUDY

The aim of this study is to explore and describe the views of lecturers on the implementation of clinical coaching during pre-registration training of nursing students. By doing so I wish to learn more about the intended study. The interview will be conducted by the researcher at a designated college in Gauteng Province.

3) EXPLANATION OF PROCEDURES AND WHAT WILL BE EXPECTED FROM THE PARTICIPANTS

If you agree to participate, you will be asked to participate in an individual interview which will take about 30 minutes. The individual interview will be a one-on-one meeting between the two of us. The interviews will be conducted in English. With your permission, the interview will be recorded on a recording device to ensure that no information is not missed, and later typed to be analyzed. Participation is voluntary. If you wish to withdraw from the study at any time, or wish to withhold information, you can do so without explanation. This study involves answering some questions such as:

Main question

How will lecturers implement clinical coaching of nursing students during pre-registration training?

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4) RISKS AND DISCOMFORTS INVOLVED?

We do not think that taking part in the study will cause any physical discomfort or risk. The only possible risks for participants are emotional discomfort. You will be free to stop the interview at any time should you find it difficult to talk about your views on clinical coaching of nursing students.

5) POSSIBLE BENEFITS OF THE STUDY

You will not benefit directly by being part of this study. But your participation is important for us to better understand the views of lecturers on clinical coaching during pre-registration of nursing students. The information you give may help the researcher improve the teaching of student nurses more especially during clinical training.

6) COMPENSATION

You will not be paid to take part in the study. There are no costs involved for you to be part of the study.

7) VOLUNTARY PARTICIPATION

The decision to take part in the study is yours and yours alone. You do not have to take part if you do not want to. You can also stop at any time during the interview without giving a reason. If you refuse to take part in the study, this will not affect you in any way.

8) ETHICAL APPROVAL

This study was submitted to the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, Medical Campus, Tswelopele Building, Level 4-59, telephone numbers 012 356 3084 / 012 356 3085 and written approval has been given by that committee. The study will follow the Declaration of Helsinki (last update: October 2013), which guides doctors on how to do research in people. The researcher can give you a copy of the Declaration if you wish to read it.

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9) INFORMATION ON WHO TO CONTACT

If you have any questions about this study, you should contact Ms. L.A.A Mamabolo at the following telephone numbers cell: 0834125498. Alternatively, you may contact my supervisor Prof Neltjie van Wyk at telephone numbers (082 776 1649).

10) CONFIDENTIALITY

We will not record your name anywhere and no one will be able to connect you to the answers you give. Your answers will be linked to a fictitious code number or a pseudonym (another name) and we will refer to you in this way in the data, any publication, report or other research output. All records from this study will be regarded as confidential. Results will be published in medical journals or presented at conferences in such a way that it will not be possible for people to know that you were part of the study.

The records from your participation may be reviewed by people responsible for making sure that research is done properly, including members of the Research Ethics Committee. All of these people are required to keep your identity confidential. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.
All hard copy information will be kept in a locked facility at Office of Health Standard Compliance. Corner Soutpanberg Road and Steve Biko Road Pretoria for a minimum of 15 years and only the research team will have access to this information.

11) CONSENT TO PARTICIPATE IN THIS STUDY

- I confirm that the person requesting my consent to take part in this study has told me about the nature and process, any risks or discomforts, and the benefits of the study.
- I have also received, read and understood the above written information about the study.
- I have had adequate time to ask questions and I have no objections to participate in this study.
- I am aware that the information obtained in the study, including personal details, will be anonymously processed and presented in the reporting of results.
- I understand that I will not be penalised in any way should I wish to stop taking part in the study and my withdrawal will not affect my treatment and care.

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- If photos are taken it may only be used after I have seen it and agreed that it may be used.

- I am participating willingly.
- I have received a signed copy of this informed consent agreement.

____________________________	____________________
Participant's name (Please print)	Date
____________________________	____________________
Participant's signature	Date
____________________________	____________________
Researcher's name (Please print)	Date
____________________________	____________________
Researcher's signature	Date

I understand that the discussions will be audio taped. I give consent that it may be audio taped.

YES / NO.

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ANNEXURE E

INTERVIEW SCHEDULE

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INTERVIEW SCHEDULE

The purpose of this interview schedule is to elicit the views of lecturers on the implementation of clinical coaching pre-registration of nursing student.

Main question

How will lecturers implement clinical coaching to student nurses during pre-registration training?

Probing questions

NB!! This is not a questionnaire. These questions will only be asked when necessary and not in a specific manner. The researcher will only use questions when participants find difficulty to tell about the experience.

How should clinical coaching be implemented?
What should be done during clinical coaching?
What is the role of the lecturer in clinical coaching?
Describe the views of lectures regarding the implementation of clinical coaching of nursing students during pre-registration training.
What support is needed from college and clinical management to enhance clinical coaching of students during pre-registration?
What are your experiences regarding clinical coaching of students during pre-registration?
What will be the benefit of clinical coaching to student nurses?
With your permission, the interview will be recorded on a recording device to ensure that no information is missed.

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ANNEXURE F

PRINCIPAL INVESTIGATOR'S DECLARATION FOR THE STORAGE DATA AND/DOCUMENTS

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I, the Principal Investigator, Lefalane Amanda Antoinette Mamabolo of the following study titled: **EXPLORATION OF THE VIEWS OF THE LECTURERS ON THE IMPLEMENTATION OF CLINICAL COACHING DURING THE PRE-REGISTRATION OF NURSING STUDENT** will be storing all the research data and/or documents referring to the above-mentioned study at the following non-residential address:

Office of Health Standard Compliance

Corner Soutpanberg Road and Steve Biko Road

Pretoria

0001

I understand that the storage for the abovementioned data and/or documents must be maintained for a minimum of 15 years from the end of this study.

START DATE OF STUDY: August 2019 END DATE OF STUDY: November 2019

SPECIFIC PERIOD OF DATA STORAGE AMOUNTING TO NO LESS THAN 15 YEARS:

August 2019 until August 2034

Name: L.A.A. Mamabolo

Signature ______________________________________ Date _______________

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ANNEXURE G

LETTER FROM ETHICS COMMITTEE

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UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

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.

6 August 2019

Approval Certificate
New Application

Ethics Reference No.: 345/2019
Title: Exploration of the views of the lecturers on the implementation of clinical coaching during the preregistration training of nursing students

Dear Mrs LAA Mamabolo

The **New Application** as supported by documents received between 2019-05-27 and 2019-07-31 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on its quorate meeting of 2019-07-31.

Please note the following about your ethics approval:
- Ethics Approval is valid for 1 year and needs to be renewed annually by 2020-08-06.
- Please remember to use your protocol number (345/2019) 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, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:
- 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) MPharmMed PhD
Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

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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)

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Fakulteit Gesondheidswetenskappe
Lefapha la Disaense tša Maphelo

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ANNEXURE H

DECLARATION BY PRINCIPAL INVESTIGATOR

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Name: L.A.A. Mamabolo

Brief Study Title: **EXPLORATION OF THE VIEWS OF THE LECTURERS ON THE IMPLEMENTATION OF CLINICAL COACHING DURING THE PRE-REGISTRATION TRAINING OF NURSING STUDENTS**

Study Number: 95287932

Site: Office of Health Standard Compliance

1. I have read and understood item 1.5.5 on page 5 and section 3 (pages 14-20) "Responsibility of the Principal Investigator (PI) and participating investigators of the *Clinical Trials Guidelines of the Department of Health: 2000*
2. I have notified the South African regulatory authority of any aspects of the above guidelines with which I do not / unable to comply (If applicable, this may be attached to this declaration).
3. I have thoroughly read, understood, and critically analysed (in terms of the South African context) the protocol and all applicable accompanying documentation, including the investigator's brochure, patient information leaflet(s) and informed consent forms(s).
4. I will conduct the study as specified in the protocol.
5. To the best of my knowledge, I have the potential at the site(s) I am responsible for, to recruit the required number of suitable participants within the stipulated time period.
6. I will not commence with my role in the study before written authorizations from the relevant ethics committee (s) as well as the South African Medicines Control Council (MCC) have been obtained.
7. I will obtain informed consent from all participants or if they are not legally competent, from their legal representatives.
8. I will ensure that every participant (or other involved persons, such as relatives), shall at all times be treated in a dignified manner and with respect.
9. Using the broad definition of conflict of interest below, I declare that I have no financial or personal relationship(s) which may inappropriately influence me in carrying out this study.

Conflict of interest exists when an investigator (or the investigator's institution), has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his other actions) *

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*Modified from: Davidhoff F, et al. Sponsorship, Authorship and Accountability. (Editorial) JAMA Volume 286 number 10 (September 12, 2001)

10. I have not previously been involved in a trial which has been closed due to failure to comply with Good Clinical Practice.

11. I have not previously been the principal investigator at a site which has been closed due to failure to comply with Good Clinical Practice (*Attach details)
12. I will submit all required reports within the stipulated timeframes.

Signature: ______________________ Date: _____ / _____ / _____

Witness: ______________________ Date: _____ / _____ / _____

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