



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
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**EXPLORATION OF FACTORS WHICH INFLUENCE THE INVOLVEMENT OF
SPECIALIST REGISTERED NURSES IN CLINICAL TEACHING OF ADVANCED
MIDWIFERY STUDENTS IN A TERTIARY HOSPITAL IN GAUTENG**

by

Ramathabathe Vinolia Muroa

Submitted in fulfilment of the requirement for the degree

Masters in Nursing (Mnur)

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School of Health Sciences
Department of Nursing Science

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Supervisor: Dr Moselene AR Du- Plessis

DECLARATION

I, Muroa Ramathabathe Vinolia,

Student Number: 173 29 176,

declare that:

“EXPLORATION OF FACTORS WHICH INFLUENCE THE INVOLVEMENT OF SPECIALIST REGISTERED NURSES IN CLINICAL TEACHING OF ADVANCED MIDWIFERY STUDENTS IN A TERTIARY HOSPITAL IN GAUTENG”

is my own work and that all sources consulted or quoted have been indicated and acknowledged by means of complete references. I further declare that this work has not been submitted for any other degree at any other institution.

Signed

Date

DEDICATION

- My Creator, The Lord Jesus Christ, who never left my side.
- My supervisor Dr Moselene AR Du- Plessis, you were my pillar of strength when I was at the edge of quitting, you came to my rescue. Thank you reminding me God is always by my side. May God continue blessing and protecting you and your family.
- My mother, your love and support kept me going.
- My two beautiful children, Ntsako and Nyiko for allowing me to make use of your time to complete this dissertation.

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ABSTRACT

Background: The involvement of specialist registered nurses in the clinical teaching of advanced midwife students remain unmet. When registered nurses with a midwifery qualification enter the advanced midwifery course, they are not regarded as students but perceived as knowledgeable and skilled to do more than what are expected from an undergraduate student who is a novice in maternal and childcare. This study explored and described the factors influencing the involvement of specialist registered nurses in clinical teaching of advanced midwifery students in a tertiary hospital in Gauteng.

Method: A qualitative descriptive exploratory research design was employed to conduct the study. A non-probability purposive sampling method was used to select the participants that include specialist registered nurses with three years' experience and more. Semi-structured interviews were conducted with ten specialist registered nurses between August and September 2021. Data collected were analysed using the thematic analysis method. Factors influencing the involvement of specialist registered nurses in clinical teaching of advanced midwifery students in a tertiary hospital in Gauteng were explored and described.

Significance of the study: Using the results of the study may benefit nursing education in curriculum and policy development and nursing practices in particular and in research by its narrative methods. The study findings revealed that the collaboration will openly communicate the biomedical practitioner's concerns and referrals which can result in improved outcomes

Conclusion: Nursing education institutions should create a platform to enhance communication between clinical facilities and themselves. Likewise, advanced

Abstract

midwifery nursing students should be encouraged to improve communication between specialist registered nurses and themselves.

Keywords; Clinical teaching, clinical supervision, midwifery, specialist registered nurse, post-graduate advanced midwife student.

TABLE OF CONTENTS

TOPIC		PAGE NUMBER
Declaration		i
Dedication		ii
Acknowledgement		iii
Abstract		iv
Table of content		vi
CHAPTER 1 OVERVIEW OF THE STUDY		
NUMBER	TOPIC	PAGE NUMBER
1.1	INTRODUCTION AND BACKGROUND	1
1.2	PROBLEM STATEMENT	3
1.3	RESEARCH QUESTION, AIM AND OBJECTIVES	4
1.4.	SIGNIFICANCE OF THE STUDY	5
1.5	PHILOSOPHICAL ASSUMPTIONS	5
1.5.1	Paradigm	5
1.5.2	Ontological assumptions	6
1.5.3	Epistemological assumptions	6
1.5.4	Theoretical framework	6
1.6	CONCEPTS CLARIFICATION	7
1.6.1	Specialist Registered Nurse	7
1.6.2	Postgraduate advanced midwife students	7
1.6.3	Clinical teaching	8

1.6.4	Clinical supervision	8
1.7	RESEARCH, DESIGN AND METHOD	8
1.7.1	Research design	9
1.7.2	Qualitative design	9
1.7.3	Descriptive design	10
1.7.4	Explorative design	10
1.8	RESEARCH METHODS	10
1.8.1	Research setting	11
1.8.1	Research population	11
1.8.3	Sample and sampling selection	11
1.9	DATA COLLECTION METHOD	12
1.9.1	Preparatory phase	13
1.9.2	Pilot interview	14
1.9.3	Interview phase	14
1.9.4	Post-interview phase	15
1.10	DATA ANALYSIS	15
1.11	MEASURES OF TRUTWORTHINESS	17
1.11.1	Credibility	17
1.11.2	Dependability	17
1.11.3	Confirmability	18
1.11.4	Transferability	18
1.11.5	Authenticity	19
1.12	ETHICAL CONSIDERATIONS	19
1.12.1	Informed consent and self determination	19
1.12.2	Principles of anonymity	20
1.12.3	Principles of beneficence	20
1.12.4	Principles of justice	20
1.12.5	Confidentiality	20
1.13	DISSEMINATION OF RESULTS	21
1.14	ORGANISATION OF CHAPTERS	21
1.15	SUMMARY	21

CHAPTER 2 RESEACH METHODOLOGY		
NUMBER	TOPIC	PAGE NUMBER
2.1	INTRODUCTION	22
2.2	QUALITATIVE RESEARCH DESIGN	22
2.3	EXPLORATIVE-DESCRIPTIVE QUALITATIVE RESEARCH	23
2.4	RESEARCH METHODOLOGY	24
2.4.1	Context of the study	24
2.5	STUDY POPULATION	25
2.5.1	Accessible population	25
2.5.2	Sample and sampling methodology	25
2.5.3	Procedure for sampling and recruitment	27
2.6	DATA COLLECTION	28
2.6.1	The role of researcher during data collection	28
2.6.2	The interview technique used by the researcher during interview	30
2.6.3	Field notes	31
2.7	DATA ANALYSIS	31
2.8	DATA INTERPRETATION	33
2.8.1	Trustworthiness of the findings	33
2.8.1.1	Authenticity	34
2.8.1.2	Credibility	34

2.8.1.3	Dependability	35
2.8.1.4	Confirmability	35
2.5.8.15	Transferability	36
2.9	ETHICAL AND LEGAL CONSIDERATION	36
2.9.1	Respect for human dignity	36
2.9.2	Principle of Beneficence	37
2.9.3	Anonymity	37
2.9.4	Principle of Justice	37
2.9.5	Principle of Confidentiality	38
2.10	SUMMARY	38
CHAPTER 3		
DISCUSSION OF RESULTS AND LITERATURE		
NUMBER	TOPIC	PAGE NUMBER
3.1	INTRODUCTION	39
3.2	THE PROCESS OF DATA COLLECTION	39
3.3	DESCRIPTION OF THE TARGET POPULATION AND SAMPLE	40
3.4	ANALYSIS OF THE FIELDNOTES	41
3.4.1	Observational notes	41
3.4.2	Personal notes	42
3.4.3	Methodological notes	42
3.5	DISCUSSION OF THE RESULTS AND LITERATURE CONTROL	42

3.5.1	Clinical teaching challenges experienced by specialist registered nurse	44
3.5.1.1	Shortage of specialist registered nurses in NICU	44
3.5.1.2	Insufficient medical supplies and equipment's	45
3.5.1.3	Attitude and behaviour of post graduate student nurses	47
3.5.1.4	Attitude and behaviour of specialist registered nurses	48
3.5.2	Undefined clinical teaching role clarification of specialist registered nurses	49
3.5.2.1	Inadequate capacity building of specialist registered nurses	51
3.5.2.2	Inadequate information sharing between the hospital preceptor's department and NICU management/ staff	52
3.5.2.3	Inadequate communication between the hospital and NEI's	53
3.5.2.4	The involvement of specialist registered nurses in clinical teaching of post graduate midwifery student	55
3.6	SUMMARY	56
CHAPTER 4		
LIMITATIONS, RECCOMMENDATIONS AND CONCLUSION		
NUMBER	TOPIC	PAGE NUMBER
4.1	INTRODUCTION	57
4.2	AIM OF THE STUDY	57
4.3	SUMMARY OF THE STUDY	58
4.3.1	Theme 1: Clinical teaching challenges	58
4.3.2	Theme 2: Undefined clinical teaching role clarification of specialized registered nurses	59
4.4	LIMITATIONS OF THE STUDY	61

4.5	RECOMMENDATION	61
4.5.1	Department of Health	61
4.5.2	South African Nursing Council (SANC)	62
4.5.3	Nursing Education Institution (NEI's) and hospital	62
4.5.4	Advance students nurses	62
4.5.5	Research	62
4.6	CONCLUSION OF THE STUDY	63

LIST OF REFERNCES	
TOPIC	PAGE NUMBER
References	64

LIST OF TABLES		
TABLES	TOPIC	PAGE NUMBER
Table 1.1	Research question, aim and objective	4
Table 3.1	Demographic information of participants	41
Table 3.2	Themes, categories, and subcategories	43

LIST OF ANNEXURES	
ANNEXURE	TOPIC
ANNEXURE A	Information leaflet and consent form
ANNEXURE B	Declaration regarding plagiarism
ANNEXURE C	Letter of Request to conduct research in the selected hospital in Gauteng
ANNEXURE D	Approval letter to conduct the study from academic tertiary hospital
ANNEXURE E	Approval letter from the research Ethics Committee, Faculty of Health Sciences University of Pretoria
ANNEXURE F	Interview Guide
ANNEXURE G	Verbatim Transcript

LIST OF ACRONYMS AND THE ABBREVIATIONS	
ACRONYM	MEANING
WHO	World Health Organisation
SANC	South African Nursing Counsel
NEI's	Nursing Education Institution
RN	Registered Nurses
CEO	Chief Executive Officer
NICU	Neonatal Intensive Care Unit

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

The involvement of specialist registered nurses in the clinical teaching of advanced midwife students remains unmet. According to Kapagawani and Useh (2018:100), supervised clinical practice plays a significant role in the nursing profession, as it influences students' clinical learning of knowledge and skills. Accordingly, clinical teaching promotes the well-being of the students, positive attitudes towards professional development and assists in the need for lifelong learning. It is also known that for any nursing students to be adequately prepared for practice, they need to be guided and supervised. There is sufficient literature that focuses on the needs of nursing students in clinical placement, but there remains a lack of research that specifically focuses on the involvement of specialist registered nurses in clinical teaching of advanced midwifery students.

Midwifery is a practice-based profession and the overall purposed of the midwifery education programme is to create a competent practitioner who is knowledgeable, autonomous and able to provide the highest standard of care According to Bäck and Karlström (2020:100). Therefore, clinical placement is an essential feature of midwifery education with clinical supervision acknowledged as an important component (McKellar, Fleet, Vernon, Graham & Cooper 2018:64). Likewise, clinical teaching is extensive during midwifery education. This occurs when students learn and practice various skills together with an allocated midwife (supervisor), to accomplish module outcomes needed to obtain an advanced midwife qualification.

The advanced midwife student nurses are not novice students but have not yet acquired the necessary competencies and skills to function as an advanced midwife. When these registered nurses enter the advanced midwife course they are not utilized in the same way as the undergraduate nursing students. As they are perceived as registered nurses who are knowledgeable and able to do more than what are expected from an undergraduate student who is a novice in maternal and childcare (Phuma-Ngaiyaye, Adejumo & Dartey 2017:1). There is a concern across the midwifery profession as well as higher education providers with respect to the challenges of providing high quality learning opportunities for students in the clinical environment (McKellar, et al 2018:64).

The clinical context of healthcare education is recognised as essential for students to engage and learn about healthcare provision and clinical learning experiences are considered a hallmark of quality education (Bradshaw, Tighe & Doody 2018:214). In a study conducted on midwifery students' experiences of their clinical internship in Ireland, students reported increased workload, feelings of vulnerability, stress, and anxiety regarding performing tasks, and reported to "survive despite the organisational culture" (Bradshaw, Tighe & Doody 2018:214). Another study on advanced midwives' experience of supervised clinical practice and mentorship during training in Lusaka, Zambia in 2017 found that advanced midwife students were not satisfied. Their experiences included instances of lack of involvement and non-availability of mentors in the wards and uncaring attitudes from the qualified staff, inadequate equipment and staffing and inadequate clinical supervision, (Mwiinga, Maimbolwa & Muleya 2017:1).

In South Africa the role of clinical teaching is a shared responsibility between nurse educators, registered nurses and clinical preceptors. According to the South African Nursing Council (SANC), nurse educators need to develop nursing 'student's cognitive, psychomotor and affective skills achieved through effective clinical facilitation (SANC 2014:3). A registered nurse has a responsibility and accountability for the quality of care given to patients and as a result she has a moral duty to teach, mentor and supervise nursing students during their placement in the unit, to ensure students can deliver quality care to patients and ensure patient safety (Muthati, Thurling & Armstrong 2017:2). However, the incongruences in the roles of the nurse educator, registered nurse and clinical preceptor allows for shifting of responsibilities

and often results in a sub-optimal quality of clinical teaching. Rajeswaran (2016:3) add that the lack of role clarity regarding their involvement in clinical supervision of advanced midwifery students, could hamper the establishment of conducive environment which optimize nursing student clinical teaching and learning experience.

The proposed study focused on exploring the factors which influence the involvement of specialist registered nurses in clinical teaching of advanced midwife students. It is hoped that the study findings will inform practice in this area.

1.2 PROBLEM STATEMENT

A research problem is described as an area of concern in which there is a gap or situation in need of clarification, upgrading or change, or in which there is difference between the way things are and the way they are supposed to be (Brink et al 2015:61). Lack of role clarification regarding involvement of specialist registered nurses in supervision of advanced midwifery students allocated in the Neonatal Intensive Care Unit remains a barrier for optimum clinical learning that affect learning experiences (Rajeswaran 2016:3). Practicing specialist registered nurses reported the lack of a framework to follow as they interact with advanced midwifery students during the Neonatal Intensive Care Unit allocation even though the programme workbook was supplied to the clinical teaching department prior to student allocation as part of memorandum of agreement between the nursing college and the hospital. One of the explanations can be that specialist registered nurses lack appreciation of their teaching responsibility as stipulated in the scope of practice according to Nursing Act no 33 of 2005.

According to Nursing Act no 33 of 2005, Department of Health, on regulations regarding the scope of practice of nurses and midwives, 4.4 (j) "*actively engage in the education and training of learners in the healthcare system*". It means specialists registered nurses have a responsibility to teach and to train all learners in their practice. The advanced midwife students require optimum supervision from specialist registered nurses during their clinical placement to achieve learning outcomes.

However, because of advanced midwife 'student's prior learning, supervision is often lacking. The researcher observed that such learners often are allocated neonates unsupervised as they cover workload like any other employees with disregard for their student status. Additionally, advanced midwife students are also tasked with the responsibility to supervise undergraduate nursing students. It is against this background that the researcher was interested in exploring factors influencing specialist registered 'nurses' involvement in teaching advanced midwife students.

1.3 RESEARCH QUESTIONS, AIM AND OBJECTIVE OF THE STUDY

According to Melani and Mills, (2014:10) research questions should be informed by the study aim(s) and objective(s). Table 1.1 outlines the aim and objective, and research question of the study

Table 1.1 Research question, aim and objective.

<p>Research aim</p> <p>To explore factors which influence the involvement of specialist registered nurses in clinical teaching of advanced midwifery students in a tertiary hospital in Gauteng.</p>
<p>The research questions were:</p> <p>What are factors, which influence the involvement of specialist registered nurses in the clinical teaching of advanced midwifery students in a tertiary hospital in Gauteng?</p>
<p>Research Objectives</p> <p>To explore and describe the factors which influences the involvement of specialist registered nurses in clinical teaching of advanced midwifery students in a tertiary hospital in Gauteng.</p>

1.4 SIGNIFICANCE OF THE STUDY

The researcher believe that the findings of this study may contribute to effective communication between nursing education institutions and clinical settings where students are placed. The findings generated from this study could be used as motivation for the involvement of specialist registered nurses in the clinical teaching of advanced midwifery students. The study findings may contribute to the existing knowledge on the role of registered nurses in clinical teaching of post-graduate students. It is envisioned that, improving involvement of specialist registered nurses in clinical teaching of advanced midwifery students may encourage the establishment of a clinical environment conducive for clinical teaching and learning.

1.5 PHILOSOPHICAL ASSUMPTIONS

According to Burns, Grove and Gray (2013:41), assumptions are statements that are taken for granted or that are considered to be true, even though they have not been scientifically tested. In this study, the researcher has taken the participants' subjective views to be the essence of what was real for them in order to find the possibilities and understandings contained there. The assumptions used in this study are as follows: ontological, epistemological, methodological and theoretical.

1.5.1 Paradigm

According to Creswell and Poth (2018:18), a paradigm is a world view. A general perspective on the complexities of the real world. In this study the researcher used the post positivism paradigm.

The post positivism was relevant as the researcher intended to explore the phenomenon from the subjective view of the participants as it is believed that there are multiple truths in the universe. The researcher chose this paradigm as it fits the study design very well and the latter will be explained under the assumptions.

1.5. 2 Ontological assumptions

According to Creswell and Poth (2018:18) ontological assumptions refer to the nature of reality. The 'researcher's worldview is from the interpretivism paradigm as it was envisaged that individuals have multiple realities in this world. Interpretivism lens was used, which is an approach to social science that highlights the importance of the 'insider's viewpoints to understanding social reality. In this study, the assumption was that specialist registered nurses are having the 'insider's viewpoints and understanding of the social reality regarding factors that influence their involvement in the clinical teaching of advanced midwifery students in a selected tertiary hospital in Gauteng.

1.5.3 Epistemological assumptions

Epistemology is concerned with how knowledge is generated (Creswell & Plano Clark 2018:37). In this study, the researcher has interacted with the participants during data collection using semi-structured interview to explore the phenomenon and new knowledge emerged on the factors which influences the involvement of specialist registered nurses in the clinical teaching of advanced midwifery students in a selected tertiary hospital in Gauteng.

1.5.4 Theoretical framework

The Tanner Model of Clinical Judgment was applied as a theoretical framework to inform this study. The model is based on foundational reasoning and thinking process used by skilled nurses in providing safe and effective care to patients (Mann 2018:2). The chosen model fits the focus of the study which is: factors which influences the involvement of specialist registered nurses in the clinical teaching of advanced midwifery students.

The findings can be used to inform teaching practices in the academic as well as the clinical environment. The use of the Tanner Model of Clinical Judgment could provide

a foundation for objective evaluation, assessment and support questioning and discussion strategies in the clinical teaching of advanced midwifery students.

1.6 CONCEPTS CLARIFICATION

The key concepts as applied in this study are clarified as follows:

1.6.1 Specialist Registered nurse

Registered nurse (RN) refers to a qualified and competent individual who practice nursing comprehensively as prescribed by SANC under her/his scope of practice and with responsibility and accountability and is registered with SANC to practice as registered nurse (Scope of Practice R2598, SANC 2005:17). In this study specialist registered nurses (RN) hold a qualification in neonatology or child nursing care and are physically working in the neonatal intensive care unit of the selected tertiary hospital for the period of 3 years and more.

1.6.2 Post-graduate advanced midwife student

Post graduate student means a student who has obtained a degree from university or diploma from a college and is pursuing studies for more advanced qualification (Collins English dictionary HarperCollins publishers 2014). In this study a post graduate student refers to a student who are registered with South African Nursing Council as a registered nurse and midwife and currently enrolled for the advanced midwife course.

1.6.3 Clinical teaching

Clinical teaching is a means by at which students learn to apply theory facilitation and practical skills in clinical settings which become an art and science of the profession (Dilla 2016:57). In this study, clinical teaching includes meeting the objectives of advanced midwifery through teaching methods for example "teachable moment", supervision and guidance which takes place in the NICU when students rotate as part of achieving learning outcomes.

1.6.4 Clinical supervision

Clinical supervision refers to the assistance and support extended to the student by a nurse/midwife specialised in an approved clinical facility in a specific unit with the aim of developing a competent and independent nurse practitioner (SANC, Education and Training guideline for post-graduate diploma programmes 2012-2017:4). In this study, clinical supervision shall mean a process in which advanced midwifery student are being provided with guidance and support by specialised registered nurses to meet the learning outcomes in the NICU.

1.7 RESEARCH DESIGN AND METHOD

The research design and method are used to study the phenomena of social action which we do not have an understanding (Brink et al 2015:121). According to Polit and Beck (2017: 743) design in research refers to considerably created link between the purpose of a research study and the strategies used to implement it. This study seeks in-depth knowledge to understand more about the factors influencing the involvement of specialist registered nurses in clinical teaching of advanced midwifery students. Qualitative descriptive research design was an appropriate method used for finding answers to the research questions. This study was conducted to explore and describe

factors that are influencing the involvement of specialist registered nurses in clinical teaching of advanced midwifery students in a selected hospital in Gauteng.

1.7.1. Research design

According to Polit and Beck (2017:49), the research design refers to an overall plan for finding answers to the initial research question. As suggested by Yin (2011:76), the chosen design should be appropriate for and applicable to the identified problem statement and should be in accordance with the methodological elements. This approach was chosen by the researcher A qualitative, explorative and descriptive design was used in this study to explore and describe factors influencing the involvement of specialist registered nurses in clinical teaching of advanced midwifery students

1.7.2 Qualitative design

According to Creswell and Plano Clark (2018:37) a qualitative design is an approach for exploring and understanding the meaning individual or group attribute to social or human problems. Grove, Gray and Burns (2015:114) explain qualitative research as a systematic, interactive, subjective approach used to describe life experiences and give meaning to those experiences. The qualitative method in this study consisted of a focus interviews.

This approach was chosen by the researcher as it is considered to be the most appropriate method to explore and describe factors that influence the involvement of specialist registered nurses in clinical teaching of advanced midwifery students.

1.7.3 Descriptive design

Descriptive design refers to an accurate account of characteristics of a particular phenomenon in a contextual setting, for the purpose of discovering meaning, describing what exists, and categorising information (Burns and Grove 2015:34). A descriptive design focuses on the richness and depth of the experience with the researcher being the tool for data collection and listening to individual descriptions of the quality of life through the interview process (Streubert & Carpenter, 2011:81). The researcher described the factors influencing the involvement of specialist registered nurses in clinical teaching of advanced midwifery students in this study.

1.7.4 Explorative design

Polit and Beck (2012:723) refer to explorative design as a full investigation of the phenomenon in order to explore human experience. In this study, an explorative design was used to gain in-depth information on factors that are influencing the involvement of specialist registered nurses in clinical teaching of advanced midwifery students in a selected hospital in Gauteng.

1.8 RESEARCH METHOD

Polit and Beck (2017:735) defines methodology in research as the processes of executing the research study which includes research design, sampling techniques, study techniques, data collection methods tools and data analysis. Burns and Groove (2021:235); refers to research methodology as the entire strategy of a study from the research problem to the interpretations of finding. In this research study, individual interviews were the method used to collect data as it was considered relevant to explore factors influencing the involvement of specialist registered nurses in clinical teaching of advanced midwifery students in a selected hospital in Gauteng. Ten

interviews were conducted. Data collection involved three phases, which included preparation for the interview, interviewing and the post- interview phase.

1.8.1 Research setting

The study took place in a selected Neonatal Intensive Care Unit (NICU) in a tertiary hospital in Gauteng Province. A NICU is an intensive care unit specially for sick neonates/newborn and premature neonate and this includes admissions of newborn with congenital abnormalities. It is divided into five cubicles which are as follows: ICU has 10 beds, high care 16 beds, surgery 6 beds, nursery has 12 beds and isolation has 4 beds. This unit has 2 operational managers who runs the management of all human resources and 'equipment's and daily (24hrs) smooth running of the unit. The NICU was having (September 2020) 57 registered nurses of which: 3 have specialty in neonatology and 26 have specialty in child nursing care and the remaining 28 are not yet specialised.

1.8.2 Research population

According to Polit and Beck (2017:739) a study population refers to entire population/ objects that the researcher is interested into study, and they meet inclusion criteria. Brink et al (2015: 131) define population as the objects of interest to the research, the criteria in which the researcher is interested in studying. The population for this study were 57 specialist registered nurses who are working in the NICU of the selected tertiary hospital.

1.8.3 Sample and sampling selection

Sampling refers to the researcher's process of choosing sample from a population to find information concerning a phenomenon in a way that represents the population of

interest (Brink et al 2015:132). Purposive sampling is a sampling technique that is based on the researcher judgement concerning participants that are distinctive or representative of the study or who are knowledgeable about the questions in hand (Brink et al 2015:141). Purposive sampling was used to source a sample size of 10 who meet the inclusion criteria. The exact sample size was determined when data saturation was reached. Data saturation is reached when no new information is obtained from the sample and redundancy is achieved (Polit & Beck 2017:744). The inclusion or eligibility criteria are defined as specific characteristics of the largest population that the researcher deems as vital for the study (Polit & Beck 2017:250).

The inclusion criteria for this study were:

- Registered nurses who hold a qualification in neonatology or child nursing care
- Working in NICU for at least three years, as it is perceived that they will provide the researcher with extensive information on the phenomenon under study.

The exclusion criteria means those characteristics that disqualify prospective subjects to be included in the study and these studies excluded all registered nurses those who do not match the above category.

1.9 DATA COLLECTION METHOD

Data collection is a process of gathering and measuring information on variables of importance in an established systematic way that permits one to answer stated questions and evaluate the outcome according to Polit and Beck (2017:506).

Semi-structured interview was used to collect data on factors which influence the involvement of specialist registered nurses in clinical teaching and learning of advanced midwifery students in a selected hospital in Gauteng. Brink *et al* (2015:157) defines an interview as the method of data collection in which the interview obtains responses from a participant in face-to-face encounter and is the most direct method of obtaining facts from the respondent. A type of interview that the interviewer is allowed to ask certain specific question but can also pose additional probe and allows

both closed ended and open-ended questions (Brink et al 2015:159). The researcher has selected the semi-structured interview as it allowed the participant to express themselves and allowed the interviewer to do follow-up question from the participant's responses.

1.9.1 Preparatory phase

The nature of semi-structured interview requires that the interviewer or the researcher follows a written topic or interview guide to ensure that all specific areas are covered (Brink *et al*/2015:159). During the preparation phase the researcher prepared a written topic guide which consists of a list of question which were covered in the interview with each participant. The researcher obtained permission from each head of the selected hospital and unit manager to address potential participants and hand out information leaflets to them.

Information about the nature of the study including the ethical measures was given to the potential participants prior obtaining their consent to participate in the study. The objective and purpose of the study was explained. In this study the researcher ensured that the willing participants understood the nature of the study by reading and explaining the consent form to them, clarified all questions asked by the participants.

Written consent was obtained from those who are willing to participant in the study. The researcher reassured the participants that their names are not written down during the study report to protect their identity. The interview was conducted in a private room in the Neonatal Intensive Care Unit to ensure privacy and be in a quiet environment for effective communication. The interview was scheduled to be conducted most conducive time for participants, to ensure that work is not interrupted. A tape recorder with additional batteries, notebook and pen were used to collect data during the interview session. The audio-tape device was tested before the interviews commence to be certain that it is functioning properly. The covid 19 regulation was adhered to.

1.9.2 Pilot interview

Pilot study is a trial run small –scale version done in preparation of a major study. It is designed to assess the feasibility of and to support the refinements of the protocols, methods, and procedures to be used in large scale study according to Polit and Beck (2017:739). During this stage the researcher can recognise and address some of the problems by obtaining information for improving the project, making adjustment to the instrument, or reassessing the feasibility of the study (Brink 2015:56). The researcher conducted a pilot interview using three specialist registered nurses from NICU to determine whether the relevant information was yielded and identified errors which could be avoided during the actual interviews. The participants who participated in the pilot study were excluded from the main study.

1.9.3 Interview phase

Polit and Beck (2017:515) defines the interview phase as the onset of a conversation between the researcher and the participants aimed at gathering information on the topic under study. Prior to the interview session the researcher created an environment free from any distractions, made a good first impression, participants were welcomed and greeted and sited at 1.5metre away from the interviewer, and the wearing of mask was emphasized, (Covid 19 regulation) and the explanation was provided to stimulate an informative conversation. The researcher thanked the participants for volunteering to participate in the study.

The researcher asked permission from each participant to use the tape recorder and explained the need to use it for accurate data capturing before the commencement of each interview. Before the interview started, the researcher checked if the audiotape was on, to ensure that the interview was recorded. During the interview the researcher encouraged the participants to answer all the questions on the topic guide and to tell stories in their own words. Open ended questions were asked according to topic guide to obtain relevant and rich narrative data. This study is a qualitative enquiry; therefore, during the interview the researcher probed the participants to obtain detailed

information relevant to address the research problem, depending on how participants have answered the questions. Communication skills such as listening, paraphrasing, and probing was employed, and extra information was obtained from participants`. Each interview took about 30- 45 minutes. At the end of each interview all information obtained was summarized to ensure that information was accurately captured.

1.9.4 Post-interview phase

Post-interview proceeded directly after the initial interview. The researcher thanked participants for their willingness to take part in the study. Thereafter the researcher wrote additional notes about observations made during the interview. Those notes assisted the researcher to remember the course of each interview session. "Bracketing is described as a process of identifying and holding in abeyance any preconceived beliefs and opinion about the phenomenon under a study" (Polit & Beck, 2017:721). During the post interview phase the researcher wrote notes about participants' personal experiences during their interview in effort to safeguard that the participants` personal opinions and beliefs do not influence the research findings. The researcher carefully listened to each tape recording for its completeness and ensured that transcribing was easy, and then labelled each data tape with an identification number per interview.

1.10 DATA ANALYSIS

Data analysis is a process of organizing, providing structure and producing meaning from the data (Polit & Beck 2017:725). Tape recording of the interviews was transcribed verbatim in the language that the interview was held. Once data was generated, the researcher conducted data analysis using Thematic Analysis (TA) method. This method it is a qualitative analytic approach for identifying, analyzing and reporting themes or patterns within the data (Terry, Hayfield, Clarke & Braun 2017:22). Six phases of thematic analysis was applied, and data was analyzed as follows:

Step1: Familiarizing yourself with your data.

In this phase the researcher transcribed the data and read the data repeatedly to be familiar with the whole content of the data prior coding. The researcher generated the list of initial ideas about what was interesting in the data.

Step 2: Generating initial codes

Phase two was about the production of initial codes from the data. Interesting features of the data are coded systematically across the entire data set. Data was organized into meaningful groups. Coding was done manually, and notes were written and different colour highlighters to indicate potential patterns was used. All data extracts were coded and then collated together within each code.

Step 3: Searching for themes

This phase involves organizing different codes into potential themes and collating all the relevant coded data extracts within the identified themes. The researcher started to analyze the codes and considered how different codes were combined to form an overarching theme.

Step 4: Reviewing themes

Themes was checked if they work in relation to the coded extract and the entire data set, then a thematic map of the analysis was generated.

Step 5: Defining and naming themes

This phase involves on-going analysis to refine the specifics of each theme and the overall story the analysis tells. Clear definitions and names for each theme are then generated.

Step 6: Producing the report

This is the final phase of thematic analysis whereby the researcher selected vivid, compelling extract examples, and make final analysis of the selected extracts. The final analysis was then related back to the research question and literature, and then a scholarly report of the analysis was produced. Thematic analysis is a flexible method of analyzing data; therefore, analysis was not a linear process of moving from one phase to next. The analysis was more of a recursive process whereby movement back and forth was permitted as needed across the phases.

1.11 MEASURES OF TRUSTWORTHINESS

Trustworthiness is the degree of confidence qualitative research have in their data and analysis (Polit & Beck 2017:747) and it was assessed using four criteria which are credibility, transferability, confirmability, and authenticity.

1.11.1 Credibility

According to Polit and Beck (2017:585), credibility refers to the confidence in the truth of the data and interpretations them. The researcher strived to establish confidence in the truth of the research findings and used rich narrative data obtained through semi-structured individual interviews and all participants were asked the same questions from the topic guide. The transcripts were verified with the participants to ensure accuracy and interpretation of meanings as meant by participants.

1.11.2 Dependability

Liamputtong (2017:21) refers to dependability as the provision of evidence such that it was to be repeated with the same or similar participants in the same context the findings would yield the same results. The researcher ensured that data was collected

in a non-threatening environment (provision for privacy, anonymity, and non-judgemental attitude) to encourage participants to feel free to express themselves honestly, so that their responses to similar questions remain unchanged over time. The researcher ensured dependability through a dense description of the methodology used to conduct the study, and a dense description of the data. Data was organised in categories and subcategories. All interview materials, transcriptions, documents, findings, interpretations, and recommendations were kept, to be available and accessible to the supervisor and any other researcher, for the purpose of conducting an audit trail.

1.11.3 Confirmability

Confirmability refers to the degree to which research findings are a function of solely of the participants and conditions of the research, and not of other biases, motives, or perspectives of a researcher (Liamputtong 2017:521). The audiotape and the transcripts of the data was given to the supervisor and a co-coder and were checked for the 'data's accuracy and relevance or meaning. Reaching of Congruency about the data between the co-coder and the supervisor was as well checked.

1.11.4 Transferability

Transferability refers to the extent to which research findings can be transferred to or have applicability in other settings or groups (Creswell & Poth 2018:257). To allow possibility of transferability, the researcher clearly and extensively provided enough descriptive data so that other researchers or consumers can evaluate the applicability of the research findings from this study to another context.

1.11.5 Authenticity

Authenticity refers to the extent to which the researchers indicate a range of realities in a fair and faithful manner (Creswell & Poth 2018:256). Firstly, the researcher carefully listened to each audio tape recordings and read the transcribed data repeatedly to understand and familiarized herself with the collected data. Secondly, each interview was transcribed word-for- word and the body cues (clenching of hands, facial frown, silence, etc.) were inserted in brackets in the transcripts. Lastly, the researcher conveyed the explanations of the participants as reported during the interviews and not according to the 'researcher's perceptions.

1.12 ETHICAL CONSIDERATIONS

According to Brink et al (2015:116) ethical research protects human rights, understand informed consent, and consider the ratio of benefits and risks. Permission to conduct the research was obtained from the Faculty of Health Sciences Research Ethics Committee of the University of Pretoria, and the selected hospital where the study was conducted.

1.12.1 Informed consent and self-determination

The research procedure was explained, and participants were given a chance to read through the information letter (Annexure C) and obtained verbal or written consent from them. Participation was voluntary without offering of any incentives. Participants were informed about their right to withdraw from the study at any given time. Participants were assured that participation or information provided will not be used against them and refusal to take part will not be held against them in any way.

1.12.2 Principle of Anonymity

The researcher has a responsibility to protect the anonymity of participants and to maintain the confidentiality of collected data during a study (Brink et al 2015: 118). No personal and institutional identification was recorded during the interviews and no names were written in the study report or made known. It was therefore impossible to link specific information to a specific patient or hospital.

1.12.3 Principle of Beneficence

The researcher has the responsibility to minimize harm and maximize the benefits (Brink et al 2015:118). Participants were assured that there is no harm or discomfort anticipated by participating in the interview.

1.12.4 Principle of Justice

The research ensured that no participant received preferential treatment and stick to the protocol and information as given in the leaflet (Annexure C). All participants were asked to answer the same questions (Annexure B).

1.12.5 Confidentiality

The researcher ensured confidentiality by guiding against unauthorized access to the data gathered from participants. Data is locked in a cupboard and the data tapes will be destroyed after three years of completion of the research study.

1.13 DISSEMINATION OF RESULTS

Dissemination of data refers to a way in which a researcher communicated the research findings. The research finding will be shared with the Gauteng Department of Health and the participants of the study. The research findings will be communicated to health care professionals by presenting in health care conferences and midwifery symposiums. The researcher will submit a manuscript to an accredited nursing research journal about the study. The research findings will be communicated to the nursing education institutions and hospitals. The dissertation will be available in the library of the Faculty of Health Sciences, University of Pretoria, as a reference for scholars and for further research purposes.

1.14 ORGANISATION OF CHAPTERS

CHAPTER ONE: Overview of the study.

CHAPTER TWO: Research design and methodology.

CHAPTER THREE: Discussion of results and literature control.

CHAPTER FOUR: Conclusions, recommendations and limitations of the study.

1.15 SUMMARY

Chapter 1 provided an overview of the research, an introduction and the background, and the significance of the study. The chapter also outlined the significance, the setting, the paradigm and the assumptions. Qualitative, descriptive and explorative research methods were used to address the study aim and objectives. Ethical consideration was briefly discussed and the organisation of chapters in the entire dissertation was given. In Chapter 2 detailed methodology will be discussed.

CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

The purpose of this chapter is to describe and rationalize the research design and methodology used to conduct the study. The research methodology used in the study is qualitative descriptive research design. This method was used as the researcher wanted to explore and describe factors that are influencing involvement of specialist registered nurses in clinical teaching of advanced midwifery students in a selected hospital in Gauteng.

2.2 QUALITATIVE RESEARCH DESIGN

A qualitative research design is used when a study of phenomenon is done in a flexible way through various data collection strategies and tends to be holistic aimed at understanding the whole in a real-world, naturalistic settings, and seek to make research design responsive to the situation and phenomenon under the study (Polit & Beck 2021:471-472).

In this study phenomenon referred to the involvement of specialist registered nurses in clinical teaching of advanced midwifery students during their clinical placement. The natural environment in this study referred to Neonatal Intensive Care Unit (NICU) of a selected hospital where the interviews for the study were conducted. According to Creswell & Clark (2018:37) a qualitative design is an approach for exploring and

understanding the meaning of individual or group with a common problem. This approach was chosen by the researcher based on the following reasons:

In a qualitative approach, the researcher tends to collect data in a natural setting where participants experience challenges under the study. Information is gathered by actually talking directly to participants and seeing them behave or act within the context (Cresswell, 2013:185). In this study, data were collected at the hospital setting where the specialist registered nurses are employed According to Cresswell (2013:185), face to face interaction is an important aspect of data collection. Brink et al. (2015:121) states that for the researchers to gain the participants' view of the phenomenon, the researcher needs to stand back and allow them to voice their opinions. Conducting individual interviews provided narrative data were provided regarding factors that influence the involvement of specialist registered nurses in clinical teaching of advanced midwifery students in a selected hospital in Gauteng.

2.3 EXPLORATIVE-DESCRIPTIVE QUALITATIVE RESEARCH

In the explorative-descriptive study, a phenomenon is explored and described using varied qualitative techniques (Grove's & Burns 2021:93) such as factors that influence the involvement of specialist registered nurses in clinical teaching of advanced midwifery students in a selected hospital in Gauteng. According to Grove's & Burns (2021:35), explorative-descriptive, qualitative research was conducted to address the issue or problem in need of solution or understanding.

This study refers to factors influencing the involvement of specialist registered nurses in clinical teaching of advanced midwifery students during their clinical placement and through explorative-descriptive research, the researcher was able to explore factors that influence the involvement of specialist registered nurses in the clinical teaching of advanced midwifery students.

2.4 RESEARCH METHODOLOGY

Research methodology is steps, procedures, and strategies used to execute the study (Polit & Beck 2021:793). Burns & Groove (2021:235); refers to research methodology as the entire strategy of a study from the research problem to the interpretations of finding. It is a systematic way of generating data from a population of interest to gain insight into the phenomenon under study.

2.4.1 Context of the study

Context is the circumstances that form the setting for an event, statement, or idea, and in terms of which it can be fully understood (Tennant 2017:01). In this study, the individual interview was conducted in the Neonatal Intensive Care Unit (NICU) in a selected tertiary hospital in Gauteng. The facility serves transferring hospitals and hospitals outside Gauteng Province such as hospitals from Limpopo province (Mankweng hospital and Tshilindzini hospital), Mpumalanga Province Rob Ferreira and Themba hospital and surrounding local clinics (Ga-Rankuwa clinics, Phedisong 1, Phedisong 4 CHC, Phedisong 6 Ga-Rankuwa view clinics, Mmakau clinic and Soshanguve clinics Block JJ, Block TT, Block BB and Kopanong clinic).

The neonatal intensive care unit operates 24hours per day and render care to neonates with critical health conditions such as prematurity, congenital abnormalities, and birth asphyxia. Patients (neonates) are cared for until they are ready to be discharged back to the mothers in Post Natal Unit or be taken home.

The NICU in this hospital is divided into the following six (06) cubicles: ICU cubicle, High care cubicle, Surgical cubicle, Isolation cubicle and Nursery cubicle with the patient bed capacity of fifty-five (55). NICU has two (02) operational nurse managers for each shift (day and night) and are supported by nurses which are divided into the following per shift one (1) team leader, six (6) specialty nurses, seven (7) registered nurses, six (6) enrolled nurses, and two (2) enrolled assistant nurse.

2.5 STUDY POPULATION

According to Polit & Beck (2021:260), the study population is aggregation as the whole of cases in which a researcher is interested. In this study, the population were specialist registered nurses with three (3) years and more working in this unit and are still working there, when the study was conducted and one of their key responsibilities is clinical teaching.

2.5.1 Accessible population

According to Polite & Beck (2017:719), the accessible population is all potential participants who meet the inclusion criteria and are easily accessible. This study accessible population were specialist registered nurses working in NICU for three (3) years and were on duty during data collection. Members of the study population who were not accessible to the researcher did not form part of the accessible population. Specialist registered nurse on annual leave, sick leave, family responsibility leaves, and special leave during data collection did not form part of the accessible population.

2.5.2 Sampling and sampling methodology

- **Sampling**

Sampling refers to the researcher's process of selecting the sample from the population to obtain information regarding a phenomenon that represents the population of interest (Brink et al. 2015:132). The rich data is required to be collected from participants. Polit & Beck (2021:802) refers to sampling as a subset of a population comprising those selected to participate in the study. The sample in this study comprises specialist registered nurses who were specialist registered nurses identified by unit managers from NICU and off-duty register to meet inclusion criteria and who were willing to participate in the study.

- **Sampling method**

The sampling method refers to the process of selecting a group of people, events, and behavior or other elements that meet sampling criteria, and this method might be random or non-random (Burns & Grove's 2021:823). According to Polit & Beck (2017:743) sampling method process is where a portion of the study is selected (potential participants as they all meet the inclusion criteria) to represent the entire study population.

The number of participants who participated in this study was determined by data saturation, a point at which no longer gives new information (Creswell et al 2016:85).

Purposive sampling is the method used in qualitative research in which participants are selected purposefully because they understand the research problem and can provide valued information. The researcher chooses this sampling method to identify the participants with only the purpose of obtaining rich, treasured data to answer research question in order sampling method to identify the participants with only the purpose of obtaining rich, treasured data to answer research question to attain the aim of this study. This method was used in this study to select specialist registered nurses as they have encountered factors influencing the involvement of specialist registered nurses in clinical teaching of advanced midwifery students.

- *Inclusion Criteria*

Inclusion criteria is a sampling requirement identified by the researcher that must be present for the element or subject to be included in the sample (Burns & Grove's 2021:812). In this study, the researcher has identified participants who had the necessary knowledge to answer the research question, who had the necessary knowledge to answer the research question, and who were more articulate and willing to participate in this study. The specialist registered nurses, who were willing to participate in the study, were employed in a selected hospital of Tshwane district and working in a specified unit of (NICU) for three (3) years and who consented to the use of audio recording during the interview were selected as inclusion criteria in this study.

- *Exclusion Criteria*

The exclusion criteria specify characteristics that a target population does not have or stipulated for the purpose of sampling (Polit & Beck 2021:786). Specialist nurses with less than three (03) years working in the unit, registered nurses, enrolled nurses, and enrolled assistance nurses were excluded in the study as they don't have adequate experience to contribute valuable information in the study during data collection (Yigzaw, Carr, Stekelenburg, Van Roosmalen, Gibson, Gelagey & Admassu 2016:4).

2.5.3 Procedure for sampling and recruitment

In this study, the procedure for sampling was as follows:

The researcher met with the two-unit managers, one during the day and the other on night shift and explained the research in detail and asked for their assistance to facilitate meeting up with specialist registered nurses in their unit to explain the study. They both arranged for days and scheduled times for the researcher to meet with specialist registered nurses to explain the research problem to them. It was during this session that specialist registered nurses who were interested in participating in the study were invited to write their names and contact numbers on the researcher's notebook so that they can be contacted for more details. The researcher called the potential participants telephonically to make sure that they met inclusion criteria, were willing to share their experiences or perspective in the study (Creswell & Poth 2018).

The participants were later invited formally with letter containing a leaflet information and consent form.. The information on the nature, aim, purpose and procedure of the study was provided to the participants before the commencement of the study. The researcher was always available to answer all the participants' questions to provide clarity and understanding and repeatedly included the date and time when the interview will occur.

The number of participants were determined by saturation of the data, and the researcher interviewed 10 participants (Burns & Grove's 2021:325).

2.6 DATA COLLECTION

Data collection is a precise, systematic gathering of information to the research purpose and specific objectives and research questions (Burns & Groove's 2021:808). The data collected in this study was an exploration of possible factors influencing the involvement of specialist registered nurses in clinical teaching of advanced midwifery students in a selected hospital in Gauteng.

The individual semi-structured interview was selected as a suitable method to collect data from specialist registered nurses as it gave the researcher and participants flexibility as the researcher was able to follow up on the interesting path that occurs during the interview and allow the participants to give fuller information and elaborate more.

De Vos et al (2011:333) emphasized that it is important to gain permission to enter the field that has been decided on. In this study, data collection commenced after the following permission were granted by the:

- Department of Research and Post Graduate Committee at the University of Pretoria
- Faculty of Health Sciences Research Ethics Committee at the University of Pretoria
- Faculty CEO permission to conduct study at selected hospital.

2.6.1 The role of researcher during data collection

The following processes were done post the approval from the above structure and ethical clearance:

The researcher, who was also the interviewer, arranged with the participants on the day and time of their session and this was done with those who consented to participate in the study. The researcher ensured that the participants' work was not interrupted as a result, the interview days were scheduled on days when participants were off duty. Before the interview session, the researcher created an environment free from any

distractions and made a good first impression by welcoming and greeting the participant verbally to build a rapport and mutually trusting relationship. The researcher politely explained to participate that due to Covid 19 sitting was 1,5 meters apart from each other where everyone could hear the information given.

Both the researcher and the participants wore masks throughout the interview and between each participant the D-germ alcohol was used frequently to prevent the spread of Covid 19 and the researcher explained to the participants that the Covid 19 protocol to be always adhered to during the interview sessions.

The researcher re-introduced herself and asked the participants to do likewise and informed them that the interview will be conducted in English, and they also need to respond in English. The researcher thanked each participant for their willingness and volunteering to participate in this study. . The time frame was explained to the participants, that the interview is going to last 30-45 minutes per individual, although the participants will be allowed more time to elaborate on their opinion or suggestions should a need arise.

The topic, background, objectives, and purpose of the study were explained to the participants. They were encouraged to relax and be comfortable, and the principles and importance of confidentiality and anonymity were addressed, and participants were reassured that this would be followed throughout the study. The participants were also encouraged to feel free and express their opinion and perception about the phenomenon.

The researcher explained to the participants on the use of audiotape throughout the interview and that their consent to be audiotaped was necessary for the process. They gave verbal consent and signed the leaflet and were ensured that their names will not be used during the sessions. The use of numbers was utilized during the interview, they were given numbers and referred to as participants 1, 2, 3 etc. to ensure anonymity and reassure that the research information on audiotaped will not be shared with anyone. The participants were reminded that their participation was voluntary, and they are entitled to withdraw at any time should they feel they no longer want to continue. There will be no penalty or repercussions against them.

A private and venue in NICU was allocated at the selected hospital for conducting the interviews. The principle of establishing a nonthreatening and quiet environment

ensured an inviting atmosphere was adhered to. A sign of **SILENCE INTERVIEW ON PROGRESS** was placed on the door. The researcher came with an audio recorder and spare batteries and notebook and a second audio record for backup. The researcher displayed an attitude of respect and gave positive affirmation to ensure good atmosphere and warmth and encouraged independence and freedom of expression on the side of participants.

Semi-structured interviews allows the interviewer to ask a certain specific question but can also pose additional probe and allows both closed-ended and open-ended questions (Brink et al 2015:159). The semi structured interview guide was used to ask questions to ensure a rich description of the phenomenon and it attained and allowed the respondent to express themselves and allows the interviewer to do follow-up questions from the participant's responses. The researcher interviewed 10 participants until saturation was reached then stopped the interviews and thanked the participants.

2.6.2 The interview technique used by the researcher during the interview session

The following techniques were used during the interview session:

- **Probing**

Probing is a method used in the interviews to get detailed and reflective information from a responded. In cognitive interviews, this method is used to obtain information about how the question was processed (Polit & Beck 2021:799). Probing gives the researcher an opportunity to simplify and increase response and explain the meaning. In this study, the researcher used this method and asked questions such as explain, elaborate, describe, and tell me more about...

- **Clarification**

Creswell et al. (2016:95) define clarification as a way to promote mutual understanding between those involved in the research process by attempting to understand the basic nature of the participant's statements. In this study, the researcher asked for clarification to promote more understanding and avoid confusion between her and the participant. For example, could you elaborate on..... or may u tell me more about....

The researcher used the method of repeating the key words that the participants have said to express the ideas, and for the best understanding, the researcher used participants' own words.

- **Reflective summary**

Reflective summary is defined as the notes that the researcher document personal's experiences, reflection, and progress in the field (Polit & Beck 2021:801). This stimulates the participants to add more information and this method was used at the end of the interview where the interviewer read out the summary to the participants and they had the chance to add more and to elaborate.

2.6.3 Field notes

This is the notes that the researcher the researcher takes to record the unstructured observation interpretation of those observations made during the interview (Polit & Beck 2021:786). Field notes have the advantage because they add to the richness of data collection. They were important in this study because they enabled the researcher to note the observations gained during the interview. Those field nodes were analysed and observations made during the interview (De Vos et al 2011:407).

Compiling field notes helped the researcher in relating the participant's behavior, which is verbal confidence, voice, tone, repetition, manners, stammering and vulgarism. The researcher made rough notes as soon as observation was made and wrote in details at the end.

2.7 DATA ANALYSIS

In qualitative research data analysis means reduction and organization of data and revelation of meaning (Burn & Groove's 2021:808). Data analysis is also defined as an analytic approach for identifying, analyzing, and reporting themes within the data (Terry, Hayfield, Clark & Braun 2017:22). Data analysis involves coding data by classifying words or phrases, categorizing the data into subcategories, and identifying

the ones that are of the greatest priority to the study and revelation of meaning (Burns & Groove's 2021:808). Audio-recorded interviews and field notes are major sources used in this study.

- Data recorded from audiotape was transcribed verbatim before being analyzed. This happened soon post the interviews. Transcripts are records of interviews; the researcher aimed to transcribe all the data to avoid leavings; the researcher aimed to transcribe all the data to not leave some vital information (Polit & Beck 2021:535). Transcribing is important as it produced a reliable presentation of exact words used by participants including emotions such as reluctance, sadness, doubt, slang and being disinterested.
- The verbatim transcripts were taken to an independent co-coder who conducted independent data analysis. Thereafter, the researcher met with the supervisor to compare the findings. They reached consensus on the themes, categories and sub-categories identified.
- A final decision was made after repeated refining and naming of the main themes, categories and sub-categories.

In this study, data analysis was conducted during data collection as follows:

- At the beginning, the audio files of the recorded interviews and observations were transcribed verbatim before being analysed.
- The researcher developed the sense of the whole meaning by carefully reading through all the transcripts as well as ideas written down as they come to mind.
- The text of the interviews and observations were read several times, and main concepts were extracted and listed (according to the list of topics which was made by the researcher).
- Similar codes topics were clustered together and put into major column which were arranged into major topics.
- The researcher used the list of topics and abbreviated them as codes and written next to the suitable segments of the text.
- The researcher did the initial organizing to establish whether the new category or codes had emerged.

- The researcher found the most expressive phrasing for the topic and returned them into the categories. She then looked for a way of decreasing the numbers of the categories by grouping topics that are strongly comparable to each other. The line was drawn between the categories to demonstrate the interrelationships.
- The researcher read the categories consistently and made the final decision on the abbreviation for each category and alphabetize the codes.
- The data fitting to each category was gathered in one place and an initial analysis was performed.
- Then finally the transcribed audio recorded interviews and field notes were given to the independent coder to analyse it. The researcher and independent coder met for consensus discussion. Data collected from participants was discussed, they worked together until final decision was made on acceptable themes, category, and subcategories from the findings. And the two (02) themes, and eight (08) sub-categories were developed and used to make headings in the report findings.

2.8 DATA INTERPRETATION

Data interpretation is defined as exploring issues such as the significance of coded material through examining data analysis results, creating interconnections between the codes and reflecting on the overall importance of the findings to the research questions and literature that have driven data collection forming conclusions through interpretation of the findings and theorizing about it (Bryman & Bell 2017:341). A literature review is defined as the summary of research on a topic of interest, often prepared to put research problem in context, typically less rigorously conducted than system review (Polit & Beck 2021:791) meanwhile, Brink et al (2015:54) define literature review as a way to generate a picture of what is known and not known about the research problem.

2.8.1 Trustworthiness of the findings

According to Polit & Beck (2021:806), trustworthiness in qualitative research's data and analysis is used to ensure authenticity, credibility, dependability, confirmability, and transferability.

2.8.1.1 Authenticity

Authenticity is defined as the extent to which the researcher indicates a range of realities in a fair and faithful manner (Creswell & Poth 2018:256). The participant's view were presented by the findings (Polit & Beck 2017:560). In this study the researcher's experiences and views was not added in the study to ensure fairness. Each participant's experiences were described in a technique that maintains the respect of the context of the data.

2.8.1.2 Credibility

According to Polit & Beck (2017:585), credibility refers to the confidence in the truth of the data and interpretations. The researcher did the following activities to ensure credible findings; continued observations, prolonged engagement, peer debriefing, member checking, which was done by consistently confirming with the participants throughout the interview the accuracy of the researcher's interpretation of what they have said, and triangulation.

- **Continues observations**

A qualitative researcher focuses on the aspects of a situation relevant to the phenomenon being studied (Polit & Beck 2017:561). In this study, the researcher wrote down in detail the field notes observation, identified and evaluated those relevant factors and vital characteristics happening; that was applicable to explore the factors that influence the involvement of specialist registered nurses in clinical teaching of advanced midwifery students (Creswell 2016:91). The researcher asked probing questions, and as result, gathered rich and in-depth answers from the participants as this made them to come out with more ideas, opinions, perceptions, and experiences of the phenomenon.

- **Peer debriefing**

Polit & Beck (20017:568) referred to peer debriefing as the process that calls on a peer who is not involved as a participant in the study to aid in probing the researcher's thinking regarding parts or all the research process. To ensure honesty of this study, the researcher presented her research collected data to other experienced, knowledgeable, and qualified researchers.

- **Triangulation**

Triangulation refers to the use of multiple methods, sources, investigations and theories to draw a conclusion about what constitutes truth (Polit & Beck 2021:572). The researcher invited three (03) experienced researchers in this study during the research interviews and data analysis, and they helped in guarding the interviews writing notes.

- **Member checking**

According to Polit & Beck (2021: 573), member checking is the process where the researcher returns to the participants and discusses the interpretation of data collected and this involves only the contributed participants. The researcher gives feedback to the participants about the study. This was done by the researcher so that participants could correct errors and challenge the interpretation. The researcher made another appointment with specialist registered nurses to post the interviews to lesson to the audiotape recorder and make the overall interpretations and meaning towards the study's conclusion. The researcher in this study discussed the interpretation of research findings with the participants to find out whether they were accurate and give them the opportunity to voluntarily add the information where they are needed and add the additional points.

2.8.1.3 Dependability

Liamputtong (2017:21) refers to dependability as the provision of evidence. It was to be repeated with the same participants in the same context the findings would yield the same result. To ensure dependability in this study, the official examination of the collected data was made by the researcher, participants, and peer researchers.

2.8.1.4 Confirmability

Confirmability refers to the degree to which the research findings are a function of solely of the participants and the condition of the research, not of other biases, motives, or perspectives of a researcher (Liamputtong, 2017:521). The audiotape and the transcripts were given to the supervisor and a co-coder to assess for data

accuracy, motives, and relevancy, and reaching of congruency about the data between the supervisor and co-coder was also checked.

2.8.1.5 Transferability

Transferability refers to the extent to which research findings can be transferred to or have applicability in other settings or groups (Creswell & Poth 2018:257). In this study, the researcher clearly and extensively provided enough descriptive data so that other researchers or consumers could evaluate the applicability of the research findings from this study to another context.

2.9 ETHICAL AND LEGAL CONSIDERATION

Botma et al. (2010:277) indicate that the ethical principles are the principle of respect for human dignity, beneficence and justice. Permission to conduct a study was obtained from the Faculty of Health Sciences Research Ethics Committee at the University of Pretoria, the Chief Executive Officer (CEO) of the selected hospital and the Gauteng Department of Health. The ethical principles that were applied in this study are as follows: Principles of respect for human dignity, beneficence and justice.

2.9.1. Respect for human dignity

Respect for human dignity refers to the right to self-determination and the freedom to full disclosure (Polit & Beck 2021:134). Participants were informed that; participation is voluntary without being offered any incentives. Participants were assured that, participation or the information provided will not be used against them and refusal to participate in this study will not be held against them in any way. Participants were informed about their rights to withdraw from this study at any given time and this will not be held against them.

2.9.2 Principle of Beneficence

This principle compels the researcher to actively strive to do good and confer benefit in respect to the participants (Burns & Groove's 2021:805). The researcher made sure that the participants were not subjected to unnecessary harm and were also encouraged to report if feeling discomfort in answering questions asked during the interview. All forms of discomfort were attended to. The participants benefitted from this study, because this study closed the gaps in current knowledge about factors that are influencing involvement of specialist registered nurses in clinical teaching of advanced midwifery students.

2.9.3 Anonymity

According to Burns & Groove's (2021:804) anonymity means 'without names', the removal of all names and identifiers from data. In this study, no personal identification was used and reordered during the interview or written in transcripts, the participants were given numbers.

2.9.4 Principle of Justice

This principle means that humans should be treated fairly and should have right to privacy (Burns & Groove's 2021:814). The researcher ensured that no participants received preferential treatment by sticking to the protocol and information given in the leaflet (Annexure C). A given in the leaflet (Annexure C). All the participants were asked the same questions (Annexure B).

2.9.5 Principle of Confidentiality

Confidentiality refers to the management of data the management of data provided by a subject so that the information will not be shared without that subject's authorization (Burns & Grove's 2021:807). The researcher ensured confidentiality by guiding against unauthorized access to data, the data is locked in a cupboard together with the audiotape.

2.10 SUMMARY

In this chapter, the researcher has gave full details of how the research study was conducted. Research methodology and research design were described. The principles of ethical considerations were also discussed in detail. Following the above research methodology and design, factors that are influencing involvement of specialist registered nurses in clinical teaching of advanced midwifery students were explored and described.

In the next chapter (chapter3) the findings of factors influencing the involvement of Specialist registered nurses in clinical teaching of advanced midwifery students will be prescribed.

CHAPTER 3

DISCUSSION OF RESULTS AND LITERATURE REVIEW

3.1 INTRODUCTION

Chapter two described the research design and methodology used for the study. Chapter three focuses on the research findings and discussion in order to obtain the meaning from what the participants say. The data derived from influences experienced by participants` in this chapter was arranged into themes, categories and sub-categories after the data analysis.

3.2 THE PROCESS OF DATA ANALYSIS

Factors that influence specialist registered nurses' involvement in clinical teaching of advanced midwifery students in a tertiary hospital in Gauteng were explored through individual interviews. Ten individual interviews were conducted between August and September 2021. Data saturation was reached with no new themes after the seventh participant as interviewed, after which three more participants were interviewed to establish if new information cannot be gathered.

The researcher transcribed all interviews audio recorded. The transcripts were checked for accuracy and confirmed against the original audiotapes by the researcher. The emerging themes, independent, meaningful units, and segments of the text relevant to the study's purpose were identified, labelled, and organised by the researcher using the process referred to as coding. The work protocol and transcribed interviews were provided to the independent coder to ensure that the same method

was use in coding of the data. The independent coder was an expert in qualitative data analysis. After coding a consultative discussion took place between the researcher, supervisor and co-coder until agreement was reached on the themes and categories. This iterative process was used to search for common patterns and themes, contrasts and irregularities and systematic relationships among the data. The researcher used the samples whereby sample R stand for interviewer and P stands for participants.

A literature review was conducted to critically review previous studies that related to the research question review previous studies that related to the research question. The researcher explored the following databases: Google Scholar; PubMed; Science Direct and Medline: SAGE. The combinations of keywords were advanced midwifery students, clinical teaching and learning, specialist, and registered nurse. Relevant literature published after 2015 was selected for literature control as they were considered to reflect the latest findings. This allowed for research results to be interpreted about existing theory. Verbatim quotes added richness to the themes, categories, and sub-categories.

3.3 DESCRIPTION OF THE TARGET POPULATION AND SAMPLE

This study was conducted in a neonatal intensive care unit in Gauteng province tertiary hospital. The participants' general characteristics are set out in Table 3.1 in terms of gender, age, and participants' general characteristics are set out in Table 3.1 in terms of gender, age, working experience, and highest educational qualification. The participants consisted of nine (90%) females and one (10%) male.

The ages of the participants ranged from the late twenties to the early fifties. Years of working experience ranged from four years to twenty-four years. All ten (100%) participants held a post-graduate diploma in child nursing care as their highest educational qualification.

Table 3.1 Table of demographic information of participants

Category	Count	Percent (%)
Gender		
Male	1	10%
Female	9	90%
Age		
27 - 37 years	3	30%
38 – 49 years	4	40%
50+ years	3	30%
Years of working experience		
5-10 years	3	30%
11-15 years	3	30%
16+ years	4	40%
Highest qualifications		
Post graduate diploma	10	100%

3.4 ANALYSIS OF FIELDNOTES

For the researcher to understand the data, the observational, methodological, theoretical and personal field notes that were kept during the proceedings of the interviews were analysed by the researcher and the independent coder the same way the transcribed interviews.

3.4.1 Observational notes

Frustration emotional and physical tiredness were observed throughout the data gathering process.

3.4.2 Personal notes

The researcher`s was astonished most of the time after interviewing these specialist registered nurses. When the eight-participant stated that she hopes that the outcome of the study will allow for change that will enable them to be effectively involved in the clinical teaching of advanced midwifery students. The researcher felt appreciated and assured the participant that every participant's contribution was valued and that she will share the findings of the study with the hospital management.

3.4.3 Methodological notes

Methodological notes see Annexure E were written after each interview. This supported the researcher as she could plan better for the next interview on probing without leading the participant. However, it was not necessary to make major changes to the methods used in this study.

3.5 DISCUSSION OF THE RESULTS AND LITERATURE CONTROL

The two themes that emerged from the data analysis are Theme 1: clinical teaching challenges of specialized registered nurses and Theme 2: Undefined clinical teaching role clarification of specialized registered nurses. Table 3.2 depicts the table of themes, categories and sub-categories.

Table 3.2 Themes, categories and sub-categories

Themes	Sub-themes
3.5.1 Clinical teaching challenges experienced by specialized registered nurses	3.5.1.1 Shortage of specialized registered nurses. 3.5.1.2 Insufficient medical supplies or equipment. 3.5.1.3 Attitude and behaviour of postgraduate midwifery students. 3.5.1.4 Attitude and behavior of specialist registered nurses
3.5.2 Undefined clinical teaching role clarification of specialized registered nurses	3.5.2.1 Inadequate capacity building of specialist registered nurses 3.5.2.2 Inadequate information sharing between the hospital preceptor department and the NICU management /staff. 3.5.2.3 Inadequate communication between the hospital and nursing education institution. 3.5.3.4 Involvement of specialized registered nurses in clinical teaching of post-graduate midwifery students

The interview findings are discussed and supported with verbatim quotations, followed by references to the literature. The participants' assigned number is indicated in brackets before each quotation.

3.5.1. CLINICAL TEACHING CHALLENGES EXPERIENCED BY SPECIALISED REGISTERED NURSES

The first theme that emerged during data analysis was clinical teaching challenges experienced by specialized registered nurses. This theme had four categories and subcategories: shortage of specialised registered nurses, insufficient medical supplies or equipment, attitude and behaviour of postgraduate midwifery students, and the attitude and behaviour of specialised registered nurses. According to Seyma Adibelli and Korkmaz (2017:1), clinical teaching is important as it allows for applying or integrating theory into practice. The clinical practice environment is a social environment where there are individuals with different expectations and requirements and control of the conditions that affect learning is poor. In this study all specialist registered nurses importantly stated that they are faced with challenges and therefore not effectively involved in the clinical teaching of the advanced midwifery student.

3.5.1.1 Shortage of specialised registered nurses in neonatal intensive care unit.

The neonatal intensive care unit (NICU) is a setting that caters for high-risk neonates and new-born infants who demonstrate signs of the increased possibility of morbidity or mortality, focusing on family-based care. NICU's require adequate facilities and highly trained professionals to deal with the infants' specific needs Globally, working in a NICU is recognized as an advanced area of practice, and health professionals are required to have advanced clinical reasoning skills and specialist abilities to deal with this technical and emotionally taxing field of work.

Evidence from the study shows that the shortage of specialized nurse practitioners in the NICU contributes to inadequate involvement in clinical teaching and learning of advanced midwifery students. One participant acknowledged that they do not have time for clinical facilitation:

Participant 1: *"shortage of staff is like a chronic disease in this place.... day in day out.....year in and year out....we`ve learned to live with it."*

The influence that shortage of specialized registered nurses in NICU have on the involvement of clinical teaching is described by a second participant as follows:

Participant 3: *“We are always short staff which results into heavy work and role overload, we become, exhausted, frustrated, and emotionally drained. With so much on our daily plates, we cannot attend to clinical teaching. Our managers need to motivate for this unit to be equipped with enough specialist nurses”.*

One participant explained how she remembered and thought about the experience of shortage of specialized registered nurses:

Participant 4: *“Whenever, there`s a shortage of staff we allocate these advanced midwifery students to patients..... After all they are midwives. I mean, the patient is our first priority, do you understand”?*

The finding of this study added to the already existing literature focussing on nursing education. Bvumbwe (2018:10) conducted an integrative literature review on nursing education challenges and solutions in Sub Saharan Africa to develop a model for improving the quality, quantity, and relevance of nursing education at local level. The author found that the Plan of action for Scaling Up Quality Nursing and Midwifery Education and Practice for the African Region 2012 – 2022 provides a framework for WHO member states to improve nursing and midwifery education and training and produce well trained nurses and midwives. However, literature still reports that Sub-Saharan Africa needs more reforms to improve the shortage of educators and mentors in the clinical environment and the availability of infrastructure and resources. Similarly, the Nurturing Care Framework, endorsed by the World Health Organisation, promotes a holistic view of care by focusing on infant health, nutrition, competent caregivers, security, safety, and clinical teaching and learning opportunities.

3.5.1.2 Insufficient medical supplies and equipment

According to Moyinemane, Matlala and Kekana (2017:01); medical supplies and equipment are essential health intervention tools used by nurses for prevention, diagnosis, and treatment of diseases and for patient rehabilitation. The authors further indicate that insufficient medical supplies and equipment in hospitals arise in the form of unavailability of supplies and equipment's, low quality, and poor maintenance of remaining equipment's. These insufficient medical supplies and equipment's has negative impact on nursing profession and hospitals and clinical teaching of students (Maphumulo and Bhengu, 2019:02) .

During interview, participants mentioned that management should ensure that procurements and management plans for medical supplies and equipment are developed and implemented. It has a negative impact on patient outcomes and limits their involvement in clinical teaching of advanced midwifery students.

Participants express their views as follows:

Participant 1: *“The problem is at grassroot level....you see, our managers do not tell management about our insufficient equipment and medical supplies...how are we going to teach these students?...our managers must motivate for our unit to be equipped”*

Participant 2: *“Let's say I want to demonstrate how to take bloodgas, and moist of time there is no paper or ink for the machine to print results for interpretation”*

Participant 4: *“we lack working equipment we turn to improvise, for example: most of the time we are using ventilator circuit to create for sipap as we run out of sipap as it is moistly used and it takes time for them to order or for company to deliver, so clinical teaching becomes difficult without correct equipment's”*

Participant 10: *“I would like to demonstrate some procedures like intubation, connection and setting of ventilators but you find we don’t even have vent or oscillator, no doll to practice with, it is very discouraging”.*

These findings are supported by the existing literature done in Botswana by Rajeswaran (2016:05) who stated that “insufficient equipment’s may encourage students to practice short-cut methods to complete task. According to Mbakayi, Kalembo, Zgambo, Konyani, Lungu, Tveit, Kaseen, Simango and Bvumbwe (2020:08) lack of resources contributes to ineffective clinical teaching and learning

In the hospital, they are personnel and committees (supply chain committee) responsible for ordering, fixing, and disposing of medical supplies and equipment, and making sure that they are in good quality and needed for that particular unit and are order in time. However, before it can be purchased, disposed or repaired, the venting committee is the committee responsible for budget (investigates specifications and compares quotations from different companies) then approves. Managers need to motivate and make sure they order in time so that resources are available for quality patient care and students clinical teaching. Maphumulo and Bhengu (2019:02) emphasized that it is necessary for medical supplies and equipment to be made available to employees so that they can complete their tasks.

3.5.1.3 Attitude and behaviour of postgraduate midwifery students

Attitude is the way one think or feel about certain things and in this, the researcher refers to the student's attitude towards their study. Meanwhile, behaviour is when an individual acts in a certain way or says things (Concise Oxford Dictionary English, 2019:41&57). The student needs to show interest in their clinical teachings and be more involved during unit procedures. The participants mentioned that the post-graduate student tends to absent themselves from their clinical placement unit.

Participant 3: *“These students are registered midwives already with many years of experience....they have these tendencies of appearing and disappearing*

as they wish. Even when I perform certain procedures, it becomes difficult to call them because they are sometimes nowhere to be found.”

Furthermore, participants mentioned the following:

Participant 1: *“Student as well they are problems themselves at times, they don’t show interest in their own study”.*

Participant 8 *“.....they sometimes forget that I’m in charge and they are students and here to learn. Instead, they want to teach and give me the run around”.*

According to Maditjani (2018:42) students shows no interest and lack eagerness to learn during their clinical placement and suggested that they are a need for meetings that encourages self-reflection by the students and can be scheduled by lecturers and registered nurses to enable the monitoring and evaluation of the students’ nurses progress in relation to the achievement of their learning objectives. Literature explains further that there is a need to identify strategies to assist students in being actively involved in their own learning and developing learning hand coping strategies, such as student counselling body (Motsaanake, Makhene & Ally 2020:5). There is a need to develop a programme that will fit academic hospitals to improve and support interdisciplinary learning (Motsaanake et al, 2020:6).

3.5.1.4 Attitude and behavior of specialized registered nurses

The existing literature articulates that negative attitudes, emotions of stress, and poor staff morale in professional nurses because of being overworked cause a lack of interest in students’ clinical learning and limit students learning opportunities, (Motsaanaka et al., 2020:4).

Participant 1: *“I have no interest of educating anyone, especially when I’m overworked and tired”*

The authors further indicate that an inappropriate clinical environment due to some nurses' negative attitude towards the student's presence in the unit, lack of support, and nurse patients mistrust causes an unsupportive atmosphere and is unpleasant to the students (Kalyani et al, 2019:8). At the same time, as Fadana et al. (2021: 11) shows, students were left alone to do work without supervision, which negatively impacted their clinical learning. The participants in this study voiced the following:

Participant 2: *“If they don’t ask, I take it they know.” “to me they are my colleagues and when I see them, I become happy because they are going to patch (cover up) shortage.....they are in university so what can I teach them?....they can work on their own.”*

Participant 7: *“their workbook guides them and they always having their objectives with them”*

According to Kalyani et al (2019:12), interpersonal relationships between the clinical nurses and students play an important role in developing students' personal and professional identities. The result of Mbakaya et al. (2020:14) revealed that students experienced a negative working relationship with clinical staff resulting from shortage of staff.

3.5.2 Undefined clinical teaching role clarification of specialised registered nurses

The second theme that emerged during data analysis is undefined clinical teaching role clarification of specialised registered nurses. Four categories and subcategories which are: Inadequate capacity building of specialist registered nurses, inadequate

information sharing between the hospital preceptor department and the NICU management /staff, inadequate communication between the hospital and nursing education institution and the involvement of specialised registered nurses in clinical teaching of post graduate midwifery students were developed.

It is still not clear on how professional nurses/specialised nurses should integrate the theory and clinical training during their clinical placement. There are no courses that clarify this role during nursing training. According to Dube, Mahlasela and Rakhudu (2021:1), preceptorship and the role of preceptor in clinical nursing education are not clearly understood or supported.

Participant 3: *"It is very sad my sister.... I still don't understand what is it that I'm expected of teaching on top of my patient work overload and no information on my role as a teacher"* The participant went further to elaborate they is no documents which guide them. P03 *"no single SOP in the unit which guide me on this role of being clinical teacher to different students"*.

Participant 5: *"it really becomes a challenge as I'm not sure whether to mix theory part of the condition before I can start with clinical teaching clinical"*.

According to South African Nursing Council regulation R212 (SANC 2014:3) a registered nurse has a responsibility and accountability for the quality of care given to patients and as a result she has a moral duty to teach, mentor and supervise nursing students during their placement in the unit, to ensure students can deliver quality care to patients and ensure patient safety (Muthati, Thurling & Armstrong 2017:2). The study findings revealed that specialist registered nurses are not clear about their role and involvement in the clinical teaching of advanced midwifery students. According to Rajeswaran (2016:3) a lack of involvement in clinical supervision of advanced midwifery students, could hamper the establishment of a conducive environment for clinical teaching and learning.

3.5.2.1 Inadequate capacity building of specialist registered nurses

Continuing Professional Development (CPD) is a purposeful, statutory process whereby practitioners registered with SANC engage in a learning activity to maintain and improve their knowledge, skills, attitude and professional integrity to keep up to date with new science, innovation and health care developments. They practice safely, ethically, competently and legally within the involving scope of practice (Nursing Actno33 of 2005).

According to Fadana et al (2021:14), capacity development includes all categories of staff involved with the experiential training of students need regular updates on all nursing procedures. This will help bridge the gap between the theory and practice. The participants in this study emphasized that they lack specialized registered nurses training.

Participant 1: *“we are unable to attend things such as in-service or external training so that we are as well equipped with new information on management of certain diseases and use of new equipment’s” “students are in colleges or universities and are equipped with new information and most of the time they even correct us to say not anymore this day we do one, two three”.*

Participant 4: *“our hospital doesn’t have library where we can go on our off days to revise and find new information this include internet”*

Participant 5: *“I think this lack of confidence on our side, is because we don’t have frequent in-service training”*

Participant 6: *“one other thing is lack of in-service training or workshop to equip us with new information so that we can be updated with new/upgraded skills and ways of nursing care management”.*

The finding of this study is supported by the existing literature focussing on Continuing Professional Development status in the World Health Organisation (WHO), Afro-region member state (Baloyi & Jarvis, 2020:01). And the South African nursing Council, section 39 and 59 of Nursing Act, 2005 Act No33 of 2005 have developed a framework on compulsory CPD program, adherence to which will be a requirement for the renewal of registration each year.

According to this framework nurses must meet certain points of CPD outlined for their license to practice being renewed, although this framework is developed it has not yet been implemented. Ghaghari et al. (2016:26) emphasized that in-service training of nurses plays an indispensable role in improving the quality of patient care and empowers nursing education and improves the employee retention through providing career development. The literature stipulated that despite the knowledge of CPD being a need at workplace there are still challenges in the training and development of nurses due to lack of implementation (Baloyi *et al* 2020:01).

The CPD departments are being introduced and opened at the academic hospitals with management and preceptors, however, due to lack of a strategic plan to execute CPD, there is still insufficient in-service training to specialised registered nurses. They is still insufficient in-service training to specialized registered nurses, and this has a negative impact on student clinical teachings.

3.5.2.2 Inadequate information sharing between the hospital preceptor's department and NICU management /staff

Motsaanaka et al (2020:5) stated that “poor interpersonal relationship between the college lectures, professional nurses and students’ nurses lead to disharmony and unhappiness amongst the group, thus causing a negative impact on the students' clinical teachings. Participants mentioned that there is a breakdown of communication between the NEIs, hospital CTD, and the unit, which causes a lack of information on post-graduate objectives and unit outcomes. The participants in this study mentioned the following:

Participant 3: *“I cannot just teach them as I don't know what they know or don't know”*

Participant 4: *“there is no good communication between the colleges and hospital or maybe is our CTD that do not give us information I don’t know, all I know is, as registered specialist nurses working in this unit, we don’t have full information regarding the post graduate students”.*

From the participants, it is evident that there is lack of a proper communication between the hospital preceptor’s department and NICU management /staff of the selected hospital and have negative impact on exchange of information about students. The existing literature shows that ineffective communication negatively impacts clinical learning, clinical guidelines, and support mechanism (Fadana et al 2021:9). The authors further elaborated this communication challenge amongst clinical staff and students’ nurses and the ineffectiveness of information exchange and student guidance during their clinical teaching (Fadana et al 2021:5). Effective communication needs to be re-established and emphasized amongst the hospital preceptor’s department and NICU management /staff so that sharing of information on student’s clinical placement and clinical teaching runs smoothly.

3.5.2.3 Inadequate communication between the hospital and nursing education institution

According to Fadana *et al.* (2021:9) communication is the cornerstone of nursing service and ineffective communication brings in frustration and stress, resulting in negative impact to clinical teaching of the students. Communication is an essential part of the nursing profession to provide quality nursing care. For example, report giving between the shift. In this study, communication refers to the exchange of information regarding student clinical placement, their programme, and objectives between the NEI’s and hospital and the inadequate communication shows by the participants when they mention the following:

Participant 1: *“At times students will just leave the unit for long time, post they reported they are calling them at college and because we have lot of work; we don’t even have time to ask them their facilitator’s phone number to call and confirm.....mmmh ... and to add on that the facilitator must communicate with us to ask permission to release the students and the time frame, this cause disruption in student clinical learning”*

Participant 2: *“at times we just receive list that student is coming, no programme or objective; we are not sure for how long and how to prepare for them”*

Participant 3: *“lack of communication between the colleges/universities and the hospital causes lack of clinical teaching and control of the student during their placement in the unit...”*

Participant 4: *“The students just show up, we don’t even have their objectives and programme”.*

The participants emphasized that, two-way communication was entirely lacking between the hospital and nursing education institution thus resulting with negative clinical teaching.

Participant 5: *“I think one other thing is the lack of communication between the two institutions, as most the time we just see this student barging in”.*

Participant 4: *“they don’t even have programme or objectives only their workbooks and this makes planning for their teaching difficult as we do not show of what is expected of us or them.”*

These results are supported by existing literature from Maditjani (2018:40), who emphasized that the level of communication between the hospital and NEI's is impaired. Existing literature observed a lack of clear lines of communication among nurse educators, nurse education institutions and ward nurses where students are placed. Rajeswaran (2016:6) argues that lack of communication between the nursing education institutions and hospitals frustrate students and affect the effectiveness of clinical teachings. According to Muthathi et al (2017: 47) effective communication between NEI's and clinical settings is a central clinical function in building a conducive environment, which is important in the delivery of high-quality health care. Much student dissatisfaction and many complaints are due to breakdown between NEI's and clinical settings.

3.5.3.4 The involvement of specialist registered nurses in clinical teaching of post graduate midwifery student.

The involvement of specialist registered nurses in post graduate midwifery student clinical teaching refers to the support and supervision of clinical staff during their placement in the clinical. Lack of support and supervision from professional nurses in the ward is a negative experience that reduces the student learning opportunities Motsaanaka et al. (2019: 5). The participants in this study emphasized that clinical teaching is negatively affected because of the working conditions they found themselves facing:

Participant 3: *“at some days nursing 3 critically neonates on life support per one nurse, then they are students who expects to be taught and work under supervision it becomes impossible”*

Work-overload have negative impact on clinical teaching of the student. According to study by Rajeswaran (2016:5) shows that the heavy workload compromises clinical learning of the students' nurses, which support the results of this study as the participant mentioned the following:

Participant 4: *“We are burned out, frustrated and exhausted and it is a pity that we are clinical teaching unit, and we are expected to teach, supervise the students while I’m overloaded with patient care; feeling like I will burst at any given time, I cannot teach”.*

Participant 5: *“I can say that staff shortage has a lot of disturbances and destructions, how can one teach when she/he is overworked with a lot of patients”.*

According to Fadana and Vember (2021:7), students felt left alone and had to work without supervision of the ward staff, and this has had a negative impact on their learning and difficulty reaching their objectives. Specialised registered nurses must have ongoing workshops/in-service training on the importance of clinical supervision, guidance, and role modelling, teaching and supporting advanced students. Clinical supervision is an on-going systematic process that encourages and support student nurses’ professional practice (Rajeswaran 2016:6).

3.6 SUMMARY

This chapter presented data analysis of the findings the researchers find during coding and were approved by the supervisor and co-coder. The literature supported the study's findings. The factors which influence the involvement of specialist registered nurses in clinical teaching of advanced midwifery students was presented by table 3.2 which is the data generated from individual interviews presented according to the following two that emerged from the data analysis which are: Theme 1: clinical teaching challenges of specialised registered nurses and Theme 2: Undefined clinical teaching role clarification of specialised registered nurses and the categories which were supported by the subcategories that were discussed simultaneously with relevant literature control.

In the next Chapter 4, recommendations, limitations and conclusion of the study will be discussed.

CHAPTER 4

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS OF THE STUDY

4.1 INTRODUCTION

This chapter focuses on the conclusion of the study in terms of its limitations, contribution to the body of knowledge, and discussion of the limitation of the study and the recommendations that emerged with references clinical education and research. Face to face interviews were conducted with 10 specialized registered nurses of the selected hospital and the selected unit, and the findings were discussed in Chapter 3, including the relevant literature review to support these findings. The study findings may contribute to the existing knowledge on the role of registered nurses in clinical teaching of postgraduate students, therefore improving involvement of specialist registered nurses in clinical teaching of advanced midwifery students.

4.2 AIMS OF THE STUDY

The aim of this study was to explore the factors that influence specialist registered nurses' involvement in clinical teaching of advanced midwifery students in a tertiary hospital in Gauteng. Two themes emerged during data analysis: Clinical teaching challenges and undefined clinical teaching role clarification of specialised registered nurses. Based on these themes that emerged during data analysis, the researcher identified potential factors which influence the involvement of specialist registered

nurses in clinical teaching of advanced midwifery students in a tertiary hospital in Gauteng.

4.3 SUMMARY OF THE STUDY

4.3.1 Theme 1: Clinical teaching challenges

The findings revealed inadequate clinical teaching of advanced midwifery students at the selected NICU of the selected unit, which results from an uncondusive environmental factor. Despite the advanced midwifery student being registered nurses with 2 years' experience and more, for the fact that they are now regarded as students who are specializing (at an advanced stage), they as well need supervision, support, guidance and clinical teaching. However, the participants in the study proved that they are a lack of clinical teaching to the students.

- **Shortage of specialized registered nurses**

NICU is an intensive unit for sick newborns, and it renders advanced nursing care with use of many different medical equipment and technology therefore, professionals are required to have advanced clinical reasoning skills and special abilities to deal with this technical and emotionally taxing field of work. Hence all the students allocated in this unit need strict supervision and clinical teaching on different procedures done, and the demonstrations on use of medical equipment. The study shows that the shortage of specialised nurse practitioners in the NICU contributes to inadequate involvement in clinical teaching and learning of advanced midwifery students. One participant acknowledged that they do not have time for clinical facilitation, which compromises students' competency and confidence in clinical skills.

- **Insufficient medical supplies or equipment**

Medical supplies and equipment are essential health intervention tools used by nurses for prevention, diagnosis, and treatment of diseases and for rehabilitation of patients and clinical teachings. The result of this study reveals that they are insufficient medical supplies and equipment's in hospitals due to unavailability of supplies and equipment, low quality and poor maintenance of remaining equipment's. Participants

in this study emphasized that this lack of medical supplies and equipment hinders them from demonstrating correct procedures and ways of handling equipment in the unit as they improvise to get work done. These insufficient medical supplies and equipment have a negative impact on the nursing profession, hospital, and the clinical teaching of students.

- **Attitude and behavior of postgraduate midwifery students**

A good attitude and behavior are important aspects of human being and assist in building up positivity in a person. As a student, one is expected to carry herself or himself in a certain way. For example: advanced student nurses are expected to attend their clinical teachings, work certain hours to achieve their objectives and complete their workbooks, and be able to integrate theory and practice at an advanced level, so that they become aspects in their nursing profession. The findings of this study reveal that most advanced midwifery student nurses have no interest in the clinical learning of NICU objectives.

Participants in this study mentioned that the advanced midwifery student absent themselves during their clinical placement in this unit, they at times have the tendency of wanting to control registered nurses and this result with anger, frustrations and emotional detachment on specialist registered nurses causing no supervision and lack of clinical teachings to advanced midwifery student nurse.

- **Attitude and behavior of specialized registered nurses**

Negative attitude, emotions of stress and poor staff morale in professional nurses because of being overworked, shortage of working medical equipment, overpopulation of students, the negative behavior of students and lack of professional development results with lack of interest in students clinical learning and teaching.

4.3.2 Theme 2: Undefined clinical teaching role clarification of specialized registered nurses

It is important that specialist registered nurses understand their role as clinical educators and how to execute the project, so that they become interested in advanced students' clinical teachings. The findings of this study reveal that they lack role clarification regarding involvement of specialist registered nurses in the supervision of

advanced midwifery students allocated in the neonatal intensive care unit remains a barrier for optimum clinical learning that affect learning experiences. Participants revealed their confusion and frustrations during a face-to-face interview.

- **Inadequate capacity building of specialist registered nurses**

Nurses are the forefront of the health services and have major influence in determining the degree of quality of health services at the hospitals, therefore there is a need for Continuous Professional Development (CPD) in forms of in-service training and workshops. The CPD increases the confidence and psychomotor skill and puts them up to date with new ways of management of different conditions and psychomotor skills and puts them up to date with new ways of managing different conditions, including the use of technology. The results of this study revealed that they lack development training of specialised registered nurses working in the NICU of the selected hospital, which negatively impacts advanced midwifery students.

- **Inadequate information sharing between the hospital preceptor department and the NICU management /staff**

Information sharing regarding student's clinical placement, learning objectives and progress of their clinical placement amongst management and nurses is important as this will facilitate a smooth supervision, support and control of students. It is evident that there is a lack of proper communication between the hospital preceptor's department and NICU management/staff of the selected hospital, which may negatively impact students' clinical teaching.

- **Inadequate communication between the hospital and nursing education institution**

The NEI's facilitators and the hospital CTD department must have a strategic plan on measures to facilitate the communication about students between the two institutions. Communication is the cornerstone of nursing service, and ineffective communication brings in frustration and stress, resulting in negative impact to the clinical teaching of the students. The study's findings reveal that there is lack of communication between the NEI's and hospital as participants verbalized, they just see student come in and out, they have no programme and objectives, and this results with negative impact to the clinical teaching.

- **The involvement of specialised registered nurses in clinical teaching of postgraduate midwifery students.**

The findings of this study reveal that there are mixed emotions amongst specialised registered nurses when it comes to their involvement in the clinical teachings of the advanced midwifery students, resulting in a lack of supervision and support.

4.4 LIMITATION OF THE STUDY

Face-to-face individual interviews were conducted with 10 specialised registered nurses at one selected hospital and the selected unit, which is NICU in Gauteng Province, therefore the study findings cannot be generalized or transferred to other hospitals or provinces of SA.

4.5 RECOMMENDATIONS

Depending on the research findings of this study, there are several factors that reduce the clinical teaching of advanced midwifery nursing students in the academic hospital of Gauteng Province. Therefore, the researcher proposed the following recommendations:

4.5.1 Department of Health

- The department of health needs to find strategies for resolving clinical challenges such as shortage of specialised registered nurses and insufficient medical supplies/equipment that the staff faces daily and a better way to improve staff retention.
- The education and training (clinical coordinators) to create workshops and in-service training regarding clinical learning to revive professional nurses and speciality nurses on their role to teach.

4.5.2 South African Nursing council (SANC)

- Clear protocols/regulations and guidelines ought to be developed that address the role of nurses in the hospitals/clinics as clinical teachers, and they should be included in the undergraduate nursing training curriculum.
- SANC to ensure the implementation of CPD points to be submitted before re-registration of professional licence license to practice. This will encourage/force continues learning amongst nursing staff, improving their confidence to engage with advanced student nurses during their clinical placement and improving student clinical teaching.

4.5.3 Nursing Education Institutions (NEI'S) and hospitals

- The NEI'S should create a strategic framework plan of better communication and interaction between themselves and the academic institution where they are placing the advanced students for clinical teaching to improve the existing tensions and promote collaboration for better integration of theory and practice.

4.5.4 Advance students' nurses

- Advanced midwifery nursing students should be encouraged to be positive towards their clinical teaching and engage themselves in the unit activities that would enhance their in-depth knowledge and experiences of NICU.
- Two-way in-service exchange between the specialist registered nurse and advanced nursing students should be held to assist in role clarifications and promote respect between the two, thus promoting clinical teaching.

4.5.5 Research

- The study was done in one academic hospital of Gauteng Province in SA; therefore, it is recommended that a similar research study be conducted in all academic institutions (hospitals and clinics).
- The research findings of this study could be utilized as a point for further research on clinical teaching from a nursing research perspective.

4.6 CONCLUSION OF THE STUDY

The factors that currently influence specialized registered nurses in the clinical teaching of advanced midwifery nursing students have been identified. Furthermore, if the study findings could be implemented it will facilitate virtuous integration of theory and practice, improving the clinical teaching of the post basic midwifery nursing student.

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ANNEXURE A

INFORMATION LEAFLET AND CONSENT FORM



ANNEXURE A**INFORMATION LEAFLET AND CONSENT FORM****PARTICIPANT INFORMATION LEAFLET AND CONSENT DOCUMENT**

STUDY TITLE: Factors which influence the involvement of specialist registered nurses in clinical teaching and learning of advanced midwifery students in a tertiary hospital in Gauteng.

Principal Investigators: Ramathabathe Vinolia Muroa

Institution: University of Pretoria

DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):

Daytime number/s: 0798112214

Afterhours number: 0798112214

DATE AND TIME OF FIRST INFORMED CONSENT DISCUSSION:

			:
Date	Month	Year	Time

Dear Prospective Participant

Dear Mr. / Mrs

1) INTRODUCTION

You are invited to volunteer for a research study. I am conducting a research towards a Master's Degree at the University of Pretoria. This information in this document is to help you to decide if you would like to participate in the study. 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 researcher. You should not agree to take part unless you are completely happy about all the procedures involved.

Ramathabathe Vinolia Muroa

2) THE NATURE AND PURPOSE OF THIS STUDY

The study aims to explore factors which influence the involvement of specialist registered nurses in clinical teaching and learning of advanced midwifery students in a tertiary hospital in Gauteng.

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

This study involves answering some questions with regards to the involvement of specialist registered nurses in clinical teaching and learning of advanced midwifery students in a tertiary hospital in Gauteng.

4) POSSIBLE RISKS AND DISCOMFORTS INVOLVED

There are no medical risks associated with the study.

5) POSSIBLE BENEFITS OF THIS STUDY

Although, you may not benefit directly, the study results may help us to enhance the involvement of specialist registered nurses in clinical teaching and learning of advanced midwifery students in a tertiary hospital in Gauteng.

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) YOUR RIGHTS AS A RESEARCH PARTICIPANT

Your participation is entirely voluntary, and you can refuse to participate or stop at any time without stating any reason.

8) ETHICS APPROVAL

This Protocol was submitted to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, telephone numbers 012 356 3084 / 012 356 3085 and written approval has been granted by that committee.

9) INFORMATION

If you have any questions concerning this study, contact:
The researcher, RV Muroa cell: 0798112214/0710465106

10) CONFIDENTIALITY

If you consent to take part in this study, your personal details, and your responses to the questionnaires during interview will always remain strictly confidential. Your name and contact details will not be passed to anyone other than a researcher. Although the interviews will be recorded, the recording is for computerization, and this is for analysis purposes. The recordings will be deleted after analyzing. All the information you have provided whilst in this study will be regarded as confidential. The results of this study will be published or presented in research conferences and rest assured that under no circumstances will your names/details be used.

11) CONSENT TO PARTICIPATE IN THIS 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 penalized in any way should I wish to discontinue with the study and that withdrawal will not affect my further treatments.

List of Annexures

- 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

ANNEXURE B

DECLARATION REGARDING PLAGIARISM



ANNEXURE B**Declaration regarding plagiarism**

DECLARATION OF ORIGINALITY

UNIVERSITY OF PRETORIA

The Department of Nursing Sciences 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 it 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 Sciences. No written work will be accepted unless the declaration has been completed and attached.

Full names of student: Ramathabathe Vinolia Muroa (17329176)

Title: **EXPLORATION OF FACTORS WHICH INFLUENCE THE INVOLVEMENT OF SPECIALIST REGISTERED NURSES IN CLINICAL TEACHING OF ADVANCED MIDWIFERY STUDENTS IN A TERTIARY HOSPITAL IN GAUTENG.**

Ramathabathe Vinolia Muroa

Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.

2. I declare that this proposal is my own original work. Where other people's work has been used (either from a printed source, Internet or any other source), this has been properly acknowledged and referenced in accordance with 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

DATE

ANNEXURE C

LETTER OF REQUEST TO CONDUCT RESEARCH IN THE SELECTED HOSPITAL IN GAUTENG



ANNEXURE C

LETTER OF REQUEST TO CONDUCT RESEARCH IN THE SELECTED HOSPITAL IN GAUTENG.

Principal investigator: Ramathabathe Vinolia Muroa

PO BOX 59167

Karenpark, 0118

November 2020

Dr George Mukhari Academic Hospital
3111 Setlogelo drive, Ga-Rankuwa unit 2
Private bag x
Pretoria
0208

Dear Sir/Madam

Request to contact a research study in the selected hospital in Gauteng.

TITLE OF THE STUDY: Factors which influence the involvement of specialist registered nurses in clinical teaching and learning of advanced midwifery students in a tertiary hospital in Gauteng.

I am Muroa Ramathabathe Vinolia a Master's student in Nursing Education at the University of Pretoria. I am requesting permission to conduct the research study in this institution and the selected unit is Neonatal Intensive Care Unit. The purpose of the study is exploring the factors which influences the involvement of registered nurses in clinical teaching of advanced midwifery students, both positive and negative factors, what encourages them to be involved and what is it that hinders their involvement.

Informed consent will be obtained from all the participants for both the agreement in participating in the study and for digital use during the interview and they will be no

Ramathabathe Vinolia Muroa

List of Annexures

use of participants names in the recording the researcher will be using symbols to identify her participants.

I undertake not to proceed with the study until I receive approval from faculty of Health Sciences Research Ethics Committee, University of Pretoria.

I intend to publish the findings of the study in the professional journal and / or present them at symposia, congress, and other meetings of that nature.

Yours sincerely

Muroa R.V.

Email: veermuroa@gamil.com

Cellphone: 0798112214

Signature.....

Date.....

Time.....

PERMISSION TO DO RESEARCH STUDY AND ACCESS GRANTED
--

Name & Initials print _____

(CEO of Hospital)

Signature _____

Date _____

Time _____

Hospital official stamp	
-------------------------	--

Ramathabathe Vinolia Muroa


ANNEXURE D

PERMISSION LETTER FROM HOSPITAL



ANNEXURE D

Permission letter from hospital

 **GAUTENG PROVINCE**
HEALTH
REPUBLIC OF SOUTH AFRICA

Dr. George Mukhari Academic Hospital

Office of the Director Clinical Services
Enquiries : Dr. C Holm
Tel : (012) 529 3691
Fax : (012) 560 0099
Email:Christene.Holm @gauteng.gov.za
keltumetse.mongale@gauteng.gov.za

To Ms RV Muroa
Department of Nursing Sciences
University of Pretoria

Date :15 April 2021

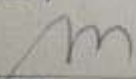
PERMISSION TO CONDUCT RESEARCH

The Dr. George Mukhari Academic Hospital hereby grants you permission to conduct research on "Factors which influence the Involvement of specialist registered nurses in clinical teaching and learning of advanced midwifery students in a tertiary hospital in Gauteng" at Dr George Mukhari Academic Hospital.

This permission is granted subject to the following conditions:

- That you obtain Ethical Clearance from the Human Research Ethics Committee of the relevant University
- That the Hospital incurs no cost in the course of your research
- That access to the staff and patients at the Dr George Mukhari Hospital will not interrupt the daily provision of services.
- That prior to conducting the research you will liaise with the supervisors of the relevant sections to introduce yourself (with this letter) and to make arrangements with them in a manner that is convenient to the sections.
- Formal written feedback on research outcomes must be given to the Director: Clinical Services
- Permission for publication of research must be obtained from the Chief Executive Officer

Yours sincerely


DR. C. HOLM
DIRECTOR CLINICAL SERVICES
DATE: 16/4/21

**LETTER OF REQUEST TO CONDUCT RESEARCH IN THE SELECTED HOSPITAL
IN GAUTENG.**

Principal investigator: Ramathabathe Vinolia Muroa

PO BOX 59167

Karenpark, 0118

November 2020

Dr George Mukhari Academic Hospital
3111 Setlogelo drive, Ga-Rankuwa unit 2
Private bag x
Pretoria
0208

Dear Sir/Madam

Request to contact a research study in the selected hospital in Gauteng.

TITLE OF THE STUDY: Factors which influence the involvement of specialist registered nurses in clinical teaching and learning of advanced midwifery students in a tertiary hospital in Gauteng.

I am Muroa Ramathabathe Vinolia a Master's student in Nursing Education at the University of Pretoria. I am requesting permission to conduct the research study in this institution and the selected unit is Neonatal Intensive Care Unit. The purpose of the study is exploring the factors which influences the involvement of registered nurses in clinical teaching of advanced midwifery students, both positive and negative factors, what encourages them to be involved and what is it that hinders their involvement.

Informed consent will be obtained from all the participants for both the agreement in participating in the study and for digital use during the interview and they will be no

Ramathabathe Vinolia Muroa

Informed consent will be obtained from all the participants for both the agreement in participating in the study and for digital use during the interview and they will be no use of participants names in the recording the researcher will be using symbols to identify her participants.

I undertake not to proceed with the study until I receive approval from faculty of Health Sciences Research Ethics Committee, University of Pretoria.

I intend to publish the findings of the study in the professional journal and / or present them at symposia, congress and other meeting of that nature.

Yours sincerely

Muroa R.V.

Email: veermuroa@gmail.com

Cellphone: 0798112214

Signature *[Handwritten Signature]*

Date *16/04/2021*

Time *10:11*

PERMISSION TO DO RESEARCH STUDY AND ACCESS GRANTED

Name & Initials print *Muroa*

[Handwritten Signature] (CEO of Hospital)
Signature *[Handwritten Signature]*

Date *16/4/21*

Time *16:00*

Hospital official stamp

UNIVERSITY OF PRETORIA
ACADEMIC SOCIETY
2021-04-16

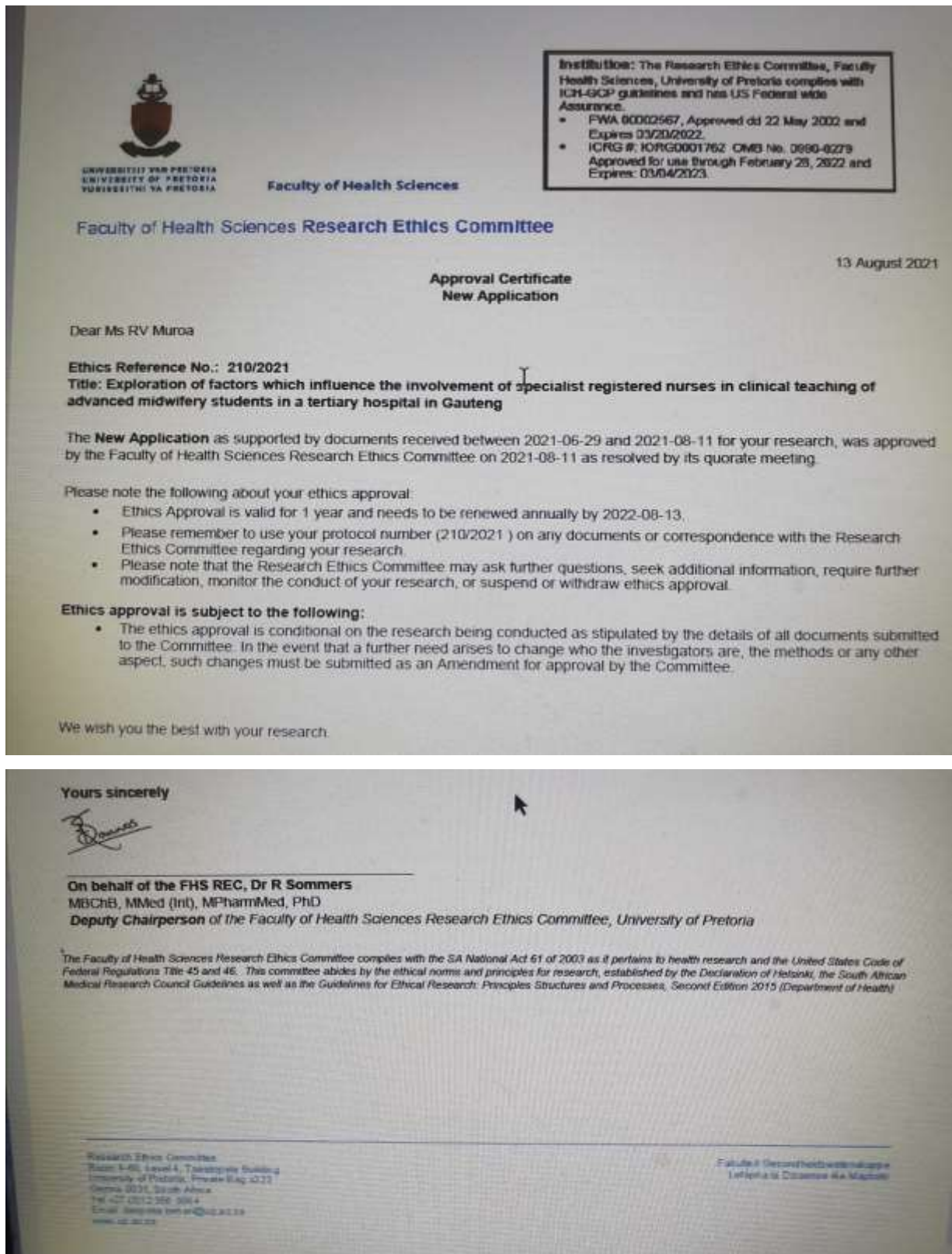
ANNEXURE E


APPROVAL LETTER FROM RESEARCH ETHICS COMMITTEES



ANNEXURE E

Approval letter from Research Ethics Committees




UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

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

- FWA 00002567, Approved on 22 May 2002 and Expires 03/20/2022.
- ICRG #: ICRG0001762 CMB No. 0980-0279 Approved for use through February 29, 2022 and Expires: 03/04/2023.

Faculty of Health Sciences Research Ethics Committee

13 August 2021

**Approval Certificate
New Application**

Dear Ms RV Muroa

Ethics Reference No.: 210/2021
Title: Exploration of factors which influence the involvement of specialist registered nurses in clinical teaching of advanced midwifery students in a tertiary hospital in Gauteng

The **New Application** as supported by documents received between 2021-06-29 and 2021-08-11 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2021-08-11 as resolved by its quorate meeting.

Please note the following about your ethics approval:


- Ethics Approval is valid for 1 year and needs to be renewed annually by 2022-08-13.
- Please remember to use your protocol number (210/2021) 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



On behalf of the FHS REC, Dr R Sommers
 MBChB, MMed (Int), MPharmMed, PhD
 Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

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

Research Ethics Committee
 Room 1-46, Level 4, Taboroephe Building
 University of Pretoria, Private Bag 2022
 Centurion 0031, South Africa
 Tel: +27 (0)12 352 3064
 Email: research.ethics@up.ac.za
 www.up.ac.za

Faculty of Health Sciences
 Lefapha la Docentia ka Mapoteli

Ramathabathe Vinolia Muroa

ANNEXURE F

INTERVIEW GUIDE



ANNEXURE F

SEMI-STRUCTURED INTERVIEW

INTERVIEW GUIDE

1. Introductions
2. What are the factors which influence the involvement of you as specialist registered nurse working in this unit with regard to clinical teaching of advanced midwifery students?
3. How does positive factors affect your involvement?
4. How does negative factors affect your involvement?

ANNEXURE G

VERBATIM TRANSCRIPTS



ANNEXURE G**Verbatim Transcripts**

The following interview was conducted in Neonatal Intensive Care Unit (NICU) of selected hospital on 17/08/2021 at 11h00 and it lasted for 26 minutes and 33 seconds. The symbols were used in order identify the interviewer and the participants. In this study symbol R stand for interviewer and P stand for participant. The table was used.

SYMBOLS	QUESTIONS AND ANSWERS
R	Tell me more about your experiences with regard to factors that influences specialist registered nurses' involvement in clinical teaching of post graduate students?
P	"I think overcrowding even though this is the problem that has been existing forever and as long as is not resolved it will continue forever".
R	May you please elaborate on the fact of overcrowding, how does it affect clinical teaching of this students?
P	"Overcrowding of patients in NICU with less staff". As specialist nurse we are delegated critically ill patient 3 or 4 at times and you find 2 of them are on life support; and we are expected to provide quality total holistic patient care, then student comes along to add on us being overworked". "shortage of staff is like a chronic disease in this place.... day in day out.....year in and year out....we`ve learned to live with it." And...."
R	Yes...I'm listening please continue
P	"Is not like we don't want to teach them; we really want to be involved in their practicals, but our hand are full and moist of time we are tight up and consumed by overwork."
R	Thank you, you also mentioned that "overcrowding need to be resolve"

P	“Yes, so that as sisters in the unit we are allocated normal ICU patient ratio which is for example 1 patient on life support is to 1 specialist nurse, and this will as well give us a chance to perform other duties or roles like teaching student”.
R	How do you think this matter of overcrowding can be resolved so that you are not overworked and clinical teaching to take place
P	“Our managers need to motivate for this unit to be equipped with enough specialized nurses, as we also have enrolled nurses and assistance nurses and government also need to employ more nurses”.
R	Thank you, you may proceed with factors that influences specialist registered nurse’s involvement in clinical teaching of post graduate student
P	“At times, no let me say we are less informed as nurses.”
R	I am listening
P	“Yes, we are unable to attend things such as in-service or external training so that we are as well equipped with new information on management of certain diseases and use of new equipment’s; we don’t even have internet so that can learn on our own during better days while on duty or library where we can borrow books, as results we find this student challenging for us to teach them.”
R	May you please elaborate on how the students challenges you
P	“We have old information and know our old machines and old information on patient management; and this student are already registered nurses they have old way of doing things and now as they are in colleges or universities they are equipped with new theoretical information and moist of time they even correct us to say not anymore this day we do one, two three.”
R	You may continue dear
P	“Another factor...is lack of resources”
R	May you please elaborate
P	“For example, we work with different machines like oscillators, ventilators and sipap which uses different circuits but moist of times

	<p>you find we out of sipap circuit we improvise by using one for ventilators so that this poor neonate can be weaned off from ventilator to sipap, the students end up learning wrong things and.”</p> <p>“And again, at times fake circuit are delivered and they accumulate water etc and we are forced to open them while patient is on the ventilator to remove water and stop machine from alarming occlusion and this is wrong practice and may results with patient being severely harmed for example hypoxia may occur.”</p>
R	I’m still lessoning dear; would you like to pause
P	<p>“The problem is at grassroot level....you see, our managers do not tell management about our insufficient equipment and medical supplies...how are we going to teach these students?...our managers must motivate for our unit to be equipped”</p>
R	Thank you, would you like to pause and have some water
P	<p>“No mam, one other factor I think is time, which boils up to issue of overcrowding.” “I can say we don’t have time to teach as at times we don’t even have time for lunch due to too much work overload, for example you can be a team leader and have 2 critical ill patients still you are expected to do off duties, tomorrow’s delegation, daily statics etc, so we really don’t have time to teach.”</p>
R	I’m listening
P	“Students as well they are problems themselves at times, they don’t show interest in their own learning”.
R	How so?
P	<p>“At times they will just leave the unit for long time post they reported they are calling them at college, and because we have lot of work, we don’t even have time to ask them their facilitator’s phone number to call and confirm”. “Even when procedures are done some don’t even show interest by coming and observe and ask questions during procedure”.</p>
R	You may proceed

P	“Lastly, I would say....lack of communication between the colleges/universities as most of the time as nurses we just seeing this students coming in and we have no idea that they are post basic students coming, how many for how long and we don't even have their objectives, we rely mostly on them and their workbooks”. “We unsure of what to teach them.”
R	How do you view post graduate nursing students?
P	“to be honest with you I personally see registered nurses who are in the unit to relieve me from lot of work as I can just orientate them on the unit structure and what need to be done on patient and they work.”
R	I just need clarity when you say they just work you mean alone
P	“Definitely, they are also sisters they understand the stress we work under and they don't really need that much of supervision as compared to undergraduate.”
R	How does positive factors affect your involvement?
P	“I personally like spot teaching, and student who are interested in learning procedures. It is easier for me to explain when working.” “And during better days when we have post basic students is easy to call them into our preparation room and show them how to connect circuit to machines, how and when to use which machine”
R	How does negative factors affect your involvement?
P	“When I don't have proper working equipment's, I'm easily irritated and feels burned out, all I want during this day is just to get over and done with day and go home.”
R	Can you explain more on 'you get irritated and burned out.'
P	“Because of work overload most of the time, I have no interest in work itself, I just come so I don't become absent.” “I have no interest of educating anyone especially when I'm overworked and tired” and one last thing..”
R	Yes, I'm listening
P	“One cannot teach when I having burning issues with our managers refusing to change, telling us this unit has been like this” “That will be

	all from my side for now, I will contact you if I think of anything else you don't mind right"
R	No, mam I don't mind and thank you so much, I will be in contact if need clarity. Our interview has come to an end
P	Thank you

The following interview was conducted in Neonatal Intensive Care Unit (NICU) of selected hospital on 17/08/2021 at 14h00 and it lasted for 23minutes and 22seconds. The symbols were used in order to identify the interviewer and the participants. In this study symbol R stands for interviewer and P stands for participants. The table was used.

SYMBOLS	QUESTIONS AND ANSWERS
R	Tell me more about your experiences with regard to factors that influences specialist registered nurses' involvement in clinical teaching of post graduate students?
P	"Having post basic student in the unit can be most interesting part".
R	How so dear?
P	"This are already registered nurses who have been in the field for 2 years and some even more, so they have lot of experience as the results clinical teaching with them is not done from scratch." Is two way they initiate teaching by asking questions where they need clarity and I as well get to benefit from them as some are coming from different institution, they might be having different ways of doing things; so, they will be like in my unit we are doing 1,2 and 3 and how are u doing it here."
R	Yes...I'm listening please continue
P	"And they understand delegation and struggle."
R	May you elaborate
P	"Most of the time we are overcrowded and expected to still function and provide quality nursing care to our patient and their mother/father

	and due to high number of patients” “let me give you an example: our unit carry 46 neonates/patients and at times we stretch to 65 with same number of nurses and doctors, then students come so we just show them the lye out of the unit, paperwork then delegate them in high care and nursery and let them be unless they need clarity.” “And they can function till we knock off.
R	I hear you mam, you may continue.
P	“And one other thing is lack of time due to work overload, so we moist of time not having time to demonstrate procedures to student, and one other thing is staff abseetism which is caused by unpleasant persistent work situation we are faced with.”
R	Yes
P	“This as well plays major role on staff shortage that results with overwork and is not just because they want to be absent, this is due to burn out, lack of appreciation by management as they are always out to find the wrongs which nurses did while they are issues of patient over population and lack of resources.”
R	May you please elaborate on the issue of lack of resources
P	“Let’s say I want to demonstrate how to take blood gas and use the blood gas machine, moist of time they is no paper the machine does not print or they is no ink one have to walk to adult ICU or accident and emergency unit to get this done, who will remain with my critically ill neonate when I walk around we are demoralized my dear”
R	You may continue mam
P	“Yes, and I think the other factor is this very same students, moist of them don’t have interest in their clinical learning.” “They still have that thing of I’m registered nurse I know, or they are no point in learning how they do their procedure as I’m going back to my unit/ institution and some absent themselves, so this kind of attitude causes barrier of communication between us and them.”
R	Yes, I’m listening

P	They are adult and registered professional nurse as I have already mentioned, they know what they lack and don't understand if they don't ask, I take it they know."
R	So, you are saying they should be the once initiating their clinical teaching?
P	"Definitely mam."
R	Thank you for the clarity, you may continue
P	"Lastly I think lack of communication between the Colleges/ Universities and the hospital as well possess lack of clinical teaching"
R	How so?
P	" And one last thing is; at times we just receive list that students are coming, no programme or objective we not sure for how long and how to prepare for them, and at times the students will leave during the day saying their lecturer is calling them; she/he don't even call the unit as we are now the ones in charge of this student and we expected to sign their hour forms at the end of the day....this nje just causes confusion on top of our frustrations so how I'm I going to now prepare for them while I'm not sure of their daily activities."
R	I hear you dear, how do you view post graduate nursing students?
P	"To me they are my colleques and when I see them, I become happy because they are going to batch shortage"
R	How does positive factors affect your involvement in clinical teaching of post basic?
P	"I was going to play my role of being a teacher to the student only if they show interest in their clinical learning, they have a welcoming attitude, and I have resources and time"
R	How does negative factors affect your involvement?
P	"overly mam negatively, I cannot teach while I'm overworked by patient care with abnormal ratio, still having to write delegation, do stock ordering, no resources I have to improvise so that I survive the day with my patient and still have to deal with crying mothers who I as well have to teach them how to express, and hold their newborn

	when feeding and fathers who needs explanations on their baby condition, progression”
R	Is ok dear, calm down you may have some water; may we continue
P	“On my side I’m done mam, unless you have further questions for me.”
R	Are you sure you fine now mam
P	“Yes dear, she said calmly
R	That will be all dear, thank you call if there is anything else.
P	Thank you

The following interview was conducted in Neonatal Intensive Care Unit (NICU) of selected hospital on 20/08/2021 at 09h00 and it lasted for 17minutes and 20seconds. The symbols were use in order identify the interviewer and the participants. In this study symbol R stand for interviewer and P stand for participants. The table was used.

SYMBOLS	QUESTIONS AND ANSWERS
R	Tell me more about your experiences with regard to factors that influences specialist registered nurses’ involvement in clinical teaching of post graduate students?
P	“I would say work overload”.
R	How so dear?
P	“Moist of the time we are being worked as nurses especially in this unit, we not treated as ICU patient ratio is so high, we at some days nursing 3 critically neonates on life support per one nurse, then they are students who expect to be taught and work under supervision it becomes impossible.” “And we are as well faced with lack of resources”
R	May you please clarify me on the issue of lack of resources
P	“For me to teach correct procedure I need proper equipment, and moist of time we improvise I cannot be teaching student wrong thing, I rather just continue with my work and let student be.
R	You may continue mam

P	“And one other thing is lack of staff training, due to staff being overworked we don’t have time for in-service training or to attend outside in-services when we off as we always exhausted. “This causes us to have lack of confidence and to doubt the old information we possess when it comes to patient care, as results we turn to shy away.”
R	You may continue dear
P	“We don’t even have recent technology as an academic institution, like WIFI so that if it happens our unit patient overcrowding and work overload decreases, we can equip ourselves by using google scholar to find new information on patient care.”
R	I’m listening
P	“And this student as well, at times they don’t show interest by asking questions needing clarity, they even have tendencies of appearing and disappearing so even when I perform certain procedure it becomes difficult for me to call them so that they can observe and ask question, because of their lack of interest it discourages me”.
R	Thank you dear, we may continue
P	“Yes; as I was saying: I cannot just teach them as I don’t know what they know or do not know, they need to initiate and show interest in their clinical learning. “I’m already tired and overworked I cannot increase that by following students around calling them and...(paused) “We are always short staff which results into heavy work and role overload, we become, exhausted, frustrated, and emotionally drained. With so much on our daily plates, we cannot attend to clinical teaching. Our managers need to motivate for this unit to be equipped with enough specialist nurses”. let’s just leave it”
R	Feel free to say anything dear, remember the privacy and confidentiality clause...
P	“it is very sad my sister, as I’m standing with many years of me being a specialized registered nurse, I still don’t understand what is it that I’m expected of teaching on top of my patient work overload and no

	information on my role as a teacher no single SOP in the unit which guide me on this teaching thing, (she pauses) I'm frustrated and angry nursing especially us working with patients and environmental stressors and to top it all overcrowding of students is just slavery nje"
R	Yes mam, you may continue
P	Yes, we don't have time, most of the time we have lot patients to take care and their parents. We get irritated and tired due to work overload; we don't have time to be teaching. "
R	I'm listening dear
P	"Lastly I think lack of communication between the Colleges/ Universities and the hospital causes lack of clinical teaching and control of student during their placement in the unit..."(she frowned the give half smile) at times we just receive list that students are coming, no programme or objective we not sure for how long and how to prepare for them, and at times the students will leave during the day saying their lecturer is calling them; she/he don't even call the unit as we are now the ones in charge of this student and we expected to sign their hour forms at the end of the day....this nje just causes confusion on top of our frustrations so how I'm I going to now prepare for them while I'm not sure of their daily activities."
R	How do you view post graduate students?
P	"As registered professional nurses who are doing speciality to increase their knowledge and improve their salaries."
R	How does positive factors affect your involvement in clinical teaching of post graduate students?
P	"I wish they are more positive factors my dear, but I believe if they is anything positive I will have positive attitude towards skills teaching and demonstration."

R	How does negative factors affect your involvement?
P	"I think it causes irritability towards students because I see them as extra work instead of students who needs me so that they come mastering NICU nursing management and come back to assist with work overload."
R	I hear you mam, you may continue.
P	"That will be all mam.
R	Thank you so much for your time dear.
P	"Thank you

The following interview was conducted in Neonatal Intensive Care Unit (NICU) of selected hospital on 20/08/2021 at 11h00 and it lasted for 20minutes and 25seconds. The symbols were use in order identify the interviewer and the participants. In this study symbol R stand for interviewer and P stand for participants. The table was used.

SYMBOLS	QUESTIONS AND ANSWERS
R	Tell me more about your experiences with regard to factors that influences specialist registered nurses' involvement in clinical teaching of post graduate students?
P	"I think lack of interest from the audience."
R	When you say audience are you referring to the students.
P	"Yes mam, if students don't show interest of their own study I will continue with my work and ignore them as they ignore me
R	Just for better understanding mam when you say "you ignore them as they do" you mean even when you perform a procedure e.g blood transfusion or intubation you will not call them.
P	"No dear, I will not, as I have already mentioned I will not follow my colleagues around maybe they already know it." Whenever, there`s a shortage of staff we allocate these advanced midwifery students to

	patients..... After all they are midwives. I mean, the patient is our first priority, do you understand”?
R	Alright we may continue
P	“And one other thing is we sell our textbooks as soon as we complete our course, forgetting that our hospital doesn’t have library where we can go on our off days to revise and find new information this includes internet” and remember this are professional nurses they want you to explain relating pathophysiology new management, so it becomes a challenge to us, and we lack confidence as the result we end up not teaching nor demonstrating anything to them”
R	Yes, mam I’m listening
P	“I will not teach student information I’m not sure of, and they start challenging me and at the end they will be calling me names”
R	I understand mam, we may continue
P	“Still on the lack of resources, we lack working equipment we turn to improvise, for example: moist of the time using ventilator circuit to create for sipap as we run out of sipap moistly used and it takes time for them to order or for company to deliver, so clinical teaching becomes difficult without correct equipment’s.
R	I hear you
P	“And we are shortage of staff.”
R	May you please elaborate mam
P	“The nurse patient ratio is abnormal, is as if we not in ICU moist of the time you find is 1 nurse is to 3/4 patient with two on life support or all critically ill and the students increase this work overload as the results I priorities patient care and other extra daily activities like stock ordering.”
R	Yes, dear I’m listening
P	“We are burned out, frustrated and exhausted and is a pity that we are clinical teaching unit, and we are expected to teach, supervise the students while I’m overloaded with patient care; feeling like I will

	burst at any given time, I cannot teach while I'm in that state of mind...and this lead to staff abseetism"
R	May you elaborate in lack of time
P	"Yes mam, this lack of time in teaching or procedures demonstration is caused by work overload; the time I should be using to demonstrate the procedure I will use it to write report of my many patients, suctioning giving medication or counselling mom or showing her how to express milk or ordering stock, you see."
R	Yes dear
P	"And lastly dear, they is no good communication between the colleges and hospital or maybe is our CTD department that do not give us information I don't know, all I know as registered specialist nurses working in this unit we don't have full information regarding the post graduate student."
R	May you please elaborate
P	"The students just show up we don't even have their objectives and programme, we are not sure for how long they are going to be in the unit we rely on them to tell us they will be in the unit for 2-4 weeks and this frustrate dear you cannot even plan for their teaching which is why only those students that initiate teaching and asking questions got taught."
R	Thank you, mam, how do you view post graduate student?
P	"I view them as partially professional nurses, because firstly they are already registered professional nurses who have been in the field and lastly, they just went to further their studies for their own reasons maybe financial increase and to as well gain more knowledge and understanding of doing certain things like intubation, bloodgas etc."
R	And how does the positive factors affect your involvement in their clinical teaching?
P	"I always prefer to teach on spot or use teachable moments as I don't have time to sit and plan and call them, we sit and I start to teach, so

	with me student who initiate teaching and having positive attitude will gain more.”
R	And how does the negative factors affect your involvement in their clinical teaching?
P	“As I have already mention mam, all this work overload, lack of working equipment’s, lack of communications and students attitude lead to lack of interest because of I’m frustrated and all the negative factors causes this irritability, I prefer to be by my own when I feel emotionally drained.”
R	I hear you mam, anything else you would like to add or share
P	“That will be all from me mam”
R	Alright, thank so much dear for your time I appreciate
P	“Thank you”

The following interview was conducted in Neonatal Intensive Care Unit (NICU) of selected hospital on 25/08/2021 at 10h00 and it lasted for 23minutes and 41seconds. The symbols were use in order identify the interviewer and the participants. In this study symbol R stand for interviewer and P stand for participants. The table was used.

SYMBOLS	QUESTIONS AND ANSWERS
R	Tell me more about your experiences with regard to factors that influences specialist registered nurses’ involvement in clinical teaching of post graduate students?
P	“I can say that shortage of staff has a lot of disturbances and destructions; how can one teach when she/he is overworked with a lot of patient and extra moral activities next day off like writing delegations etc.”
R	So, you say shortage of staff course a lot of teaching?
P	“Yes, we don’t have time, most of the time we have lot patients to take care and their parents. We get irritated and tired due to work overload; we don’t have time to be teaching. “
R	Yes, you may continue sir.

P	“One other thing is the student’s attitude, their eager to learn, they will show that by asking questions when certain procedures are done, or they need clarity on something and initiating their own learning.”
R	You may continue sir I’m listening.
P	“At times it is because we don’t understand our role of teaching as nurses, most of us do not even know where to start when teaching this clinical procedure. It really becomes a challenge as I’m not sure whether to mix theory part of the condition before I can say clinical” “And mmmh...”
R	Yes, I’m listening
P	“As I was saying, we are at times confuse on how far we should go into theory. Let me use this example: A neonate comes in with birth asphyxia need to be intubated and placed on ventilator do I have to start explaining definition pathophysiology or I just start with management and why choosing certain pressures on the life support.”
R	Yes, sir I’m listening
P	“I think one other thing is the lack of communication between the two institution, as most of the time we just see this student barging in and they tell us for how long they are going to be in the unit, they don’t even have programme or objectives only their workbooks.”
R	Please elaborate on how this lack of communication between two institution affect teaching.
P	“We have to put in place a plan on who is going to orientate them as we don’t have clinical facilitator or preceptor in the unit who deals only with student.” “We all delegated for patient care even the team leader they have patient due to staff shortage.”
R	We may continue sir
P	And one last thing I think is lack of confidence on our side, due to the fact that we don’t have frequent in-service training, we are having old information and these students comes in with both (the old information and new one they acquire from school) and it becomes a challenge to us when we have to teach them.”

R	How do you view post graduate students
P	“They my colleques and if the unit need manpower, they are able to come in and assist us.”
R	And how does the positive factors affect your involvement in their clinical teaching?
P	Positively so, if I have students who show interest, need clarity and I don't have abnormal patient ratio I do my part; I even went further to assist them with their case studies and how to acknowledge source when writing and referencing.”
R	And how does the negative factors affect your involvement in their clinical teaching?
P	“Badly so, to be honest with you shortage of staff, resources, no communications all this cause frustration that lead to irritability and when I'm like that all I need is just to do my patient care and go home”
R	Anything else you would like to add or share
P	“That will be all from me mam”
R	Alright, thank so much dear for your time I appreciate
P	“Thank you”

The following interview was conducted in Neonatal Intensive Care Unit (NICU) of selected hospital on 26/08/2021 at 09h00 and it lasted for 25minutes and 43seconds. The symbols were use in order identify the interviewer and the participants. In this study symbol R stand for interviewer and P stand for participants. The table was used.

SYMBOLS	QUESTIONS AND ANSWERS
R	Tell me more about your experiences with regard to factors that influences specialist registered nurses' involvement in clinical teaching of post graduate students?
P	“Thank you for this opportunity, let me start with negative ones which prevent or should I say discourages us to do our clinical teaching”

R	Yes mam, you may continue
P	“Not having enough resources in the unit; for example: lack of syringe pumps to give medications such as meronem, this type of medication need to run over 3hrs and we giving it as a push due to no syringe pump we end up over diluting so it runs with beriotec or we dilute correctly and give it as a push as the result I cannot teach student something that I know is incorrect and we using our own discretion to choose method which will suit one.”
R	Is the management aware of this kind of difficulties you are facing?
P	“Definitely they will tell us of hospital don't have budget, next financial year same stories and add to say new budget received has paid previous year debit, is very frustrating to be a nurse in this unit and unfortunately we need this work for our survival and some of us really love NICU but believe me they is nothing that motivate me to teach students”
R	We may continue dear
P	“And to add on the issue of shortage of resources, at times things get bad we find ourselves with lack of circuit for sipap and we improvise by using ventilator ones which are as well of not quality as they accumulate water and the machine(ventilator/sipap) start alarming occlusion then we disconnect remove water and we know this causes more damage like hypoxia to the brain and the worse complications that follows.”
R	May I ask if you are doing stock ordering are you not utilizing the bar code given by the company when bringing the life support machines?
P	“remember mam, the hospital uses many companies and tenders they order where is cheaper and when we raise issues like this is seem as if we are having shares in certain company or something like that so we are not heard we end up settling for what we have it tiering and waist of one's breath as at the end of the day they will order what they want.”
R	You may continue dear

P	'still on the issue of shortage, is not only equipment's and medication we as well short staff, and we end up with high nurse patient ratio and we end up overworking. When days are like that, they is no time to supervise or teach we all work and go home.'
R	"Just for clarity dear; when you say we all work are you including the students as well?"
P	"Yes mam, remember this are registered nurses who just went to school to further their studies, they understand how it works in real life not what should be happening or written in books, "I view them as my colleagues, and I enjoy having them in the unit as they relieve the stress of being overworked."
R	Nodded the head
P	"At times the student themselves show no interest in their clinical learning, as at times you will meet students with negative attitude as they think since they are registered professional nurses with two years or more years of experience they know better, their abseetism rate as well, at times they do come to work and give excuses to leave the unit(like their lecturer is calling them) and they will disappear for hours and moist of time they just stay away and call saying they having domestic problems, child, wife or husband sick etc ,they are adult and nurses after all and this kind of behavior discourages us to be involved in their clinical teaching" "they do not even ask questions or come when procedures are done" "And as nurse in the unit I've lot of duties to do I'm waiting for them to let me know of their challenges and needs"
R	We may continue mam
P	"One other thing is the lack of in-service training or workshops to equip us with new information so that we can be updated with new /upgraded skills and ways of nursing care management. We are working in ICU research are done and newly improved way comes by; these causes us to lack confidence and we feel uncomfortable as we possess of old information and practice old ways of managing these sick neonates and the post basic will challenge you dear"

R	I'm listening dear
P	"One last thing is lack of communication between two institutions, most of time we just find ourselves with list of students who will be coming no programme or objectives which is why is important for them as students to initiate their learning as we don't know how much they know, where will they want our assistance etc"
R	We may continue
P	"the day when is better I've less patient (unit better days we call it) I normally help them with their workbooks and some skills, and you know I like teaching them as I benefit from the information they will be sharing."
R	How do you view post graduate students
P	"As my colleagues and I enjoy having them in the unit as they relieve the stress of being overworked."
R	Thank you and how does the positive factors affect your involvement in their clinical teaching?
P	"I'm benefiting as teaching them is two ways and this encourages me more to be involved in their teaching."
R	And how does the negative factors affect your involvement in their clinical teaching?
P	"Demoralizing and they cause us not to be interested in getting closer to their teachings."
R	Anything else you would like to add or share
P	"Yes, mam the last thing I nearly forgot is one other thing that causes this extreme shortage is staff absenteeism due to burn out of staff, which is caused by lack of resources and the expectations of quality nursing care despite the number of critically ill neonate we are having"
R	Alright, thank so much dear additions or questions
P	"No mam that will be all"
R	Thank you so much dear I appreciate your time
	"Thank you, mam hope I was of assistance and all the best"

The following interview was conducted in Neonatal Intensive Care Unit (NICU) of selected hospital on 26/08/2021 at 10h30 and it lasted for 22minutes and 6seconds. The symbols were use in order identify the interviewer and the participants. In this study symbol R stand for interviewer and P stand for participants. The table was used.

SYMBOLS	QUESTIONS AND ANSWERS
R	Tell me more about your experiences with regard to factors that influences specialist registered nurses' involvement in clinical teaching of post graduate students?
P	"Remember this are professional nurses who have been in the practice for two years and more, so it is important for them is to initiate with their teaching. They are the ones who know what they lack and master."
R	Continue mam
P	"One other thing is their workbook guides them and they always having their objectives with them"
R	Yes, I'm listening
P	"We are short staff; we are facing nurse patient ratio which at times we find ourselves nursing 2 ventilated critically ill neonates and one who's on room air or on nasal prongs and bear in mind in our unit we have mothers as well who comes in every 3hours and need our assistance with breastfeeding/expressing and some are emotional, and we as well have extra duties like stock ordering we don't have time to as well teach."
R	I hear you mam, you may continue
P	"To add on that; we are having a huge challenge of lack of equipment's how one teaches students wrong things or way of doing procedure?"
R	How so mam
P	"For example, no trachea-care to connect to ventilator so that we don't open it during use for suctioning, but we do they will run out and even worse you find we are using nasogastric tube as suctioning tube and

	the moment the ventilator is opened this causes even more damaged to the patient and I have to call the students to come watch me killing the poor neonate”
R	Askies dear, calm down I can only imagine please have some water. Are you ok now to proceed?
P	“Yes, mam my apologies to break down was not my intention”
R	Is alright.
P	“One other thing is the student’s attitude, they at times forget that they are student and still carry themselves as though they run the unit as the results teaching them is difficult.”
R	Please elaborate dear
P	“At times this post graduate students are older and have been in practice for longer than me, so they will be wanting to delegate me or show me how to do my work, and it just get frustrating and teaching them is difficult which is why we wait for them to initiate teaching.”
R	I’m listening mam
P	“Abseetism of these students as well we fail to plan for their teaching in case, we have better days, because their abseetism is just too much.”
R	Continue dear
P	‘lack of in-service training makes us to hesitate as well in teaching as we have old information; and lastly “I’m clueless on what exactly should I be teaching especially the post graduate students, (she frowned and took a deep breath) it does not even appear on my job description which is the reason I don’t even do it....as I’ve lot of patient care to deal with.”
R	Thank you, mam, how do you view post graduate student?
P	“I view them as professional nurses and I like having them as they reduce our workload for example instead of me having four critically ill patient, I would have 3 and they are able to function alone”
R	And how does the positive factors affect your involvement in their clinical teaching?

P	"I just wish our unit one day could be treated as ICU by management, so that we can have time to teach proper procedures with correct equipment's and have frequent in-service training as we are involved with too much technology the machines we are using and nursing care changes as well, only them maybe I will be able to point out one thing and say this is positive factor that motivate me."
R	And how does the negative factors affect your involvement in their clinical teaching?
P	"As I have already mentioned dear is so discouraging and teaching won't take place with all the wrongs that are done so that we get work done."
R	I hear you mam, anything else you would like to add or share
P	"That will be all from me mam"
R	Alright, thank so much dear for your time I appreciate
P	"Thank you"

The following interview was conducted in Neonatal Intensive Care Unit (NICU) of selected hospital on 08/09/2021 at 15h30 and it lasted for 19minutes and 03seconds. The symbols were used in order to identify the interviewer and the participants. In this study symbol R stand for interviewer and P stand for participants. The table was used.

SYMBOLS	QUESTIONS AND ANSWERS
R	Tell me more about your experiences with regard to factors that influences specialist registered nurses' involvement in clinical teaching of post graduate students?
P	"Our unit capacity is 55 bed available for patient but due to some reasons which are beyond me we at times find ourselves with 60-70 patient of whom more than the unit equipment's machines such as oscillators, vent and sipap we have to run around asking for equipment's in PICU(Paediatric Intensive Care Unit) and Adult ICU and still have to improve on how to manipulate for example cubicle

	meant for 4 critical patient to now put 6 or even 7 ,ijooo I just can't as well be looking where is the student to observe.”
R	Yes dear, continue
P	“we become so overworked, this causes us to be irritable, and angry at times even when one performs procedure and students ask questions, we turn to take our frustrations on them, and at times we just look at them and not respond...not intentionally but it happens.”
R	I'm lessoning carry on
P	“we are faced with issue of lack of resources at times even medication. We run around making calls to other units asking for mechanical ventilator machine just so patient care could take place then after all the frustration I still have to demonstrate to students and explain, I just can't, is too much...and (she paused)”
R	Yes, I take this point is an additional to point 01 as you touched issue of borrowing from other wards.
P	Yes sesi and it is difficult to demonstrate certain procedures as we improvise, for example, you find they is no tracheo-care suctioning tube we use normal suction tube or even worse NG tube whereby we open the vent or oscillator suction quickly and put back, this causes severe complication on patient but at the same we cannot leave the patient with secretions.”
R	I'm with you dear, continue
P	“At times sesi, it is because we don't understand our role of teaching as nurses, moist of us do not even know where to start when teaching this clinical procedure. It really becomes a challenge as I'm not sure whether to mix theory part of the condition before I can say clinical.”
R	Aright, mam anything else
P	“At times they absent themselves without communication, but they are adult and nurses after all and their negative kind of behavior discourages us to be involved in their clinical teaching, they do not even ask questions or come when procedures are done” “And as

	nurse in the unit I've lot of duties to do I'm waiting for them to let me know of their challenges and needs."
R	Yes dear
P	"One other thing is, lack of in-service training makes us to hesitate as well, in teaching as we have old information and post grade will ask deep questions as I've already mentioned they are registered nurses with experience just went to school to do specialisation to acquire in-depth knowledge and expertise."
R	We may continue dear
P	I think that is all factors I can come up with mam
R	Thank you, mam, how do you view post graduate student?
P	"they are registered nurses, who some of them are more experienced in the clinical than me, they are more useful to us in this unit as they are able to work alone no need for supervision."
R	And how does the positive factors affect your involvement in their clinical teaching?
P	"I as well get to learn as they come up with new guidelines and new ways of patient management, when I get involve in their clinical learning, they as well share information."
R	And how does the negative factors affect your involvement in their clinical teaching?
P	"some of these students have negative attitude towards us, especially us that are younger than them."
R	May you clarify on that point
P	"they will at times not even telling you their whereabouts, for example they will just disappear and reappear, or they will be wanting to tell you how do perform your own duties at times even in-front of mothers forgetting that they are now students and I'm in charge."
R	I hear you, then how do u then deal with this kind of issues when they surface
P	"I always resorted to my strongest self-defense, which is ignore, don't be involved keep quite and continue with what is important to do; which in this case is patient care."

R	Anything else you would like to add
P	"That will be all dear, thanks
R	Thank you so much dear for the time
P	"Thank you"

The following interview was conducted in Neonatal Intensive Care Unit (NICU) of selected hospital on 09/09/2021 at 9h30 and it lasted for 21minutes and 08seconds. The symbols were used in order to identify the interviewer and the participants. In this study symbol R stands for interviewer and P stands for participants. The table was used.

SYMBOLS	QUESTIONS AND ANSWERS
R	Tell me more about your experiences with regard to factors that influences specialist registered nurses' involvement in clinical teaching of post graduate students?
P	"remember we do not have preceptor or clinical facilitators who is just sitting there waiting for students (she paused drink water). We all delegated 3-5 at times mixed with critically ill patients on life support I have to provide quality nursing care to all these patients attend to their mothers and play my role of teaching as SANC says (she giggled) the teaching is just oversly have to wait, and to add on that I don't even know to which extent should I teach."
R	May you please elaborate on the fact that you don't even know to which extend should you teach
P	"I referring to the fact that, they is no single SOP which guide us on this clinical teaching we are just been thrown to the end and be told is one of our role, you see mam nursing have theory and clinical the two should integrate but moist of time it does not gel correctly as we are not sure whether to start with theory then clinical or just demonstrate procedure assuming they understood theory part."
R	I hear u, please continue

P	"The time is as well a problem, we don't have time in this unit we are as well overworked, due to short staff and patient overcrowding."
R	If I heard you correctly dear, you said you don't have time because of overcrowding that results with work overload due to short staff
P	Yes dear
R	May you please elaborate or explain further on that fact dear
P	"yes mam, we are short staff few of us are specialised and moist are not and this is a specialised unit, but we even work with enrolled nurses and enrolled assistant nurses and in many times, us specialised with few that have experience are allocated critically ill patient on life supports and if anything happens in high care or nursery room where usually staff nurses and assistance are allocated, we are expected to run assist."
R	Continue dear
P	"Due to this craziness work environment, when a post-graduate student arrives in the unit, we become happy as they will relieve us a bit by just getting orientation of the unit, paperwork and assist in high care and nursery with staff nurses and assistance nurses."
R	If I understand you correctly dear, you saying you leaving this student unsupervised allocated patients and working with juniors.
P	"remember dear the postgraduate midwife students are nurses in the field they just went to specialise and get deeper understanding and knowledge, but they are good in their skills, they might not be specifically working in the unit, but they know neonates as they deliver, examine and call for help if need arise then bring them in our unit for further management."
R	Alright dear, we may proceed
P	"And one other thing is, due to overcrowding of patient we end up with not enough medical equipment's which makes demonstration of procedures to student difficult"
R	Yes, dear I'm still with you we can continue

P	“we are always tired and working in the unit like this makes us even psychological exhausted, no support from management all what they do is complain, blame and criticize with no one looking deeply into what causes us to be burned out, absent ourselves even if you report to say we are severely short staffed how do one nurse 3 ventilated patients, students as well need attention”
R	Thank you, mam, how do you view post graduate student?
P	As registered nurses more than as students
R	And how does the positive factors affect your involvement in their clinical teaching?
P	“currently I will be lying if I can say they is anything positive that makes me want to be involved with students”
R	And how does the negative factors affect your involvement in their clinical teaching?
P	“As I’ve already mention I got no interest in increasing my day-to-day work and moist of time this postgrade I have negative vibe.”
R	How so dear
P	“they absent themselves without telling us, some f them work in this hospital they will just disappear to visit their colleagues in their units and when you ask why you are being labelled or even worse be told that they will never work in NICU etc”
R	Anything else you would like to add
P	“That will be all dear”
R	Thank you, dear for the time
P	“Thank you”

The following interview was conducted in Neonatal Intensive Care Unit (NICU) of selected hospital on 11/09/2021 at 13h30 and it lasted for 16minutes. The symbols were use in order identify the interviewer and the participants. In this study symbol R stand for interviewer and P stand for participants. The table was used.

SYMBOLS	QUESTIONS AND ANSWERS
R	Tell me more about your experiences with regard to factors that influences specialist registered nurses' involvement in clinical teaching of post graduate students?
P	"in this unit mam we are short staff, we want more of this post graduate students to come and assist us with work overload"
R	May u please elaborate
P	"even though we know they are in the unit to learn, they honestly batch our shortage as they can work independently and ask questions there and there.
R	Yes continue
P	"one other thing is lack of equipment's, when we have better days with lessor patient, I would like to demonstrate some procedures like intubation, connection and setting of ventilators but you find we don't even have vent or oscillator circuits, no doll to practice with, it is very discouraging."
R	Continue mam
P	"One other thing dear is that we are burned out due to this shortage and overwork with improvisation that we always do, we prefer to work with our patient care and knock off"
R	I can understand allow me to ask, in cases where you have postgraduate midwifery students are you not assisting them with their objectives
P	"let me talk for myself, I cannot be following nurses and their school workbooks when I have 4-5 patients to nurse, I focus on patient care and mothers"
R	Alright dear, lets proceed
P	"At times they get more of clarity on their clinical learning during unit major rounds with consultant or if is a week of prof with her and medical doctors' students."
R	Yes dear I'm listening

P	“And lastly student some students are not serious.”
R	How so dear
P	They don't initiate their own learning by asking questions during procedures, some of them don't even come they rather sit with their phones. Remember some of them have more experience than I am, I won't just start teaching them as they might be knowing that procedure even better than me.”
R	Thank you, mam, how do you view post graduate student?
P	“They are experienced registered professional nurses.”
R	And how does the positive factors affect your involvement in their clinical teaching?
P	“I do get involve, only with those that shows interest and ask questions, I even assist with workbooks.”
R	And how does the negative factors affect your involvement in their clinical teaching?
P	It demoralizes me my dear, when the unit is overpopulated with patients and we short staffed all I want to keep quite work where I can and call it a day.”
R	Anything else you would like to add
P	“no”
R	Thank you I appreciate that marks the end of our interview
P	“Thank you”