

**NURSING STUDENTS' APPRECIATION OF CLINICAL
SUPERVISION DURING WORK-INTEGRATED LEARNING**

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DECLARATION

I Mphambanyeni Julia Mugwari declare that this dissertation **Nursing Students' Appreciation of Clinical Supervision During Work-Integrated Learning** is my original work. It has not been submitted at any other institution before for any degree or examination. All the sources used and quoted were acknowledged by means of complete references in the text and bibliography.



MJ Mugwari

DEDICATION

In loving memory of my father, Thifhindulwi Wilson Mugwari

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

You raised a hero and gave me the greatest gift anyone could ever give. You instilled confidence in me. You supported me throughout my primary school days because you saw the light that would enlighten the family in me. Despite the challenges and pain that you endured, you remained an outstanding father, supporter, protector, mentor and carer. You were the best father to me, and you will always hold a special place in my heart that no one could ever fill.

I thank the Almighty God for giving me an opportunity to be part of your life and I will forever cherish your unconditional love.

May your soul continue to rest in peace.

This study is also dedicated to my son, Mbidzo Madima

Very special thanks to my son for his love, support, patience and understanding. His endurance when I was not there when he needed me was highly noticed; he kept on checking on me if I was still safe. Thank you for your care.

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I humbly give special thanks to the Creator of heaven and earth, my “light and comforter” for the life and good health He gave me. I again thank Him for the wisdom, strength, courage as well as perseverance He provided me with throughout this journey. This accomplishment would not have been possible without Him.

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ABSTRACT

Introduction and background: Clinical supervision is a critical support factor in the success of nursing students' development during work-integrated learning. Quality clinical supervision and good relationships among all involved facilitate students' clinical performance. A poor fit between the expectations of the supervisors and those of the students may jeopardise the outcome of clinical supervision. However, the nursing students of the designated nursing education institution often complained of receiving little or no supervision during work-integrated learning.

Aims: To explore and describe the aspects of clinical supervision during work-integrated learning that nursing students of designated nursing education institution appreciate.

Methods: Qualitative research with an appreciative inquiry approach was used to explore and describe the aspects of clinical supervision that undergraduate nursing students of a designated nursing education institution appreciated. The sample comprised of purposively selected students enrolled for a Diploma in Nursing on level 2 and 3, for the academic year 2021/2022. Four focus group interviews were done with a semi-structured interview guide and 45 student participants were involved. A thematic data analysis was done and ethical considerations were maintained throughout the study.

Results/Findings: **Thirteen categories** and sub-categories related to nursing students' appreciation of clinical supervision during work-integrated learning emerged, based on the findings of the study.

Conclusion and Recommendation: A conducive clinical learning environment should be established to enable proper guidance of nursing students to acquire professional knowledge and skills. Collaboration between nursing education institution and clinical facilities should be well established to facilitate effective communication.

Key terms: Clinical supervision, nursing students and work-integrated learning.

ABBREVIATIONS

ABBREVIATION/ACRONYMS	MEANING
NEI	Nursing Education Institution
SANC	South African Nursing Council
WIL	Work-Integrated Learning

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CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1. Introduction

Clinical supervision during work-integrated learning (WIL) is a critical factor in the success of nursing students' development (Scaife, 2019:30). It is done to address students' challenges to gain clinical competence (Snowdon, Sargent, Williams, Maloney, Caspers & Tylor 2019:7). Furthermore, Achempin-Ansong, Kwashie and Ofei (2022:15) emphasise that clinical supervision enhances students' growth of self-confidence and self-esteem. Nursing students are not experienced enough to carry out clinical tasks independently and they therefore require support and supervision from experienced professional nurses. Snowdon et al. (2019:2) state that clinical supervision involves a supportive interaction between expert healthcare professionals and students. According to Kumudumalee, Nishanthi, Lakmali, Thudugala and Sriyani (2021:1), quality clinical supervision and good relationships between the participants facilitates students' clinical performance. In the absence of optimal clinical supervision, students' work-integrated learning is compromised (Kamphinda & Chilemba, 2019:7; Motsaanaka, Makhene & Ally, 2020:5).

1.2. Background to the Study

Nursing education comprises theoretical and clinical components. In the latter, students are involved in WIL to enable them to take part in patient care under the supervision of professional nurses. During WIL, the students get an opportunity to acquire knowledge, develop clinical skills, integrate their knowledge into their clinical skills, and observe the interaction between the professional nurses and patients (Gonzalez-Garcia, Diez-Fernandez, Leino-Kilpi, Martinez-Vizcaino, & Strandell-Lane, 2021:695; Harris, Maguire & Newman-Taylor, 2022:128).

WIL should always take place under the supervision of professional nurses (Hendricks, Cartwright & Cowden, 2021:1). Prolonged periods of clinical supervision are, according to Snowdon et al. (2020:2), positively associated with the effectivity of the supervision. Short periods of clinical supervision and poorly managed clinical

supervision deprive students of chances to develop competency (O'Brien, McNeil & Dawson, 2019:52). Optimal clinical supervision, on the other hand, enables students to take part in quality patient care and it enhances their professional development (Howes, 2022:09).

Effective clinical supervision rests upon two pillars. The first pillar refers to the support that students get from their clinical supervisors and the second pillar refers to the collaborative engagement of the nursing education institution (NEI) and the healthcare facility where the students are engaged in WIL (Mostert, Nel, Korkie & Lubbe, 2019:4). All stakeholders should be involved in the planning of the curriculum and therefore also in the WIL (Reynolds & Mclean, 2023:2) to prevent miscommunication that may have a detrimental effect on the students' development (Achempson, 2022:02).

Good relationships between clinical supervisors and nursing students are pivotal to facilitating effective clinical supervision. Nursing students depend on their clinical supervisors for support during WIL (Port, 2019:181). According to O'Brien et al. (2019:48) and Achempim-Ansong et al. (2022:15), a positive clinical supervisor-student relationship is a requirement for students' optimal learning during WIL. Scaife (2019:30) states that such relationships develop when clinical supervisors are committed to the guidance and support of the students under their supervision. Musabyimana, Mukankusi, Nyandwi, Mugarura and Collins (2019:199) added that it goes to the extent that they engage them in all the nursing activities of the designated clinical units.

Relationships embedded in trust are crucial to ensure that students feel safe to take part in patient care under the guidance of their clinical supervisors (Coleman & Hyde, 2022:996; Anggeria & Damanik, 2022:525). Supportive clinical supervisors may enable students to openly discuss their challenges to master clinical skills (Bwangwa & Mwansa, 2022:644). They may also create safe environments for students to practice their skills (Anggeria & Damanik, 2022:526). According to Thyness, Steinsbekk and Grimstad (2022:05), students who feel safe are more likely than others to actively take part in their skills development. They easily ask their supervisors questions to clarify misunderstandings. Clinical supervisors are expected to orientate students to the clinical environment and to reduce any anxiety that they may experience (Bwangwa & Mwansa, 2022:643). They should also identify and manage

the learning needs of individual students and plan their WIL accordingly to reduce anxiety related to uncertainty (Kelly & Hassett, 2021:8). Individual student needs, abilities and challenges should be acknowledged (Kheshavarzi, 2022:05). Students require individualised support to enable them to become independent practitioners (Port, 2019:182). This notion is supported by Clevinger, Albert and Raiche (2019:225), who believe that clinical supervisors' self-disclosure about their unique paths to gain clinical competence may promote their students' professional development.

It is the responsibility of clinical supervisors to protect their students from intimidation during WIL (Vizcaya-Moreno & Perez-Canaveras, 2020:8). Clinical supervision should encourage students to talk about their challenges in the clinical environment, but also motivate them to take part in the planning and delivery of patient care. In this regard, Fook (2016:2) is of the view that optimal clinical supervision provides students with opportunities to voice out their concerns about inadequate or inefficient patient care. Clinical supervision should support students to contribute to the improvement of patient care (Bergmark & Kostenius, 2018:623).

Student-friendly clinical supervision environments are facilitated by the knowledge, skills and passion of the clinical supervisors (Kelly & Hassett, 2021:10). Clinical supervisors who exhibit confidence and superior clinical skills can help facilitate the learning of students during WIL (Bwanga & Chanda, 2019:135). This notion is supported by Lee and Kim (2020:11), who believe that students who are being supervised by competent clinical supervisors, often find it easy to develop quality clinical skills. Therefore, clinical supervisors should be sufficiently equipped with skills relating to being teachers, counsellors and consultants (Mostert et al., 2019:5). When clinical supervisors provide constructive and well-timed feedback, students are encouraged to improve their clinical skills (O'Brien et al., 2019:50). Furthermore, Sellberg, Skavberg Roaldsen, Nygren-Bonnier and Halvarsson (2022:122) alluded that constructive feedback is intended to advance the learning and skills development processes. It contributes to the development of a positive learning environment (Sithole, 2017:22) in which both clinical supervisors and students collaborate well to the benefit of the students' development (Sithole 2017:22).

One-on-one clinical supervision is often more effective than group supervision (Gusar, Bacrov, Tokic, Dzelalija & Lovric, 2020:35). Clinical supervisors should therefore plan

individual sessions with the students and also invite individual students to collaborate with them during patient care. Their role modelling may encourage the students to develop similar skills in order to become as competent as the clinical supervisors (Musabyimana et al., 2019:199; Gusar et al., 2020:30).

Clinical supervisors expect nursing students to be self-motivated and to view their development as their own responsibility in order to benefit from clinical supervision (Bwanga & Chanda, 2019:132). The students and supervisors are both responsible for the success of supervision. Achempim-Ansong et al., (2022:20) pointed out that students who are unwilling to develop their clinical skills become easily demotivated during WIL and are likely to cause errors in patient care. According to Hung, Phinney, Chaudhury, Rodney, Tabamo and Bohl (2018:2), clinical supervision is a means to engage supervisors and students in activities aimed at a common goal. In this regard, clinical supervisors and students are involved in teaching and learning to the benefit of the students' development and quality of patients' care. It is important that the supervisors and students agree regarding the processes to be followed to reach the common goal (Gusar et al., 2020:30). A poor fit between the expectations of the supervisors and that of the students may jeopardise the benefit of supervision (Port, 2019:183).

1.3. Problem Statement

Clinical supervision of nursing students is aimed at enabling them to develop clinical competence to provide quality patient care (Snowdon et al., 2019:2). Supportive relationships with their clinical supervisors during WIL may contribute to their professional development (Gusar et al., 2020:29-30; Ekstedt, Lindblad & Lofmark (2019:2). During WIL, nursing students are supported by supervisors (professional nurses employed by the healthcare service, theoretical lectures and clinical facilitators employed by the NEI) to incorporate nursing theory into practice. The supervisors should guide them during their journey to also become reflective professional nurses (Ekstedt et al., 2019:2). The Nursing Act, (Act no. 33 of 2005) directs professional nurses to actively engage in the training of nursing students during placements in healthcare services by creating learning conducive clinical environments and opportunities for skills development.

A study conducted by Brown, Reid, Dornan and Nestel (2020:994) revealed that the identity development of trainees is dependent on the interaction between the trainees and their supervisors. Poor interaction and limited cooperation between the parties are barriers to effective clinical supervision (Snowdon et al., 2020:2). Nursing students, unfortunately, often experience challenges during clinical supervision that are detrimental to their skills development. Ali, Ullar and Sanauddin (2019:17) found that such challenges are often associated with strained relationships between expert supervisors and inexperienced supervisees (in this study, the supervisees are nursing students).

The nursing students who do their WIL at healthcare services associated with the designated NEI often have to cope with clinical supervision challenges detrimental to their professional development. The researcher has observed that the clinical supervision of students often gets compromised. There is a paucity of literature in the body of knowledge regarding what nursing students appreciate during their WIL. Urged by students' complaints, the researcher decided to involve them in an appreciative inquiry to explore and describe their clinical supervision during WIL.

1.4. Research Questions

The following research question applied: How do nursing students of a designated nursing education institution appreciate the clinical supervision that they receive during WIL?

1.5. Aim and Objectives of the Study

The aim of the study as well as the objectives of the study are discussed below.

1.5.1. Aim of the Study

The aim of this study was to explore and describe the aspects of clinical supervision during WIL that nursing students of a designated nursing education institution appreciate.

1.5.2. Objectives of the Study

The objectives of the study were to:

-
- Explore and describe what is meant by clinical supervision during WIL (Definition phase of the Appreciative Inquiry 5-D cycle).
 - Explore and describe the participants' experiences of clinical supervision during WIL at healthcare services associated with the designated NEI (Discovery phase of the Appreciative Inquiry 5-D cycle).
 - Explore and describe what ideal clinical supervision could be and the participants' wishes for the ideal clinical supervision in healthcare services associated with the designated NEI (Dream phase of the Appreciative Inquiry 5-D cycle).
 - Explore and describe how the participants' wishes for ideal clinical supervision in healthcare facilities associated with the designated NEI could be achieved (Design phase of the Appreciative Inquiry 5-D cycle).
 - Explore and describe how ideal clinical supervision in healthcare services associated with the designated NEI should be implemented (Destiny phase of the Appreciative Inquiry 5-D cycle).

1.6. Definition of Key Terms/Concepts

In this study, the following definitions are applied:

1.6.1. Appreciative Inquiry

According to Armstrong, Holmes and Henning (2020:2), appreciative inquiry is a generative process that involves people focusing on promoting what is good instead of complaining about what is wrong in an institution. Arnold, Gordon, Van Teijlingen, Way and Mahoto (2022:2) define appreciative inquiry as a participatory process that encourages people to consider others' views and perspectives in order to discover new possibilities. In this study, appreciative inquiry referred to the collaboration of the nursing students of the designated NEI in exploring and describing their experiences with regard to the aspects of clinical supervision during WIL that they appreciated and therefore wanted to be enhanced. The 5-D cycle of appreciative inquiry applied.

1.6.2. Clinical Supervisor

A clinical supervisor is a "qualified health professional who is designated to be responsible for the students during clinical placement" (Dyar, Stenfors, Lachman &

Kiessling, 2021:713). Russell (2019:6) defines the clinical supervisor as an appropriately qualified professional person who guides learners' education and training during clinical placement. In this study, the clinical supervisor referred to the designated professional nurses who were responsible for students' learning during WIL in healthcare services associated with the designated NEI. They included the professional nurses employed by the healthcare services and the lecturers and clinical facilitators appointed by the designated NEI.

1.6.3. Clinical Supervision

Clinical supervision is a "continuous professional relationship between staff members who have different expertise, aiming at enhancing professional development and support" (Rothwell, Kehoe, Farook & Illing, 2019 :7). The R.171 South African Nursing Council (SANC) regulation of March 2013 defines clinical supervision as assistance and support extended to students by professional nurses at a clinical facility with the aim of developing a competent, independent nursing practitioner. In this study, clinical supervision referred to the guidance, support and feedback given to nursing students by professional nurses employed by the healthcare services associated with the designated NEI and the lecturers and clinical facilitators appointed by the designated NEI.

1.6.4. Nursing Student

Nursing student refers to a person who is registered with the SANC as a student undergoing nursing training (R.171 regulation of March 2013). In this study, a nursing student referred to a student enrolled for a diploma in nursing (general) at a designated NEI in the Gauteng Province of South Africa.

1.6.5. Work-Integrated Learning

Work-integrated learning is learning that takes place in a working environment as part of a formal training program (Teichgraber, Ingwersen, Bruckenmeyer, Malouhi, Arndt, Herzog, Franiel, Mentzel & Aschenbach, 2021:2). It refers to the practice of integrating formal learning with student exhibition to the work-world (Ponikwer & Patel, 2021:888). In this study, work-integrated learning referred to the nursing students' learning in a

real-life work setting for the purpose of professional development and the acquiring of clinical competence and knowledge.

1.7. Context/Setting

The context of a study refers to the physical location in which data collection takes place (Polit & Beck, 2022:400). This study was conducted at the designated NEI which offers a three-year diploma programme in nursing science. The NEI is one of the campuses which fall under the Gauteng College of Nursing and is situated west of Johannesburg in the Mogale City Local Municipality, 12 km from Krugersdorp town. In 2022, the NEI had 145 registered students, 101 students in level one and 44 students in level two. No level three students were registered.

It was assumed that at least 40 of the 44 students in level two would be promoted to level three. When the study was implemented in 2023, the NEI had registered students in all three levels. The researcher conducted the study with students in the second and third levels. At the time of the study, four clinical supervisors and four theory lecturers assisted students in level one. Four clinical supervisors and four theory lecturers were appointed to facilitate the learning of the students at the second level. Three clinical supervisors and three theory lectures supported the students in level three. Eight managers were responsible for the management of the NEI. The students did their WIL at five public hospitals and 20 clinics that were associated with the NEI.

1.8. Assumptions

Assumptions are described by Polit and Beck (2022:376) as ideas that are accepted as being true depending on logic or reason without being scientifically proven. The assumptions in this study are discussed concerning the constructivist paradigm. The constructivist paradigm assumes a relativist ontology (multiple realities), a subjectivist epistemology (knower and respondent co-create understandings), and a naturalistic (in natural world) set of methodological procedures (Denzin & Lincoln, 2003:35). In this study, the ontological assumption refers to the nature of the studied reality (Klenke, Martin & Wallace, 2015:15), namely how nursing students of a designated NEI appreciate the clinical supervision that they received during WIL. The researcher assumed that multiple realities existed and that the participants' understanding of reality differed. The researcher, therefore performed a qualitative study with an

appreciative inquiry approach and interviewed participants until saturation of data occurred. The data was co-created by the researcher and the participants (epistemological assumption) during focus group interviews in a natural environment where the participants were free to discuss their opinions (methodological assumption).

1.9. Theoretical Framework

Grove and Gray (2018:178) defined a research framework as a theoretical basis of the study. It is used to guide the study; new knowledge is generated regarding the framework. The researcher chose the Cooperrider and Avital 5-D cycle of Appreciative Inquiry to structure the exploration and description of the factors that influence clinical supervision during WIL by the student participants. The 5-D cycle of definition, discovery, dream, design, and destiny guided the focus groups' interviews (Bergman & Kostenius, 2018:624).

Appreciative inquiry focuses on the strengths of an institution or process such as clinical supervision instead of identifying the problems and the deficits. It enables groups of people to define the process; to tell what positive aspects are in place; to discuss how the positive aspects can be highlighted and further developed; and how the improvements should be implemented (Armstrong, Holmes & Henning, 2021:1).

The researcher explored and described how the student participants appreciated the clinical supervision that they received during WIL.

1.9.1. Definition

The participants were asked to define the purpose and content of clinical supervision during WIL, and clearly state what they want to achieve with the discussion. The focus was on "What topic do we want to focus on together?"

1.9.2. Discover

The participants were asked to describe their experiences of clinical supervision during WIL. The dialogue focused on finding out 'what works' and the participants were encouraged to re-discover the successes and strengths of the current practice.

1.9.3. Dream

The participants were asked to describe what could be ideal clinical supervision and their wishes for such supervision. The focus was on using past achievements to imagine new possibilities and to envisage a preferred future.

1.9.4. Design

The participants were asked to discuss how their wishes for ideal supervision could be achieved. The focus was to determine 'what should be'. It was important to support the participants to bring 'the best of what is' together with 'what might be' to create 'what should be'.

1.9.5. Delivery/Destiny

The participants were asked to discuss how the actions for ideal supervision should be implemented. The emphasis was on creating 'what will be'.

1.10. Delineation

The study was limited to students in levels two and three. When students reach level two and three, they have had sufficient exposure to clinical supervision to make a significant contribution to appreciate the clinical supervision in the hospitals and clinics associated with the designated NEI. Only students were involved as they were the only people who could appreciate the current state of supervision and only they could tell how it should be developed and improved.

1.11. Summary of the Chapter

In this chapter, the introduction and background of the study were described. The problem statement was outlined. The chapter further delineated on the research questions, aims and objectives, definition of concepts, assumptions and theoretical framework. In the next chapter, the methodology will be described.

CHAPTER TWO

RESEARCH METHODOLOGY

2.1. Introduction

In the previous chapter, the introduction to the dissertation was described. This chapter describes the research design and methods, and ethical considerations applied to this study. The aim of the study was to explore and describe the aspects of clinical supervision during WIL that nursing students of a designated NEI in the Gauteng province appreciated.

2.2. Research Design

Research design refers to “the overall plan for addressing a research question, including strategies for enhancing the study’s integrity” (Polit & Beck, 2022:399). The researcher did qualitative research with an appreciative inquiry approach. Polit and Beck (2022:396) define qualitative research as a comprehensive study of phenomena, through the collection of rich data using a flexible design. The researcher assumed that the answer to the problem statement was discovered in collaboration with the participants (Janse van Rensburg, 2021:1).

In appreciative inquiry the focus is not on describing the problem, but on identifying positive possibilities to address the problem (Boyd & Bright, 2007:1026). The strengths in practice, rather than the known weaknesses, are emphasised (McSherry, Timmins, de Vries & McSherry, 2018:1112). The world (and therefore also the reality of clinical supervision of students) is socially constructed and therefore the student participants who experience the reality should be included in “appreciating multiple possibilities and different ways for bringing about change” (Bergman & Kostenius, 2018:624). Students’ voices should be heard when their education is researched (Bergman & Kostenius, 2018:623).

2.2.1. Methods

The 5-D cycle of appreciative inquiry was used to guide the focus group interviews. In the definition phase, the topic of inquiry was discussed; in the discovery phase ‘what is’ was the focus; in the dream phase ‘what could be’ was emphasised; in the design phase ‘what should be’ was the focus; and in the delivery phase creating ‘what will be’ was covered.

2.2.2. Population

Population is a “complete set of persons or objects that possess some common characteristics that are of interest to the researcher” (Brink, Van der Walt & Van Rensburg, 2018:202). In this study, the population was levels two and three nursing students enrolled according to the SANC R.171 at the designated NEI during the 2020/2021 academic year (mid-year intake). The study population consisted of approximately 145 students who were (in 2022) in levels two and three. The data was collected in 2023 when they were in levels two and three.

2.2.3. Sampling Method and Sampling Size

Sampling is a process that necessitates choosing a category of people, events, objects, or other elements with which to conduct a study (Grove & Gray, 2018:229). Non-probability purposive sampling was used in this study to select nursing student participants who have had experience with clinical supervision during WIL. Purposive sampling is a method in which the researcher chooses participants based on a personal judgement about who has more knowledge and information regarding the problem under study (Polit & Beck, 2022:398). Purposive sampling was chosen because the researcher wanted to interview participants having the potential to provide rich data as they have had ample experience with clinical supervision during WIL.

Sample size has no rules in qualitative research and data saturation; this guided the principle of sample size in this study (Polit & Beck, 2022:178). Participants were chosen for their experience with the studied phenomenon (Carpenter 2017:139). Saturation can be achieved with a relatively small number of well-informed participants who are effectively able to reflect on their experiences (Polit & Beck, 2022:178). In this

study, collection of data was done until no new information was obtained. Four focus group interviews were done, and 45 nursing student participants were involved.

2.2.4. Inclusion and Exclusion Criteria

The following inclusion criteria applied: Level two and three students; registered for the SANC R.171 programme, who were willing to participate were selected. The researcher excluded students in level one as they were not able to provide accurate appreciative information concerning clinical supervision during WIL due to their limited experience with clinical supervision.

2.2.5. Data Collection and Organisation

Grove and Gray (2018:470) define data collection as a methodical assembling of information applicable to the purpose of the study. A clear description regarding how data was collected is needed (Brink et al., 2018:133). Focus group interviews were used to collect rich data.

After obtaining approval of the proposal from the Research Ethics Committee of the Faculty of Health Sciences, University of Pretoria and permission for the research was granted by the NEI management and the Gauteng Department of Health, the researcher requested a meeting with the lectures and departmental heads to discuss all aspects pertaining to the study. The researcher thereafter informed the entire study population of the research and invited them to indicate their willingness to take part. The researcher addressed the ethical implications of the study and discussed the possible implications resulting from the findings of the study. Thereafter, possible concerns were addressed.

The participants who were willing to engage in the research study were given consent forms to study on their own time. Participants who felt comfortable participating in the study signed the forms and returned them to the researcher. From level three students, 28 students returned the forms and from level two, 39 students returned the forms. From the 67 students, 50 students were purposively selected to participate in the study. The criterion used to select the participants was selecting students who got an overall aggregate of 80–100 % in their clinical summative modules for the previous academic years. The researchers' judgemental perspective of selected criterion was

that, they were able to articulate well with the clinical procedures and as a result, they provided dense information and expressed well their feelings about the study topic. Then the researcher singled them out from the higher to lower, with the assistance of the Student Affairs office which deals with the students' academic records.

Focus group interviews were utilised to collect data. According to Boggs (2015:239), a focus group is "a group of people who have personal experience of a topic of interest and who meet to discuss their perceptions and perspectives on that topic". A focus group interview is an interview consisting of a group of individuals assembled to answer questions on a given topic (Polit & Beck, 2022:181).

Four focus group interviews, two with students from level two and two with students from level three were done. During focus group interviews, the participants defined the topic clinical supervision during WIL, its purposes and the content of clinical supervision; followed by description of their best experiences of clinical supervision; followed by a description of what the supervision could be; should be; and how the ideal supervision could be implemented (Refer to Appendix F for the interview guide). The interviews lasted about two hours and were facilitated by the researcher and a co-facilitator (a fellow Masters in Nursing student) who received the training prior conducting the focus group interviews and signed the confidentiality agreement form.

The interviews were audio-recorded with the permission of the participants and later transcribed verbatim. The co-facilitator wrote field notes to capture data that was not audio-recorded and to compensate for any discrepancies. The richness of the data collected through focus group interviews depended on the dynamics of the researcher to facilitate the interviews. The researcher tried to gain rich data by encouraging the participants to fully describe their contributions to the interviews. The facilitator is mediator to interviews not only by managing relationships but also by generating a relaxed and pleasant environment for unfamiliar participants (Nyumba, Wilson, Derrick Mukherjee, 2018:23). Free interviews without fear and criticism are based on a secure environment. Therefore, the boardroom of the NEI was used during the interviews as it is quiet, and participants felt free to share their perceptions.

It is important to negotiate time frames and interview dates (Liamputtong & Rice, 2021:21). Time may be prolonged than scheduled, up to three hours depending on the dynamics of groups, or the least amount of time may be needed if the objectives of the

study have been effectively covered. In this study, the focus group interviews were scheduled to last for approximately one hour and fifty minutes to two hours with each group.

On the days of the focus group interviews, the researcher arrived earlier than the scheduled time to welcome the participants on arrival. The participants were given time to settle in. The researcher and the co-facilitator introduced themselves including their roles during the interviews. The researcher explained to the participants that she would facilitate the interviews and that the co-facilitator was responsible for taking notes of data that may possibly not be audio-recorded. The researcher further thanked and welcomed the participants for availing themselves and their willingness to participate in the study, thus creating a comfortable and non-threatening environment (Grove, Burns & Gray, 2012:275). All participants were encouraged to speak openly and feel free during the discussion even if their views were opposed by their fellow participants (Liamputtong & Rice, 2021:22). Participants were asked to introduce themselves by their preferred names to establish rapport and generate a sense of group identity (Liamputtong & Rice, 2021:22). Participants were informed to address themselves as per given code to maintain confidentiality.

The researcher made the participants aware when she commenced with the interviewing process. The questions were posed proficiently which enabled the participants to remain focused and upraised their own questions based on the discussion. Follow-up questions further enhanced the participants to elaborate on their responses. The participants were provided with an opportunity to respond with an understanding and think deeply about the question asked through replicating and summarising of questions. The researcher ended the interview session by thanking all the participants for availing themselves and willingness to participate. Refreshments were then served as a token of appreciation. Data collection commenced in December 2023 and lasted until February 2024.

2.2.6. Data Analysis

According to Grove, Gray and Burns (2015:47), data analysis is a procedure of reducing, assembling and giving meaning to data. Data analysis in qualitative research is done simultaneously with data collection (Brink et al., 2018:180). In this study,

recorded data was analysed by the researcher and the independent co-coder, and a consensus was reached on the themes that emerged from the data.

A thematic data analysis was used. The following framework, described by Cardiff, McCormack and McCance (2018:510) applied:

- 1) **Familiarisation and submergence:** Reading and scanning data (transcripts and field notes) to enhance an understanding.
- 2) **Creative expression:** Worked intermittently through the transcripts and field notes to ensure that one returns with 'new eyes' to the data. Identified keywords/concepts to indicate relevant information that will be used in the final product.
- 3) **Blending and melding:** Sought intermittently patterns and connections using the words/concepts; clustered those that can be blended and others for melded to form a tentative thematic framework.
- 4) **Indexing:** Associated extracts from the raw data with the themes (new themes may emerge from re-reading the data).
- 5) **Reviewing and refining:** Thick descriptions for each theme were written, and supported by the excerpts from the transcripts.
- 6) **Critiquing:** Member-checking the themes with the participants (through dialogues) until consensus was reached.

The findings were discussed with literature to indicate how it filled the gap in the knowledge base that led to the planned study. In this study, recorded data was analysed by the researcher and an independent co-coder, and consensus was reached on the themes that emerged from the data.

2.3. Rigour

Grove and Gray (2018:484) describe the trustworthiness of qualitative research findings as the strength of the findings relating to the credibility, transferability, dependability and confirmability thereof.

2.3.1. Credibility

Credibility of the findings refers to having a belief in the truth value of the data (Polit & Beck, 2022:276) and is obtained when the researcher has a prolonged engagement with the participants; uses more than one data collection method; and involves the

participants in member checking the outcome of the research (Brink, Van der Walt & Van Rensburg, 2018:158 & 159). In this study, the researcher collected data from 45 participants until saturation occurred, used audio-recorded focus group interviews and field notes, and involved the participants in checking the themes. Prolonged engagement in this study was ensured by building rapport with the interviewees to eliminate misconceptions and allay anxiety prior discussions and spending 2 hours at the NEI boardroom during an information sharing session.

2.3.2. Dependability

According to Polit and Beck (2022:277), the dependability of the findings refers to the “stability of data over time and over conditions.” Enough information should be provided to enable other researchers to repeat the study in the same or similar context and to get similar findings (Brink et al., 2020:159). The researcher ensured the dependability of the findings by thoroughly describing the research methodology.

2.3.3. Confirmability

Polit and Beck (2022:277) describe confirmability of the findings as the “potential for the congruence between two or more independent people about the data’s accuracy, relevance or meaning.” The findings should represent the information provided by the participants (Brink et al., 2020:159). In this study, the researcher ensured confirmability by using excerpts (quotations) from the focus group interviews to substantiate the categories and sub-categories.

2.3.4. Transferability

The transferability of the findings is the “extent to which qualitative findings have applicability in other settings or groups” (Polit & Beck, 2022:277). The researcher provided a dense description of the participants, the context of the study, and the research methods used to permit the consumer to assess the applicability of data in other settings and with other participants.

2.3.5. Authenticity

Polit and Beck (2022:376) refer to the authenticity of the findings as the degree to which qualitative researchers display a range of different realities in data collection

and analysis. The research report should only include findings that are substantiated by the data obtained from the participants (Brink et al., 2018:160). The researcher included excerpts from the interviews to communicate the perspectives of the participants.

2.4. Ethical Considerations

The researcher adhered to the following ethical principles in the execution of the research after obtaining the approval of the proposal from the Faculty of Health Sciences Research Ethics Committee of the University of Pretoria (Refer to Appendices D) and after having received permission from the Department of Health, Gauteng Province and from the designated NEI management:

2.4.1. Beneficence

According to Polit and Beck (2022:376), beneficence is defined as a principle that requires optimising the benefits of the study for the participants and preventing harm. The researcher protected the participants from harm. There were no direct benefits to the participants as they only got an opportunity to provide inputs to a process, namely clinical supervision that forms a major part of their preparation to become professional nurses.

2.4.2. Respect for Human Dignity

Respect for human dignity entails the right to self-determination whereby Polit and Beck (2022:400) define it as a person's right to an optional decision to participate in the study or not. The researcher shared the information with participants before informed consent was obtained regarding the right to voluntarily participate in the study and withdraw from participation at any time without any negative consequences. Thereafter, participants who were willing to participate were asked to provide informed consent.

2.4.3. Justice, Confidentiality, Privacy and Anonymity

Justice refers to a "participant's right to fair selection and treatment" (Brink et al., 2018:30). The principles of keeping information confidential and ensuring the

anonymity of participants were applied. Confidentiality refers to when information shared by the participants is safely managed by the researcher (Grove et al., 2015:107). The researcher ensured that participants' privacy and confidentiality were maintained throughout the study. The participants were assured that their identities would remain anonymous and all participants received the same treatment and information to clarify questions. There were no risks associated with participating in this study. Participants were assured that they could withdraw from participating in the study at any time and this would not be used against them.

2.5. Summary of the Chapter

In this chapter, the researcher described the methodology of the research. Data was obtained by means of focus group interviews. The researcher together, with an independent coder conducted the data analysis. Trustworthiness was adhered to throughout the study. In the next chapter, the findings of the study will be described and thereafter discussed with literature references.

CHAPTER THREE

DESCRIPTION AND DISCUSSION OF FINDINGS

3.1 Introduction

This chapter presents a description of the findings and a discussion thereof with references to literature. A qualitative research methodology, using an appreciative inquiry approach was used to explore and describe the aspects of clinical supervision during WIL that nursing students of a designated nursing education institution appreciate. Levels two and three students registered for the SANC R.171 programme participated in four focus group interviews conducted by the researcher. Deductive data analysis was done following the 5-D model of appreciative inquiry. Categories and sub-categories were identified by the researcher and validated by the study supervisor.

3.2 Participants' Profile

Table 0.1 below shows the participants' profiles. The actual names of the participants were not used due to their right to privacy and to ensure that all data that they shared with the researcher was treated in a confident manner. Instead, participants were referred to as P1G1 meaning participant number 1 in focus group number 1 or P1G2 meaning participant number 1 in focus group number 2. The 45 participants were allocated to different clinical facilities for work-integrated learning between the age of 22 and 52 years, comprised of 38 females and 7 males.

Table 0.1: Participants' Demographic Information

NO.	GENDER	AGE	LEVEL OF STUDY	FOCUS GROUP CODES
1.	Female	30	3	G1P1
2.	Female	29	3	G1P10
3.	Female	31	3	G1P11

NO.	GENDER	AGE	LEVEL OF STUDY	FOCUS GROUP CODES
4.	Male	31	3	G1P12
5.	Female	23	3	G1P2
6.	Female	29	3	G1P3
7.	Female	29	3	G1P4
8.	Female	26	3	G1P5
9.	Female	26	3	G1P6
10.	Female	26	3	G1P7
11.	Female	20	3	G1P8
12.	Female	22	3	G1P9
13.	Female	22	3	G2P1
14.	Male	45	3	G2P10
15.	Female	23	3	G2P11
16.	Female	31	3	G2P12
17.	Female	23	3	G2P2
18.	Male	23	3	G2P3
19.	Female	30	3	G2P4
20.	Male	34	3	G2P5
21.	Female	24	3	G2P6
22.	Female	20	3	G2P7
23.	Female	37	3	G2P8
24.	Female	29	3	G2P9
25.	Female	37	2	G3P1
26.	Female	23	2	G3P2
27.	Male	40	2	G3P3
28.	Male	24	2	G3P4

NO.	GENDER	AGE	LEVEL OF STUDY	FOCUS GROUP CODES
29.	Female	28	2	G3P5
30.	Female	24	2	G3P6
31.	Male	23	2	G3P7
32.	Female	52	2	G3P8
33.	Female	25	2	G3P9
34.	Female	24	2	G4P1
35.	Female	26	2	G4P10
36.	Female	26	2	G4P11
37.	Female	31	2	G4P12
38.	Female	22	2	G4P2
39.	Female	26	2	G4P3
40.	Male	29	2	G4P4
41.	Female	43	2	G4P5
42.	Female	25	2	G4P6
43.	Female	31	2	G4P7
44.	Female	52	2	G4P8
45.	Female	24	2	G4P9

3.3 Research Findings

The findings of the study were summarised into 13 categories. The findings were further elaborated on in sub-categories under each of the 13 categories according to the 5-D appreciative inquiry model. The data of the study are presented based on the five objectives of the study:

- **Definition Phase:** Explore and describe what is meant by clinical supervision during WIL.

- **Discovery Phase:** Explore and describe the participants' experiences of clinical supervision during WIL at healthcare services associated with the designated nursing education institution (discovery phase).
- **Dream Phase:** Explore and describe what ideal clinical supervision could be and the participants' wishes for ideal clinical supervision in healthcare services associated with the designated nursing education institution.
- **Design Phase:** Explore and describe how the participants' wishes for ideal clinical supervision in healthcare services associated with the designated nursing education institution could be achieved.
- **Destiny Phase:** Explore and describe how ideal clinical supervision in healthcare services associated with the designated nursing education institution should be implemented. Table 0.2 shows a summary of the categories and sub-categories.

Table 0.2: Summary of Categories and Sub-Categories

PHASE	CATEGORY	SUB-CATEGORY
DEFINITION	Being guided to apply theory into practice	Getting opportunities to practice clinical skills.
		Receiving support to perform procedures.
		Being supported to achieve learning objectives.
		Being provided with a positive clinical learning environment.
DISCOVERY	Acknowledge existing areas of learning conducive clinical environment	Being thankful for students' involvement in nursing teams.
		Welcoming orientation in clinical units.

PHASE	CATEGORY	SUB-CATEGORY
	Appreciate supportive relationships with clinical facilitators	Respecting the positive attitude of clinical facilitators.
		Valuing clinical facilitators' willingness to teach.
		Appreciating opportunities to develop trusting relationships with clinical facilitators.
		Being grateful for the role modelling of clinical facilitators.
	Endorse opportunities for learning	Cherish opportunities to develop professionally.
		Appreciate proper allocation to clinical learning opportunities.
DREAM	Envisage a clinical learning conducive environment	Hope for proper planning of clinical learning opportunities.
		Wish for standardised procedures in wards and clinical units.
		Dream of having sufficient time and opportunities to apply theory and master skills.
		Longing for cooperation that supports students.

PHASE	CATEGORY	SUB-CATEGORY
	Visualise optimal cooperation between NEI and clinical facilities	Recommend optimal communication to prevent students' challenges in clinical practice.
	Wish for a favourable allocation of human and material resources to support clinical learning	Wish for enough resources to support clinical learning.
		Longing for a delegated unit in clinical facilities to support students' learning and skills development.
DESIGN	Improve clinical learning environment	Revision of clinical learning opportunities.
		Standardisation of nursing procedures in wards and clinical units.
		Correlation between the time allocated for and the scope of skills to be mastered.
	Support cooperation between NEI and clinical facilities	Enhanced cooperation between the NEI and clinical facilities to benefit students' learning.
		Optimal communication to prevent students' challenges in clinical practice.
	Request favourable allocation of human and material	Budget allocation to fit clinical learning demands.

PHASE	CATEGORY	SUB-CATEGORY
	resources to support work-integrated learning	A delegated unit in clinical facilities to support students' learning and skills development.
DESTINY	A clinical learning conducive environment	Revise curriculum and clinical learning opportunities.
		Address discrepancies in procedures in wards and clinical units.
		Revisit the time allocated to apply theory and master skills.
	Optimal cooperation between NEI and clinical facilities	Improve cooperation between the NEI and clinical facilities
		Ensure optimal communication to prevent students' challenges in clinical practice.
	Favourable allocation of human and material resources to support clinical learning	Adjust budget to support clinical learning.
Implement a delegated unit in clinical facilities to support students' learning and skills development.		

3.3.1 Definition Phase

The definition phase explored and described what is meant by clinical supervision during WIL.

3.3.1.1 Category: Being Guided to Apply Theory into Practice

According to 5-D of appreciative inquiry the participants explored and described clinical supervision in the definition phase. Four sub-categories emerged in this category:

- Getting opportunities to practice clinical skills.
- Receiving support to perform procedures.
- Being supported to achieve learning objectives.
- Being provided with a positive clinical learning environment.

3.3.1.1.1 Sub-Category: Getting Opportunities to Practice Clinical Skills

According to most participants, students should get opportunities to demonstrate a clinical procedure in real life under the supervision of professional nurses. It was confirmed by one of the participants who stated that:

“I could say clinical supervision is to go to the clinical facilities and to be exposed to the clinical procedures that you have been taught in theory at the college and now demonstrating them in the real-life situation” (P8-FG3).

The statement was verified by another participant who defined clinical supervision as performing skills while the clinical facilitators are watching on:

“Clinical supervision for me is being observed while you are demonstrating the skills that you have been taught in the simulation lab and doing it by getting that demonstration in the clinical facilities” (P7-FG3).

Another participant added that clinical supervision is when a student is being given an opportunity to perform a procedure independently, but under the guidance of the clinical facilitators:

“I think clinical supervision is when as a student you are placed in a clinical facility whereby you are given an opportunity to do a task or a skill individually, but under the supervision of the professionals” (P11-FG4).

3.3.1.1.2 Sub-category: Receiving Support to Perform Procedures

Receiving support to perform procedures emerged as the second sub-category. The participants defined clinical supervision as receiving proper support from clinical facilitators.

This has been confirmed by a participant who said:

“I would define it as being guided on how to do something that I have already been shown...when I am being supervised I would assume that it is me being guided on how to properly reinforce what I have learned...we are not starting from the bottom but we are just refining the details of the procedure” (P5-FG3).

Another participant defined clinical supervision as being guided on how to perform a procedure in a real clinical environment by lectures and facilitators who initially demonstrated the skill. This also helps in solving real clinical challenges:

“In the case of going to the clinical facility, they will now show you how to do that in a clinical environment...they will guide you on how to do certain skills and how to deal with the challenges experienced in clinical areas” (P6-FG4).

3.3.1.1.3 Sub-category: Being Supported to Achieve Learning Objectives

Being supported to achieve learning objectives emerged as the third sub-category. The participants agreed that being delegated tasks according to the study level learning objectives equals support in achieving their learning objectives. This has been seen also as a supportive way to help the students master the procedures and gain competency.

One of the participants described the importance of duties being delegated to students as follows:

“They will have your objectives depending on the level that you are in. For this level, your objectives are 1, 2, and 3. Surely guiding you in obtaining the objectives as well as competency of skills that the lecturers have simulated for you” (P8-FG2).

Another participant further explained that performing the delegated tasks more often assists in becoming proficient in procedures. Clinical facilitators should identify the shortfalls in order for them to provide the necessary support:

“If I am doing the delegated tasks more often with the guidance and supervision of professional nurses or clinical lectures, I would be mastering the procedure and achieving my learning objectives at the same time. Therefore, supervision will prompt the clinical lecturers or the professional nurses to identify if I could be left independently or if I still need support somewhere somehow” (P11-FG1).

3.3.1.1.4 Sub-category: Being Provided with a Positive Clinical Learning Environment

Being provided with a positive clinical learning environment emerged as the fourth sub-category under the definition phase. The participants revealed that their clinical learning environment became more conducive to learning when staff members were friendly and gave them opportunities to learn, and when their objectives were clarified so that they got proper guidance. It was confirmed by a participant who stated that when the professional nurses were friendly and involved the students when performing duties and were willing to clarify their questions, the clinical environment became positive:

“When they are close to us and becoming friendly, so that if we have any question regarding any procedure, they should be there to clarify and help us...when they involve us, whenever they are handling out any duty so that they can be able to teach us in the unit” (P3-FG3).

Another participant indicated that the operational manager ensured that when she did patient rounds; she involved the students. The students appreciated that she used teachable moments to allow students to get familiar with their patients' conditions:

“The operational manager of ward...is one of those people. She will take the rounds in the morning with the students and check every file of the patients. She will tell you the conditions of the patients...and it taught me that every day when I arrive in the ward I must take a handover report and go to the patients' files, so that I can know the patients of that particular day” (P1-FG1).

Another participant added that the professional nurses and operational managers who created opportunities for students to teach other ward staff enabled the students to grow professionally:

“So... in this ward there was a time where you would give a lesson even though it is a simple procedure...you will sometimes be the one who is responsible...be

the one standing there and explaining the whole procedure...that matron who gave us the opportunity so that we can actually shine out there to actually allow us to make mistakes and learn from the exposure” (P9-FG3).

Another participant revealed that the professional nurses and operational managers gave students an opportunity to practice with immediate constructive feedback. The clinical environment was positive as they were respected:

“I would like to appreciate the operational managers who are hands-on in whatever activity when there is a need. I remember the last block, I got a chance to be placed at ward...the operational manager and the professional nurses gave the students an opportunity to practice skills while they were watching on. Immediately when you are done with the procedure, they gave us positive constructive feedback. They did not humiliate us. This is one of the wards that I would like to appreciate” (P5-FG3).

3.3.1.2 Discussion with Literature

A learning-conducive clinical environment is an invaluable component of the teaching and learning platform of nursing education. It provides opportunities for students to be engaged in clinical practice under the supervision of lecturers and clinical facilitators. During work-integrated learning, they develop clinical skills and also learn how to integrate theory in patient care (Al-Daken, Lazarus, Sabei, Alharrasi & Qadire, 2024:4). Being guided to apply theory into practice by clinical facilitators is the cornerstone of a learning conducive clinical environment. Students need to be guided through procedure performance until they are proficient. In this study, participants defined clinical supervision as being guided to apply theory into practice. Where opportunities to practice clinical skills are used, support from clinical facilitators is experienced, and a learning conducive environment is provided.

A study conducted by Al-Daken et al. (2024:6) revealed that students appreciated opportunities to observe and demonstrate nursing procedures with guidance from clinical facilitators. These findings concur with that of a study by Jacob, Seif and Munyaw (2022:4), who found that a clinical facilitator’s main responsibility is to prepare students to meet clinical learning objectives. Moreover, Ashipala and Kampale (2022:14), in their study, indicated that students require proper guidance to learn how to perform nursing procedures. Students depend on their lecturers and clinical

facilitators to achieve their learning objectives and to develop professional skills. A supportive clinical learning environment fosters learning and skills development. A study conducted by Maalouf and Zaatari (2024:6) revealed that a supportive clinical learning environment is of great importance for promoting student commitment in work-integrated learning. Therefore, work-integrated learning serves as a keystone for preparing nursing students for their future clinical endeavours. The participants experienced a supportive clinical learning environment. They reported that some professional nurses were friendly and encouraged them to ask questions and to learn from the answers that the professional nurses provided. These findings concur with those of a study by Thapur, Iqbal, Sultan, Ali, Ullar, Bibi, Khan, Tamimi and Ali (2023:2966) who stated that learning takes place when students are provided with a supportive clinical environment and are given opportunities to ask questions and get clarity as well as being treated as part of teams. A study by Saati (2023:241) revealed that students associate supportive clinical environments with professional relationships with their mentors. Similar findings were found from a study conducted by Clara, Roma, Dyle, Peter, Emma and Kate (2022:35) who indicated that students appreciate supportive and welcoming clinical environments as they consider it as an advantage to require clinical skills.

The participants were impressed by professional nurses who were clinical experts and who enjoyed creating opportunities for them to develop their clinical skills. These findings corroborate with that of Yaseen Fathi and Ibrahim (2023:4) who stated that students wish to enjoy support and encouragement from clinical facilitators. They appreciated professional nurses' willingness to offer them individual sessions to improve their clinical skills. Without support from clinical facilitators and the availability of a learning-conducive environment, clinical facilitation during work-integrated learning is not possible.

3.3.2 Discovery Phase

The discovery phase explored and described the participants' experiences of clinical supervision during WIL at healthcare services associated with the designated NEI.

3.3.2.1 Category: Acknowledge Existing Areas of Learning Conducive Clinical Environment

This category emerged from the second phase of the 5-D appreciative inquiry model which is the discovery phase. The participants explored and described their past good experiences with clinical supervision during WIL. In this discovery phase of the data collection, participants discussed what worked well for them. Under acknowledging existing areas of learning conducive clinical environment. Two sub-categories emerged from this category:

- Being thankful for students' involvement in nursing teams.
- Welcoming orientation in clinical units.

3.3.2.1.1 Sub-category: Being Thankful for Students' Involvement in Nursing Teams

The study findings revealed that most participants appreciated that they had been involved in nursing teams during WIL. When there was teamwork and collaboration with professional nurses, the clinical environment prompted better opportunities for students to learn.

One of the participants described it as follows:

"We need to collaborate and work as a team. These work best for me. You do this, you do that, do that first...teamwork, collaboration, communication and independence are best for me" (P4-FG4).

Another participant alluded further that teamwork and cooperation enabled them to achieve learning objectives:

"I find that it works better for us as students when there's cooperation from let's say the nurses and as well as the organisational manager. It becomes easier for us to meet our learning outcomes" (P6-FG3).

Another participant confirmed that the team's capabilities had been channelled positively by a cooperative operational manager. She was also available to do

clinical work and did not focus on her managerial responsibilities only. They learned from her as she was setting a professional example:

“Initially I told myself that as soon as I qualified I was no longer going to do feeding, I was no longer going to do nappy changing. However, the operational manager in ward...changed me. She is so humble. When she is free and seeing the ward shortage of staff, she will feed the patients and do nappy changing. This taught me that regardless of where you are, the patients always come first regardless of your position. Teamwork and humility work better for me regardless of the position. It this has changed my mindset” (P5-FG1).

3.3.2.1.2 Sub-category: Welcoming Orientation in Clinical Units

Welcoming orientation in the clinical units' sub-category emerged from what worked better for the participants. Orientation is one of the aspects that always needs to be prioritised for every newly allocated nurse and nursing student to a hospital unit. When nurses are fully oriented in the unit's dynamics, time is saved as no one walks around not knowing what to do. The study findings revealed that most participants functioned better when they had received a thorough orientation of the unit.

This was verified by one participant who stated that when full orientation to the unit's routine is done, coupled with proper delegation of responsibilities, the students knew what was expected of them:

“I also feel like I work best if I am orientated in your ward at the clinical facility's routine. Because I don't want to be told every time and follow me around. Like, tell me in the morning and do proper delegation, I will work according to the delegation, so that I will know what I should do” (P11-FG4).

Another participant further explained that when thorough orientation on how duties should be performed during the first time of exposure in the unit is done, students feel free to seek clarity when needed:

“I should be oriented fully about the routine of the ward per day...like what are the norms and how they work...professional nurses when we get there, they treat you like you already know everything pertaining to your academic level...please just explain things thoroughly, and whenever I don't understand, I will come to you and ask” (P7-FG4).

Another participant also longed for a thorough orientation on how units operate. She felt that the units should improve their orientation of students:

“We have seen students how they have been oriented in terms of the ward and the working environment...as much as they are there to learn and do their objectives...they must also acclimatise themselves with the working environment within the ward...if they can do it more, it can help students in the challenges that they face” (P7-FG3).

2.5.1.2. Discussion with Literature

It is the responsibility of professional nurses in South Africa to create a safe learning environment for students (Nursing Act no. 33 of 2005). A learning-conducive clinical environment is vital for students’ professional development and mental well-being. The study findings concur with those of Sweet (2019: 23) who stated that such an environment, with effective orientation, positively impacts students’ clinical learning. A study conducted by Zhang, Shields, Ma, Yin, Zhang and Hui (2022:548) revealed that a learning-conducive clinical environment where professional nurses operate in teams and involve the students in teamwork stimulates the interest of students to increase their clinical knowledge and skills. According to the research findings of Baek, Han, Cho and Ju (2023:433), teamwork enhances the knowledge and skills of all the members involved.

According to the findings of a study conducted by Boe and Debesay (2021:4), students showed much appreciation for the unit orientation they received, as well as the professional nurses’ efforts to develop good relationships with them. It made them feel safe to perform duties allocated to them as they could rely on their supervisors’ support. On the other hand, the findings of a study by Makhaya, Lethale and Mogakwe (2023:4) indicate that the professional nurses felt that a thorough orientation of students on the first day of their allocation to designated units made it easy for them to mentor the students. The professional nurses also mentioned that a once-off orientation of students is not sufficient. They cannot know everything about the unit’s outlay and operation after just one orientation. Similar findings were revealed in a study by Mbakaya, Kalembo, Zgambo, Konyani, Lungu, Tveit, Kaasen, Simango and Bvumbwe (2020:7). They found that nursing students appreciated not only a unit orientation, but also a hospital orientation to enable them to use all opportunities to

learn from clinical facilitators and other professional nurses and to practice their skills under supervision. All the findings show that a learning conducive safe clinical environment is a cornerstone in successful nursing education. It limits students' anxiety during WIL and enables them to develop professionally.

3.3.2.2 Category: Appreciate Supportive Relationships with Clinical Facilitators

This is the second category of the discovery phase on what the participants appreciated in clinical supervision. Four sub-categories emerged from this category:

- Respecting the positive attitude of clinical facilitators.
- Valuing clinical facilitators' willingness to teach.
- Appreciating opportunities to develop trusting relationships with clinical facilitators.
- Being grateful for the clinical facilitators' role modelling.

3.3.2.2.1 Sub-category: Respecting the Positive Attitude of Clinical Facilitators

When clinical facilitators are positive about students' ability to learn and develop skills, they tend to help students work towards achieving their clinical learning objectives. The participants appreciated the clinical facilitators' and the hospital professional nurses' positive attitude towards them. They were kind and patient with the students when they could not master skills.

The operational managers of the units were also very supportive:

"My experience is at ward...that the operational manager there is so hands-on. She helps the patients. She does almost everything and even the staff attitude is so positive. So that is the ward...where we meet our learning objectives" (P11-FG2).

Another participant added that the staff members were patient and kind with the students during their very first time of training which prompted them to learn a variety of skills:

"During my allocation as a first year student, I got to work with professional nurses who were patient with me...it was the TB ward...we were panicking because it is TB, and it is contagious...but those professional nurses, in fact the

staff in that unit, were so patient and so kind in a manner that we got to be comfortable...we got to learn things that we were not able to do before” (P1-FG4).

3.3.2.2.2 Sub-category: Valuing Clinical Facilitators’ Willingness to Teach

The clinical facilitators’ willingness to teach students contributes to the establishment of learning-conducive clinical environments. They guide, motivate and impart knowledge to students. The participants appreciated the support that they got from the professional nurses. They also tried their best to help them in return.

One participant alluded that the whole clinical team in the unit was willing to teach her and they allowed her to take part in activities that were not part of her learning objectives:

“From the operational manager to the staff were friendly and they were willing to teach. Even the organisational manager will say if there's something that you want to teach us to improve, please come forward” (P2-FG2).

Another participant stated that the professional nurses’ willingness to guide and teach helped in gaining knowledge to manage different patients’ care:

“The willingness of the young professional nurses to teach and guide students is one of the good experiences that I got from previous years. It exposed me to different patients’ conditions and how they should be treated” (P11-FG1).

Another participant indicated that some older professional nurses were also very supportive. They guided the students the develop skills and motivated them to grow professionally:

“For me, it is about the older nurses. They really do get out of their way to teach you things. When we were in level 1, there were those who would call you aside and show you the medication. This is for this and for that...I found out that there are those who are really willing to show you around. They even motivated you....to keep your head up, you need not be demotivated...you know why you are here...they are those nurses and also comforted me” (P6-FG3).

3.3.2.2.3 Sub-category: Appreciating Opportunities to Develop Trusting Relationships with Clinical Facilitators

Trusting relationships between the clinical facilitators and students are crucial in nursing education; they enable students to develop professionally. The participants experienced support and safety in the clinical learning environment. It also reduced high levels of stress and anxiety when performing unfamiliar procedures.

One of the participants stated that trusting relationships between clinical facilitators and students reduced anxiety in uncertain situations and created a safe working environment for students:

“The environment where there is a trusting relationship between the students and the professional nurses or supervisors in general works better. Because this also contributes to safe working space where the students get the necessary support. Trusting relationships reduces the level of anxiety and the stress that we could be having regarding certain procedures and scary patients’ conditions that maybe we were not exposed to before” (P8-FG1).

This notion was supported by another participant who said that when clinical staff trusted the students’ capabilities in performing procedures, it encouraged and motivated them to further engage in their learning:

“I would like to appreciate the staff from...clinic simply because they trusted us, like when we got there we were not treated like students, they trusted our capabilities...and they trusted that we were capable of performing whatever skills that we were learning” (P2-FG3).

3.3.2.2.4 Sub-category: Being Grateful for Role Modelling of Clinical Facilitators

The clinical facilitators role modelling inspired the participants. It assisted them to take responsibility for their actions and to respect every patient as an individual human being. This played a vital role in helping students to be disciplined and have a positive attitude towards fellow students. One of the participants indicated that an operational manager served as a role model to the students as she loved her profession and treated patients with respect. She contributed positively to students’ learning and skills development.

“She is that type of operational manager who wanted you to become a professional nurse. The way she treated the patients, she did not treat the patients like she was doing them a favour. She treated patients as she is the one who supposed to treat them. Honestly that was one of my best learning experiences” (P7-FG2).

Another participant further indicated that a specific operational manager treated the students well by fully engaging them in the patients’ care. She also encouraged the other professional nurses to have a positive attitude towards students:

“The organisational manager understands what a student is. She even reflected back because she said she was once a student. Even other staff’s attitude was welcoming...I think the staff attitudes depends on the people at the top position like the managers...you set a standard on how you are going to handle the students...they are going to show you that kind of attitude and treat the students that way because now they are reflecting back to their manager...I wish all managers are like her. And that is where I have fallen in love for nursing honestly” (P8-FG2).

Another participant alluded that managers who were positive role models instilled discipline in their subordinates. They also encouraged their staff to deliver quality care:

“She Instilled discipline in her subordinates. You get there on time and you leave on time...nurses there, never take tea time whenever they feel like...she’s that kind of person whereby if there is shortage maybe of medication in the clinic, she will make a call and talk straight to the Department of Health...you will find the stock being delivered to the clinic” (P4-FG2).

3.3.2.3 Discussion with Literature

Supportive relationships between clinical facilitators, which include professional nurses and operational managers, are crucial in teaching students professional and clinical skills. Students appreciate supervisors’ positive role modelling as it enables their own professional growth. According to Seshabela, Hovenga and De swart (2020:11) findings, supervisors’ supportive, caring, non-judgemental attitudes towards students are crucial for the development of trusting relationships with students. A study conducted by Lethale, Makhado and Petronella (2018:10) stated that trusting relationships between students and their lecturers and clinical facilitators may

encourage students to develop new clinical skills. It may also help them to develop positive self-esteem. Yaseen Fathi and Ibrahim's (2023:5) study results indicated that clinical supervisors' supportive relationships with students encourage students to ask for individual consultations to improve their skills.

Rothwell, Kehoe, Farook and Illing (2021:3) further indicated that positive supervisory relationships based on mutual trust may enable effective clinical supervision. The findings of this study revealed that the participants appreciated their clinical facilitators' positive attitude towards them and their willingness to teach them. The findings correspond with existing literature that states that when students are supervised by people who encourage them to improve their skills, they usually respond with enthusiasm (Mugoh & Kamau, 2020:49). A Canadian study conducted by Rusticus, Pashootan & Mah (2023:170) reported that students became engaged and motivated to learn due to the clinical facilitators' willingness to teach them.

Role modelling is a powerful tool for enabling students to gain knowledge, develop skills and grow professionally. The participants acknowledged the clinical facilitators, other professional nurses, and the operational managers as their mentors and role models. It encouraged them to follow the positive examples that they set. According to Maalouf and Zaatari (2024:7), good role models play vital roles in creating positive clinical learning environments. The study findings from Vabo, Slettebo and Fossum (2022:65) revealed that positive role modelling by clinical facilitators creates atmospheres of support and caring that encourage students to learn new skills. The findings concur with those of Inocian, Hill, Felicilda-Reynaldo, Kelly, Paragas and Turk (2022:7) who explored that positive role modelling of clinical facilitators supports students in developing competency in quality patient care. Supportive relationships between clinical facilitators and students are needed to develop future nurses who are clinically competent and capable of caring for patients with kindness.

3.3.2.4 Category: Endorse Opportunities for Learning

Endorse opportunities for learning emerged as the third category of the Discovery Phase. Participants explored and described how they appreciated the opportunities to develop in their careers and successfully fulfilled allocated tasks in accordance with their level of study.

Two sub-categories emerged from this category:

- Cherish opportunities to develop professionally.
- Appreciate proper allocation to clinical learning opportunities.

3.3.2.4.1 Sub-category: Cherish Opportunities to Develop Professionally

The use of professional development opportunities contributes to the mastering of skills. During WIL, students are exposed to opportunities to develop both clinical skills and professional abilities. They learn to become clinically skilled and to act in a professional manner. Students' achievement and learning increased when opportunities for professional development were made available. It enabled the participants to develop critical thinking skills, gain experience in problem-solving and improve their communication skills.

This was revealed by one of the participants who indicated that they had been exposed to opportunities for critical decision-making to solve patients' challenges with the assistance of professional nurses during an emergency situation. It has created a learning opportunity with the advantage of gaining experience:

"I developed critical decision-making and was able to effectively solve real-life patients' problems...we were resuscitating a patient...the manager who was hands-on and helpful to the sister who was on duty made it possible for me to be exposed to good clinical supervision even though it was painful. As a student I acquired such skill because I have learnt that when a patient's condition has changed, one needs to check all vital signs to check what went wrong...we managed the patient effectively" (P9-FG1).

Another participant expressed her gratitude that she got the chance to develop communication skills. She was guided by a highly skilled professional nurse:

"I feel like it helps in developing a person's communication skill and behaviour...I experienced a professional nurse who specialises in trauma and emergency. She has a Master's degree. She is a submissive and very much respectful person. If you make a mistake as a student, she will calmly call you aside, correct you and tell you how you were supposed to do it, in a positive manner without judging you and not comparing you with someone. Really professional development is something that motivates students" (P5-FG1).

Another participant stated that some of the operational managers encouraged students to develop and plan lessons to update the unit's staff. The participants wished that it could be done in all clinical facilities:

“Some operational managers allow you to create lessons to teach other nurses like auxiliary nurses and other categories...they took us and said students prepare the lessons...and we did that...is beneficial for both students and staff...students reiterate what they have learned...and staff were reminded of what they have forgotten...it was really nice to see that encouragement” (P5-FG3).

3.3.2.4.2 Sub-category: Appreciate Proper Allocation to Clinical Learning Opportunities

Proper planning for student allocation enhances their learning and prevents them from getting bored. It may prompt them to do more than is expected and thereby develop additional skills as specified in the learning objectives. The participants appreciated the planning of their learning opportunities. They managed to meet all the learning outcomes.

One participant mentioned that the operational managers delegated tasks to them that corresponded with their learning objectives. It reduces false expectations from the staff of the unit that the students will be covering the shortage of staff that the unit experienced:

“The organisational manager ensured that students were placed according to their learning objectives...she will ask what you are supposed to do...even the staff” (P12-FG2).

Another participant revealed that proper allocation of responsibilities enabled her to become an achiever:

“The professional nurses in the ward were so helpful to a point of assisting me in doing bed making, ensuring that the environment is conducive...I even passed and got to 100%” (P3-FG4).

Another participant added that optimal skills development takes place when students are properly placed in applicable units and tasks are delegated to them that fit their learning objectives:

“I think what also works nice is being placed at the relevant unit. Because if I am there to do nasogastric tube care, please don't put me in theatre. I think also placing in relevant places it also helps in having good clinical supervision” (P7-FG2).

3.3.2.5 Discussion with Literature

Creating opportunities for students to integrate theory into practice is important. It is the responsibility of every lecturer and clinical facilitator to ensure that students get ample opportunity to practice what they have been taught in theoretical lectures. They should therefore be exposed to real-life clinical situations. The proper planning of learning opportunities is of utmost importance. The participants appreciated the careful planning of their placements in units where they could meet their learning objectives. According to Hafsteinsdottir, Schoonhoven, Hamers and Schuurmans (2020:436), clinical facilitators' willingness to spend time with students, while offering their support to students may contribute to the students' professional development. This notion was supported by findings of a study conducted by Motsaanaka, Makhene and Ndawo (2022:5) who stated that during clinical supervision, students' professional development may benefit while they also get a chance to render safe care to patients in a confident manner. They further advised that the development of critical thinking skills should be supported during WIL.

The findings of this study are similar to that of a study conducted by Hill and Abhayasinghe (2022:2) who stated that students appreciated being developed into competent and confident professionals. Through clinical supervision, they are also enabled to pass clinical examinations. According to Amoo and Enyan (2022:7), students appreciate proper planning of clinical learning opportunities as it is associated with their development of clinical competence and confidence. An Ethiopian study conducted by Kitaba and Bekela (2021:992) indicates that learning objectives are achieved when students work very closely with their clinical facilitators during WIL. The results are congruent with the findings of a study conducted in Malawi by Mhango (2021:100) who indicated that clinical facilitators' support helped students achieve their learning objectives. In contrast, Yaseen Fadana and Vember (2021:6) in their study revealed dissatisfaction by students when their delegated duties were not in line with their learning objectives. The findings of this study with the supportive existing literature emphasised the need to properly plan WIL.

3.3.3 Dream Phase

The dream phase explored and described what ideal clinical supervision could be, and the participants' wishes for ideal clinical supervision in healthcare services associated with the designated nursing education institution.

3.3.3.1 Category: Envisage a Clinical Learning Conducive Environment

Envisage a clinical learning conducive environment is the first category of the dream phase where the participants explored and described their dreams and wishes for ideal clinical supervision. Three sub-categories emerged from this category:

- Hope for proper planning of clinical learning opportunities.
- Wish for standardised procedures in wards and clinical units.
- Dream of having sufficient time and opportunities to apply theory and master skills.

3.3.3.1.1 Sub-category: Hope for Proper Planning of Clinical Learning Opportunities

Proper planning promotes better learning opportunities and achievement of desired learning outcomes. It may also reduce student anxiety. Students often feel anxious about whether they will get opportunities to achieve learning outcomes. Proper planning is required to ensure optimal clinical supervision of students and trustworthy assessment of their skills. The participants wanted clinical learning opportunities in real-life situations. They wished that they could be allocated in small groups to clinical facilitators who would first demonstrate procedures on patients and thereafter create opportunities for them to repeat the procedures under supervision.

One of the participants wished for enough opportunities to practice procedures before their skills were assessed. By so doing, students who struggle with mastering procedures could be identified and guided until they are skilled:

“My ideal clinical supervision would be having a clinical facilitator who will dedicate maybe a day to one or two procedures for the whole group of the students. For an example let's say we are a group of 20. She will take five students and do the procedure with them...then another group of five students and does the very same procedure. At the end of the day we are exposed to demonstration of one procedure in the very same way. After demonstrating the

procedure, she again gives each group time to practice the procedure until they master it. When group two comes, she expects them to do better than the first group. And the same way she will give feedback. So that day will be solely based on clinical supervision and work-integrated learning. That would be my wish of an ideal clinical supervision” (P1-FG1).

The participant further added that she wished to practice a procedure with the clinical facilitators in the same way as medical students:

“Student doctors when they are undergoing practical training, each and every day and every morning they do ward rounds. Even now they do that with the actual doctor or professor on the procedures to be simulated. I also dream of an ideal clinical supervision where student nurses with their clinical facilitators would actually do the upcoming procedures in real patient life” (P1-FG1).

Another participant wished that lecturers would come to the units to perform nursing procedures. The participant preferred to be guided on how to perform procedures on patients and not through simulations:

“I am dreaming of an ideal clinical supervision where specifically, I would like to suggest an improvement specifically on our campus than other campuses. I will suggest that they come to the wards. Because I feel like it is the main challenge. There is this situation whereby we are from a simulation laboratory, and we are dealing with a manikin doll. When they come for facilitation, you are still not doing facilitation next to the patient. In a situation like this, I don't feel like it makes me feel more exposed. I want to be in a space where if I make mistakes on a procedure, let them be there and let me utilise what is being used in the ward” (P9-FG3).

Clinical facilitators should communicate with the professional nurses in the units about students' responsibilities to practice procedures so that they can give students ample opportunities to practice the procedures. It may help students in improving their skills:

“I think it could be best if let's say the clinical supervisors actually had a plan in mind, to say when the students are going to do the entire week, they should have already spoken to the sisters to ensure that their plan is actually setting a vision. When they get there on Monday, this skill will be implemented and they should demonstrate a skill other than just going there and expecting us to somehow

demonstrate. We should be given an opportunity so that we can do the skill” (P4-FG3).

3.3.3.1.2 Sub-category: Wish for Standardised Procedures in Wards and Clinical Units

Standardisation of nursing procedures was the wish of all the participants. They believed that such standardisation may enhance students’ competency. When procedures are standardised, an unnecessary variation which usually leads to students’ confusion and poor performance is eradicated. The participants wished that the clinical facilitators could be trained to standardise procedures in all the units.

One participant recommended that a workshop be done to standardise the procedures. All units should thereafter use the standardised procedures:

“I think we can have workshops not only for the college staff, but also for the hospital staff. So that they know what is expected of us. They must know how to teach us according to the learning institution’s standards, so that we all are on one page even when we are being facilitated by them, not just our clinical facilitators here at school” (P5-FG3).

Another participant further supported the notion by saying that when everything is standardised, there will be no room for confusion:

“Like anything should be standard and clear because that way will prevent a sort of friction and rebellion. For example, if things are standard from both the management side and the student side per a certain standard, there would be no friction” (P9-FG4).

Another participant alluded that in the clinical facilities, routines should be standardised as it will provide students with similar opportunities to meet learning objectives:

“I know students like to run away from their responsibilities in terms of learning outcomes...we normally work with routines...it has to be standardised...even if like in terms of routine for medication, because in the hospitals, they do work with routines...when it is time to commence oral treatment or intravenous treatment, students should be there” (P3-FG3).

3.3.3.1.3 Sub-category: Dream of having Sufficient Time and Opportunities to Apply Theory and Master Skills

Having sufficient time to apply theory and master skills may help students achieve their learning objectives. It may give them sufficient opportunities to practice skills until they are competent. It may also provide students who lack competency in procedures to receive remedial demonstrations.

According to one of the participants, sufficient time allocated to WIL will enable students with different capabilities to gain competency:

“My ideal clinical supervision will be allocating enough time for clinical supervision. Bearing it in mind that we are not the same, we learn differently...you will find that others will grasp the procedures very quickly and others take time...they will need extra supervision and extra time...that will also help...that everybody is on the same level...no one who is left behind in terms of getting the skills that they need to be competent in” (P8-FG2).

Another participant stated that sufficient clinical exposure is required in the first and second levels for all students to increase their knowledge:

“I wish we can have enough time allocated for level one and level two clinical practical. Because that is where we have learnt a lot of the conditions” (P6-FG1).

3.3.3.2 Discussion with Literature

Envisaging a learning-conducive clinical environment was communicated by all participants. They want sufficient opportunities to develop clinical skills with the support of facilitators to apply theory to practice. They wanted to be skilled in theory/practice integration. The findings of this study revealed that the participants wished to perform procedures under the supervision of lectures in the clinical facilities. They also wished to have standard protocols from the hospitals and the NEI, as well as to have adequate time to apply theory into practice. The findings of this study concur with a description of clinical supervision by Mbakaya et al. (2020:7) who emphasised that students want lectures to demonstrate procedures on patients for small groups of students.

A lack of standardisation of procedures created a lot of conflict between lecturers, facilitators and the participants. A study conducted by Ti-Enkawol Nachinab and Armstrong (2024:6) in Ghana recommended that NEIs should offer formal workshops

to the professional nurses of the clinical facilities associated with NEIs in order to standardise all nursing procedures and to teach only such procedures to students. Daniels and Herodien (2023:5) study findings revealed that standardised protocols should be developed and implemented with cooperation between the NEIs and the associated clinical facilities to eliminate the confusion of students who do clinical training in all the facilities. These findings concur with those of Fadana and Vember (2021:5) who indicated that clinical facilitators from both the facilities and the nursing education institution should receive training on how procedures should be executed. They should do it in the same manner in order to prevent students from becoming confused.

The development of clinical skills is time-consuming. A study conducted in the North-West Province of South Africa by Matlaba and Nkoane (2024:20) indicated that insufficient time for clinical exposure had a negative impact on individual students' clinical competency. This has been confirmed by the findings of a study conducted by Almekkawi and Khalil (2020:314) who revealed that insufficient time for clinical exposure of students impedes them from practising independently in a real-life environment. With sufficient time allocated to skills development in theory/practice integration, students learn to deliver quality patient care (Clara et al., 2022:36). Moreover, in their study conducted in the Gauteng Province of South Africa, Motsaanaka, Makhene and Ally (2020:6) recommended that nursing students should be provided with adequate time of exposure to clinical learning opportunities to produce independent professional nurses with advanced critical thinking skills.

3.3.3.3 Category: Visualise Optimal Cooperation between NEI and Clinical Facilities

Visualise optimal cooperation between NEI and clinical facilities emerged as the second category of the dream phase where participants explored and described their wishes regarding how they like to be supported during WIL. Two sub-categories emerged from this category:

- Longing for cooperation that supports students' learning and skills development.
- Recommend optimal communication to prevent student challenges in clinical practice.

3.3.3.3.1 Sub-category: Longing for Cooperation that Supports Students

Cooperation between the NEI and the hospitals associated with the NEI to support students' learning and skills development is required in nursing education. It is a requirement for motivating students to integrate theory into practice. The participants were longing for cooperation between the NEI and associated hospitals to improve their clinical supervision. With sufficient cooperation between the institutions, their clinical learning challenges may be addressed.

One participant revealed that students wish to have clinical supervision which strengthens and supports those who experience challenges with meeting the learning objectives instead of punishing them:

"I dream of the ideal clinical supervision that does not punish failure or set unrealistic expectations...we are people who are not the same...they can exploit failure and turn it to something that strengthen the character that helps build you instead of making you feel stigmatised" (P8-FG2).

Another participant added that clinical supervision should support students who experience personal challenges by giving them free days to recuperate:

"Ideal clinical supervision would be one that extends grace...so many things happen to our lives...I have lost my mum today, I know that the college...won't allow me, at least enough time for me to just try and get back on my feet...even if it is just a week that allows me to prepare for everything...a week at least to recuperate and get myself back to work" (P9-FG2).

Advanced technology may assist the students watch videos with demonstrations of procedures in order to help them prepare for assessments:

"I am dreaming of moving to an advanced technology kind of learning...sometimes you can't even remember whatever you did three weeks ago. Now you are being assessed. You have to remember everything" (P5-FG3).

3.3.3.3.2 Sub-category: Recommend Optimal Communication to Prevent Students' Challenges in Clinical Practice

When optimal communication between lecturers, clinical facilitators and professional nurses in units in the associated hospitals is maintained, students' challenges with

integrating theory into practice could be minimised. The study findings revealed that the participants recommended improved communication between the clinical facilitators from different NEIs that are sharing the clinical facilities and the hospital staff to prevent challenges such as the allocation of too many students to designated units.

One participant recommended that there should be efficient communication between the NEIs which share the same clinical facilities for them to consider the number of students placed at the hospitals. It should correlate with the number of learning opportunities that the hospitals offer:

“With regard to the student placement for all levels, I think there should be proper consideration on the number of students that are placed in a particular ward and also there should be communication with other colleges” (P1-FG4).

Another participant indicated that the NEI lectures should communicate with the operational managers and clarify the availability of learning objectives:

“My dream ideal clinical supervision will be like our facilitators to have proper communication with the operational managers with regard to our objectives. Because we get into the ward and they act like they don't know our objectives...it becomes a problem...they should advocate for students. But most of the time our facilitators do advocate for us” (P7-FG1).

3.3.3.4 Discussion with Literature

Optimal cooperation between the managers of the NEI and clinical facilities is the key to arranging effective clinical learning of students and the support of clinical facilitators who supervise and guide the students during WIL. The participants in this study indicated that they wish to be supported academically and personally with challenges that they experience during WIL. They wished for improved communication between the managers of the NEI and clinical facilities to eradicate confusion regarding students' clinical learning objectives. The findings corroborate with existing literature. According to Mhango (2021:100), clinical facilitators should support and advocate for students with personal challenges, such as funeral arrangements, with applicable management. Special leave should be granted to allow students to work through personal challenges.

The participants wished that advanced technology could be used to help them gain knowledge and develop clinical skills. According to Chang and Lai (2021:5), the use of virtual patients could enhance the development of clinical skills by nursing students. Rezayi, Amonollani, Shohmoradi, Rezaei, Katigari, Zolfaghari and Manafi (2022:14) found that technology-based teaching and learning are effective in preparing students to optimally use clinical learning opportunities.

A study conducted by Hill and Abhayasinghe (2022:6) revealed that effective communication between the management of NEI and clinical facilities is invaluable to ensuring optimal clinical supervision. Efficient communication between the clinical staff, facilitators and students is, however, often viewed as a profound challenge (Fadana & Vember, 2021:5). Ineffective communication frustrates clinical facilitators and students. Insufficient communication has been revealed by the participants in this study as one of the reasons why students experience challenges during WIL. Their experiences are in line with that of participants in the study of Kobekyaa and Naidoo (2023:6) which revealed that insufficient timeous communication related to the clinical training of students leads to poor coordination of students' placements in designated units.

3.3.3.5 Category: Wish for a Favourable Allocation of Human and Material Resources to Support Clinical Learning

Favourable allocation of human and material resources to support clinical learning emerged as the third category of the dream phase. Favourable allocation of human and material resources to support clinical learning is a crucial demand for both clinical facilities and NEIs to support students' learning. Two sub-categories emerged from this category:

- Wish for enough resources to support clinical learning.
- Longing for a delegated unit in clinical facilities to support students' learning and skills development.

3.3.3.5.1 Sub-category: Wish for Enough Resources to Support Clinical Learning

In the findings, participants explored and discussed their wish to have enough resources to assist them in receiving adequate supervision. Having enough human resources to implement quality clinical supervision was a wish from the participants.

One of the participants indicated that the allocation of sufficient human and material resources to clinical supervision will benefit nursing education:

“My ideal clinical supervision will be that of having enough resources and equipment in both the clinical facilities and learning institutions so that we will be able to give proper quality patient care and receive quality education” (P2-FG1).

Another participant alluded that when there are more professional nurses at clinical facilities, the students will receive quality supervision:

“I wish or dream of an ideal clinical supervision where we have enough professional nurses so that we can receive adequate supervision from them” (P3-FG1).

Another participant stated that when there are more clinical facilitators who help students with step-by-step guidance, students with challenges in developing clinical skills will be identified and supported:

“My ideal clinical supervision is having clinical lecturers more than what we do have in the moment. I think having someone who will guide you step by step...will help in a lot of things and in alleviating whatever abuse that you are feeling...that a lecturer can see from an early stage your shortcomings and they will guide you” (P7-FG2).

3.3.3.5.2 Sub-category: Long for a Delegated Unit in Clinical Facilities to Support Students’ Learning and Skills Development

Participants from the study wished to have a delegated person in the clinical facilities to arrange their placement in units and guide them to achieve their learning objectives.

Two of the participants alluded that clinical facilitators are extremely important in WIL as they support students in achieving clinical learning objectives:

“I think on a daily basis as an operational manager I would delegate one professional nurse per day who will be responsible for the clinical supervision of

the students...they will rotate on a daily basis so that all of them are well equipped in clinical supervision of the students” (P3-FG1).

“If we can have one nurse educator in each and every ward who will be knowing that now the students are coming. They are level one, two or three, so that person will be responsible to teach students who are allocated in that particular ward” (P4-FG1).

Another participant further indicated that the allocated responsible clinical facilitator must assist students and ensure that all students receive equal attention from her:

“We don't have nurses at clinical facilities that are specifically for students. My ideal clinical supervision will be a place where we have someone who has been allocated for students. Someone who will guide the students...and who will be able to give the students undivided attention” (P3-FG2).

3.3.3.6 Discussion with Literature

Without sufficient human and material resources, effective clinical learning is impeded. The findings of this study revealed that participants wished for an appropriate allocation of human and material resources to support clinical learning. The findings of a study by Mbakaya et al. (2020:8) indicated that the clinical learning environment should be properly equipped with resources to promote students' knowledge and skills acquisition. Sogobile and Khunou (2023:6) also indicated that hiring sufficient clinical facilitators may enable nursing students to gain knowledge and develop skills. The findings of a study by Zhang, Shields, Ma, Yin, Zhang and Hui (2022:6) stated that a fixed preceptors' model with one clinical facilitator per group of students was associated with student satisfaction. Similar findings were revealed from the study conducted by Kobekyaa and Naidoo (2023:4) who alluded that personalised preceptorship that involved one-on-one interactions was appreciated by students. A study conducted by Motsaanaka et al. (2020:5) stated that insufficient staffing at clinical facilities may lead to poor student performance. Therefore, sufficient human and material resource allocation in facilities and NEIs may benefit students' development.

3.3.4 Design Phase

The design phase explored and described how the participants' wishes for ideal clinical supervision in healthcare services associated with the designated nursing education institution could be achieved.

3.3.4.1 Category: Improve Clinical Learning Environment

Improve clinical learning environment emerged as the first category of the Design Phase in the 5-D appreciative inquiry model. In this phase, participants explored and described the actions and strategies that could be taken to achieve their wishes and dreams that were discussed in the previous phase. Three sub-categories emerged from this category:

- Revision of clinical learning opportunities.
- Standardisation of nursing procedures in wards and clinical units.
- Correlation between the time allocated for and the scope of skills to be mastered.

3.3.4.1.1 Sub-category: Revision of Clinical Learning Opportunities

The study findings indicated that the NEI should take action in researching the clinical facilities which offer proper teaching and learning opportunities regarding data capturing to assist them in integrating the health information and research module as it posed a challenge. They also recommended that students be given an opportunity to be assessed prior to the clinical summative assessment to check if they have developed the applicable skills.

One of the participants stated that the NEI should do a situational analysis of the accredited clinical facilities to determine whether they meet the requirements to be used for student training:

“And with the clinical placement, can the college also do proper research on whether the staff of the accredited teaching clinics are willing to teach students”
(P1-FG1).

Another participant indicated that the pre-assessment should be done prior to the summative assessment to check students' readiness for the assessment:

“Something like mock assessment before we go to the clinical summative assessments” (P1-FG1).

Another participant alluded that every procedure should be tested by the clinical facilitators prior to implementation to check its feasibility in terms of the time stipulated for a student to complete the procedure during the summative assessment:

“I think another thing that could be done is a trial run in everything that is about to be implemented. For example, with the recent summative assessment...we were expected to do a procedure in 10 minutes, I think the facilitators need to go to the ward and see how it has been done...and see if it is doable. If they find it working, then now can expect us to do it in 10 minutes” (P5-FG1).

3.3.4.1.2 Sub-category: Standardisation of Nursing Procedures in Wards and Clinical Units

Participants recommended an action plan for standardising every nursing procedure. Such procedures will prevent student confusion. At the time of the data collection, procedures were performed differently in the hospitals where the students did WIL. That meant that they had to learn different ways to perform the same procedure.

One participant said that when procedures are standardised, all students will have equal opportunities to develop competency:

“I think it also goes back to the standardisation we spoke about, so that all students get equal amounts of attention as well as time to practice their skills. So that it doesn't feel that there is this one campus that has more advantages compared to the others” (P6-FG3).

Another participant stated that the clinical lectures should provide the students with the same amount of information in their different groups to eliminate their anxiety:

“I would like to discuss the aspect of clinical guidance. I just feel like it is not standardised. I don't know how to frame this. This lecturer will tell her group this information and our lecturer will tell us that information...it's really heightened our anxiety” (P1-FG2).

Another participant alluded that standardisation should be done by the NEIs. Policies need to be developed on how processes should be implemented in order for all campuses to comply. It may prevent students from one campus from being advantaged in comparison to students from other campuses:

“I think it should be started from the highest authority...it means all the campuses must do the same thing, not...campus doing its own thing” (P3-FG1).

3.3.4.1.3 Sub-category: Correlation between the Time Allocated for and the Scope of Skills to be Mastered

The participants recommended that the nursing education programme offered at the NEI should be reviewed to ensure that students have sufficient time to practice skills in order to cover the learning objectives. Two participants advised that the programme should be extended to enable students to practice clinical skills to meet the learning objectives:

“I think what needs to be done is that the R171 programme need to be stretched out. I feel like everything is in a rush. You get time to class every day, then you are going to WIL, you are getting assessed and after you go back to class and then you go back to WIL again. I think we need to get more enough time to learn so that we can cover our objectives” (P3-FG2).

“Time is important, allocating more time for students when going to training and stuff like that needs to be done so that we get more time to practice and become competent” (P7-FG1).

Another participant revealed that enough time allocation will assist students become clinically competent.

“Having more time to practice our skills. Can they revise their system and give us at least internship or community service to sharpen our skills before we become professional nurses” (P4-FG2).

3.3.4.2 Discussion with Literature

Learning-conducive environments may contribute to students’ willingness to learn how to integrate theory into clinical practice. Such environments should include standardised procedures and sufficient time to achieve learning objectives. This has been affirmed by Daniel and Herodien (2023:4) who indicated that students’ learning environment should be optimised and should offer ample opportunities to achieve learning objectives. The findings of this study revealed that the participants recommended a proper analysis of the clinical facilities regarding available learning

opportunities. They also recommended that the curriculum be revised to ensure sufficient time to practice nursing procedures.

These findings are in line with those of Botlhoko, Zenani and Sehularo (2023:48) who stated that more clinical facilities should be identified to offer excellent learning opportunities, and that sufficient time be allocated in the curriculum to help students achieve the required learning outcomes. The findings of this study also revealed that standardisation of procedures and identical information should be done and inconsistencies should be prevented. These findings corroborate with existing literature from Ti-Enkawol Nachinab and Armstrong (2024:6) and Mbakaya et al. (2020:8) who stated that qualified clinical facilitators should be appointed, and procedure manuals be developed to prevent student confusion. Amoo et al. (2022:6) and Fadana and Vember (2021:6) suggested that clinical facilitators should be trained on how procedures should be executed to ensure that they all demonstrate procedures in the same way. A study conducted by Daniel and Herodien (2023:6) also recommended the standardisation of procedures. Furthermore, clinical facilitators from the NEI and clinical facilities should be involved in the standardisation of clinical procedures in order for them to demonstrate the standardised procedures. This will clear students' confusion during practice and assessment.

3.3.4.3 Category: Support Cooperation between NEI and Clinical Facilities

Support cooperation between NEI and clinical facilities emerged as the second category of the design phase. Participants continued to explore and describe the suggested action plans such as proper planning and maximising communication between the designated NEI and clinical facilities that are involved in students' learning and skills development. Two sub-categories emerged from this category:

- Enhanced cooperation between the NEI and clinical facilities to benefit students' learning.
- Optimal communication to prevent students' challenges in clinical practice.

3.3.4.3.1 Sub-category: Enhanced Cooperation between the NEI and Clinical Facilities to Benefit Students' Learning

The discussions revealed that a workshop should be arranged for both the NEI and clinical facilities' staff about their responsibilities regarding teaching students. The

participants also recommended that the clinical facilities should be assessed prior to students' placement to ensure that sufficient learning opportunities are available.

According to the participants, not all clinical facilities meet the basic requirements for students' learning and skills development:

“Proper planning as well is important. There should be proper facility planning when allocating the students...if it is conducive for learning. This could assist to mitigate any complaints that could arise from the students regarding learning...and meeting the objectives” (P7-FG1).

Another participant further stated that the NEI and clinical facilities' staff should take part in a workshop concerning their responsibilities regarding teaching students:

“The nursing education institution together with the clinical facilities that are offering the learning and education to the students, they need to be provided with the workshop to be reminded about their responsibilities and their accountabilities” (P9-FG3).

Another participant indicated that a thorough assessment of staff involved in teaching students after every clinical placement would be helpful. Such an assessment should include feedback on the student's behaviour during the period of placement:

“I think they should be the tool to review the supervisor after that exposure. They need to give feedback on how the students were handled and their behaviour. It could also stimulate the interest of professional nurses in supervising and teaching the students” (P12-FG1).

3.3.4.3.2 Sub-category: Optimal Communication to Prevent Students' Challenges in Clinical Practice

Optimal communication between staff involved in the facilitation of students' learning may prompt better engagement. Participants discussed that there should be a collaboration between the designated NEI, staff of clinical facilities and students' representatives to discuss student-related issues and to design proactive solutions.

The participants revealed that when there is good engagement between the designated NEI and the clinical facilities' staff, students' learning could be prioritised:

“There should be a proper communication channel with the operational managers and the training institutions. It is very important. Proper communication will facilitate learning” (P7-G1).

Another participant indicated that there should be an annual stakeholders’ meeting comprising staff from the clinical facilities, the designated NEI and student representatives where students’ challenges during clinical placement are addressed to find ways to resolve challenging circumstances:

“I think there should be yearly meetings with the college, the student representatives, the unit managers as well as quality assurance hospital staff. So this group must come together and discuss the challenges that they are facing from the learners and how are they going to resolve them...they will be going to find a way as to, which best way can be taken so that the objectives of the learners are met at the end of a semester...if ever learners do not get quality education that means learners are going to be hazardous...that is not what we want...this could be done each and every year to discuss about how they are going to help the learners better. I think that can also help” (P5-FG2).

Moreover, another participant added that there should be more communication and collaboration between the designated NEI and clinical facilities to clarify the nursing procedures to be taught to the students. It is important that students be involved when collaboration is discussed:

“We are probably the best people to give suggestions...how can they improve and what could they do to help us understand whatever skill is being taught. I think there needs to be more communication between the institutions and the students...it should be done early before problems” (P5-FG3).

3.3.4.4 Discussion with Literature

Cooperation between the designated NEI and the clinical facilities where students do WIL is vital to ensure that learning-conducive clinical environments are prepared to benefit students’ skills development. Without cooperation and collaboration between stakeholders, the clinical education of the students is compromised. Clarke, Riet and Bowen (2020:3) stated that collaboration between staff of NEIs and clinical facilities is crucial in the preparation of skilled healthcare professionals. Udoji (2021:27) further indicated that optimal collaboration offers clinical facilitators support from the NEI staff.

The findings of this study revealed that communication should be improved between the designated NEI and the staff of the clinical facilities to prevent too many students from being allocated to the wards and thus developing overcrowding. Students should not compete for clinical learning opportunities. The study conducted by Mbakaya et al. (2020:435) echoed that clinical facilitators should be trained to support students' clinical development during WIL.

3.3.4.5 Category: Request Favourable Allocation of Human and Material Resources to Support Clinical Learning

Allocation of human and material resources to support students' clinical learning emerged as the third category of the destiny phase. The participants explored that there should be enough resources allocated at clinical facilities for students' skills development. Two sub-categories emerged from this category:

- Budget allocation to fit clinical learning demands.
- A delegated unit in clinical facilities to support students' learning and skills development.

3.3.4.5.1 Sub-category: Budget Allocation to Fit Clinical Learning Demands

The participants recommended that more clinical facilitators should be appointed to help students meet their learning objectives. They would also like to see sufficient material resources allocated to support students' clinical learning. They wished that advanced technology could be used to assist them in developing clinical skills.

One of the participants recommended that vacant professional nurses' posts be filled:

“Another thing is to advertise the posts. You will find that we lose 10 nurses and they are being replaced by 2 nurses. If they can try to hire, like we have got so many nurses that are not working. And at the hospitals we have this shortage. If they can try to close the gaps and try to hire as many nurses as possible, so that they can see if there are enough nurses in the hospital” (P1-FG3).

Another participant added:

“Since hospital is short staffed...many lecturers are complaining that...is short staffed. They should create posts” (P2-FG2).

Another participant supported the notion by stating that enough funds should be allocated to healthcare facilities and NEIs in order for them to be well-furnished with resources:

“I think more funds should be channelled to the institutions so that we can have more resources. And then moving to like advanced ways of doing things so we need more funds to be channelled in our institutions or learning facilities” (P3-FG3).

Another participant wanted the designated NEI to be furnished with resources to support students during summative assessment. Insufficient resources compromise students’ clinical development:

“The college needs to ensure that they have enough resources to support the students...there is a disaster during summative assessments due to a lack of resources. This disadvantages students...I remember at wound dressing skill assessment, I was the last student to be assessed...when I got there, there was nothing left...when I tried to open a pack, things were falling apart...already I'm having anxiety, then no gauzes...it was just a mess” (P12-FG2).

3.3.4.5.2 Sub-category: A Delegated Unit in Clinical Facilities to Support Students’ Learning and Skills Development

The participants suggested that there should be a team of clinical facilitators who focus only on supporting students during WIL, to clear confusion during an assessment, and to ensure that all students get optimal clinical supervision:

“Another thing that could be put into action is to have two independent groups of lecturers. Lecturers who are basically for WIL and lecturers who are only doing theory, so that they will clear most of the confusion that the students experience, particularly when we are being assessed. So if we can have certain individuals for a particular module doing WIL only. It can clear a lot of confusion” (P7-FG4).

A participant stated that by having separate groups of clinical facilitators and lecturers, the pressure that students experience could be lessened:

“I would like clinical lecturers to be separated from theory...I think in that way it becomes easier like it was done in second year, where things were separated and it was just flowing. Things were done on time” (P2-FG2).

3.3.4.6 Discussion with Literature

The allocation of sufficient human and material resources to support students during WIL should be the priority of NEI and clinical facilities' management. In their study, Daniels and Heroiden (2023:4) found that NEIs should advocate for sufficient funds to furnish simulation laboratories with state-of-the-art equipment to help students become skilled professional nurses to the benefit of their future patients. In addition, clinical facilitators skilled in teaching students need to be appointed. According to Lethale et al. (2018:12), the ratio of clinical facilitators and students should be scientifically determined to ensure that students get individual support. In the case of public NEIs, the government should prioritise nursing education when budgets are allocated.

3.3.5 Destiny Phase

The destiny phase explored and described how ideal clinical supervision in healthcare services associated with the designated nursing education institution should be implemented.

3.3.5.1 Category: A Clinical Learning Conducive Environment

A clinical learning-conducive environment is the first category in the Destiny Phase of the 5-D appreciative inquiry model. The participants explored and described how all the actions and strategies of achieving their dreams and wishes of an ideal clinical supervision discussed above should be implemented. Three sub-categories emerged from this category:

- Revise curriculum and clinical learning opportunities.
- Address discrepancies in procedures in wards and clinical units.
- Revisit the time allocated to apply theory and master skills.

3.3.5.1.1 Sub-category: Revise Curriculum and Clinical Learning Opportunities

The participants recommended a revision of the curriculum to include more time for students to meet clinical learning objectives. They recommended that students be exposed to more clinical learning opportunities. They also recommended that

situational analyses of clinical facilities be done to determine what learning opportunities they can offer and what the quality of the learning opportunities are.

During the revision of the curriculum and clinical learning opportunities, students' safety during WIL should be acknowledged:

"We have little time for clinical exposure...I think that the college should revise the curriculum to plan it properly to balance the theory and WIL, so that we have more time of clinical exposure to gain competency" (P11-FG4).

Another participant echoed that:

"Since we have the congested time that is being shared amongst different modules over the period of 3 weeks, I think the college as a nursing education institution, should at least revise the programme and allocate more time for clinical exposure so that we are competent in the skills...I think more time should be allocated, and it must be implemented with immediate effect, because this one now it is a crucial aspect whereby now we just go to the clinical facilities and come back not knowing and not given an opportunity to can practice what we have learned" (P4-FG3).

Another participant alluded that the designated NEI should benchmark from other NEIs which are already offering the same curriculum so that they could adopt their best practices:

"I think that the institution must go and benchmark...they need to go to other provinces and benchmark....so that when they come back to our facilities they implement the better things" (P8-FG3).

Another participant stated that situational analyses and proper assessments of clinical facilities which are responsible for students' clinical learning should be done:

"I think it could be addressed by proper situational analysis where someone from the college goes to the institutions and they properly assess the institutions...if the place is conducive for learning and conducive for the students to meet their objectives...also checking...the logistics of transport...they must go and see if it safe...for the students...proper situational analysis can address challenges" (P3-FG2).

3.3.5.1.2 Sub-category: Address Discrepancies in Procedures in Wards and Clinical Units

The participants recommended that students' scope of practice should be included in their clinical learning workbooks. They also wanted the procedure manuals to specify the clinical learning objectives of each year group. Such information may, according to them address discrepancies in procedures in wards and clinical units:

"The staff needs to know the scope of practice of a student nurse...helps in the procedures that are expected from us...if they can incorporate the procedures and the scope of practice of a student nurse in our work WIL workbooks and procedure manuals, these two things will make sure that other procedures that they see are unnecessary could be removed" (P1-FG1).

Another participant added that learning objectives should be feasible and help students to link theory and practice:

"It needs to be as much more practical...our simulated clinical guidance is less practical. I think we will be learning a lot and incorporating what we have learnt in theory to practice" (P6-FG1).

3.3.5.1.3 Sub-category: Revisit the Time Allocated to Apply Theory and Master Skills

The participants recommended that the staff of the designated NEI should revisit the time allocated for students to apply theory and master clinical skills. They also recommended that the staff conduct research to scientifically determine how much time is required for skills development.

A participant recommended that modules should be grouped to leave sufficient time for WIL. Less time in theory classes and more time in clinical facilities are recommended:

"With regard to the time that we spend in the clinical facilities...the college knows that there should be certain hours for theory and certain hours for clinical placements...maybe for the first three months...there will be certain hours for theory and certain hours for WIL...maybe in a semester, the first three months will be theory and the last 3 months will be for the clinical, so that we get enough

exposure to the clinical facilities...instead of having to go for a block and after a block, you go for 2 weeks for clinical work” (P1-FG4).

One participant recommended a proper assessment of the curriculum and a scientific study regarding the time that students need to become clinically competent. According to her, the current situation is not acceptable:

“In addition to that I feel like when it comes to time frame is going to be impossible for you to achieve the objectives. Why? Because you still have theory content to do and immediately after work you are expected to be in block. And when you are back you are expected to submit assignments and writing tests. Where can you get the time to do all those when you are supposed to be in WIL? Because when you are at clinical you are supposed to be looking at the practical of this program that is offered at the clinical area. You don't have the chance of doing things because you are forever doing assignments and forever we'll be preparing for tests...it's not really practical' to do both theory and clinical at same time. They need to have a proper analysis and determine exactly how long it takes to reach the objectives at WIL and objectives in theory” (P9-FG2).

3.3.5.2 Discussion with Literature

A learning-conducive clinical environment consists of proper clinical facilities that support students' learning and sufficient time allocated to competency development. The findings of this study concur with that of a Malawian study conducted by Chiona (2020:3) that revealed that proper identification of clinical facilities, with sufficient learning opportunities, contributes to students' competency development. Motsaanaka et al. (2020:6) revealed that students benefit from clinical facilities with proper resources. Similar findings from a study conducted by Drateru (2019:3) revealed that teaching and learning programmes should continuously be revised to align students' clinical learning objectives with the period of WIL for students to achieve competency. These findings urged the designated NEI to do situational analyses of all clinical facilities to determine the quality of their student learning opportunities and resources. Discrepancy in procedures in wards and clinical units is one of the challenges which in turn results in students' confusion during assessments. The participants in this study revealed that there should be standardised nursing procedures and that the procedures should be comprehensively described in manuals used by lecturers,

clinical facilitators and students. The findings are similar to those of Maalouf and Zaatari (2024:8) who stated that clinical facilities should enhance the integration of learning outcomes into the duties of professional nurses thereby eliminating the workload demand on the clinical facilitators. Studies conducted by Hill and Abhayasinghe (2022:4) and Fadana and Vember (2021:6) revealed that discrepancies between the clinical procedures taught at NEIs and what is used in clinical practice are detrimental to the students' clinical competency development.

3.3.5.3 Category: Optimal Cooperation between NEI and Clinical Facilities

This category emerged as the second category of the destiny phase where participants recommended cooperation and optimal communication between the designated NEI and clinical facilities where students do WIL. Two sub-categories emerged from this category:

- Improve cooperation between the NEI and clinical facilities.
- Ensure optimal communication to prevent students' challenges in clinical practice.

3.3.5.3.1 Sub-category: Improve Cooperation between the NEI and Clinical Facilities

One of the participants recommended that the staff of the clinical facilities and the designated NEI should receive training on how they could support students during WIL:

“If the management of the hospitals and the operational managers of the clinics together with the management of the NEI could provide training to the professional nurses and the lecturers on how to support students during their time of WIL, this could help and the clinical facilities could be a best place to learn a variety of skills. This could assist us to reach our destiny” (P10-FG1).

Another participant stated that random inspections of the support that students get during WIL and checking if the nursing procedures used in the clinical facilities are in line with what the students were taught should be done:

“I also think in order to get to our destiny, I think we need to get people who do random inspections in our units...maybe our facilitators just to see if everything that is being conducted in the facilities are good. I'm saying randomly...if they

know about an inspection, a day before they will try and make sure that everything is in order just to hide things that are not in order. So I think a random and regular inspection from the higher authority should be conducted...when the boss is not there to monitor, like students get really treated unfairly. It's really not nice but when big bosses are there, everything becomes in order” (P8-FG1).

3.3.5.3.2 Sub-category: Ensure Optimal Communication to Prevent Students’ Challenges in Clinical Practice

One of the participants revealed that communication should be emphasised between clinical facilitators to prevent congestion of students in one unit:

“I feel like there is disconnection between lecturers. There's no way that you can place 20 students in total, level 1, level 2 and level 3 in one unit. For example, there is no space for everybody and you will find a certain level of being disadvantaged. Because our objectives are not based on the facilities only. But we are supposed to be in the facilities. Because even in the clinic there is no space. They will tell you that there are too many students here. I feel that there is also a lack of communication between the lecturers. So if they can also come together and try to reshuffle, to say that if level one students are at theory, us level three are at practical. Not everybody at the same time. We are all in a clinical setting” (P12-FG2).

Another participant added that communication regarding clinical placements should be done well in advance and be communicated with students to enable them to plan their preparation for WIL:

“Communication about where you will be allocated, should be communicated earlier if possible when receiving the master educational plan” (P1-FG4).

3.3.5.4 Discussion with Literature

Optimal communication between all involved in students’ learning and skills development during WIL may enhance the students’ experiences. Makhaya et al. (2023:6) stated that a lack of communication poses challenges as students who just show up to wards for WIL without their lecturers’ proper planning of their learning is detrimental to their development. Furthermore, Hill and Abhayasinghe (2022:4) reported that a lack of communication and coordination between the clinical facilities and designated NEI is a barrier that often results in students’ frustration and

disorganisation of clinical learning. However, in their study, Daniels and Herodien (2023:5) found that committed collaboration of designated NEIs and clinical facilities contributes to optimal student learning and skills development. Moreover, the participants recommended that there should be an improvement in communication with clarification of the learning objectives expected from students between the designated NEI and the staff of the clinical facilities. The findings of a study by Borralloriego, Magni, Jiménez-Álvarez, Fernández-Rodríguez, and Guerra-Martín, (2021:5) support the participants' recommendations. The cooperation and communication between the designated NEI and the clinical facilities should be improved to benefit the students' clinical development.

3.3.5.5 Category: Favourable Allocation of Human and Material Resources to Support Clinical Learning

Favourable allocation of human and material resources to support clinical learning emerged as the third category of the destiny phase. The study's data indicated that funds should be allocated to hire more clinical facilitators who will be responsible for the clinical supervision of the students. Two sub-categories emerged:

- Adjust budget to support clinical learning
- Implement a delegated unit in clinical facilities to support students' learning and skills development.

3.3.5.5.1 Sub-category: Adjust Budget to Support Clinical Learning

One of the participants alluded that allocation of funds should be advocated for to meet human and material resources in clinical facilities and the designated NEI:

“If we can strengthen our advocacy for the nursing fraternity...to make resources available for nursing education...if we can advocate in that regard to have funds allocated to address matters of human resource and equipment resources” (P4-FG4).

Another participant recommended the proper utilisation of funds to employ more professional nurses for the wards where they do WIL as well as appointing more clinical facilitators to support students during WIL:

“I would like to talk about the implementation of the budget. Using the budget in a correct way. So maybe now going back to the dream of the government hiring

many younger professional nurses. Maybe then nurses will not be more tired and overwhelmed. They could also be motivated and willing, you know, to teach us and prevent overwhelming. I think if the government could start implementing this” (P4-FG1).

Another participant recommended that there should be systems in place that will enable safe anonymous reporting of personnel who are misusing the funds:

“I think with the allocation of funds and discipline of certain behaviours, we need to design a system that allows reporting of certain individuals without endangering people who are going to report such behaviour” (P9-FG4).

3.3.5.5.2 Sub-category: Implement a Delegated Unit in Clinical Facilities to Support Students’ Learning and Skills Development

The participants recommended the institution of a delegated unit of facilitators in each clinical facility associated with the designated NEI. This unit, with facilitators, will reduce the workload of the professional nurses who are primarily responsible for patient care as the facilitators will be responsible for the support of the students during WIL:

“The college should hire clinical facilitators...so that there should be lecturers for theory and for clinical teaching. Because the more they are, it will be possible for them to monitor us. Remember, we are 100. And imagine if we are 100 and there are only probably eight lecturers who should separate themselves in all these clinical facilities” (P9-FG3).

Another participant stated that hiring more nurses will yield optimal opportunities for the students to receive proper guidance and supervision. At the same time, staff development should be enhanced:

“In the clinical facilities, they will need to employ more nurses who will be able to supervise and guide students when they are placed there. And proper staff development so that they are able to deal with the supervision of the students” (P3-FG2).

Another participant further stated that clinical facilitators who are focusing only on WIL may contribute to the students’ eagerness to develop clinical skills:

“I think the facilitators coming to the ward and working together with the professional nurses and the students would be good...it could make everything

better...when you see someone that you know, you know that you have the comfort, and you become eager to learn because you are associated or surrounded with people that you know” (P8-FG1).

3.3.5.6 Discussion with Literature

Favourable allocation of human and material resources to support students’ clinical learning will benefit students during WIL. Insufficient human and material resources are hindering quality patient care and students’ learning and skills development. This notion is supported by Motsaanaka et al. (2020:5) who stated that insufficient staffing at clinical facilities has led to rendering unsupportive clinical learning opportunities and depriving students of clinical supervision. Therefore, favourable resources should be provided. The study findings revealed that budgets should be advocated for that will ensure sufficient funds for nursing education. It may also contribute to the appointment of clinical facilitators for the supervision of students during WIL. These findings are in line with those of Maalouf and Zaatari (2024:8) who stated that the government should allocate more funds to clinical facilities and NEIs to prioritise the improvement of nursing practice. Furthermore, Sogobile and Khunou (2023:4) revealed that more clinical facilitators should be employed who will be responsible for equipping nursing students with skills and knowledge.

3.4 Summary of the Chapter

This chapter presented the findings of data collected in accordance with the categories and sub-categories which emerged. The findings were supported with excerpts and categories were further supported by relevant literature.

CHAPTER FOUR

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

3.5 Introduction

The study aimed to explore and describe the aspects of clinical supervision during WIL that the nursing students of a designated nursing education institution appreciated. In Chapter 1, the background to the problem statement, rationale, and significance of the study were described, and key terms used throughout the study were defined. Chapter 2 thoroughly described the research methodology used for this study. In Chapter 3, the findings of the study were discussed in detail; verbatim quotes from participants were validated with relevant literature reviews in order to indicate how the research findings fit into the applicable knowledge base. In this chapter, the conclusions of the study are summarised, and an overview of the limitations and recommendations of the study are discussed.

3.6 Overview of the Study

This study reflected the aspects of clinical supervision during WIL that nursing students of a designated NEI appreciated. Resemblances regarding the aspects of clinical supervision during WIL that the nursing students appreciated emerged from participants taking part in four focus group interviews. The findings were discussed in the previous chapter by reflecting on the following objectives of the study:

- Explore and describe what is meant by clinical supervision during WIL (Definition Phase of the Appreciative Inquiry 5-D cycle).
- Explore and describe the participants' experiences of clinical supervision during WIL at healthcare services associated with the designated nursing education institution (Discovery Phase of the Appreciative Inquiry 5-D cycle).
- Explore and describe what ideal clinical supervision could be and the participants' wishes for the ideal clinical supervision in healthcare services associated with the designated nursing education institution (Dream Phase of the Appreciative Inquiry 5-D cycle).

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- Explore and describe how the participants' wishes for the ideal clinical supervision in healthcare services associated with the designated nursing education institution could be achieved (Design Phase of the Appreciative Inquiry 5-D cycle).
 - Explore and describe how ideal clinical supervision in healthcare services associated with the designated nursing education institution should be implemented (Destiny Phase of the Appreciative Inquiry 5-D cycle). Table 0.2 shows a summary of the categories and sub-categories.

The researcher achieved these by collecting data through focus group interviews with 45 nursing student participants. The participants shared their experiences, which assisted the researcher in gaining a comprehensive understanding of the aspects of clinical supervision during WIL that the students of the designated NEI in the Gauteng Province appreciated.

3.7 Summary of the Findings

Categories and sub-categories were identified from the transcripts of the interviews and the field notes. A summary of the categories integrated with the outcome of the literature discussion of the categories is presented below.

3.7.1 Definition Phase of Clinical Supervision: Participants' Definitions of Clinical Supervision

Nursing students' clinical supervision during WIL is done to help them to apply theory into practice. Quality clinical supervision is experienced when students are provided with sufficient opportunity to demonstrate clinical procedures under the direct supervision of professional nurses and receive reinforcement of what was demonstrated in the simulation laboratory quality. The participants were treated as part of nursing teams and were given an opportunity to practice nursing procedures. The clinical facilitators answered their questions about uncertainties. Such support enables students to become competent in clinical procedures.

The provision of a positive clinical learning environment is the responsibility of all professional nurses at the hospitals associated with NEIs. It is part of the agreements between the hospitals and NEI management. Students feel free to ask for assistance from professional nurses to practice their clinical skills when the clinical environment

is supportive and welcoming. The participants agreed that professional nurses were friendly and enabled them to meet their learning objectives. The participants appreciated the guidance they got from the clinical facilitators and professional nurses. It also facilitated students to commit themselves to continuously improve their clinical skills.

3.7.2 Discovery Phase: Participants' Experiences of Clinical Supervision during WIL

The participants discussed their experiences of clinical supervision in the hospitals associated with the designated NEI. They experienced WIL in a variety of settings and were grateful that some of the facilities offered them learning-conducive clinical environments. They were thankful that the unit managers involved them in nursing teams. Teamwork and the cooperation of professional nurses supported them and enabled them to achieve their learning objectives. With the support of skilled professional nurses, they learned how to perform procedures and how to implement patient care. It also encouraged them to become lifelong learners as professional nurses acted as scholarly role models. Welcoming orientation to the units' routine enhanced proper delegation and reduced the time of constantly asking questions. When students are oriented thoroughly in the clinical environment, they feel safe to execute clinical duties. Supportive relationships with clinical facilitators emerged as another theme. The participants applauded clinical facilitators who displayed positive attitudes and mentioned that these clinical facilitators were kind and patient with them.

The participants also appreciated operational managers who were highly supportive and who delivered hands-on patient care. The participants learned how to manage units and how to deliver quality patient care from them. Supportive relationships with managers and professional nurses encouraged the participants to develop their clinical skills and to build positive self-esteem. Clinical facilitators' willingness to teach was highlighted as it helped the participants to gain knowledge and to improve their skills. The participants appreciated opportunities to develop trusting relationships with clinical facilitators. When trusting relationships between clinical facilitators and students develop, the students excel in skills development. In trusting relationships, students feel safe and less anxious when confronted with challenging circumstances.

Participants engaged successfully in their learning and felt motivated as their capabilities in performing procedures were trusted by the clinical facilitators.

Good role modelling of clinical facilitators and organisational managers inspired the participants and they were instilled with discipline and accountability as well as being treated with respect. Professional nurses' positive role modelling contributed to positive clinical learning environments. Endorsing learning opportunities emerged as the last theme of the participants' experience of their clinical supervision during WIL. The participants cherished all clinical opportunities to develop professionally. They appreciated opportunities to put what they learned during theoretical lectures into practice. At the same time, they appreciated opportunities to improve their clinical skills. They benefited from opportunities to render safe care to patients under the guidance of professional nurses and clinical facilitators. When there is proper planning of clinical learning opportunities, students are assisted to become clinically competent.

3.7.3 Dream Phase: Participants' Wishes for Ideal Clinical Supervision During WIL

The participants shared their dreams and wishes on what ideal clinical supervision during WIL could be. Envisaging a clinical environment conducive to learning emerged as the first theme during data analysis. Participants hoped for proper clinical learning opportunities where clinical facilitators would demonstrate procedures and give them sufficient opportunities to practice the procedures until they mastered them. Active involvement of clinical facilitators in students' development may help students to develop competency, but will also enable facilitators to identify students who need help to become clinically competent. The participants recommended that procedures should be standardised to prevent confusion during assessments of competency. All nurses in all hospitals associated with the designated NEI should perform the procedures in the same manner. Students learn different ways of performing the procedures and do not know how to perform them during formative and summative assessments.

The participants recommended that lecturers, clinical facilitators and professional nurses from all the hospitals associated with the designated NEI should meet to work towards standardising procedures. The participants wished to have sufficient time and opportunities to apply theory into practice and to master clinical skills. With sufficient

clinical opportunities and time to practice procedures, students will be enabled to acquire knowledge and develop competency. A lack of sufficient time to meet clinical learning objectives leads to student challenges in becoming clinically competent. Visualising optimal cooperation between the designated NEI and clinical facilities emerged as the second theme during data analysis. Participants wished to be supported by clinical facilitators and lecturers who work cooperatively. Optimal communication between NEI and clinical facilities staff should be strengthened to prevent overcrowded clinical learning settings. When too many students are allocated to the same clinical facility, each one's learning opportunities get limited to the detriment of the development of skills competency. When communication between the staff of the designated NEI and that of the clinical facilities is timeous, poor coordination of students' placements in the designated units is reduced.

The participants wished for sufficient human and material resources to support their clinical learning. The allocation of enough professional nurses as well as sufficient material resources in the clinical facilities may enhance the quality of patient care. Students will benefit as they will observe and take part in quality patient care. Students may also get optimal support and guidance when the clinical facilities' human resources are sufficient to manage high patient numbers. It is, according to the participants, vital to have delegated clinical facilitators in the hospital and clinics to enable students to achieve their learning objectives.

3.7.4 Design Phase: Participants' Discussed how their Wishes for Ideal Clinical Supervision could be Achieved

Participants described the strategies that need to be taken to achieve their wishes and dreams of ideal clinical supervision. The improvement of the clinical learning environment was the first theme to emerge in the design phase. The participants identified the need to revise clinical learning opportunities. The designated NEI should do thorough situational analyses of clinical facilities before placing students in the facilities. The analyses should be aimed at identifying whether the amount of quality clinical learning opportunities corresponds with the number of students that the staff of the NEI plan to place at the facility. Without such analyses, too many students are placed at facilities and at times, students are placed in facilities that only offer poor-

quality learning opportunities. In both cases, the students are not able to develop clinical skills to the detriment of their professional development.

There is a need to assess students, before their summative assessment to determine their readiness for assessment. The participants also recommended that sufficient time be allocated to the assessment of their competency in procedures during the summative assessment. Each student should get enough time to plan and execute the procedures. The emphasis should not be on getting the assessment done in minimum time.

The participants recommended the standardisation of nursing procedures in the clinical units to prevent confusion among students during training and eventually during a summative assessment. They recommended that the lecturers and clinical facilitators be involved in the standardisation of the procedures. The NEI lecturers and the clinical facilitators of all the associated hospitals and clinics should be involved. According to the participants, workshops should be arranged and all staff involved should take part in the procedure standardisation. The participants recommended that students should be allocated to the clinical facilities for longer periods. According to them, too much time is spent in simulation laboratories and too little time in clinical facilities. Without sufficient time to practice nursing procedures, the students do not develop competency.

The participants supported cooperation between the staff of the designated NEI and the clinical facilities associated with the NEI. They recommended workshops to create opportunities for the cooperation of staff from the NEI and clinical facilities. It is important that they agree on how to teach students and do clinical skills assessments. During the recommended workshops, the lecturers and clinical facilitators should agree on how to facilitate students' professional development. Communication and collaboration between the designated NEI and clinical facilities' staff should be maximised as it aids students' engagement in their learning and eliminates discrepancies in procedures. There is a need for stakeholders to have regular meetings as this will assist in addressing students' clinical challenges.

The requisition of favourable allocation of human and material resources to support WIL was recommended as the last theme of the design phase. The need for sufficient budget allocation to fit clinical demands was recommended whereby posts should be created and advertised to cover the shortage gap of clinical facilitators from the clinical

facilities and designated NEI. A sufficient supply of material resources to support students during the preparation of assessments was recommended.

3.7.5 Destiny Phase: Participants Explored how the Actions and Strategies Discussed in the Design Phase should be Implemented

A clinical learning-conducive environment was the first theme that emerged as a solution to be implemented. Curriculum and clinical learning opportunities should be revised continuously to accommodate an extended time of clinical exposure for students to get sufficient opportunities to practice nursing procedures to gain competency. This should be done through benchmarking other NEIs offering the same programme on how best they did to enable students' development. It should be complemented with proper analyses of clinical facilities to determine the feasibility of required clinical learning opportunities.

The structural clinical guidance that is being conducted by clinical facilitators from the designated NEI should be more practical to enable the students to integrate theory into practice. This could also be done by integrating students' learning objectives into the daily duties of professional nurses, thereby eliminating discrepancies between the clinical procedures taught at NEIs and what is used in clinical practice. Optimal cooperation between the NEI and clinical facilities' staff emerged as another theme. Lack of communication between NEI and Clinical facilities becomes a stumbling block that results in students' confusion and disorganisation. Designated NEI staff should receive training on how to assist the students during WIL. In addition, random inspection at clinical facilities should be provided to support students in practising what is required and stipulated. All these could be attained through improved cooperation between the NEI and clinical facilities' staff.

Ensuring effective communication between clinical facilities and NEI is a vital instrument for effective engagement and facilitates students to achieve learning objectives since there will be clarification of objectives. By having effective communication, students' clinical challenges such as congestion and fighting to attain clinical learning objectives are prevented. A favourable allocation of human and material resources to support clinical learning was the last theme of the Destiny Phase. Globally, all public clinical facilities desire to be supplemented with sufficient material and human resources. Sufficient budget allocation to the NEI and clinical facilities and

the hiring of clinical facilitators should be prioritised. In addition, a correct utilisation of funds allocated and its management must be ensured. This will also address the aspect of delegated clinical facilitators in the clinical units responsible for students' learning and support as well as skill development. Therefore, the clinical facilities and NEI will have a harmonious working environment furnished with human and material resources and minimal stress.

3.8 Limitation of the Study

The limitation of the study was contextual to only the campus of the designated NEI of Gauteng College of Nursing, therefore, the findings may not be generalised to other settings. The strength of this study obtained rich information about the appreciation of clinical supervision and measures that should be implemented to improve the current standard of clinical supervision.

3.9 Recommendations

The section below discusses the study recommendations.

3.9.1 Recommendation for Nursing Practice

The recommendations are based on the themes that have emerged during data analysis. Therefore, the researcher proposes the following:

- Development of comprehensive orientation programs for students to be implemented in each hospital unit and all clinics.
- Institution of a system for communication between NEI staff, clinical facilities staff, and students to address arrangements regarding clinical teaching and learning.
- Training for professional nurses and operational managers to assist students through supervision and guidance during WIL.
- Conducting workshops to enable clinical facilities' staff to maintain learning-conducive clinical environments.
- Development of standard nursing procedures to prevent discrepancies in executing procedures.
- Onboarding training for professional nurses to ensure their clinical, educational and facilitation competency.

- Orientation of newly appointed NEI and clinical facility staff to facilitate students' clinical and professional development.
- Appointment of sufficient staff at NEIs and clinical facilities to deliver quality clinical supervision to students.

3.9.2 Recommendation of Nursing Education

The recommendations are based on the core of nursing education, which is developing nursing students on clinical and professional levels. Therefore, the researcher proposes the following:

- Collaboration and communication between staff of NEIs and clinical facilities to facilitate students' effective learning.
- Enabling students to meet their clinical learning objectives timeously.
- Proactively plan students' placement in clinical facilities to prevent overcrowding of students in units.
- Embark on situational analysis of clinical facilities and apply for accreditation of more facilities with the SANC to increase students' clinical learning opportunities.
- Revision of curricula to allocate sufficient time for students' clinical learning.
- Training of clinical facilitators in demonstrating nursing procedures in a standardised manner to prevent student confusion.
- Conducting regular stakeholders' meetings to address challenges and seek resolutions.
- Ensure that sufficient numbers of clinical facilitators are available to support students' development during WIL.

3.9.3 Recommendation for Future Research

The recommendations are based on the categories and sub-categories identified during data analysis:

- The study could be repeated at NEIs in different provinces on aspects of clinical supervision that undergraduate students appreciate.

- Studies could be done to explore and describe the aspects of clinical supervision of students that operational managers and professional nurses appreciate.
- Studies could be done to explore and describe the aspects of supervision of students that clinical supervisors appreciate.

3.10 Final Conclusion

Clinical supervision of nursing students is vital during WIL as it offers direction, support and guidance to professional development. Therefore, a conducive and positive clinical learning environment should be established to enable nursing students to acquire professional knowledge and skills. Several positive aspects associated with clinical supervision were experienced and appreciated by nursing students, such as:

- Establishing a positive clinical learning environment.
- Being treated with respect and as part of the staff team.
- Providing a welcoming environment, and a positive attitude of clinical staff.
- Role modelling and being given an opportunity to develop clinically and professionally.

Participants hoped for proper clinical learning opportunities, procedures to be standardised to prevent confusion during assessments of competency, optimal communication between NEI and clinical facilities staff, sufficient time of clinical exposure, as well as sufficient human and material resources at NEI and clinical facilities. Strategies that should be taken to achieve the participants' dreams were discussed; such as NEI to do thorough situational analyses of clinical facilities before placing students in the facilities, communication and collaboration between NEI and clinical facilities, and favourable human and material resources, to mention only a few.

During the last phase, actions that should be implemented were explored, such as revision of curriculum and clinical learning opportunities, benchmarking from other NEIs, maximising effective communication between the NEI and clinical facilities and sufficient budget to meet clinical demands.

REFERENCES

- Achempim-Ansong, G., Kwashie, A.A. and Ofei, A.A. 2022. Exploring the benefits and challenges of administrative clinical supervision in nursing and midwifery. *Journal of Nursing Education and Practice*. 12(1).
- Al-Daken, L., Lazarus, E.R., Al Sabei, S.D., Alharrasi, M. and Al Qadire, M. 2024. Perception of nursing students about effective clinical teaching environments: A multi-country study. *SAGE Open Nursing*. 1023779608241233146.
- Ali, J., Ullah, H. and Sanauddin, N. 2019. Postgraduate research supervision: Exploring the lived experience of Pakistani postgraduate students. *FWU Journal of Social Sciences*. 13(1).
- Almekkawi, M. and El Khalil, R. 2020. New graduate nurses' readiness to practise: A narrative literature review. *Health Professions Education*. 6.
- Ama Amoo, S. and Innocentia Ebu Enyan, N. 2022. Clinical learning experiences of nursing and midwifery students; a descriptive cross-sectional study. *International Journal of Africa Nursing Sciences*. 17100457.
- Amod, H., Mkhize, S.W. and Muraraneza, C. 2021. Analyzing evidence on interventions to strengthen the clinical support for midwifery students in clinical placements: Protocol for a systematic scoping review. *JMIR Research Protocols*. 10(9):e29707.
- Amoo, S.A., Aderoju, Y.B.G., Sarfo-Walters, R., Doe, P.F., Okantey, C., Boso, C.M. 2022. Nursing students' perception of clinical teaching and learning in Ghana: A descriptive qualitative study. *Nursing Research and Practice*. 20227222196.
- Anggeria, E. and Damanik, D. 2022. Effective clinical supervision: Systematic review. *Open Access Macedonian Journal of Medical Sciences*. 10525-30
- Armstrong, A.J., Holmes, C.M. and Henning, D. 2020. A changing world, again. How appreciative inquiry can guide our growth. *Social Sciences & Humanities Open*. 2(1):100038.
- Arnold, R., Gordon, C., Van Teijlingen, E., Way, S. and Mahato, P. 2022. Why use appreciative inquiry? Lessons learned during COVID-19 in a UK maternity service. *European journal of midwifery*. 6.
- Ashipala, D. and Kampale, I. 2022. Preceptorship as a clinical teaching strategy: Nursing students' experiences at selected clinical settings in the north-east of Namibia. *Africa Journal of Nursing and Midwifery*. 2318.

- Baek, H., Han, K., Cho, H. and Ju, J. 2023. Nursing teamwork is essential in promoting patient-centered care: A cross-sectional study. *BMC Nursing*. 22(1):433.
- Bergmark, U. and Kostenius, C. 2018. Appreciative student voice model—reflecting on an appreciative inquiry research method for facilitating student voice processes. *Reflective practice*. 19(5): 623-37.
- Bøe, S.V. and Debesay, J. 2021. The learning environment of student nurses during clinical placement: A qualitative case study of a student-dense ward. *SAGE Open Nursing*. 723779608211052357.
- Boggs, K.U. 2015. Professional guides for nursing communication. *Interpersonal Relationships-E-Book: Professional Communication Skills for Nurses*. 22.
- Borrillo-Riego, Á., Magni, E., Jiménez-Álvarez, J.A., Fernández-Rodríguez, V. and Guerra-Martín, M.D. 2021. Health sciences students' perceptions of the role of the supervisor in clinical placements. *International Journal of Environmental Research and Public Health*. 18(9).
- Botlhoko, K., Zenani, N. and Sehularo, L. 2023. Experiences of nurse educators regarding the R171 nursing curriculum in the North West Province. 10.13140/RG.2.2.30995.04646.
- Boyd, N.M. and Bright, D.S. 2007. Appreciative inquiry as a mode of action research for community psychology. *Journal of Community Psychology*. 35(8):1019-36.
- Brink, H., Van Der Walt, C. and Van Rensburg, G. 2018. *Fundamentals of research for healthmethodology care professionals*. Juta. Cape Town.
- Brown, J., Reid, H., Dornan, T. and Nestel, D. 2020. Becoming a clinician: Trainee identity formation within the general practice supervisory relationship. *Medical Education*. 54(11):993-1005.
- Bwanga, O. and Chanda, E. 2019. Experiences of nurses in the clinical supervision of nursing students: Findings from a systematic review and their application to radiography.
- Bwanga, O. and Mwansa, E. 2022. Roles of clinical supervisors in the clinical training of radiography students in zambia: A qualitative study. *African Health Sciences*. (2):638-46.
- Cardiff, S., McCormack, B. and Mccance, T. 2018. Person-centred leadership: A relational approach to leadership derived through action research. *Journal of Clinical Nursing*. 27(15-16):3056-69.

-
- Carpenter, D.R. 2017. *Appraising Qualitative Research. Nursing Research-E-Book: Methods and Critical Appraisal for Evidence-Based Practice*, p.124.
- Chang, Y.M. and Lai, C.L. 2021. Exploring the experiences of nursing students in using immersive virtual reality to learn nursing skills. *Nurse Education Today*. 97104670.
- Chiona, B. 2020. Designing a conducive clinical learning environment for nursing.
- Clara, W., Roma, F., Dayle, O., Peter, A.L., Emma, T. and Kate, B. 2022. A qualitative exploration of the factors which influence rural nursing and midwifery placement experience: Benefits and challenges identified by students and health service staff. *Australian Journal of Clinical Education*. 11(1).
- Clarke, J., Riet, P. and Bowen, L. 2020. Nurses and undergraduate student nurses' experiences in collaborative clinical placement programs in acute hospitals: An integrative literature review. *Nurse Education Today*. 95104578.
- Clevinger, K., Albert, E. and Raiche, E. 2019. Supervisor self-disclosure: Supervisees' perceptions of positive supervision experiences. *Training and Education in Professional Psychology*. 13(3):222.
- Coleman, G. and Hyde, E. 2022. Is there a role for professional supervision in supporting the professional and personal wellbeing of the sonographic workforce? A literature review. *Radiography*. 28991-8.
- Daniels, F.M. and Heradien, Z. 2023. Clinical supervisors' experiences of factors affecting nursing students' skills transfer from skills laboratory to practice. *International Journal of Africa Nursing Sciences*. 19100628.
- Denzin, N.K.L and Lincoln, Y.S. 2003. *The discipline and practice of qualitative research in strategies of qualitative inquiry*. Thousand Oaks, USA, SAGE Publications.
- Drateru, K. 2019. Challenges experienced by student nurses during skill acquisition at the clinical area. *Nursing & Primary Care*. 3.
- Dyar, A., Stenfors, T., Lachmann, H. and Kiessling, A. 2021. What about the supervisor? Clinical supervisors' role in student nurses' peer learning: A phenomenographic study. *Medical Education*. 55(6):713-23.
- Ekstedt, M., Lindblad, M. and Löfmark, A. 2019. Nursing students' perception of the clinical learning environment and supervision in relation to two different supervision models—a comparative cross-sectional study. *BMC Nursing*. 181-12.
- Fook, J. 2016. *Social work: A critical approach to practice*, SAGE Publications.

-
- Gause, G., Mokgaola, I.O. and Rakhudu, M.A. 2022. Technology usage for teaching and learning in nursing education: An integrative review. *Curationis*. 45(1):e1-e9.
- González-García, A., Díez-Fernández, A., Leino-Kilpi, H., Martínez-Vizcaíno, V. and Strandell-Laine, C. 2021. The relationship between clinical placement duration and students' satisfaction with the quality of supervision and learning environment: A mediation analysis. *Nursing & Health Sciences*. 23(3):688-97.
- Grove, S., Gray, J. and Burns, N. 2015. *Understanding nursing research buliding an evidence-based research*. St. Louis, MI: Elsevier Saunders. Rachel Pless, Periann Rogers.
- Grove, S.K. and Gray, J.R. 2018. *Understanding nursing research e-book: Building an evidence-based practice*, Elsevier health sciences.
- Grove, S.K., Burns, N. and Gray, J. 2012. *The practice of nursing research: Appraisal, synthesis, and generation of evidence*, Elsevier Health Sciences.
- Gusar, I., Backov, K., Tokic, A., Dzelalija, B. and Lovric, R. 2020. Nursing student evaluations on the quality of mentoring support in individual, dual, and group approaches during clinical training: A prospective cohort study. *Australian Journal of Advanced Nursing, The*. 37(4):28-36.
- Hafsteinsdóttir, T.B., Schoonhoven, L., Hamers, J. and Schuurmans, M.J. 2020. The leadership mentoring in nursing research program for postdoctoral nurses: A development paper. *Journal of Nursing Scholarship*. 52(4):435-45.
- Harris, R., Maguire, T. and Newman-Taylor, K. 2022. What do trainee cognitive behavioural therapists need from clinical supervision to develop their skills in working with people with psychosis? A qualitative analysis. *Psychosis*. 14(2):120-30.
- Hendricks, S., Cartwright, D.J. and Cowden, R.G. 2021. Clinical supervision in South Africa: Perceptions of supervision training, practices, and professional competencies. *South African Journal of Science*. 117(3-4):1-9.
- Hill, E. and Abhayasinghe, K. 2022. Factors which influence the effectiveness of clinical supervision for student nurses in sri lanka: A qualitative research study. *Nurse Education Today*. 114105387.
- Howes, D. 2022. In defense of materiality: Attending to the sensori-social life of things. *Journal of Material Culture*. 27(3):313-35.
- Hung, L., Phinney, A., Chaudhury, H., Rodney, P., Tabamo, J. and Bohl, D. 2018. Appreciative inquiry: Bridging research and practice in a hospital setting. *International Journal of Qualitative Methods*. 17(1):1609406918769444.

-
- Inocian, E.P., Hill, M.B., Felicilda-Reynaldo, R.F.D., Kelly, S.H., Paragas, E.D. and Turk, M.T. 2022. Factors in the clinical learning environment that influence caring behaviors of undergraduate nursing students: An integrative review. *Nurse Education in Practice*. 63103391.
- Jacob, A., Seif, S. and Munyaw, Y. 2023. Perceptions and experiences of diploma nursing students on clinical learning. A descriptive qualitative study in Tanzania. *BMC Nursing*. 22(1):225.
- Janse Van Rensburg, M.G. 2021. Transformative eating disorder research: Qualitative research considerations. *Journal of Eating Disorders*. 9(1):72.
- Kamphinda, S. and Chilemba, E.B. 2019. Clinical supervision and support: Perspectives of undergraduate nursing students on their clinical learning environment in Malawi. *Curationis*. 42(1):1-10.
- Kelly, N. and Hassett, A. 2021. Clinical supervision in CBT training: What do participants view as effective? *The Cognitive Behaviour Therapist*. 14e27.
- Keshavarzi, M.H. 2022. Exploration the role of a clinical supervisor to improve the professional skills of medical students: A content analysis study. *BMC Medical Education*. 22(1):399.
- Kitaba, K. and Bekela, T. 2021. Achievement of clinical learning outcomes and associated factors among midwifery and nursing undergraduate students of Jimma University, Ethiopia. *Advances in Medical Education and Practice*. Volume 12987-94.
- Klenke, K., Martn, S. and Wallace, J.R. 2015. *Qualitative research in the study of leadership*. United Kingdom, Emerald Publishing.
- Kobekyaa, F. and Naidoo, J.R. 2023. Collaborative clinical facilitation in selected nursing and midwifery colleges in northern Ghana. 2023. 28.
- Kumudumalee, R., Nishanthi, S., Lakmali, L., Thudugala, T. and Sriyani, K. Learning challenges experienced by student nurses during clinical placements at operating theatre.
- Lee, Y. and Kim, J. 2020. Cultivating employee creativity through strategic internal communication: The role of leadership, symmetry, and feedback seeking behaviors. *Public Relations Review*. 10.1016/j.pubrev.2020.101998101998.
- Lethale, S., Makhado, L. and Petronella, K. 2018. Factors influencing preceptorship in clinical learning for an undergraduate nursing program in North West Province. *International Journal of Africa Nursing Sciences*. 10.

-
- Liamputtong, P. and Rice, Z.S. 2021. Qualitative research in global health research. *Handbook of global health*, pp.213-238.
- Maalouf, I. and El Zaatari, W. 2024. Exploring undergraduate nursing students' perceptions on clinical learning environment in the UAE: A focus on perceived benefits and challenges. *SAGE Open Nursing*. 10.
- Makhaya, T.S., Lethale, S. and John Mogakwe, L. 2023. Factors influencing the clinical mentoring of nursing students at a hospital in the North West Province. *International Journal of Africa Nursing Sciences*. 19100629.
- Matlhaba, K.L. and Nkoane, N.L. 2024. Factors influencing clinical competence of new graduate nurses employed in selected public hospitals of North West Province: Operational managers' perspectives. *International Journal of Africa Nursing Sciences*. 20100683.
- Mbakaya, B.C., Kalembo, F.W., Zgambo, M., Konyani, A., Lungu, F., Tveit, B., et al. 2020. Nursing and midwifery students' experiences and perception of their clinical learning environment in Malawi: A mixed-method study. *BMC Nursing*. 19(1):87.
- Mcsherry, R., Timmins, F., De Vries, J.M. and Mcsherry, W. 2018. A reflective qualitative appreciative inquiry approach to restoring compassionate care deficits at one United Kingdom health care site. *Journal of Nursing Management*. 26(8):1108-23.
- Mhango, L. 2021. Assessing the preceptorship model in clinical teaching of undergraduate nursing and midwifery students in Malawi. University of Malawi, Kamuzu College of Nursing.
- Mostert, K., Nel, C., Korkie, E. and Lubbe, I. 2019. Four pillars of clinical supervision: An insider's perspective.
- Motsaanaka, M., Makhene, A. and Ally, H. 2020. Student nurses' experiences regarding their clinical learning opportunities in a public academic hospital in Gauteng Province, South Africa. *Health SA Gesondheid*. 25.
- Motsaanaka, M.N., Makhene, A. and Ndawo, G. 2022. Clinical learning opportunity in public academic hospitals: A concept analysis. *Health SA Gesondheid (Online)*. 271-11.
- Mugoh, E.K.N. and Kamau, M.W.N. 2020. Influence of students perception/staff attitude in the clinical areas on student's learning in mathare teaching and referral hospital, Nairobi, Kenya. *American Journal of Nursing Science*. 9(2):47-54.

-
- Musabyimana, C., Mukankusi, J., Nyandwi, T., Mugarura, J. and Collins, A. 2019. Clinical learning environment and supervision: Satisfaction levels of University of Rwanda students. *Rwanda Journal of Medicine and Health Sciences*. 2194.
- Nursing Act, Act no. 33 of 2005. Government Gazette. Pretoria, South africa.
- Nyumba, T., Wilson, Derrick, C. and Mukherjee, N. 2018. The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution*. 920-32.
- O'brien, A., Mcneil, K. and Dawson, A. 2019. The student experience of clinical supervision across health disciplines – perspectives and remedies to enhance clinical placement. *Nurse Education in Practice*. 3448-55.
- Polit, D.F. and Beck, C.T. 2022. *Essentials of nursing research: Appraising evidence for nursing practice*, Philadelphia, Wolters Kluwer.
- Ponikwer, F. and Patel, B. 2021. Work-integrated learning: A game-based learning activity that enhances student employability. *Journal of Chemical Education*.
- Port, M.S. 2019. Effects of supervision on a trainee's clinical internship experience in Central Africa. *Training and Education in Professional Psychology*. 13(3):180-4.
- Reynolds, K. and Mclean, M. 2023. Clinical supervision in podiatry in Australia and New Zealand: Supervisor challenges in this role. *BMC Medical Education*. 23(1):104.
- Rezayi, S., Amanollahi, A., Shahmoradi, L., Rezaei, N., Katigari, M.R., Zolfaghari, M., et al. 2022. Effects of technology-based educational tools on nursing learning outcomes in intensive care units: A systematic review and meta-analysis. *BMC Medical Education*. 22(1):835.
- Rothwell, C., Kehoe, A., Farook, S. and Illing, J. 2019. *The characteristics of effective clinical and peer supervision in the workplace: A rapid evidence review*. Newcastle: Newcastle University.
- Rothwell, C., Kehoe, A., Farook, S. and Illing, J. 2021. Enablers and barriers to effective clinical supervision in the workplace: A rapid evidence review. *BMJ Open*. 11e052929.
- Russell, K. 2019. The art of clinical supervision: Strategies to assist with the delivery of student feedback. *The Australian Journal of Advanced Nursing*. 36(3):6-13.
- Rusticus, S.A., Pashootan, T. and Mah, A. 2023. What are the key elements of a positive learning environment? Perspectives from students and faculty. *Learning Environments Research*. 26(1):161-75.

-
- Saati, H.S. 2023. Experiences and perceptions of nursing students in their clinical learning environment in Jeddah, Saudi Arabia: A mixed methods research design.
- Scaife, J. 2019. Supervision in clinical practice: A practitioner's guide, London: Routledge.
- Sellberg, M., Skavberg Roaldsen, K., Nygren-Bonnier, M. and Halvarsson, A. 2022. Clinical supervisors' experience of giving feedback to students during clinical integrated learning *Physiotherapy Theory and Practice*. 38(1) : 122-31.
- Seshabela, H., Havenga, Y. and De Swardt, H.C. 2020. Nursing student peer mentorship: The importance of professional relationships. *Africa Journal of Nursing and Midwifery*. 22(1):1-17.
- Sithole, N. 2017. Promoting a positive learning environment: school setting investigation, University of South Africa, Pretoria.
<<http://hdl.handle.net/10500/24348>>
- Snowdon, D.A., Sargent, M., Williams, C.M., Maloney, S., Caspers, K. and Taylor, N.F. 2019. Effective clinical supervision of allied health professionals: A mixed methods study. *BMC Health Services Research*. 20(1):2.
- Sogobile, W.N.T. and Khunou, S.H. 2023. Exploring student midwives' experiences regarding completion of the midwifery register at a nursing college in Eastern Cape Province, South Africa. *African Journal of Health Professions Education*. 15(3):2-13.
- South African Nursing Council. 2013. R171 regulations relating to the approval of and the minimum requirements for the education and training of a learner leading to registration in the categories staff nurse. Pretoria: Government Print.
- Sweet, L. 2019. The purpose of orientation and role modelling in the clinical practice environment. *Ultrasound in Medicine and Biology*. 45S23-S4.
- Teichgräber, U., Ingwersen, M., Bürckenmeyer, F., Malouhi, A., Arndt, C., Herzog, A., et al. 2021. Structured work-based learning in undergraduate clinical radiology immersion experience. *BMC Medical Education*. 21.
- Thapur, M.B., Iqbal, J., Sultan, A., Ali, R., Ullah, Z., Bibi, A., et al. 2023. Nursing students' satisfaction regarding clinical learning environment at private nursing schools in Karachi. *Journal of Population Therapeutics and Clinical Pharmacology*. 30(18):2961-7.
- Ti-Enkawol Nachinab, G. and Armstrong, S.J. 2024. The development of a framework for clinical education programme of undergraduate nursing students in Ghana. *BMC Nursing*. 23(1):263.

-
- Thynes, C., Steinsbekk, A. and Grimstad, H. 2022. Learning from clinical supervision- a qualitative study of undergraduate medical students' experiences. *Medical Education Online*. 27.
- Udoji, A. 2021. Nursing student mentoring. A descriptive review of nurses experiences.
- Vabo, G., Slettebø, Å. and Fossum, M. 2021. Nursing students' professional identity development: An integrative review. *Nordic Journal of Nursing Research*. 42(2):62-75.
- Vizcaya-Moreno, M.F. and Perez-Canaveras, R.M. 2020. Social Media Used and Teaching Methods Preferred by Generation Z students in the Nursing Clinical Learning Environment: A Cross-Sectional Research Study." *JERPH, MDPI*, vol 17(21), pages 1-10, November.
- Yaseen Fathi, K. and Ibrahim, R.H. 2023. Factors influencing integration of theory into practice in clinical skills acquisition among nursing students. *Informatics in Medicine Unlocked*. 37101181.
- Zhang, J., Shields, L., Ma, B., Yin, Y., Wang, J., Zhang, R., et al. 2022a. The clinical learning environment, supervision and future intention to work as a nurse in nursing students: A cross-sectional and descriptive study. *BMC Medical Education*. 22(1):548.

APPENDICES

Appendix A: University of Pretoria Ethics Committee Approval Letter



Faculty of Health Sciences

Faculty of Health Sciences **Research Ethics Committee**

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 dd 18 March 2022 and Expires 18 March 2027.
- IORG #: IORG0001762 OMB No. 0990-0279 Approved for use through June 30, 2025 and Expires 07/28/2026.

11 April 2024

Approval Certificate Annual Renewal

Dear Ms MJ Mugwari,

Ethics Reference No.: 486/2022 – Line 1

Title: nursing student's appreciation of clinical supervision during work-integrated learning

The **Annual Renewal** as supported by documents received between 2024-03-12 and 2024-04-10 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2024-04-10 as resolved by its quorate meeting.

Please note the following about your ethics approval:

- Renewal of ethics approval is valid for 1 year, subsequent annual renewal will become due on 2025-04-11.
- The Research Ethics Committee (REC) must monitor your research continuously. To this end, you must submit as may be applicable for your kind of research:
 - a) annual reports;
 - b) reports requested *ad hoc* by the REC;
 - c) all visitation and audit reports by a regulatory body (e.g. the HPCSA, FDA, SAHPRA) within 10 days of receiving one;
 - d) all routine monitoring reports compiled by the Clinical Research Associate or Site Manager within 10 days of receiving one.
- The REC may select your research study for an audit or a site visitation by the REC.
- The REC may require that you make amendments and take corrective actions.
- The REC may suspend or withdraw approval.
- Please remember to use your protocol number (486/2022) on any documents or correspondence with the Research Ethics Committee regarding your research.

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

MBCChB, 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).

Appendix B: Provincial Protocol Review Committee Approval Letter



GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

OUTCOME OF PROVINCIAL PROTOCOL REVIEW COMMITTEE (PPRC)

Researcher's Name (PI)	Ms MJ Mugwari
Organization / Institution	University of Pretoria
Research Title	Nursing students' appreciation of clinical supervision during work-integrated learning
Contact number	072 999 8951
Protocol number	GP202304 015
Sites	Bonalesedi Campus


Your application to conduct the abovementioned research has been reviewed by the Province and permission has been granted.

We request that you submit a report after completion of your study and present your findings to the Gauteng Health Department.

Permission granted

Permission denied

Recommended by


MR LR SERONGWA

ACTING DIRECTOR: NURSING COMPLIANCE AND RESEARCH

DATE: 20-04-2023

Appendix C: Gauteng College of Nursing Approval Letter



Ref no: 02052023
Enquiries: Ms M. Ndlela
Telephone Number: 011 644 8951
Email: Mavis.Ndlela@gauteng.gov.za

TO : MS M.J. MUGWARI
SUBJECT : APPROVAL FOR RESEARCH DATA COLLECTION
RESEARCH TITLE : NURSING STUDENTS' APPRECIATION OF CLINICAL SUPERVISION
DURING WORK-INTEGRATED LEARNING
NHRD NUMBER : GP202304 015

Dear Ms Mugwari

Thank you for showing an interest in collecting data at our campus of Gauteng College of Nursing. The campus Research Committee has met and reviewed your application for data collection. Your request to collect data at the Campus is granted by the Principal of Gauteng College of Nursing

Please take note of the following:

The office of the Principal of GCON wishes to inform you that permission for data collection at **Bonalesedi Campus** has been granted as all documents required has been submitted.

- The research committee of GCON would like to schedule a discussion on tentative dates and times.
- Should you not be able to honor the scheduled appointment, you are required to inform the relevant campus/ institution within 48 hours.
- All information and data collection should be treated as confidential and ethical considerations adhered to as stated in the proposal.
- All data collected from the institution will be treated as confidential and purely for academic purposes etc.
- Failure to adhere to ethical principles the GCON Research Committee will revoke the permission to collect data and report to the GCON Ethics Committee.

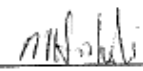
- The name of the organization will not be mentioned in the research report.
- Upon completion of your research study, kindly furnish the GCON with the study results and a copy of your Dissertation/ Thesis for the Institutional repository.
- The research committee may invite you to present the study during the annual research day.
- You will be expected to present your study findings at a GCON event.

We hope you will comply with the terms and conditions of collecting data in the institution


Sincerely yours.

Signature: 
Ms. M. Ndlela
GCON Research Committee Chairperson

Date: 04/05/2023

Signature: 
Ms. M.A Chabedi
Campus Head: Bonalesedi Campus

Date: 10/05/2023

Approved: 
Ms. N.D. Gidimisana
Director: GCON

Date: 2023. 06. 07

Appendix D: Participant Information Leaflet

Focus Group Interview Research Study

Topic of the Study: Nursing Students' Appreciation of Clinical Supervision During Work-Integrated Learning.

Principal Investigator: Mphambanyeni Julia Mugwari

Supervisor: Prof N.C Van Wyk

Institution: University of Pretoria

Dear Prospective Participant

.....

1) INTRODUCTION

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

2) THE NATURE AND PURPOSE OF THIS STUDY

The aim of this study is to explore or describe the aspects of clinical supervision that undergraduate nursing students of Bonalesedi Nursing Campus appreciate. Part of the study will be a focus group discussion. A focus group is where a few people – usually about 8 or 10 – get together with the researcher to discuss a specific topic. The discussion will be arranged at a time that is convenient to you and will take place in clinical facilities.

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

If you agree to participate, you will be asked to participate in a focus group discussion which will take about one hour 30 minutes. You and the other participants

will be asked some questions about your opinion about what experiences you had regarding clinical supervision. With your permission, the discussions will be recorded on a recording device to ensure that no information is missed.

4) RISKS AND DISCOMFORTS INVOLVED

We do not think that taking part in the study will cause any physical or emotional discomfort or risk.

You do not have to share any knowledge you are not comfortable with. During the focus group discussion, you may find that some questions are sensitive, if questions feel too personal or make you uncomfortable, you do not have to answer them.

If you need psychological support or counselling during or after the focus group discussion, I will be able to refer you to social worker.

5) POSSIBLE BENEFITS OF THIS STUDY

You will not benefit directly by being part of this study. But your participation is important for us to better understand the aspects of clinical supervision that you appreciate. The information you give may help the researcher improve clinical supervision issues.

6) COMPENSATION

You will not be paid to take part in the study. However, any cost you have because of taking part in the study, for example transport costs will be paid back to you (reimbursed).

7) VOLUNTARY PARTICIPATION

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

refuse to take part in the study, this will not affect you in any way. You will still receive standard care and treatment for your illness.

8) ETHICAL APPROVAL

This study was submitted to the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, Medical Campus, Tswelopele Building, Level 4-59, telephone numbers 012 356 3084 / 012 356 3085 and written approval has been given by that committee. The study will follow the Declaration of Helsinki (last update:

October 2013), which guides doctors on how to do research in people. The researcher can give you a copy of the Declaration if you wish to read it.

9) INFORMATION ON WHO TO CONTACT

The contact person for the study is Ms MJ Mugwari. If you have any questions concerning this study, you should contact her on 011 696 8344/072 999 8951, alternatively you may contact my supervisor Prof N.C van Wyk at 011 356 3165/ 082 776 1649.

Appendix E: Consent to Participate in the Study

I confirm that the person requesting my consent to take part in this study has told me about the nature and process, any risks or discomforts, and the benefits of the study. I have also received, read and understood the above written information about the study. I have had adequate time to ask questions and I have no objections to participate in this study. I am aware that the information obtained in the study, including personal details, will be anonymously processed and presented in the reporting of results. I understand that I will not be penalised in any way should I wish to discontinue with the study and my withdrawal will not affect my treatment and care. If photos are taken it may only be used after I have seen it and agreed that it may be used. I am participating willingly. I understand that the focus group discussion will be audiotaped. I give consent that it may be audio recorded. I have received a signed copy of this informed consent agreement.

Participant 's Name

Date

Participant 's signature

Date

Researcher's name

Date

Researcher's signature

Date

Witness' name

Date

Witness's signature

Date

Appendix F: Interview Guide

The following questions will be posed to the participants by the researcher:

Question 1

Explain the best clinical supervision experiences you can appreciate.

Question 2

Explain what an ideal clinical supervision could be.

Question 3

Describe how ideal clinical supervision could be achieved.

Question 4

How best do you think clinical supervision can be addressed and implemented in future?

Appendix G: Editor Letter



2024/07/15

To whom it may concern.

This is to certify that I have edited this Dissertation for the following candidate:

Name: Mphambanyeni Julia Mugwari

Student number: 14455138


Title: Nursing Students' Appreciation of Clinical Supervision During Work-Integrated Learning.

I used the accepted language in South Africa, which is UK English (not US). While editing, I paid attention to detail and ensured that grammar, sentence structure, punctuation, capitalisation, spelling, word choice, organisation, and paragraphing are correct. Additionally, I have checked it for relevant aspects of consistency in terms of style, format, redundancy, and most importantly, clarity. This is a well-written document that meets all the requirements on the editors' checklist and is suitable for publishing.

Editor: Praise Magidi

Qualification: BA Languages Degree

Obtained from: University of Pretoria (in 2012)



Praise Magidi