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FACILITATORS AND BARRIERS PERTAINING TO CLINICAL ACCOMPANIMENT AT A PRIVATE NURSING EDUCATION INSTITUTION IN GAUTENG PROVINCE

By
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A dissertation submitted in fulfilment of the requirements for the degree
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DECLARATION

I, Betty Sindile Maseko, declare that '**Facilitators and barriers pertaining to clinical accompaniment at a private nursing education institution in Gauteng province'** is my work and that this work has never been submitted for any other degree at any institution. All sources that have been used or quoted have been indicated and acknowledged using complete references.

29 November 2023

Researcher signature Date

ABSTRACT

Introduction:

Being a student nurse is a challenging journey that requires a combination of clinical and theoretical knowledge. Clinical accompaniment is a vital aspect of nursing education, as it provides the opportunity for student nurses to apply theoretical knowledge to real-life situations. However, the effectiveness of clinical accompaniment is dependent on various factors. These factors can either facilitate the learning process or act as barriers that impede students' progress. While many studies have been done on the overall landscape of nursing education, there are still some gaps in the research on clinical accompaniment at private institutions which this research aims to address.

Aim:

This study aimed to explore and describe the facilitators and barriers experienced by student nurses at a private nursing education institution in terms of clinical accompaniment during nursing training.

Research design and methods:

A qualitative, exploratory, and descriptive design was applied. A purposive sampling method was used to select the participants in this study. Three focus group discussions were conducted with second-year student nurses registered for the diploma in nursing science programme. The data were transcribed verbatim and analysed using the thematic data analysis method. Ethical principles and trustworthiness were maintained throughout the study.

Results:

Braun and Clarke's thematic analysis was employed to analyse the data. The analysis revealed two themes, namely facilitators pertaining to clinical accompaniment and barriers pertaining to clinical accompaniment. These themes were subdivided into categories and sub-categories. In theme one, two categories, namely, a positive clinical learning environment and clinical facilitator qualities, with three sub-categories, respectively, were identified. In theme two, two categories were identified, namely, obstacles in the clinical learning process and a lack of support. Category one has five sub-categories, and category two has two sub-categories.

Conclusion:

Student nurses described the clinical environment as having both facilitators and barriers to their clinical learning. Recommendations were made based on the barriers student nurses experienced**.**

Keywords: clinical accompaniment, student nurses, clinical learning, experiential learning, clinical learning environment.

DEDICATION

To God Almighty, who is my creator, my strong pillar, and the source of my inspiration, wisdom, knowledge, and understanding, I dedicate this study. The Almighty has been the source of my strength throughout this programme and only on His wings have I soared.
My daughter Samukelisiwe and grandson Lwandle have been my sources of strength and love,
My mother and sister, thank you for your unwavering support. Thank you for being my constant source of love and motivation.
To my late sister Sakhile, I did it!
My friends, who stood by me and cheered me on during the late nights and countless hours spent researching and writing, have kept me going.
And myself, for the determination, perseverance, and passion I have poured into this project.

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- My language editor, thank you.

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ACRONYMS

CLE	Clinical learning environment
ELT	Experiential learning theory
FGD	Focus group discussions
PNEI	Private nursing education institution
SANC	South African Nursing Council

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CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Clinical accompaniment is defined as an organised undertaking by nursing education institutions to assist and support student nurses to meet programme outcomes (SANC, 2013:1). Clinical accompaniment entails the socialisation of student nurses into the profession. During accompaniment, students learn the values, attitudes, and skills of the nursing profession (Bimray, Jooste & Julie, 2019:1). Practical skills are learned through real-life practical demonstrations or by clinical facilitators demonstrating their skills in simulation. In addition, students get the opportunity to practice their skills with patients under direct supervision. A well-planned clinical accompaniment is beneficial to learners and, as such, leads to clinical learning. Clinical learning, which is achieved through clinical facilitation, is essential in nursing education (Kamphinda & Chilemba, 2019:2). Scholars agree that clinical learning develops cognitive abilities that are prerequisites for professional competence (Kalyani, Jamshidi, Molazem, Torabizadeh & Sharif, 2019:7). In addition, Nordquist, Hall, Caverzagie, Snell, Chan, Thoma et al. (2019:366) confirm that clinical learning has a crucial influence on moulding the student nurse's identity as a future professional nurse. Consequently, the excellence of clinical learning is associated with the standard of the learning environment (Günay & Kılınç, 2018:81).

The clinical learning environment (CLE) is a crucial component of nursing education as it provides student nurses with the opportunity to apply theoretical knowledge in a practical setting (Perry, Handerson & Grealish, 2018:117). In the CLE, student nurses can observe and work with experienced healthcare professionals to gain hands-on experience. Previous studies highlighted a variety of factors in the clinical learning environment that promotes clinical learning (Motsaanaka, Makhene & Ally, 2020:4). Amongst other things, it is the support and attention the student nurses receive that promote their experience (Lawal, Weaver, Bryan & Lindo, 2016:32). While its importance has been emphasised, the CLE can be a source of strain for student nurses (de Swardt, 2019:1). In Turkey, where clinical learning accounts for 50% of the nursing education requirements and a faculty member is responsible for the accompaniment of student nurses, several barriers were identified, including the large number of patients allocated to students, a lack of support from nursing staff, feedback given in front of patients, and miscommunication (Serçekuş & Başkale 2016:134). In South Korea, students are exposed to the CLE in their third year of study, and the required time spent in the CLE is 1000 hours. The hospital nursing staff is responsible for the accompaniment of student nurses (Lee, Clarke & Carson, 2018:103). They are furthermore exposed to barriers to clinical

learning, such as rejection by nursing staff and the limited number of days allocated to a student in a unit (Lee et al., 2018:107). The latter is similar to the experiences of student nurses in the United Kingdom, where students are unable to work together with their nurse mentors due to the heavy workload experienced by nursing staff (Carey, Chick, Kent & Latour, 2018:212). In Finland, collaboration between nurse educators and clinical staff exists. In a study conducted on the clinical learning environment and supervision of international student nurses, good human relations such as respect for each other, a positive attitude towards student nurses, and easily approachable nursing staff resulted in meaningful learning experiences with improved CLE (Mikkonen, Elo, Miettunen, Saarikoski & Kääriäinen, 2017:75). Irrespective of whether a collaboration, preceptorship, or clinical facilitation model is used, common themes pertaining to clinical accompaniment were identified.

Gaining clinical proficiencies is a fundamental component in the training of undergraduate student nurses in Malawi (Kamphinda & Chilemba, 2019:2). Ofili, Ncama and Moses-Ewhre (2019:2) agreed that clinical learning prepares student nurses to function effectively in clinical practice. Similar to international nursing education institutions, the clinical accompaniment of student nurses is a prerequisite. However, literature on these countries (see Kamphinda & Chilemba, 2019:2; Ofili et al., 2019:2) reveals mostly barriers pertaining to the clinical accompaniment of student nurses. A study conducted among Malawian students revealed that students did not get the attention required. The reason for that was that the student support role was entrusted to permanent nursing staff who were either busy or had no interest in teaching students. Although the experiences were mostly negative, student nurses highlighted that the CLE had plenty of learning opportunities for them (Kamphinda & Chilemba, 2019:7-8).

In South Africa, the South African Nursing Council (SANC) prescribes the standards for nursing education and training (Nursing Act 33, 2005:7). In its Diploma in General Nursing qualification framework, SANC prescribed that out of the total number of hours allocated for clinical learning, 70% should be spent on student nurses' accompaniment in the clinical learning environment (SANC 2014:3). Following this, some nursing education institutions have employed clinical supervisors to fulfil the duty of accompaniment of student nurses in the CLE (Donough & Van Der Heever, 2018:1). Although the value of clinical learning has been proven, effective facilitation of student learning in the clinical environment remains a challenge globally and in South Africa. Dahlke O'Connor, Hannesson and Cheetham (2016:145) argue that clinical teachers are overworked, there is no formal support for clinical facilitators to prepare them for the role of clinical teaching, and they find student nurses' lack of theoretical knowledge and capabilities burdensome. Muthathi, Thurling and Armstrong (2017:5) revealed,

among other things, poor planning and differences in the demonstration of procedures as barriers pertaining to the accompaniment of student nurses. Based on the above discussion, the researcher intends to conduct a study to explore and describe the views of student nurses regarding the facilitators and barriers pertaining to the clinical accompaniment of student nurses during their course of training.

1.2 PROBLEM STATEMENT

Undergraduate student nurses are expected to be accompanied in the CLE. This includes direct supervision, demonstration of procedures, and socialisation into the nursing profession because, during training, student nurses do not have the proficiency nor the power to perform nursing care tasks on their own (Sugiantari, Sari & Januraga, 2018:48). Student accompaniment is focused on developing a safe and competent professional nurse (de Swardt, 2019:1). In addition to the availability of guidelines and learning aids, the action of accompaniment necessitates direct participation and the physical presence of a clinical facilitator. Effective clinical accompaniment allows student nurses to feel safe and learn in an emotionally safe environment (Lawal et al., 2016:33), and theory and practice integration becomes facilitated. Kim's study (2018:190) concluded that encouragement in the CLE fosters student nurses' confidence in their ability to take care of the patients entrusted to them in the future. Lack of clinical support in the CLE leads to student nurses discontinuing the educational programme, which further results in a shortage of nurses.

Poor-quality clinical learning affects the development of a professional role that is crucial for nursing status in society. Kim (2018:187) and de Swardt (2019:2) argue that unmet clinical outcomes will lead to incompetent professional nurses who may provide unsafe nursing care to patients. The researcher, who works as a clinical facilitator, noticed that the permanent nursing staff views student nurses as outsiders and delegates them to unpleasant tasks. As a result, students waste their learning time performing routine tasks, which do not form part of their training-level needs. Therefore, students find it difficult to integrate in practice what was learned in theory. This may be attributed to little or no clinical accompaniment of student nurses by the clinical facilitators.

Furthermore, private institutions' infrastructures can differ greatly from those of public ones. The possible influence of these infrastructure disparities on clinical accompaniment quality has not been properly investigated (Meyer, Archer & Van Schalkwyk, 2022:3). What benefits or drawbacks do private institutions' facilities provide in the context of Gauteng? Therefore, the researcher intended to conduct a study to explore the facilitators and barriers experienced

by student nurses to promote proficient clinical accompaniment during nursing training at private nursing education institutions.

1.3 RESEARCH QUESTION, AIM AND OBJECTIVES

1.3.1 Research question

What are the facilitators and barriers experienced by student nurses at a private nursing education institution in terms of clinical accompaniment?

1.3.2 Aim and objectives of the study

Aim

This study aimed to explore and describe the facilitators and barriers experienced by student nurses at a private nursing education institution in terms of clinical accompaniment during nursing training.

Objectives

1. To explore and describe the facilitators pertaining to clinical accompaniment as experienced by nursing students at a private nursing education institution in Gauteng province.
2. To explore and describe the barriers pertaining to clinical accompaniment as experienced by nursing students at a private nursing education institution in Gauteng province.
3. To provide recommendations on mitigating the barriers to clinical accompaniment as experienced by nursing students at a private nursing education institution in Gauteng province.

1.4 DEFINITION OF KEY TERMS

Clinical Accompaniment:

“Clinical accompaniment is defined as a structured process by a nursing education institution to facilitate assistance and support to the learner by the nurse educator at the clinical facility to ensure the achievement of programme outcomes” (SANC 2013:1). In this study, clinical accompaniment shall mean direct support and assistance provided to the nursing student by the clinical facilitator responsible for the nursing student’s clinical learning.

Clinical Facilitators

Clinical facilitators are nurse educators who are responsible for providing clinical education to student nurses (Tsimane & Downing 2020:271). In this study, clinical facilitators shall refer to nurse educators who facilitate the clinical learning of undergraduate student nurses at a selected private nursing education institution in Gauteng province. Facilitators are people or things that make actions or processes easier (Shoesmith, Hall, Wolfenden, Shelton, Powell, Brown et al. 2021:6). In this study, facilitators shall refer to those processes and actions that make it easier for student nurses to thrive in the clinical learning environment.

Clinical Learning

Clinical learning is part of the educational process achieved through the clinical placement of the student in nursing and midwifery practice settings to acquire and apply knowledge, skills, and behaviours and demonstrate competency in the practice of nursing and midwifery (Berndtsson, Dahlborg & Pennbrant 2020:2). In this study, clinical learning shall refer to the specific educational activities that student nurses undertake in the CLE to acquire the necessary knowledge, skills, and attitude to be proficient professional nurses.

Clinical Learning Environment (CLE)

According to Berhe and Bebretensaye (2021:2), CLE refers to the clinical healthcare work environments in which healthcare students complete their clinical placements, which are included as part of the clinical studies of their healthcare education. In this study, CLE shall refer to the specific private hospital where student nurses learn and acquire clinical nursing skills under the direct supervision of a clinical facilitator.

Student Nurses

Student nurses refer to persons who are following a programme of study in a nursing education and training institution (Nursing Act 33, 2005:30). In this study, nursing students shall refer to undergraduate student nurses registered for the 3-year diploma in nursing at a selected private nursing education institution in Gauteng province.

1.5 CONTEXT / SETTING

The setting of a study refers to the physical location and conditions in which data collection takes place (Polit & Beck, 2021:803). The study was conducted at a selected private nursing education institution (PNEI). The PNEI is situated in an urban area in Gauteng province. The setting was chosen because the PNEI offers a bridging nursing programme, a 3-year nursing diploma programme, and several 6-month in-service nursing training programmes. The PNEI had 294 undergraduate student nurses registered for the 2020 academic year. The PNEI allocates the student nurses across seven private hospitals in Gauteng province for clinical learning. Each hospital has clinical facilitators that accompany student nurses in the CLE. In addition, the PNEI had 27 2nd year nursing students enrolled for a Diploma in nursing science programme in 2021 and were placed across all 7 private hospitals for clinical learning. The context of this study is discussed in detail in Chapter 3.

1.6 SIGNIFICANCE OF THE STUDY

The findings of this study may enhance student nurses' understanding of the problems in the CLE, thus helping student nurses develop coping skills. The study may bring awareness of

the facilitators and barriers to clinical accompaniment to clinical facilitators so that improvements can be proposed (Sánchez, Rodríguez & Martínez, 2019:19). Findings of the study may assist clinical facilitators in researching and implementing innovative clinical teaching strategies that may facilitate the development of essential clinical competences (van Wyngaarden et al., 2019:1). The study may assist policymakers in the PNEI to draft policies that should favour student-centred learning and support the learning needs of student nurses (Sánchez et al., 2019:18).

1.7 PHILOSOPHICAL ASSUMPTIONS

To limit errors, an inquiry must be based on a paradigm. A paradigm is a way of thinking or the perception of the world around us, often shaped by experiences, culture, and beliefs. A research paradigm is a set of principles, frameworks, and methods that guide how research is conducted. It is an overarching mindset or perspective that shapes how researchers approach their work and interpret their findings. Understanding a research paradigm is important as it helps to clarify the underlying assumptions and biases that may influence findings and interpretation (Brown & Dueñas, 2020:545). This study was based on the constructivist paradigm. The constructivist paradigm is a philosophical approach to research that is based on the belief that knowledge is not objective or universal but rather a social construction. This implies that knowledge is a product of social interaction and that culture, language, and history all have an impact on it. Constructivists believe that reality is not a fixed or objective entity but is shaped by individual and collective experiences (Brown & Dueñas, 2020:548). Research within the constructivist paradigm seeks to understand how individuals construct meaning and how social context shapes the production and circulation of knowledge (Erciyes, 2020:185). The constructivist paradigm is therefore relevant in this study as the researcher seeks to explore and describe the facilitators and barriers experienced by student nurses at a private nursing education institution in terms of clinical accompaniment during nursing training. The following assumptions applied to this study:

1.7.1 Ontological assumptions

Ontology refers to the nature of our beliefs about reality (Al-Ababneh, 2020:76). Constructivists' ontology is a philosophical theory that emphasises the role of human perception in the creation of reality. According to constructivists, reality is not a static, objective fact but rather a result of social and cultural constructions that are constantly changing due to human perception (Brown & Duenas, 2020:550). The researcher believed that student nurses have their perceptions of facilitators and barriers pertaining to clinical accompaniment, which are based on their personal and private experiences in the CLE, and those perceptions can be explored and meanings made through personal interaction between the researcher and

the student nurses. The researcher further believed that student nurses subjectively interpret these facilitators and barriers pertaining to clinical accompaniment differently as a result of their unique and different experiences in the CLE; thus, multiple realities are possible.

1.7.2 Epistemological assumptions

Epistemology refers to the branch of philosophy that studies the nature of knowledge and the process by which knowledge is acquired and validated. Constructivists assert that knowledge is not something that can be objectively measured but rather is subjective and contextualised within an individual's experiences and beliefs (Brown & Dueñas, 2020:551). The researcher assumed that student nurses actively gather information through interaction within the CLE. This information is acquired through the visual and auditory senses in tiny bits and later combined with other available information to make meaning. Therefore, the researcher sought to conduct interviews with the student nurses to explore how they made meaning of the facilitators and barriers pertaining to clinical accompaniment in the CLE.

1.7.3 Methodological assumptions

Methodology refers to how evidence is best obtained (Al-Ababneh, 2020:77). Methodological assumptions are the set of beliefs that underpin the research design and methodology used in any study. These assumptions guide the researcher on how to approach the research question, data collection, and analysis. A qualitative, exploratory and descriptive approach was applied to gain a better and deeper understanding of the facilitators and barriers experienced by student nurses at a private nursing education institution in terms of clinical accompaniment during nursing training. In this study, 2nd year nursing students enrolled for a diploma in nursing science programme were selected based on purposive sampling. Twenty-six nursing students participated in the study. Focus group interviews were used to collect data. The interviews were recorded and transcribed verbatim. Furthermore, Braun and Clake's six-step thematic data analysis method was applied to analyse the data. This study applied the criteria suggested by Guba and Lincoln to ensure trustworthiness. These include credibility, dependability, transferability and confirmability. Lastly, ethical considerations of beneficence, respect for human dignity and justice were applied. The research method is discussed in detail in Chapter 3.

1.8 DELINEATION

Only those 2nd-year student nurses studying for a general nursing qualification at a private nursing education institution in the Gauteng province were the subject of the researcher's attention about the facilitators and barriers to clinical accompaniment.

1.9 OUTLINE OF THE DISSERTATION

The study consists of four chapters, set out as follows:

Chapter 1: Orientation to the study

This first chapter introduces the reader to the background, significance of the study, problem statement, purpose of the study, research questions, objectives, definition of key terms, and a brief description of the research design.

Chapter 2:Litarature Review

This chapter provides a literature review that identifies pertinent research related to the issue at hand and describes the theoretical framework that underpins this research.

Chapter 3: Research design and methods

This chapter recounts the research design, population, sampling, data collection, and data analysis of the study. Ethical considerations and measures to provide trustworthiness are also deliberated and discussed.

Chapter 4: Data analysis, interpretation and discussion

This chapter presents the analysis and interpretation of the study. It is supported by quotes and controlled through the citation of literature.

Chapter 5: Limitations, conclusion and recommendations

This chapter provides the limitations, recommendations, and conclusion of the study.

1.10 SUMMARY

This chapter presented a comprehensive outline of the study, including its introduction and background, rationale and significance, problem statement, purpose, and research question. The overview concluded with an elucidation of the fundamental concepts and philosophical presumptions, which served to aid readers in comprehending the content presented in the subsequent chapters.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

The function of clinical accompaniment in nursing education is crucial for bridging conceptual and practical knowledge gaps. Due to their major contributions to the healthcare system in the province of Gauteng, private nursing institutes have acquired distinctive features in their approach to clinical accompaniment. A thorough awareness of the intricacies and dynamics

is crucial, as this study explores the facilitators and barriers in such contexts. The historical and contextual framework of the Gauteng nursing environment was carefully analysed in the preceding chapter. This chapter will go deeper into the literature, building on that underlying information, and provide light on the experiences, difficulties, and approaches related to clinical accompaniment. This research intends to positively contribute to the nursing education debate by comprehending the broad trends and specifics, ensuring that students have the best learning experiences possible.

2.2 BACKGROUND AND SIGNIFICANCE OF CLINICAL ACCOMPANIMENT IN NURSING EDUCATION

To properly understand the significance of clinical accompaniment in nursing education, we must first review the history behind its development.

2.2.1 Historical development of clinical accompaniment

Clinical accompaniment has been used in nursing education since the days of Florence Nightingale, who is often regarded as the founder of modern nursing (Ward, Kyner & Crowder 2020:5). During the Crimean War, Nightingale's pioneering work laid the groundwork for the integration of clinical practice into nursing education, emphasising the need for hands-on experience in patient care (Mahasneh, Shoqirat, Alsaraireh, Singh & Thorpe, 2021:5). This innovative method signalled the start of a transition away from merely theoretical classroom-based training and towards a more complete, practice-oriented kind of education.

As nursing education progressed in the early twentieth century, clinical accompaniment became more regimented. Schools began to recognise the critical significance of real-world, practical experience in developing knowledgeable and capable nurses. The landmark study "From Novice to Expert" by Benner in 1984 (Landers, O'Mahony & McCarthy, 2020:161) emphasised this change. She proposed that clinical ability in nursing is gained incrementally, from beginner to expert, and that this growth is inextricably tied to direct patient care experiences throughout educational endeavours (Landers et al., 2020:161). While Benner emphasised the maturation of a nurse through experience learning, certain critics, such as Murray (2018:4), expressed reservations. While experiential learning is important, Murray argued that focusing primarily on this technique might lead to incomplete or mistaken learning, emphasising the importance of a balanced combination of theory and practice (Murray, 2018:4).

Advances in medical technology, changes in healthcare policies, and expanding patient requirements emphasised the relevance of clinical accompaniment in the latter half of the

twentieth century. Because of the increasing complexity of healthcare systems, nursing educators must focus not just on skill learning but also on critical thinking, decision-making, and holistic patient care (Dickison, Haerling & Lasater, 2019:77; Gonzalez, Nielsen & Lasater, 2021:486). In response to this demand, nursing curricula throughout the world began to embrace more integrated educational models in which theoretical information was smoothly merged with clinical accompaniment, allowing students to apply classroom learning to real-world circumstances (Wong & Kowitlawakul, 2020:3).

In the twenty-first century, the advent of evidence-based practice brought another element to the history of clinical accompaniment. As nursing became more firmly rooted in evidence-based techniques, the significance of incorporating research into clinical accompaniment became clear (Melnyk & Fineout-Overholt, 2022:15; Rawas, 2023:2). This combination guaranteed that nursing students not only learned skills and information but also developed an inquisitive mind, constantly looking for the best evidence to guide their clinical judgements.

The union of theory and practice has always been at the heart of clinical accompaniment, as its historical history illustrates. From Nightingale's early attempts to today's emphasis on evidence-based practice, the clinical accompaniment has developed in lockstep with the ever-changing environment of healthcare and the dynamic nature of nursing education (Larsen, Terkelsen, Carlsen & Kristensen, 2019). Thus, it is imperative to explore the role and significance of clinical accompaniment in nursing training.

2.2.2 The role and importance of clinical accompaniment in nursing parts of Africa and in Gauteng province

The importance of clinical accompaniment in nursing education cannot be overstated. It is essential for giving nursing students the hands-on experience and critical thinking that are needed in the ever-changing healthcare industry. Internationally, nursing educators place a strong emphasis on the marriage of theoretical understanding and real-world application because they hold that this is the only way to develop nursing expertise (Jacob, Seif & Munyaw, 2023:2; Rahiem, Habieb & El-Shaer, 2020:21). This emphasis on the whole picture results from the awareness that although theory offers the student a foundation in information, clinical accompaniment hones and polishes it, preparing them for the complexity of patient care.

Indeed, as explained by Günay and Kılınc, (2018:86), clinical accompaniment gives students the chance to get practical experience, network with professionals, and use their academic knowledge in real-world situations. In essence, it helps a beginner nurse develop into a skilled

nursing practitioner. The advantages of clinical accompaniment are clear, yet there are still difficulties. Fadana and Vember (2021:6) highlight the sporadic discrepancies between what is taught in academic institutions and what is done in clinical settings. The fact that these differences occasionally cause confusion among nursing trainees highlights the need for constant alignment between educational and clinical practices.

In the context of Gauteng province, where healthcare demands are constantly evolving, clinical accompaniment becomes even more critical (Abrahams & Everatt, 2019:10; Jacobs, David & van Wyk, 2023:3). As student nurses navigate the intricate nature of healthcare delivery within this dynamic setting, clinical accompaniment provides them with a platform to comprehend the distinctive socio-cultural dynamics of patient care, promoting culturally competent care. However, the efficiency of clinical accompaniment has been questioned even in Gauteng. Motsaanaka et al. (2020:3) draw attention to the difficulties nursing students have when undergoing clinical supervision, including a lack of learning opportunities, work overload, and inadequate mentoring. Despite these difficulties, clinical accompaniment is still often regarded as essential. It is regarded as the link connecting theory and practice, ensuring that Gauteng's nursing students are not only knowledgeable about nursing concepts but also skilled at applying them in their clinical practice.

It is clear from analysing the material under discussion that clinical accompaniment plays a crucial role both globally and in Gauteng. Although the difficulties may differ depending on the socio-cultural and economic dynamics of the area, the fundamental idea is the same: clinical accompaniment is essential for creating skilled and assured nursing practitioners.

2.3 WHAT IS ALREADY KNOWN ABOUT THE TOPIC

2.3.1 Facilitators of clinical accompaniment

When properly coordinated, the clinical accompaniment process serves as a cornerstone for nursing education, owing to its tremendous advantages that extend beyond the bounds of typical classroom settings. As students enter the clinical domain, they encounter a synthesis of theory and practice, which, if adequately guided, leads to a plethora of benefits. The benefits include:

2.3.1.1 Enhanced learning experience

Clinical accompaniment's practical, hands-on character enhances the theoretical information taught in classrooms, creating a richer learning environment. According to van Wyngaarden, Leech and Coetzee (2019:4), exposing nursing students to actual clinical settings improves their cognitive skills and enables them to adapt and respond to changing circumstances.

Similar findings were made by de Swardt (2019:6), who discovered that well-organised clinical accompaniment gives students chances to practice critical thinking and problem-solving. As a result, learning becomes more comprehensive. Nachinab and Armstrong (2022:8) warn that for this increased experience to be successful, a supportive clinical setting with enough resources and mentors is crucial. Examining these viewpoints, it is clear that clinical accompaniment difficulties and real-world exposure help nursing students learn more deeply and comprehensively.

2.3.1.2 Increased competence and confidence among students

The transforming path from novice to expert in the nursing profession is heavily reliant on clinical support. According to Ziba, Yakong and Ali (2021:6), students who get frequent and extensive clinical accompaniment demonstrate increased competency in their nursing practices. Another intriguing study by Dias, Aderibigbe and Abraham (2022:4305) discovered a link between good clinical accompaniment and increased self-confidence in nursing trainees. According to Wiratmo, Ramoo and Nurachmah (2022:5), more confidence can lead to improved patient care since confident nurses are more likely to be proactive, take initiative, and demonstrate superior clinical judgement. These findings support the premise that clinical accompaniment, when done correctly, is critical to developing competent and self-assured nursing workers.

2.3.1.3 Effective translation of theoretical knowledge to practical application

One of the most coveted results of clinical accompaniment is arguably the seamless application of theoretical knowledge in practice. Wong and Kowitlawaku (2020:3) outline how students gain the capacity to compare and contrast theoretical information with real-world situations through clinical accompaniment, leading to well-informed decision-making. Similarly, Gonzalez et al. (2021:491) explain that clinical accompaniment serves as a link that enables students to integrate their conceptual knowledge into real-world patient care settings. A different viewpoint offered by Hashemiparast, Negarandeh and Theofanidis (2019:402) contends that this translation is not always automatic and may call for specific mentoring. However, it becomes clear from assessing various viewpoints that clinical accompaniment, particularly with skilled mentorship, may certainly help the successful marriage of theoretical knowledge with practical application.

2.3.2 Barriers to clinical accompaniment

While clinical accompaniment has been lauded as an important component of nursing education, it is not without its difficulties. Inadequate resources and facilities, as well as obvious communication gaps between instructors and students, frequently impede the efficiency of clinical accompaniment.

2.3.2.1 Insufficient resources and facilities

Clinical environments that lack basic resources are a stark reality that nursing students and instructors frequently face. Such environments invariably fall short of offering a comprehensive educational experience. Hoffman and Daniels (2020:10) contend that a lack of resources, such as up-to-date medical equipment, necessary medications, and facilities, may hinder the clinical learning process. Additionally, staffing shortages can exacerbate this problem by adding unnecessary stress to educators who are already struggling with the limitations of their setting. Anokwuru and Daniels (2021:9) go into further detail on this, highlighting how a lack of resources can jeopardise patient care in addition to hindering clinical learning and posing an ethical conundrum for both students and teachers. Gcawu and van Rooyen (2022:6) contend that although resources are unquestionably important, a motivated and creative educator may use tactics to partially make up for their lack. Examining various viewpoints, however, it is clear that a clinical setting that is well-equipped is crucial for delivering the best possible learning results.

2.3.2.2 Gaps in communication between educators and students

Clear, open, and constant communication between students and their educators is essential for effective clinical accompaniment. Several studies, however, show a clear gap in this area. According to Papastavrou et al. (2016:7), nursing students frequently feel ignored and unsupported owing to a lack of regular feedback and debriefing sessions. Mafumo, Tshililo and Lulalima (2022:5) agree that a large percentage of students experience feelings of desertion during clinical placements due to a lack of proactive contact from their educators. However, Donovan, Strunk, Lam, Argenbright, Robinson, Leisen et al. (2022:112) take a somewhat different stance, arguing that while communication gaps do occur, they are sometimes the result of the student's unwillingness to seek clarification or voice concerns. Based on these findings, it is clear that although instructors must be more forthright in their communication, students must also build assertiveness to cross these communication gaps.

2.3.2.3 Time constraints, scheduling conflicts, and high student-to-teacher ratios

Nursing students frequently struggle to organise their learning within constrained periods due to the complex nature of clinical environments. According to Hoffman and Daniels (2020:11), nursing students frequently struggle to get the requisite experience within constrained time frames due to the growing complexity of patient care. When a student's academic obligations and clinical responsibilities fall on the same day, the issue is made worse. Such disputes not only exhaust the pupils but may also splinter the learning process. High student-to-teacher ratios are another key obstacle (Masilaca, Kumar & Balekiwal, 2018:29). The quality of instruction and focus given to each student is diminished when more pupils are studying with

a single teacher. According to Fadana and Vember (2021:4), these high ratios make it challenging for teachers to provide each student with personalised feedback, thereby impeding their growth. Nachinab and Armstrong (2022:8) offer a different viewpoint and argue that while individual attention is crucial, peer learning in larger groups can occasionally enhance collaborative learning, particularly in therapeutic contexts.

2.3.2.4 Varying standards and expectations across clinical sites

Another significant difficulty is the lack of uniformity in norms and expectations between clinical locations. Each clinical environment may have its own set of protocols, patient demographics, and even different degrees of technological innovation. This discrepancy frequently presents difficulties for pupils, who must quickly adjust to varied expectations. According to Kalyani et al. (2019:7), these various standards can occasionally confuse, pupils about which practices to follow, especially if they have previously been instructed differently. Mbakaya, Kalembo, Zgambo, Konyani, Lungu, Tveit et al. (2020:11) agree, adding that these discrepancies might leave students feeling unprepared and unconfident. However, other researchers, such as Daniels and Musafari (2020:10), feel that exposure to a variety of clinical venues can be advantageous. They claim that it gives students a more well-rounded education and better prepares them for the variety of issues they may face in their nursing careers.

2.4 NURSING EDUCATION INSTITUTIONS: PRIVATE vs. PUBLIC

2.4.1 Differences in clinical accompaniment practices between private and public nursing institutions

In nursing education, clinical accompaniment is essential for bridging the gap between academic knowledge and practical abilities. However, there are substantial differences in the procedures and approaches for clinical accompaniment between private and public nursing organisations, which are impacted by things like finance, institutional goals, and the setting for the delivery of healthcare.

Compared to public institutions, private nursing institutes often have a distinct financial structure. Private universities may have the freedom to cooperate with upscale healthcare facilities or invest in cutting-edge simulation labs thanks to the autonomy that comes with self-funding (Ngene, Khaliq & Moodley, 2023:89). Public nursing facilities, on the other hand, sometimes rely largely on government financing, which may be limited or designated for particular goals. Although state-driven initiatives would be advantageous for public institutions, their resources might be restricted, which would have an impact on the level and extent of clinical accompaniment (Zwane & Mtshali, 2019:6).

Private and public nursing facilities may have different goals. Private nursing schools may have a curriculum that is more industry-aligned, emphasising skills directly applicable to modern healthcare markets, according to research by Thompson and Deis (2017:273). Public institutions may place a stronger emphasis on fundamental knowledge and all-encompassing patient care due to their larger social aims. With private institutions likely favouring specialised clinical settings and public ones choosing more general, diversified contexts, this difference might lead to divergent clinical accompaniment practices. Collaborations between educational institutions and healthcare settings are necessary for clinical accompaniment. Private hospitals, clinics, and specialised healthcare facilities may develop alliances with private nursing schools due to their autonomy (Jackson & Peters, 2016). These connections can give students unique opportunities, but they may also restrict their contact with a wide range of patients. On the other side, public nursing schools frequently have closer linkages to public hospitals and community health centres, exposing students to a wider variety of clinical settings, but maybe in more resource-constrained ones. According to nationally established requirements for clinical accompaniment, public institutions often operate under greater governmental control (Zwane & Mtshali, 2019:5). While still subject to regulation, private institutions may have greater freedom in developing and executing their clinical accompaniment programmes, resulting in both innovative practices and discrepancies in quality.

It is clear from evaluating these distinctions that both private and public nursing organisations provide distinctive advantages and confront particular difficulties in clinical accompaniment. Public universities give a wider, more varied exposure, whereas private institutions may offer specialised, cutting-edge experiences. Everyone involved in the Gauteng nursing education scene must understand these distinctions and make use of both types of institutions' assets for a better nursing education experience.

2.4.2 Advantages and challenges specific to private nursing education institutions

Because of their particular operating model and funding methods, private nursing education schools have a distinct set of benefits and problems when compared to their public equivalents. Their impact on the larger nursing education industry is determined by how they negotiate this complex ecosystem.

Advantages

Curriculum flexibility: Current healthcare trends and demands can be quickly incorporated into the educational programme since private institutions frequently have more freedom in curriculum design and material delivery (Baker, Cary & da Conceicao Bento, 2021:87). This

flexibility makes sure that students receive instruction in the most recent techniques and tools, therefore preparing them for quick absorption into the developing healthcare industry.

Resource allocation: These universities may have access to advanced simulation labs, current technology, and specialised training resources if they receive considerable private financing or investment. This improves hands-on learning and helps students become acquainted with cutting-edge instruments and approaches (Meyer, Archer & Van Schalkwyk, 2022:2).

Personalised attention: Smaller class numbers are frequently seen at private schools, which can result in more individualised attention and specialised training. This encourages a setting where students may get tailored criticism and coaching, assisting with their professional growth (Dudley, Khaw, Botti, & Hutchinson, 2020:6).

Challenges

High costs: While private colleges may provide specialised resources, tuition at private institutions might be significantly pricier than at public institutions. This can restrict access for many potential students, resulting in equity and inclusion difficulties in nursing education (Brown & Jones, 2017:57).

Accreditation and Recognition: Although many private nursing schools maintain high educational standards, there are concerns about the variance in quality. Ensuring consistent accreditation and meeting universally recognised benchmarks can be challenging, making it imperative for these institutions to invest in regular quality checks and meet external standards (Mtshali, Shelembe, Naidoo & Harerimana, 2020:97).

Limited diversity in clinical exposure: Private nursing schools may have a predominance of clinical placements at private healthcare facilities due to their affiliations. This may restrict students' exposure to the wide range of clinical settings and patient demographics that they might see at public hospitals or community health centres (Nelson & Williamson, 2019:25).

Market-driven approach: Because some schools are privately supported, they may take a market-driven approach, emphasising specialisations or talents that are currently in demand. While this has the advantage of creating graduates who can meet the requirements of the business right away, it may accidentally marginalise basic and holistic nursing practices that are critical for long-term healthcare delivery (Mtshali et al., 2020:96).

When these benefits are balanced against the problems, it is clear that while private nursing education schools have specific advantages, they also face different challenges. The problem of balancing specialised modern education with inclusiveness, basic learning, and broad-based clinical experience remains critical. Recognising these strengths and problems will

assist in developing ways to capitalise on the benefits while addressing the constraints inherent in private nursing education.

2.4.3 Advantages and challenges specific to public nursing education institutions

In the context of South Africa's public sector, where healthcare facilities are managed and funded completely differently from the private sector, there are numerous benefits and challenges when compared to their counterpart.

Advantages

Affordability: One of the key benefits of government-funded nursing education programs is the financial assistance provided to students. This support can include tuition fees, study materials, and even stipends to cover living expenses during study. By alleviating the financial burden on students, these programs make it more accessible for individuals from diverse backgrounds to enter the nursing profession (Skakane-Masango, Mtshali & Ngcobo, 2023:58).

Curriculum responsiveness: Navigating curriculum responsiveness in South Africa's public nursing education institutions is crucial for ensuring that nursing students receive a well-rounded and relevant education that prepares them for the challenges of the healthcare field. The importance of this navigation lies in its ability to address the unique needs and contexts of South African nursing students, considering factors such as cultural diversity, socio-economic backgrounds, and healthcare disparities (Mudaly, 2023:9).

Disadvantages

Overcrowding: Student nurses in public nursing education institutions often find themselves navigating through challenging circumstances as they strive to learn and gain practical experience in overcrowded environments. Limited resources, including insufficient clinical placements, faculty shortages, and high student-to-instructor ratios, can significantly hinder the quality of education and training that student nurses receive (Motsaanaka et al. 2020:3).

Budgetary constraints: Public nursing education institutions in South Africa encounter a myriad of challenges when it comes to securing funding. One of the key obstacles is the limited financial resources allocated to these institutions, resulting in inadequate facilities, outdated equipment, and insufficient staffing levels. This lack of funding not only hampers the quality of education provided but also impacts the overall learning experience for nursing students (Fana. & Goudge, 2021:2).

2.5 NURSING EDUCATION IN GAUTENG PROVINCE

2.5.1 An overview of the nursing education landscape in Gauteng province

Gauteng province plays a vital role in healthcare and nursing education, being South Africa's urban and economic centre. With urbanisation, a varied population, and socioeconomic inequalities as its backdrop, Gauteng's nursing education environment shows a fusion of historical influences, current issues, and future goals. The development of public healthcare infrastructure throughout colonial and apartheid times is where Gauteng's nursing education got its start. Early training had few choices for specialised training and was mostly centred on providing basic nursing care. However, there was a noticeable change in favour of integrating and diversifying nursing education with the end of apartheid and the emergence of democracy in South Africa. The epicentre of this transition, with institutions concentrating on inclusive, competency-based training, was Johannesburg as the provincial capital (Moyo & Madumo, 2016:46).

Public nursing institutes in Gauteng have historically played a prominent role since the public sector bears a large portion of the burden of providing healthcare. However, during the past two decades, the number of private nursing education institutes has increased dramatically. While some applaud the private sector for bridging a significant gap and providing specialised courses, others (Khumalo & Van Wyk, 2017:65) raise concerns regarding standardisation, quality, and equal access.

Gauteng's nursing education faces several difficulties. While urbanisation brings greater infrastructure and resources, it also brings complications, including increased patient loads, a variety of healthcare requirements, and strained clinical accompaniment resources. Due to the diversified population of the province, there are both opportunities and challenges in terms of the healthcare demands of various population groups (Thompson et al., 2019:34).

Gauteng provides nursing students with a variety of clinical experiences because it has multiple tertiary hospitals. The management of the mentor-student ratios, arranging for these clinical assignments, and ensuring standardised learning experiences continue to be difficult. Additionally, complicating matters is Gauteng's mix of urban and peri-urban environments, which necessitates flexibility in training methods (Khumalo & Van Wyk, 2017:65; Moyo & Madumo, 2016:45).

The ongoing collaboration between the public and private partners in nursing education and the Gauteng Department of Health points to a cooperative future. The province's nursing education is prepared for digital integration, equipping nurses for a technologically enhanced

healthcare landscape as technology and telemedicine emerge as key participants in healthcare (Petersen & Ricks, 2018:195).

In light of the aforementioned, Gauteng offers a dynamic and complicated environment for nursing education due to its distinctive fusion of history, metropolitan surroundings, and different demands. Opportunities exist, but overcoming the inherent difficulties calls for thoughtful planning, cooperation, and a dedication to maintaining the quality and equality of nursing education.

2.5.2 The significance, challenges, and advantages of nursing education in Gauteng province

Significance

Gauteng province considered the economic heart of South Africa, is also a crucial axis for the country's healthcare and nursing education. The region's growing population, along with rapid urbanisation, increases the demand for qualified healthcare workers (Abrahams & Everatt, 2019:255). The province has long recognised nurses' critical role as primary healthcare professionals, particularly in community and rural settings (Botes, Cooke & Bruce, 2023:7). This highlights the importance of nursing education as a discipline as well as a critical public health intervention. Mkhize and Mthembu (2016:49) asserted in their comprehensive assessment that the quality of nursing education directly transfers to the degree of quality in patient care in Gauteng's medical facilities.

Challenges

The issues in nursing education in Gauteng are similar to those in other areas of expansion. The integration of academic instruction with real-world experience is one of the main issues. The separation between the therapeutic and educational environments can occasionally be detrimental to holistic learning (Sibiya & Ngxongo, 2017:5). Additionally, while Gauteng's growing urbanisation has enhanced infrastructure advantages, it also leads to overloaded healthcare facilities. This overextension may occasionally make clinical accompaniment less effective, which is a problem for private institutions that might not have the same access to these resources as public institutions (Thompson et al., 2019:35).

Advantages

Gauteng, on the other hand, has various benefits that may be taken advantage of. Some of the country's best healthcare facilities and research organisations can be found in the province's metropolitan landscape. This combination exposes nursing students to new medical technology, a wide range of medical problems, and chances for multidisciplinary

learning (Petersen & Ricks, 2018:192). Furthermore, Gauteng's cultural and demographic variety is a goldmine for aspiring nurses, allowing them to gain experience in delivering culturally competent care, a vital component of modern nursing. Surprisingly, the dynamics of private and public nursing schools provide both a barrier and an opportunity. While the difference in access to clinical settings is concerning, the existence of private institutions adds competition to the educational scene. This rivalry frequently spurs innovation in teaching methods, course formats, and student amenities (Khumalo & Van Wyk, 2017:67).

When it comes to nursing education in Gauteng, there is a tapestry weaved with historical strands, present issues, and future potential. Gauteng is at a crossroads, with the opportunity to establish a standard in nursing education not only for South Africa but for the whole African continent. Optimising its natural benefits while also tackling its limitations might pave the way for a transformational future.

2.6 STRATEGIES TO ENHANCE CLINICAL ACCOMPANIMENT

Roadblocks are frequently encountered in the area of clinical accompaniment, which is crucial to nursing education. The clinical learning experience for students may be greatly improved by strategically transforming these obstacles into facilitators. The 21st century's digital revolution opens up a world of therapeutic accompaniment possibilities. Nursing students can experience clinical scenarios in a controlled setting by using simulation-based learning, which makes use of virtual reality (VR) and augmented reality (AR) (Hanshaw & Dickerson, 2020:7). This guarantees that students will be better equipped to handle real-life problems. The e-portfolio is another technical innovation that is gaining popularity. Students can record their clinical experiences online, comment on them, and share them with their mentors in place of traditional logbooks. This provides a platform for ongoing learning in addition to facilitating immediate feedback (O'Connor & Hyde, 2018:605). Additionally, during clinical accompaniment, students can use mobile applications designed for nursing education as quick references.

Nursing education has traditionally been centred on mentoring. Personalised mentoring programmes, in which seasoned professionals or senior nurses accompany students on their clinical rotations, are highly beneficial (Bisholt, 2019:25). They aid in bridging the knowledge gap between theory and implementation. Additionally, having a committed mentor offers students psychological and emotional support, allowing them to feel more included and less alone in clinical settings (Ramani, Gruppen, & Kachur, 2017:990).

The foundation of any learning process is feedback. Continuous feedback systems are essential in the context of therapeutic accompaniment. These mechanisms should have two goals: giving students feedback on how they performed in clinical settings and giving teachers information about how well their teaching strategies worked. Students are more likely to comprehend their areas for growth when they get structured feedback, ideally following a rubric. Regular feedback sessions encourage an atmosphere of open communication as well, which improves the connections between students and mentors (Henderson, Ossenberg, & Tyler, 2019:116).

Scholars who have studied these tactics agree that technology, mentoring, and feedback are crucial. But there's still a disagreement. Both Goh and Sandars (2020:49) and O'Connor and Hyde (2018:607) highlight how technology can revolutionise clinical accompaniment. However, Bisholt (2019:24) responds by underscoring the enduring value of interpersonal interaction and tailored mentoring. Although these discussions are fruitful, it is clear that clinical accompaniment is best served by a combination of human and technological involvement.

In Gauteng's private nursing facilities, the clinical accompaniment environment is dynamic and multifaceted. An integrated and enjoyable clinical learning environment may be created by combining tried-and-true methods with cutting-edge interventions. How these tactics might be appropriately adapted for Gauteng's distinctive socio-cultural and educational setting may be the subject of more research in the future.

2.7 GAPS IN THE CURRENT LITERATURE

The developing field of nursing education, particularly within the constraints of Gauteng province's private schools, remains an essential topic for scholarly inquiry. While many studies have been done on the overall landscape of nursing education, there are still some gaps in the research on clinical accompaniment at private institutions (Meyer, Archer and van Schalwyk, 2022:3).

With a multicultural student population in Gauteng province, cultural sensitivity must be considered in clinical accompaniment (Abe, 2020:697). Though Shopo, Du Preez, Rabie and Bester (2023:5) discussed the difficulties of cultural diversity in therapeutic settings, their study was mostly focused on public healthcare settings. Understanding how varied cultural origins impact the experience and result of clinical accompaniment in private institutions remains under-researched in South Africa, particularly in Gauteng.

While studies such as those by Motsaanaka et al. (2020:3) have dug into the complexities of clinical accompaniment at public institutions, direct comparisons between private and public institutions, particularly within Gauteng province, remain few. Understanding the distinctions and parallels can give significant insights into best practices and opportunities for development.

Private institutions' infrastructures can differ greatly from those of public ones. The possible influence of these infrastructure disparities on clinical accompaniment quality has not been properly investigated (Meyer, Archer & Van Schalkwyk, 2022:3). What benefits or drawbacks do private institutions' facilities provide in the context of Gauteng?

While authors such as Goh and Sandars (2020:49) have lauded the incorporation of technology, such as simulation-based learning, as innovative, its success in improving the quality of clinical accompaniment in private institutions, notably in Gauteng, remains ambiguous. More long-term research may be required to assess the advantages and downsides. Though the importance of mentoring in clinical accompaniment is well acknowledged (Bisholt, 2019:24; Ramani, Gruppen, & Kachur, 2017:990), the specific dynamics in private institutions, particularly within the socio-cultural environment of Gauteng, have not been thoroughly investigated.

Scholars such as Nachinab and Armstrong (2022:4) and Zenani and Sehularo (2023:21582) have set the framework for comprehending the complexity of clinical accompaniment. Nonetheless, Gauteng's distinctive setting, paired with the unique structure of private nursing education, calls for a more in-depth and localised analysis. As current research progresses, there is an urgent need to fill these gaps, providing a more thorough knowledge of the multidimensional nature of clinical accompaniment in Gauteng's private nursing institutions.

2.8 THEORETICAL FRAMEWORK FOR THE STUDY

A theoretical framework serves as a guide for the entire study. Not only does it establish a foundation for the creation of research questions, but it also creates harmony by connecting these questions with the research structure. A theoretical framework consists of interconnected concepts, theories, and models that help understand the phenomena being studied. It helps identify key variables, establish relationships between them, and provide a rationale for research questions and objectives (Varpio, Paradis, Uijtdehaage & Young, 2020:847). In this study, the framework was applied to data analysis to describe and explore the participants’ experiences. In addition, it was applied to conclude the study.

The researcher chose Kolb's Experiential Learning Theory (ELT) as the theoretical framework for this study. Kolb's ELT, which is based on the writings of influential 20th-century philosophers like Dewey, Lewin, and Piaget, contends that learning is a continuous process that is profoundly embedded in experience (Morris, 2020:1065). Kolb's ELT, with its emphasis on the cyclical process of learning, has found resonance in a variety of educational fields, including nursing education. Clinical accompaniment, as a location where theoretical lessons transition into hands-on application, appears to be an appropriate setting for ELT implementation. The connection of Kolb's theory with the essential principles of clinical accompaniment provides nursing students with a comprehensive educational experience (Murray, 2018:4).

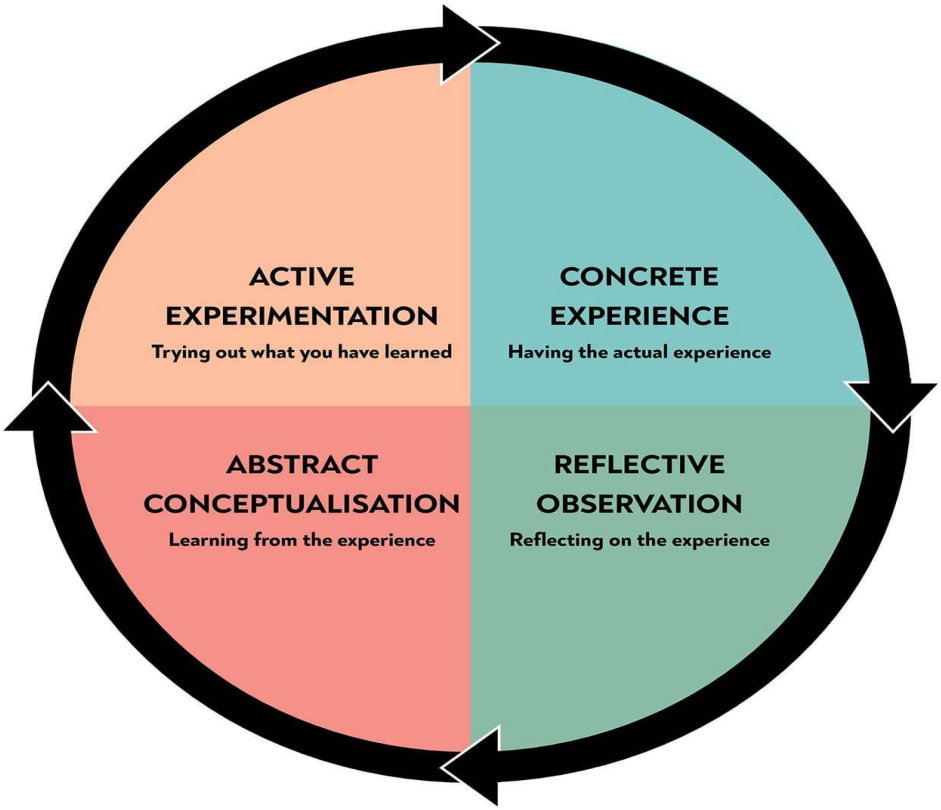

Figure 2.1 Kolb's learning cycle (Mann, P, 2022. Available from https://www.structural-learning.com/post/kolbs-learning-cycle

Beginning with the concrete experience phase, clinical accompaniment immerses students in a real-life healthcare context. They are confronted with events and settings that are far from the safe atmosphere of the classroom (Morris, 2020:1065). This immersion promotes

experiential learning by allowing students to use their theoretical knowledge while negotiating real-world problems. According to McLeod (2017:4), the depth of these encounters prepares students for deeper learning when they face difficulties that necessitate the integration of their prior knowledge and new experiences.

Following that, nursing students take a step back in the reflective observation stage to analyse and reflect on their experiences (Morris, 2020:1065). Reflection is an essential component of therapeutic accompaniment. Students consolidate their experiences, discover gaps in their knowledge, and critically think about their actions and decisions through reflective practices (Murillo-Llorente, Navarro-Martínez, Valle & Pérez-Bermejo, 2021:8876). Reflective observation during clinical accompaniment, according to Saifan, Devadas, Daradkeh, Abdel-Fattah, Aljabery and Michael, (2021:8), acts as a bridge between practice and theory, enabling a greater comprehension of nursing practices. Alsalamah, Albagawi, Babkair, Alsalamah, Itani, Tassi, et al. (2022:550) challenge this, pointing out that not all students are naturally contemplative and may require formal direction during this period.

Students make meaning of their experiences during the abstract conceptualization phase. Students revisit the theoretical information they previously learned in class and alter it in light of their real-world experiences (Morris, 2020:1065; Murray, 2018:4). During this phase of therapeutic accompaniment, real-life circumstances are examined and comprehended in light of the theoretical teachings through the use of feedback sessions, group discussions, and mentor-led teachings (Bjerkvik & Hilli, 2019:35). The ideas and concepts that students learn are adjusted and improved to better fit the reality of patient care.

Finally, during the active experimentation phase, students put their revised knowledge and concepts to use outside the classroom. Clinical accompaniment enables this cyclical reapplication due to its recurrent character. Using a feedback loop that encourages continual learning, Ben-Eliyahu (2021:4250) claims that this cyclical approach aids students in continuously improving and refining their practices.

The critical issue that follows is: Why was Kolb's ELT chosen as the most appropriate learning theory for a study focused on clinical accompaniment at a private nursing school institution, out of all the available learning theories?

Holistic approach: The connection between theory and practice lies at the heart of clinical accompaniment. Kolb's ELT incorporates this continuum with its cyclical character, guaranteeing that no component of the student's learning process is ignored (Li, Yang & Jing, 2022:4).

Emphasis on reflection: According to Nagle and Foli (2022:231), reflection is still crucial in nursing. Nursing students identify their areas of strength and those that require more development through this reflection. Kolb's theory is in perfect accordance with the principles of nursing education because of his emphasis on reflective observation.

Promotion of continuous learning: The field of healthcare is constantly changing. Future nurses are prepared to be lifelong learners who are constantly adjusting to the changing paradigms of the medical environment by embracing Kolb's ELT, which encourages a continuous learning mindset (Egan, Tolman, McBrayer, McBrayer & Ballesteros, 2023:24).

Kolb's ELT has numerous advantages, but detractors contend that the theory has some drawbacks as well. Notably, Kolb's suggested learning styles run the danger of oversimplifying the complex nature of human learning, according to Villanueva (2020:43). Furthermore, “Atkins and Murphy’s Model of Reflection” asserts that reflective observation, which is essential to Kolb's framework, could not necessarily proceed in the manner suggested by the model, which is organised and linear (Ingham-Broomfield, 2021:63).

However, these restrictions can be seen differently in the context of this study. Kolb's cycle indicates a linear process, but the dynamic nature of clinical accompaniment shows that students frequently switch between stages, going over their experiences and reflections more than once. Instead of weakening the importance of Kolb's theory, this repeated examination strengthens its application to the dynamic, varied field of practical nursing education. Furthermore, while it's important to acknowledge that not all pupils will follow Kolb's proposed learning patterns, the theory does not mandate a one-size-fits-all method. Instead, it provides a framework within which unique variants can emerge, enabling teachers to meet a range of learning demands.

After putting all of the information above together, it is clear that Kolb's Experiential Learning Theory, while not free from criticism, provides a solid and useful framework for examining the intricate details of clinical accompaniment at private nursing education schools, particularly those in the province of Gauteng.

2.9 SUMMARY

The intricacies and multifarious nature of clinical accompaniment in Gauteng province's private nursing education schools have been fully investigated throughout this literature analysis. Drawing on both worldwide and local research, the study emphasises the importance of successfully navigating the hurdles and utilising the facilitators inherent in this critical part of nursing education. As we progress through the chapters, the research will create an empirical investigation based on the insights gathered from the literature, to provide practical

suggestions for private nursing education schools in Gauteng. The overall aim remains constant: to improve clinical accompaniment quality, ensuring that the next generation of nurses is well-equipped, both conceptually and practically, to meet the changing needs of the healthcare industry.

CHAPTER 3: RESEARCH DESIGN AND METHODS

3.1 INTRODUCTION

The previous chapter discussed the literature review underpinning the research problem. This chapter presents the research design that guided the scientific activities of the researcher. In this chapter, the qualitative research design was applied to population and sampling, data collection and analysis, trustworthiness, and ethical considerations as utilised during data collection. The purpose of the study served as a guide for data collection.

3.2 RESEARCH AIM AND OBJECTIVES

This study aimed to explore and describe the facilitators and barriers experienced by student nurses at a private nursing education institution in terms of clinical accompaniment during nursing training.

The objectives of this research were to:

1. Explore and describe the facilitators pertaining to clinical accompaniment as experienced by nursing students at a private nursing education institution in Gauteng province.
2. Explore and describe the barriers pertaining to clinical accompaniment as experienced by nursing students at a private nursing education institution in Gauteng province.
3. To provide recommendations on mitigating the barriers pertaining to clinical accompaniment as experienced by nursing students at a private nursing education institution in Gauteng province.

3.3 RESEARCH DESIGN

Research design refers to the plan or strategy that researchers develop to answer their research questions, including specifications for enhancing the study's integrity (Polit & Beck 2021:801). A well-designed research study encompasses various elements that contribute to its overall validity and rigour. These elements include the selection of appropriate research methods, the identification of relevant variables, the establishment of a suitable sample size and sampling technique, and the implementation of reliable data collection procedures (Grove & Gray 2019:43; Polit & Beck 2021:51). Moreover, a sound research design is characterised by clear and well-defined objectives and a systematic approach to data analysis. It is crucial to carefully consider and plan the research design to ensure that the data collected is accurate, unbiased, and meaningful for drawing valid conclusions and contributing to the existing body of knowledge in the field (Asenahabi, 2019). Hence, the study used a descriptive and exploratory qualitative research design to explore and describe the facilitators and barriers

pertaining to clinical accompaniment as experienced by nursing students at a private nursing education institution in Gauteng Province.

3.3.1 Qualitative research design

Unlike quantitative research, which focuses on numerical data and statistical analysis, qualitative research seeks to understand the subjective meanings and interpretations individuals attribute to their lived experiences. This type of research design involves collecting and analysing non-numerical data, such as interviews, observations, and open-ended surveys (Aspers & Corte 2019:147). The researcher chose this design because of its ability to capture rich, in-depth information and a deeper understanding of the facilitators and barriers pertaining to clinical accompaniment as experienced by nursing students (Polit & Beck, 2021:477). Furthermore, It allowed the researchers to explore these complex phenomena, and uncover new insights, unique to PNEIs. Additionally, a qualitative research design was flexible and adaptable (Polit & Beck, 2021:471), enabling researchers to adjust their approach as they engaged with participants and gain a more comprehensive understanding of the facilitators and barriers pertaining to clinical accompaniment at a PNEI in Gauteng province.

3.3.2 Explorative design

Exploratory research design is often used when there is limited existing knowledge or information on a particular topic (Swaraj, 2019:666). The main objective of this design is to explore and gain a better understanding of the research problem or phenomenon. It involves conducting a preliminary investigation, collecting data, and analysing it to generate insights and identify potential research avenues. Exploratory research design is characterised by its flexibility, as it allows researchers to adapt their methods and approaches based on emerging findings. Additionally, the exploratory research design does not impose strict hypotheses or predetermined outcomes, which enables researchers to find unexpected connections and patterns (Hunter, McCallum, & Howes, 2019:1; Swaraj, 2019:666; Thomas & Lawal, 2020:81). Hence, the exploratory research design allowed the researcher to explore and gain a better understanding of the facilitators and barriers pertaining to clinical accompaniment as experienced by second-year student nurses at a private nursing education institution in Gauteng province through the use of focus group interviews.

3.3.3 Descriptive design

Polit and Beck (2021:478) define descriptive design as the description of ordinary conscious experiences of everyday life as people experience them. The goal of descriptive research is to provide a detailed and accurate description of a situation or phenomenon without manipulating or influencing it. Furthermore, it is important to note that descriptive research

design does not establish cause-and-effect relationships but rather provides valuable insights and information for further research and analysis (Siedlecki, 2020:8). As a result, this research design gave the researcher a thorough understanding of the facilitators and barriers to clinical accompaniment that second-year student nurses at a private nursing education institution in Gauteng province encountered.

3.4 RESEARCH METHODS

Research methodology involves a systematic and scientific approach to designing, conducting, and analysing research (Polit & Beck, 2021:801). A well-designed research methodology helps ensure that the study is conducted rigorously and systematically, minimising biases and maximising the accuracy and generalizability of the findings. The researcher will next discuss the research setting, the population, the selection of participants, the collection of data, and the analysis of the data.

3.4.1 Research setting

The research setting refers to the physical or virtual environment where data collection takes place (Grove & Gray, 2019:481; Polit & Beck, 2021:803). As discussed in chapter 1, this study was conducted at a selected private nursing education institution (PNEI) situated in Gauteng province. The PNEI was chosen because it was accessible to the participants since it is where they attend the theoretical component of their studies. Furthermore, the PNEI offers a 1-year higher certificate nursing programme and a 3-year nursing diploma programme. The PNEI had 30 higher-certificate student nurses, 30 1st year student nurses, 27 2nd year student nurses, and 12 3rd year student nurses enrolled for the year 2022. In addition, the PNEI allocated the student nurses across seven private hospitals in Gauteng province for clinical learning. Each hospital has clinical facilitators that accompany student nurses in the CLE; at the time of the study, there were 20 clinical facilitators employed across all seven hospitals. Another reason for choosing the PNEI is that the researcher is a clinical facilitator employed by one of the private hospitals in the same group and facilitates the clinical learning component of the 3rd year student nurses programme. Since the interviewer was known to the student nurses as a clinical facilitator, the interviewer was also mindful of the possibility that participants might feel coerced into participating in the study and attempted to minimise this by emphasising their right to refuse to participate and by explaining the content of the consent form in detail.

3.4.2 Population

Population refers to “all elements (individuals, objects and substances) that meet certain criteria for inclusion in the study” (Grove & Gray, 2019:43). Whereas, the target population

refers to the specific group of individuals who possess the characteristics that the researcher wants to study. In this study, the population included 26 2nd- year student nurses who had exposure to clinical accompaniment at a private nursing education institution in Gauteng province.

3.4.3 Selection of participants

A sample is a subset of the population that is selected to represent the population of the study (Polit & Beck, 2021:802). Sampling is the process of selecting a portion of the population to represent the entire population (Polit & Beck, 2021:802). To address this study's objectives, the researcher used a purposive sampling method to ensure that the sample is representative of the population of interest. Purposive sampling is a sampling method that involves selecting participants based on a judgement about which ones will be most informative (Polit & Beck, 2021:799). The researcher purposefully sampled 2nd-year student nurses enrolled for the diploma in nursing science programme and placed across the seven clinical learning environments. The purposive sampling method allowed for the selection of PNEI representatives who had in-depth knowledge and understanding of the facilitators and barriers pertaining to clinical accompaniment. Moreover, this sampling technique allowed the researcher to gather rich and targeted data, thereby enhancing the validity and relevance of the research findings. Through the use of maximum variation sampling, the researcher ensured that a diverse and representative sample was selected. Furthermore, to ensure that findings are not biased towards a particular group, the researcher intentionally selected participants that represented a wide range of characteristics, such as age, gender, and at least one student from each of the CLEs. In addition, maximum variation sampling enabled the researcher to capture the richness and diversity of experiences and opinions, providing a more holistic and comprehensive understanding of the facilitators and barriers pertaining to clinical accompaniment as experienced by participants (Gill, 2020:580)

The inclusion criteria

Inclusion criteria are a fundamental aspect of any research study or clinical trial. They establish the specific characteristics and qualifications that individuals must possess to be eligible for participation. These criteria are carefully selected and defined to ensure that the study results are accurate, valid, and applicable to the target population (Grove & Gray, 2019:230; Polit & Beck, 2021:261). The inclusion criteria for the study included 2nd-year student nurses registered for the General Nursing Diploma in 2022 who were exposed to the CLE during their 1st year of training. In addition, students should have consented to be part of the study.

The exclusion criteria

Exclusion criteria are carefully defined factors that determine whether a participant is eligible to be included in the study. The purpose of having exclusion criteria is to minimise any confounding variables that could potentially skew the results or compromise the safety of the participants (Grove & Gray, 2019:230; Polit & Beck, 2021:261). The exclusion criteria for the study included student nurses who gained direct entry into the 2nd year and were not registered with the selected PNEI during their 1st year of study.

Sample size refers to the number of individuals or objects that are included in a study or experiment (Grove & Gray, 2019:482; Polit & Beck, 2021:802). The size of the sample plays a significant role in determining the accuracy and reliability of the findings (Gill, 2020:580). Hence, in this study, a total of twenty-six participants participated, with seven to twelve participants per focus group. Each of the seven CLEs was represented in each focus group discussion (FGD). The sample size was sufficient to enable the researcher to capture the diversity and characteristics of the population being studied. Furthermore, this study sample size enabled the researcher to collect enough data to adequately answer the research question and achieve a comprehensive understanding of the phenomenon under investigation (Johnson, Adkins & Chauvin 2020:141; Polit & Beck, 2021:503).

3.4.4 Data collection

According to Grove and Gray (2019:470), data collection refers to the precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypotheses of the study. In this study, FGDs were conducted to collect data.

3.4.4.1 Focus group discussions

FGDs are a valuable research tool that allows researchers to gather in-depth insights and opinions from a diverse group of participants (Busetto, Wick & Gumbinger, 2020:3). This method involves bringing together a small group of individuals who share similar characteristics or experiences and encouraging them to engage in open and structured discussions on a particular topic of interest (Grove & Gray, 2019:79).

Advantages of focus group discussions (FDGS)

One of the key advantages of FGDs is the opportunity for participants to interact with one another, which can lead to the emergence of new ideas and perspectives (Polit & Beck, 2021:515). Moreover, the group setting often encourages individuals to feel more comfortable expressing their thoughts, as they are not the sole focus of attention. This dynamic environment allows researchers to explore the complexities and nuances of a topic, uncovering rich and contextual information that may have been difficult to capture through

other research methods. Focus group discussions also offer the advantage of being flexible and adaptable, as researchers can modify the discussion guide or follow up on interesting points raised by participants in real time (Busetto et al., 2020:3). In this study, the FGDs allowed student nurses to respond and build on what other members in the group said about the facilitators and barriers pertaining to clinical accompaniment. In addition, the groups were homogenous, in the sense that they were all student nurses in their 2nd year of study and were exposed to the CLE. This shared background made the participants feel more comfortable talking to each other. The familiarity with each other contributed to the ease of sharing information.

Disadvantages of focus group discussions (FDGs)

While focus group discussions can provide valuable insights, it's essential to be aware of their limitations and challenges. One common limitation is the potential for groupthink, where participants may conform to dominant opinions or hesitate to express dissenting views. This can lead to biased or superficial feedback that does not truly reflect individual perspectives. Additionally, managing group dynamics can be a challenge, as some participants may dominate the conversation while others remain silent (Gundumogula and Gundumogula, 2020:301). To mitigate these limitations in this study, the researcher selected participants who were knowledgeable about the topic and were comfortable speaking with others. The FDGs were conducted in this manner:

Preparatory Phase

Permission to conduct research was obtained from the Research Operations Committee of the private health care group (refer to Annexure D) and the campus manager (refer to Annexure E) of the specific PNEI after approval from the Research Ethics Committee of the Faculty of Health Sciences, University of Pretoria had been granted (see Annexure C). The researcher met with the Head of Department of the PNEI, and suitable dates that would not interfere with the theory lessons and examinations were arranged. In addition, comfort and access to the venue were considered priorities; hence, the researcher organised a suitable venue with the Programme Manager of the PNEI (refer to Annexure F). The day prior to the FGD, consent forms were printed, and the audio recorder was tested.

Prior to conducting the FGDs, the researcher conducted a pilot FGD. The pilot FGD served as a crucial preliminary way to ensure the data collection questions were clear and comprehensible to the participants, and that the audio recorder was functional (Polit & Beck, 2021:622; Teresi, Yu, Stewart & Hays, 2022:96). Four third-year student nurses from the same PNEI participated in the pilot FGD. No challenges emanated from the pilot FGD; hence, no

adjustments were made to the data collection tool/interview guide. The results of the pilot FGD were not included in the data analysis.

Interview Phase

Three focus group discussions were conducted with three different groups of participants on three different dates. Focus group discussions one and two had seven participants each, and FGD three had 12 participants. The FGDs were conducted in one of the classrooms at the PNEI. The room had no disturbances and fewer levels of distraction, for example, noise or unnecessary movements. A clear notice indicating “Do not disturb” was put on the door of the interview venue to notify the staff members and control any disturbances. A jug of water and drinking glasses were placed in the room where the FGDs were conducted. Participants and the researcher sat comfortably in a circle. A small table was placed in the middle of the circle for the audio recorder.

The researcher’s role was that of the facilitator of the FGDs, as she was not directly involved with the clinical facilitation of second-year student nurses. The role of the facilitator was explained: to ask questions and seek clarity while remaining neutral. In addition, participants were reassured that they would not be prejudiced in any way in relation to any controversial issues raised. At the start of each FGD, the researcher gave a brief introduction of the study, consent forms were circulated to the participants, and permission was obtained from the participants for the interview to be audio-recorded. Participants were encouraged to seek clarity regarding the research and ensured that their contribution to the study was voluntary and much appreciated. Additionally, the researcher established a rapport with the participants right away by paying close attention to and respecting the information that the interviewees shared (DeJonckheere & Vaughn, 2019:5).

An interview guide with open-ended questions was used to guide the FGDs (refer to Annexure B). Eye contact was maintained with participants throughout the FGDs. Interviewing skills such as active listening, paraphrasing, waiting time, probing, clarifying, and/or summarising (DeJonckheere & Vaughn, 2019:5) were applied to obtain as much information as possible. Icebreakers were used intermittently, and participants were asked to share with the group what made them choose nursing as a career and the highlights of their studies so far. The focus group discussions lasted approximately +/- 45 minutes to prevent participant fatigue.

To record the information that the participants provided during the focus group interview sessions, the researcher had a notepad. These notes were taken by the researcher during the focus group interview and included observations to keep the researcher on track, maximise observation efficacy, minimise the researcher’s biases, and allow for verification of data (Polit

& Beck, 2021:786). In this study, field notes included descriptions of physical surroundings, conversations with participants, non-verbal cues, and any unexpected occurrences.

Post-interview phase

The researcher thanked the participants at the end of each focus group interview session. In addition, the campus manager of the PNEI was thanked for allowing the researcher to use the facility for the interviews. The researcher checked the recorded interviews for audibility and completeness as soon as possible after the interview (Polit & Beck, 2021:729).

3.4.5 Data analysis

Data analysis in qualitative research is a crucial and intricate process that involves extracting meaningful insights from non-numerical data. Unlike quantitative research, which relies on statistical analysis, qualitative research focuses on understanding the complexity and nuances of human experiences, behaviours, and perceptions (Lester, Cho & Lochmiller, 2020:95; Polit & Beck, 2021:534; Ravindran, 2019:40). In this study, the process began with the collection of rich data through FGDs. Data analysis occurred simultaneously with data collection to allow the researcher to adapt the approach based on emerging insights, as argued by Polit and Beck (2021:534) and Ravindran (2019:40). Data analysis consists of procedures performed to organise and synthesise research data to assign meaning to the data (Grove & Gray, 2019:85; Polit & Beck, 2021:534). The researcher gathered data through focus group interviews. The digitally recorded focus group interviews were transcribed verbatim as they occurred, to increase the credibility of the findings and ensure accuracy. The data generated was analysed using Braun and Clarke's six-step thematic data analysis method (Braun & Clarke, 2006; Kiger & Varpio, 2020:847). Kiger and Varpio (2020:847) describe thematic data analysis as a data analysis method that entails the identification, analysis, and interpretation of patterns in qualitative research. Overall, thematic data analysis provides a rigorous and systematic approach to analysing qualitative data and has the potential to yield a rich, detailed, yet complex account of the data.

3.4.6 Steps of the data analysis process

In this study, Braun and Clarke's six-step thematic data analysis method was applied as follows:

Step 1: Familiarise yourself with the data. After the research data was transcribed, the researcher read the transcripts line by line several times to get familiar with the information and look for important statements that related to the study goals, which were to find out what helped with clinical accompaniment and what got in the way of it for student nurses at a

province-level nursing school in Gauteng. This fits in with the concrete experience phase of Kolb's learning cycle, as the researcher immersed herself in the research data. She reviewed the collected data, experiencing it as directly and authentically as possible.

Step 2: Generating initial codes. Preliminary ideas, which were written as short phrases in the margin of the text, were generated from the data of each focus group interview based on the recurrent concepts emerging from the conversations. This step of data analysis is termed generating initial codes (Kiger & Varpio, 2020:849). Lester et al. (2020:100) define a code as a short, descriptive word or phrase that assigns meaning to the data related to the researcher's analytic interest. To connect the phrases, the researcher revisited the passages where codes were assigned and assigned additional codes between items.

Step 3: Searching for themes. Subsequently, the researcher assessed the codes for probable significant themes. Polit and Beck (2021:805) describe a theme as a recurring regularity emerging from an analysis of qualitative data. The themes were created by the researcher through a process of analysing, merging, and constantly contrasting codes.

Step 4: Reviewing themes. The researcher integrated the codes from the transcripts into themes and reviewed the coded data located within each theme to verify correct placement.

Step 5: Defining and naming themes. The researcher assessed the categories for similarities, relationships, and differences and assigned descriptive names.

Step 6: Produce a report. The researcher wrote the final report of the data analysis process.

3.5 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is defined by Polit and Beck (2021:806) as the level of assurance that qualitative researchers possess regarding their data and analysis. In qualitative research trustworthiness pertains to the researcher's merit, the findings' plausibility, the methods employed, and the adherence to systematic rigour in the research design (Rose & Johnson, 2020:3). The trustworthiness of this study was established through the implementation of the Lincoln and Guba framework (Polit & Beck, 2021:569).

3.5.1 Credibility

Credibility denotes the assurance that the data is accurate (Polit & Beck, 2021:782). During data collection, the researcher gave participants the option to opt-out to ensure that only those who were genuinely willing to participate and give data freely remained. The latter was to ensure that honest responses were received from the participants. In addition, the neutral and

unbiased status of the researcher was emphasised. Moreover, the researcher created a sense of trust, understanding, and mutual respect with the participants (Little & Green, 2022:806).

3.5.2 Confirmability

The objectivity or neutrality of the data and interpretation is referred to as confirmability (Polit & Beck, 2021:781). Confirmability is the extent to which the data and other sources can back up the research findings. To ensure confirmability and to eliminate biases or the researcher's perspectives, the FGDS was audio recorded and then verbatim transcribed. The researcher checked transcripts against the original audio for accuracy. Furthermore, the data was analysed and sent to the researcher's supervisor for checking. In addition, the researcher and supervisor had a meeting to discuss the analysis of the data, and corrections were made accordingly.

3.5.3 Transferability

Transferability pertains to the degree to which findings obtained from a research study can be implemented or extrapolated to distinct settings or populations (Polit & Beck, 2021:806). It is a critical aspect of research as it determines the external validity and practical implications of the study. In this study, the researcher selected participants who were exposed to the CLE for a prolonged time and were diverse in their demographics, as this allowed for a broader range of perspectives and experiences (Stahl & King, 2020:27). Furthermore, in this research, the researcher has presented sufficient details about settings, inclusion/exclusion criteria, sample characteristics, and data collection and analysis methods so that the reader can evaluate the extent to which the conclusions made by the researcher are transferable to other settings, situations, and populations.

3.5.4 Dependability

Dependability denotes the consistency and trustworthiness of data across various conditions and periods (Polit & Beck, 2021:784). To allow for the replication of this study by other researchers, the researcher has provided a detailed procedure for data collection.

3.5.5 Authenticity

The degree to which researchers accurately and faithfully depict a variety of realities is referred to as authenticity. For authenticity to be present, the participants' lives as they experience them should be portrayed (Polit & Beck, 2021:778). The researcher verbatim transcribed recordings and included quotes from participant responses in the research report to give the reader an accurate understanding of the participants' true emotions as they expressed them. The transcriptions provide the reader with the "clear mood, experiences, and feelings" of those who participated in this study (Shufutinsky, 2021:55).

3.6 ETHICAL CONSIDERATIONS

Ethics refers to “a system of moral values that is concerned with the degree in which research procedure adheres to professional, legal and social obligations to study participants” (Polit & Beck, 2021:785). Ethics approval was obtained from the Research Ethics Committee, Faculty of Health Sciences of the University of Pretoria (Annexure C), the Ethics committees of the PNEI (Annexure D) and permission was obtained from the campus manager of the PNEI (Annexure E). The ethical principles that applied to this study are discussed below:

3.6.1 Beneficence

Researchers are obligated to minimise harm and maximise benefits following beneficence (Rana, Paudel & Chimoriya, 2023:9). The focus group discussions were conducted in an environment that was familiar to the participants to prevent anxiety. Measures such as ensuring that there is good lighting and an air conditioner set so that it is not too cold or too hot in the room were put in place to ensure that the environment is free from physical harm. The sessions were conducted for about 45 minutes to prevent participant fatigue. Participants were assured that the information provided during the sessions would not be used against them in any way (Steenkamp, & Tekelas, 2021:4). Furthermore, participants showed no signs of distress during the study. If there were, the researcher would have debriefed the participants. The participants did not directly benefit from participating in the FGD.

3.6.2 Respect for human dignity

Respect for human dignity is a principle that encompasses both the right to complete disclosure and the right to self-determination (Steenkamp, & Tekelas, 2021:4). Participants were not coerced into participating in the study, and emphasis was placed on their right to refuse without duress from the researcher. They participated voluntarily, with full disclosure of the research process, to make their own decision. An information and consent document presenting all aspects of the research was issued to the participants. Furthermore, the researcher encouraged participants to ask questions before the start of the FGDs.

3.6.3 Justice

The selection of participants was based on the study requirements. The focus of the research was on the outlined topic, with no intrusion into personal matters. Participants were assured of their privacy because the information they shared was maintained under strict confidentiality. The researcher discussed and reached an agreement with participants that what was discussed during the FGDs, will not be discussed outside the study setting. Participants were allocated numbers so that they could refer to themselves based on those

numbers to ensure anonymity. The information shared was kept between the researcher and the participants. Each participant was treated with respect, and no form of embarrassment was tolerated. All the participants were given an equal chance to participate, respectively (Steenkamp, & Tekelas, 2021:4).

3.7 SUMMARY

In this chapter, the research design and research methodology were discussed. The research setting, the population, and the selection of participants were discussed in detail, as were the data collection and analysis. The measures to ensure trustworthiness, namely credibility, confirmability, transferability, and dependability, were dealt with in depth. Additionally, the Declaration of Helsinki and the Belmont Report emphasised the ethical considerations that were addressed.

CHAPTER 4: DATA ANALYSIS AND DISCUSSION OF THE FINDINGS

4.1 INTRODUCTION

The previous chapter discussed the literature review underpinning the research methodology. This chapter presents the research data analysis and discussion of the findings. In this chapter, the Kolb's learning cycle lends itself to the analysis of the data in the following manner:

Concrete experience: The researcher immersed herself in the research data as she reviewed the collected data, experiencing it as directly and authentically as possible. The researcher closely examined the student nurses' feedback and her observations during the focus group discussions.

Reflective observation: Here, the researcher stepped back to consider what the data revealed about the phenomenon under study. She asked critical questions: What themes emerged? How do these findings align or contrast with existing knowledge in the literature about the topic?

Abstract conceptualization: In this phase, the researcher integrated her new insights with established academic knowledge and framed her findings within a broader scholarly context.

Active experimentation: The researcher applied her new understanding to propose recommendations based on her findings.

4.2 DEMOGRAPHIC DATA OF PARTICIPANTS

Twenty-four students were interviewed. Table 4.1 depicts the gender and age ranges of student nurses who participated in the study. Moreover, the table indicates that the participants were in their second year of study and the respective years in which they enrolled in the diploma in nursing course. The total number of participants was twenty-six. More females than males participated in the study since there were mostly female student nurses enrolled at that specific PNEI. The purpose of presenting the demographic data is to provide specific qualities of the participants based on the knowledge they possess with regard to the study (Polit & Beck 2021:799

4.3 THEMES, CATEGORIES AND SUB-CATEGORIES

The analysis revealed two themes, namely facilitators and barriers pertaining to clinical accompaniment. These themes were subdivided into categories and sub-categories. In theme one, two categories with three sub-categories, respectively, were identified. In theme two, two categories were identified. Category one has five sub-categories, and category two has two sub-categories (see Figure 4.1).

Table 4.1 Demographic data of participants

Gender	Male	2
	Female	24
Age	21-25	17
	26-30	5
	30-35	4
Academic Year	2nd year	26
The year in which training started	2020	10
	2021	16

Of the 26 participants in this study, the majority of student nurses were females, and although the whole age spectrum was covered, the majority was in the age group of 21-25 years. It is indicated that several student nurses started the diploma in nursing science programme in 2020, meaning that they either repeated their first year of study or they were repeating their 2nd year of study. In addition, though the PNEI had an intake of thirty new 1st year student nurses in 2021, only sixteen student nurses progressed to the 2nd year of study.

The findings of the analysis will be discussed according to the themes, categories, and sub-categories.

4.3.1 Theme 1: Facilitators to clinical accompaniment

In this study, the theme of facilitators in clinical accompaniment is linked to concrete experience and reflective observation. The concrete experience is described in terms of the student nurses' encounter with a positive clinical learning experience. Whereas reflective observation was described in terms of the clinical facilitator qualities.

Category 1.1: Positive clinical learning environment

The clinical learning environment (CLE) is a crucial component of the student nurse's education and training. The findings regarding a positive CLE are grouped into three sub-categories: commitment of unit staff to assist student nurses, availability of learning opportunities and a resourceful clinical learning environment.

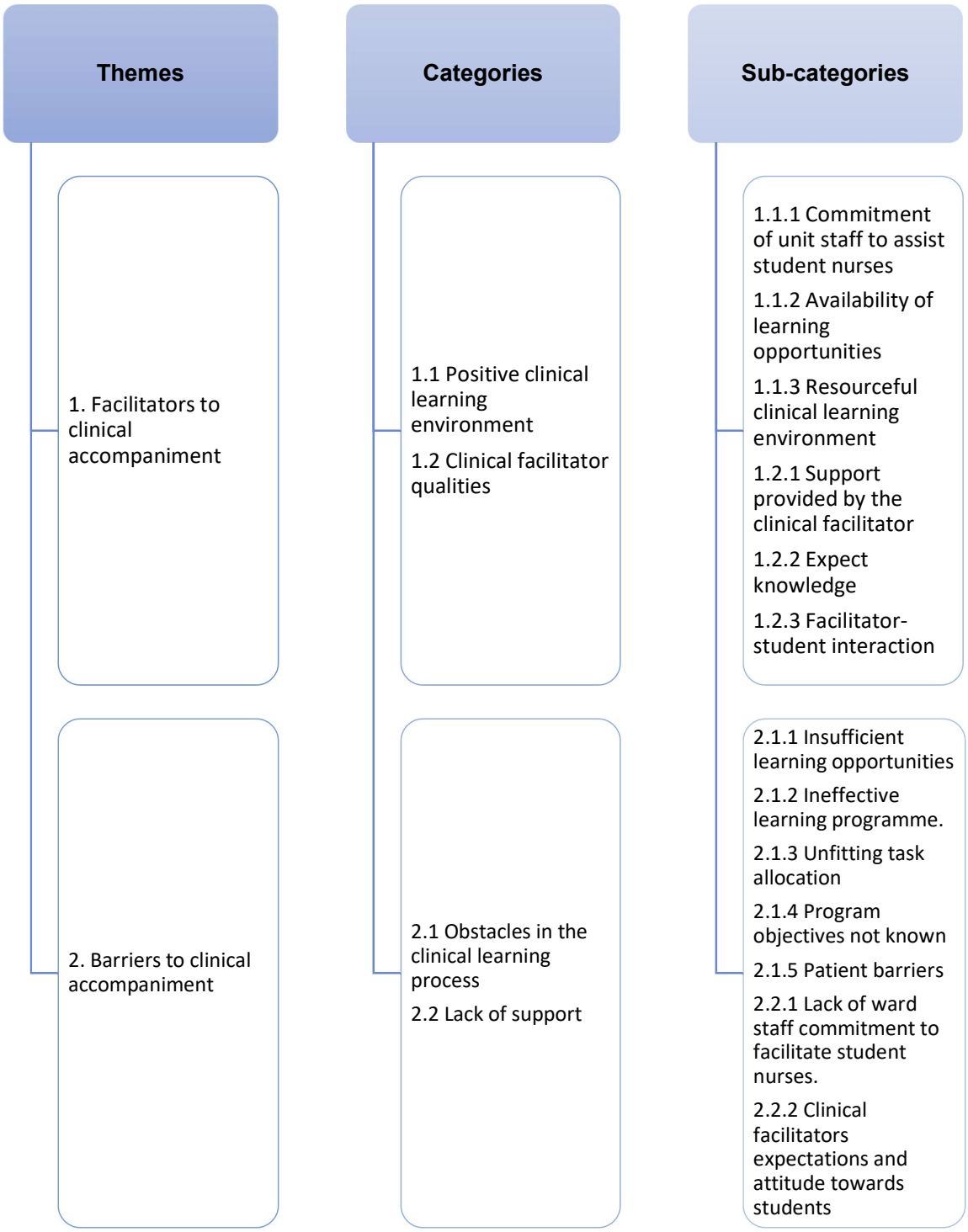

Figure 4.1 Themes and categories

Sub-category 1.1.1: Commitment of unit staff to assist student nurses

In this sub-category, participants stated that the unit staff embraced their supervision role during clinical accompaniment and verbalised that the unit staff were helpful, available, and willing to teach.

The support of the unit staff enabled the participant to understand their work and become confident. The participant had this to say:

"The staff that we work [with] as a whole they are very good to us and willing to help us to understand better…the staff in the clinical learning environment is helpful…what I like about them [permanent staff] is, they don't leave you, they will first see that I am competent before they let you go." FG2, P6

Furthermore, the participants indicated that not only were they supported, but the staff in the ward fulfilled their student accompaniment role.

"I've been buddied with people who are willing to assist." FG2, P3

"There are a lot of sisters in the wards, sister that will say, you know what, if you need help, come ask me." FG3, P4

One participant related an event that occurred in the CLE, where they were recipients of knowledge:

"In our facility, we were once working night shift because in our procedure we have medication round. We have this registered nurse who took us both and showed us how to write the script, mix medication, and stuff." FG2, P4

These findings are similar to those that Mafumo and Netshikweta (2022:5) reported. In their study aimed at understanding learner nurses' expectations in clinical learning areas during placement, one participant in the study reported being supported and encouraged to ask questions by the clinical staff. The ward staff plays a crucial role in student nurses' education and development (Amimaruddin & RuditaIdris, 2022:33; Anokwuru & Daniels, 2021:11). When ward staff are open and receptive to teaching, they create an environment that promotes a direct learning experience for students. The time spent mentoring and guiding student nurses facilitates critical thinking and clinical skills. Their willingness to teach not only enhances the student's understanding and competence but also instils a sense of confidence and motivation (Dias et al., 2022:4305). It is through these interactions that student nurses can bridge the gap between theory and practice, gaining hands-on experience that cannot be replicated in a classroom setting (Anokwuru & Daniels, 2021:11).

In contrast to these study findings, a study conducted in the Western Cape, South Africa, by Fadana and Vember (2019:4) reported that student nurses were left to work alone without supervision, which put a lot of pressure on the students as they were afraid of making mistakes. Additionally, a study by de Swardt (2019:4) at a public NEI revealed that the professional nurses believed it was not their responsibility to teach students and were therefore unavailable, leaving students feeling alone. Furthermore, a study aimed at evaluating baccalaureate nursing students' lived experiences of the causes and effects of the theory-practice gap during clinical practice at a tertiary institution in Nigeria (Ugwu, Ogbonnaya Nwaneri, Chinwuba & Chjioke, 2022:49). In this regard, the authors reported that nurse clinicians disliked teaching students, and as a result, students performed poorly in their clinical performance. When student nurses feel unwelcome and experience negative interpersonal relationships in the CLE, the learning process is hindered.

Sub-category 1.1.2: Availability of learning opportunities

In this sub-category, participants expressed that the CLE afforded them the opportunity to practice procedures in real life. Participants mentioned how their supernumerary status afforded them the time to learn and practice skills. Participants had this to say:

"So for the mere fact that we are not as much into the hospital in terms of workforce, it allows us an opportunity to sit down and actually do our stuff and also the skills that are required in us." FG3, P10

Some participants alluded to an abundance of learning opportunities in the CLE.

"In the unit that we work, we get opportunities to learn a lot of things." FG2, P2.

"The hospital that I am in as well, it is a facility that has all the learning opportunities." FG3, P10

In addition, participants appreciated the real-life clinical learning opportunities and that they could apply what was learned in theory to practice and have a better understanding of their learning objectives.

"And maybe instead of working with the dolls, they will actually allocate us in different wards where we will practice those objectives in real life and the balance between the theory and practical is level." FG2, P7

Responses from the participants indicated that there was an alignment of theory and practice.

"I think what stood out for me is theory integration into practice. Yes, and clinical accompaniment, taking whatever, I've learned in the textbook and actually putting into practical with the patient." FG3, P10

"So then, when we, then in the clinical learning environment, go to a patient with a particular disorder or problem that I need to be doing or an actual disease we need to treat, then I could make a better understanding and link between the theory and the practical." FG1, P3

The exposure to the night shift and the rotation to other wards also played a vital role in allowing students to learn, as evidenced by:
I think I'm more exposed at night; they give more medication at night, and you get to learn a lot." FG2, P6

Furthermore, the clinical facilitator provided participants with an opportunity to learn by exposing them to other units*:*
"We were lucky enough to have our facilitator take us to emergency department because that's where we find catheters, which is where we find nasogastric tubes." FG2, P2

The findings of this study affirm the assertion made by Motsaanaka, Makhene, and Ndawo (2022:1) that clinical learning opportunities are invaluable experiences, as they allow student nurses to apply classroom knowledge to real-life situations and gain practical skills through hands-on experience. Furthermore, exposure to meaningful clinical learning activities advances student nurses' clinical competencies and high-order thinking skills, and it assists them with clinical preparedness. In addition, a CLE that has an abundance of learning opportunities facilitates a student nurse's advancement from a novice to a professional nurse (Motsaanaka et al., 2022:1; Salifu, Heymans, & Christmals 2022:16). Equally so, the supernumerary status of student nurses has been demonstrated to be effective in allowing the student nurses to focus on their learning outcomes (Lee & Chiang, 2021: 69).

Contrary to these study findings, a study conducted in the Western Cape, South Africa, by Daniels and Musafiri (2020:5) whose aim was to describe the Bachelor of Nursing students' perceptions about clinical learning opportunities and competencies in the administration of oral medication. In this regard, the authors reported that student nurses did not have equal learning opportunities because of ineffective clinical rotations. Moreover, a study conducted by Motsaanaka et al. (2020:3) discussed how student nurses placed at a public hospital in Gauteng province, South Africa, had limited clinical learning opportunities because of the large number of students allocated to that specific hospital. In addition, in a phenomenology study conducted by Mulligan and Frawley (2022:4) regarding the lived experience of being an undergraduate midwifery student in the neonatal unit. Participants reported that the supernumerary student status did not allow the students to learn as they were seen as an extra pair of hands rather than learners who had learning outcomes to fulfil. Lack of exposure

to suitable clinical learning experiences poses a challenge to the acquisition of practical and cognitive abilities in students.

Sub-category 1.1.3: Resourceful clinical learning environment

In the sub-category "resourceful clinical learning environment," participants indicated that the CLE provided them with optimal learning experiences. Participants indicated that the CLE provided them with an opportunity to practice with clinical equipment.

"So all the equipment we see with our naked eyes, so we practice, we touch them physically." FG2, P6

"I think the advantage is the private sector; we are at much advantage because we don't lack anything." FG2, P6

In addition, participants alluded to the availability of a simulation laboratory in the clinical learning environment:

"We actually start first in the simulation laboratory, where she will demonstrate how some things are done." FG2, P6

The availability of material resources is essential in facilitating skill acquisition and theory-practice integration. In addition, having a variety of medical equipment readily available allows student nurses to become familiar with different tools and technologies used in healthcare settings (Gassas, 2021:106; Mbakanya, Kalembo, Zgambo, Konyani, Lungu, Tveit et al., 2020:2). However, a study conducted in Ghana by Salifu et al. (2022:7) aimed at describing the experiences and perceptions of diploma nursing students and post-registration nurses regarding the teaching and learning of clinical competence. In this regard, the authors stated a lack of material resources as a hindrance to allowing students to learn clinical skills. Furthermore, a study conducted by Mbakanya et al. (2020:8) revealed a lack of resources as a hindrance to good-quality clinical learning. Lack of resources, including equipment and materials, has been reported to adversely affect the integration of theory into practice, especially when the specific equipment was used in theory to train students, resulting in students feeling inadequately prepared to apply the learned skills (Kerthu & Nuuyoma, 2019:25).

In the CLE, student nurses apply theoretical knowledge acquired in real-life situations and learn from experienced healthcare professionals (Cant, Ryan, Hughes, Luders & Cooper, 2021:1). Moreover, the CLE is also responsible for shaping the attitudes and values of student nurses towards the healthcare profession. The CLE should be a safe and supportive environment that encourages learning, fosters critical thinking and problem-solving skills, and promotes professional behaviour (van Wyngaarden et al., 2019:3). A positive CLE can

positively impact patient outcomes by providing high-quality patient care. Therefore, investing in the CLE is vital to ensure that student nurses are well-prepared and equipped to provide the best possible care to patients (Fatima, Hussain, Afzal & Gilani 2019:42).

Category 1.2: Clinical facilitator qualities

The clinical facilitator plays a crucial role in ensuring that student nurses are prepared and confident enough to provide safe and effective patient care. The clinical facilitator's support, expert knowledge, and facilitator-student interaction were the three sub-categories into which the researcher divided the findings regarding clinical facilitator qualities.

Sub-category 1.2.1: Support provided by the clinical facilitator

Participants perceive clinical facilitators as supportive of them in the subcategory of support when they are upbeat, approachable, accessible, and attentive. The participant indicated that the presence of the clinical facilitator in the CLE made them feel protected, therefore instilling confidence in their clinical skills.

"You have the support. She's there, and you learn to get the confidence while you are half protected under the facilitator." FG3, P7

Moreover, participants felt that they could approach their clinical facilitator whenever they had challenges with their studies.

"To have an HBAS [hospital-based academic staff] who supports you, it's much more effective when it comes to studying cause whenever you have a problem, you are able to go to your clinical facilitator and say that, okay, this is my problem." FG1P4

In addition, whenever the students felt overwhelmed, the clinical facilitator was there to encourage and give emotional support.

"I feel like they give us that emotional support whenever we are breaking down; our clinical facilitator gives us that support and encourages us." FG2, P1

Lastly, participants indicated that the clinical facilitator was always there to accompany them in the wards and provide guidance while the procedure was being performed.

"The facilitator will go with us into the wards…while you do that specific procedure on a patient, she guides you accordingly." FG2, P2

"I always get her assistance." FG2, P6

Participants appreciated the extra effort and attention that they received from the clinical facilitator.

"And mine is able to attend to us individually." FG2, P3

"The HBAS [hospital-based academic staff] are willing to go an extra mile to ensure everybody is accommodated." FG, 1P7

These findings are consistent with the assertion made by Ball, Peacock and Winters-Chang (2022:215) that a clinical facilitator who is understanding, available, and has the desire to teach can greatly influence the student's self-confidence, critical thinking, and problem-solving abilities. In addition, when clinical facilitators spend time accompanying and guiding student nurses in the CLE, students can connect what was learned in theory to practice. In addition, student nurses can evaluate the quality of teaching they receive (Gcawu & van Rooyen, 2022:5).

In contrast to these study findings, a study conducted by Wang, Lin, Han, Huang, Hsiao and Chen (2021:521) reported that clinical facilitators were often inconsiderate when students faced difficulties, and in turn, students felt anxious. In addition, findings from a study by Donough (2023:4) reported that clinical facilitators were inaccessible to accompany student nurses, and when they were, it was to conduct assessments. When clinical facilitators are inconsiderate and inaccessible to student nurses, it can hinder learning experiences and limit the opportunities for student nurses to learn and receive valuable guidance and feedback (McLeod, Jokwiro, Gong, Irvine & Edvardsson, 2021:5).

Sub-category 1.2.2: Expert knowledge

In the sub-category of expert knowledge, participants defined clinical facilitators as experts when they possessed theoretical knowledge and assisted student nurses with the integration of theory into practice. The following observations are about the extensive theoretical knowledge that clinical facilitators possess.

"Also, sister, the CF [clinical facilitator] is very knowledgeable." FG3, P4

"The hospital-based academic staff has the theory that I have." FG2, P6

In addition, participants regarded the clinical facilitator as having the ability to transfer knowledge in a way that will make the students understand:

"So, sister, even just explaining it from a clinical HBAS [hospital-based academic staff], they have more insight in what you are seeing." FG1, P3

"But the HBAS [hospital-based academic staff] is there to show you that this is how you interpret the ECG." FG1, P4

Participants further reported that the clinical facilitator supported them by applying what was learned in theory during clinical practice.

"Involvement with our, what we are doing at campus and then applying it at hospital." FG1, P3

Tang and Chan (2019:11) reported that the clinical facilitator's expertise and experience make them invaluable resources for students. Not only are they responsible for guiding students through their clinical rotations, but they are also responsible for enhancing their understanding of key concepts, skills, and best practices. Clinical facilitators have a deep understanding of the theory and practical aspects of their field, which allows them to provide comprehensive and up-to-date information to their students. Moreover, a knowledgeable clinical facilitator is adept at creating a supportive and engaging learning environment, fostering open communication, and encouraging critical thinking. They are skilled at assessing students' progress, identifying areas for improvement, and providing constructive feedback to help them reflect on their learning experiences, grow, and excel. Their ability to effectively communicate complex medical information and tailor their teaching approach to individual students' needs is what sets them apart (Dias et al., 2022:4310; Tang & Chan, 2019,10; Wang et al., 2021:526). These findings are consistent with those of McLeod et al. (2021:5). In this regard, the participants reported that their clinical facilitators would explain conditions in detail, enabling them to deliberate on the knowledge learned in theory in the practice environment.

Contrary to these study findings, a study exploring the perceptions of clinical supervisors' preparedness for clinical teaching reported that clinical supervisors lacked updated knowledge and students were sent to the wards with incorrect information, putting patients' health at risk (Hoffman & Daniels, 2020:8). In addition, Salifu et al. (2022:13) reported similar findings. In this regard, authors reported that clinical facilitators used outdated clinical teaching methods to teach students, thus impeding the development of students' clinical competencies. When clinical facilitators lack the necessary knowledge and skills, it can lead to confusion, and frustration and hinder problem-solving abilities. Furthermore, a lack of theoretical and clinical knowledge can erode trust and confidence in the education system, as student nurses might question the credibility of their facilitators and the quality of their education (Soroush, Andaieshgar, Vahdat & Khatony, 2021:7).

Sub-category 1.2.3: Facilitator - student Interaction

In this sub-category, participants regarded how the clinical facilitators interacted with them as an enabler of effective clinical accompaniment.

Participants regarded the composure of the clinical facilitator as important during clinical accompaniment.

"So one of the important aspects is that if the, the person that is the lecturer or the CF [clinical facilitator] that she's calm." FG3, P4

"Having a facilitator that is calm." FG3, P10

Participants also described the clinical facilitators as thoughtful, making it easier for them to learn in the clinical learning environment. Participants had this to say in this regard:
"I think it's easier when you have a facilitator that doesn't compare you intellectual [intellectually], like understands that we are different in our level of learning." FG2, P1
"What worked is that the facilitators understand that we understand differently and we have different paces." FG2, P3

Some participants appreciated the responses from their clinical facilitators whenever they performed some tasks.
"They give you good feedback, and they give you pointers." FG3, P7
"They come and say, okay, this is what you need to work on; I can see you are lacking here and there and so forth." FG3, P2

A clinical facilitator is a professional nurse who provides clinical training and mentoring to student nurses (Gassas, 2021:5). The clinical facilitator works closely with student nurses, providing guidance and feedback on their clinical skills, helping them develop critical thinking and problem-solving abilities, and providing support as they navigate the challenges of the healthcare environment (Bwanga & Chanda, 2019:134). In addition to clinical training, the clinical facilitator serves as a role model and mentor, helping to instil the values and ethics that are essential to a successful career in nursing. With their expertise, knowledge, and dedication, clinical facilitators are vital to the development and success of the next generation of professional nurses (Donough, 2023:5) (Gassas, 2021:5).

A good clinical facilitator not only provides instructions but also interacts with students to understand their needs and tailor the learning experience accordingly. This requires effective communication skills, including active listening, clear articulation, and empathy (Hardie, Darley, Langan, Lafferty, Jarvis & Redmond, 2022:13). Good student-facilitator interaction creates an enjoyable CLE and motivates student nurses to learn (Soroush et al., 2021:7). However, in a study aimed at examining nursing students' perceptions of the clinical learning environment, the authors reported that clinical facilitators were hostile, insensitive, and lacked interest in student nurses (Jaganath, Bimerew, & Mthimunye 2022:3). Hashemiparast et al. (2019:402) reported that clinical facilitators humiliated students whenever they made mistakes during procedure demonstrations. It is important to recognise and respond to students' needs, whether it be through personalised feedback or additional resources. By creating an environment that promotes active engagement and collaboration, clinical facilitators can help student nurses become more invested in their learning (Mafumo et al., 2022:8). Through effective facilitator-student interaction, student nurses are more likely to develop a deeper

understanding and appreciation for the subject matter, helping them grow and succeed academically and personally (van Diggele, Roberts, Burgess & Mellis, 2020:1).

4.3.2 Theme 2: Barriers to clinical accompaniment

In this study, the theme of barriers to clinical accompaniment is described in terms of abstract conceptualization and active experimentation. Abstract conceptualisation is described in terms of obstacles in the clinical learning process, and active experimentation is described in terms of a lack of support.

Category 2.1: Obstacles in the clinical learning process

Clinical learning serves as an essential component in the cultivation and enhancement of student nurses' clinical judgement abilities. It is also important to note that its development is not solely dependent on clinical learning but that a combination of factors such as experience, intuition, and critical thinking contribute to its formation (Connor, Flenady, Massey, Dwyer, 2023:3336). The findings in this study regarding obstacles in the clinical learning process are grouped into five sub-categories: insufficient learning opportunities, ineffective learning programmes, unfitting task allocations, programme objectives not known, and patient barriers.

Sub-category 2.1.1: Insufficient learning opportunities

In the subcategory "insufficient learning opportunities," the scarcity and cost implications of certain procedures were cited as obstacles in the student nurse's learning process. The participants had this to say in this regard:

"Coming to things like ECG [Electrocardiogram] sometimes we don't practice that much because they say it's expensive, that the paper is expensive." FG2, P2

"…then they expect us to put in the nasogastric tube, and it's scarce. You could find that in three months there's only one patient who must get that." FG2, P1

Although the clinical learning objectives were realistic, not all student nurses got the opportunity to practice them.

I feel like different hospitals have different learning opportunities, so procedures are not set; they are set fairly, but we all don't have a fair opportunity to sign them all." FG3, P6

"There's not always opportunity to do that." FG3, P4

Clinical learning opportunities provide the perfect platform for student nurses to engage in abstract conceptualization as they observe and reflect on these interactions and decisions that are made in the CLE. By merging theory with practice, student nurses are able to synthesise information, challenge assumptions, and develop a holistic understanding of the subject matter (Salifu et al., 2022:13). However, when clinical learning opportunities are insufficient,

decision-making skills are hindered. This can lead to a gap in their education, which could potentially affect patient care outcomes (Gassas, 2021:6; Hashemiparast et al., 2019:404). Hashemiparast et al. (2019:402) reported that a lack of diversity in clinical cases within the clinical learning environment restricted learning opportunities. However, a study by Kamphinda and Chilemba (2019:6) reported that an abundance of patients with various diseases provided student nurses with sufficient learning opportunities.

Sub-category 2.1.2: Ineffective learning program

In this subcategory, restrictions on ward rotations for student nurses were described as a hindrance to effective clinical accompaniment. Participants had this to say in this regard:

"And it was also difficult because the college is saying strictly medical-surgical wards, but our procedures we will not get in those wards. We were lucky enough to have our facilitator took us to emergency departments because that is where we find catheters that is where we find nasogastric tubes. There is nothing in medical and surgical, but the college wants medical and surgical." FG2, P2

Participants expressed concerns with the placement structure.

"Sometimes there's too much time that is spaced between theory and then actually getting to the clinical environment." FG, P3

"Now, if I think it has been three weeks of not going to the hospital, we did practice that catheter. I did two practices now; if you can say go back, would I still remember?" FG2, P5

Furthermore, participants reported dissatisfaction with theory-practice integration.

"Another negative thing that we've experienced is that theory and clinical sometimes is not integrated." FG3, P7

Participants further alluded to an outdated curriculum that doesn't serve a purpose in the current practice:

"I feel sister that they might be objectives that are coming from "Noah's Ark years, whereby technology and new devices that actually improved the techniques that we are still, still doing as objectives that we don't find in hospital facilities we might find in primary health care clinics, but in the hospital facility itself sometimes it's lacking, cause there's new equipment, there's new ways of, of treating a patient." FG3, P7

An ineffective learning programme can have detrimental effects on the student nurses' learning and development. When student nurses are not exposed to required learning activities and are taught outdated concepts and techniques, they may struggle to adapt to the complexities of the CLE. This can lead to a lack of confidence in decision-making,

compromised patient safety, and inability to effectively address and manage patient health care needs (Salifu et al., 2023:13). Contrary to the findings of this study, undergraduate student nurses from Ohio who were rotated to the perioperative unit reported that exposure to the unit provided them with a variety of learning experiences as such, gaining proficiencies in specific procedures (Goliat, Logterman, Speziale, DeSapri & Sharpnack, 2021:367).

Coleman (2021:46) argues that allocating student nurses multiple days in a row can be a beneficial and valuable experience for their education and growth. This practice provides them with an opportunity to immerse themselves in the clinical learning environment and develop a deeper understanding of practice care. Furthermore, by spending consecutive days in the healthcare setting, student nurses can observe and participate in a wider range of healthcare activities, allowing them to gain a more comprehensive and holistic perspective on the profession. Educational programmes must be adaptable, interactive, and inclusive, providing a dynamic and nurturing environment for student nurses to thrive (Nyoni, Dyk & Bothma, 2021:23).

Sub-category 2.1.3: Unfitting task allocation

Participants shared that they were allocated mundane tasks in the wards, and some permanent staff members would shift tasks to students. This is what they had to say in this regard.

"Sometimes we are not allocated, and I think it is worse when we are not allocated. With the nursing staff, they will be like, I am 1-4, but students, will you be 1-4? No 1-13 because students everything in every room you go to, but the person will just say bed13." FG2, P2

"I was treated more like a runner than I was on the floor. I would go to the emergency department to get stickers. I need to take this to the night matron. I need to attend to the bells." FG2, P2

Limited exposure to complex patient situations hinders the student nurses' ability to analyse and synthesise information. Furthermore, when students are exposed to repetitive, meaningless tasks, they become less engaged intellectually, thus impeding their ability to think critically and make informed judgements (Palese, Gnech, Pittino, Capretta, Cossalter, Tonet, et al., 2019:240). The findings of this study are consistent with those of Fadana and Vember (2021:5). Their study aimed to explore and describe the experiences of undergraduate nursing students during clinical practice in the Boland Overberg area of the Western Cape. The authors reported that the students were unable to reach their programme objectives as they were inappropriately delegated. Meaningful learning experiences provide student nurses with the opportunities to self-reflect and self-evaluate. By engaging in critical thinking and self-assessments, student nurses can identify areas for improvement and further develop their

clinical judgement skills. This effective practice also fosters a sense of accountability as they strive to deliver the best possible care for their patients (Ignacio & Chen, 2020:5).

Sub-category 2.1.4: Program objectives not known

In this sub-category, participants discussed how the permanent staff in the CLE were not familiar with the learning objectives and schedule of the student nurses. There were misunderstandings with regard to the students' objectives in the wards. Participants had this to say in this regard*:*

"The lecturers at the campus said you know what you are learning for a RN [registered nurse], accompany with an RN [registered nurse]. But now there in the ward, we accompany with an ENA [enrolled nursing assistant] with the EN [enrolled nurse] and they don't understand actually what must you do, and the more you explain to them, they say no, it's like they don't understand." FG3, P4

In addition, there was confusion about the students' schedules.

"In the clinical environment, they do not know what exactly is happening. I know my unit manager always say you just come anytime you want. They feel like we are just playing, coming to the ward whenever we feel; they, they even feel like maybe we're not doing things right." FG2, P6

The effectiveness of clinical learning depends heavily in the collaboration between the NEI and the CLE. When there is good communication between these two entities, it makes it easier for student nurses to gain the necessary experience and engage in meaningful learning activities, thus developing their clinical judgement abilities (Salifu et al., 2022:13). This study's findings are similar to those reported by Amimaruddin and RuditaIdris (2022:34). In their literature review on exploring student nurses' learning experiences in the clinical setting, the authors reported that the nurses in the wards were not aware of the students' objectives; therefore, students were not taught and were left to perform routine tasks. The lack of clarity regarding student nurses' clinical objectives can be a frustrating experience, as knowing the specific goals and learning outcomes is crucial for their growth and development. When the staff in the CLE are not aware of their student nurse's clinical objectives, it becomes difficult for them to align their efforts, set realistic expectations, and make the most of their clinical experience.

Sub-category 2.1.5: Patient barriers

The sub-category "patient barriers" indicates patients' distrust in the students' clinical abilities. According to the participants, patients refused for students to perform clinical procedures on them:

“And with the rectal suppository as well, because patient would refuse for us to come and do that on them. And then once went do the catheter insertion in another ward, and we were told they do not allow nurses to insert catheters anymore, only doctors.” FG2, P1

This refusal caused students to lose opportunities to learn.
“Some patients will tell you I do not want any students. That student name will deprive you of some procedures; they will not allow me to do procedures on them.” FG2, P5

Real-life experiences expose the student nurse to a wide range of scenarios, each presenting unique challenges and opportunities for learning. Through direct interaction with patients, student nurses can apply theoretical knowledge, make informed decisions, and act based on their understanding of the situation (Poggi, Pintus, Dionisi, Simone, Giannetta, Muzio et al., 2021:27220). Wang et al. (2021:524) reported findings that are similar to those of this study. In their study aimed at exploring the academic resilience of undergraduate nursing students during adult nursing practicum, the authors reported that patients refused to be cared for by students as they perceived students to be inexperienced. This takes away the opportunity for students to actively engage and apply learned skills.

Contrary to these study findings, a study by Moloney, Kingston and Doody (2020:4) reported that patients were supportive and served as teachers, sharing their experiences, concerns, and preferences, allowing student nurses to understand the unique needs of each individual. Through observation and hands-on experience, students learn to assess, plan, implement, and evaluate patient care while considering factors such as patient safety, cultural sensitivity, and ethical considerations. Patient involvement in the clinical learning process not only benefits the students but also contributes to the overall improvement of healthcare delivery as students gain confidence and competence in their practice. It is a symbiotic relationship where patients provide valuable learning opportunities and student nurses offer their dedication and commitment to providing quality care (Poggi et al., 2021:27220).

Category 2.2: Lack of support

During clinical learning, having a strong support system is crucial for both personal and professional growth. One of the key sources of support comes from experienced mentors and instructors who provide guidance, feedback, and encouragement. These mentors serve as valuable resources and can help navigate the intricacies of the clinical setting, sharing their knowledge and expertise (Nyoni et al., 2021:25).

The findings regarding lack of support are grouped into two sub-categories: lack of ward staff commitment to facilitate student nurses and clinical facilitators' expectations and attitudes towards students.

Sub-category 2.2.1: Lack of ward staff commitment to facilitate learning for student nurses

The participants discussed the rejection they experienced at the hands of the ward staff. The participants had this to say in this regard:

"I feel like sometimes we are not getting more, and they are not teaching us. You only get once-you-go request, but it is not done at that initial point to take you step by step because there is a person who is already can do the procedure, and you feel left behind and incompetent." FG2, P1

Furthermore, participants alluded to having experienced the staff distrusting student nurses' abilities, thus limiting their learning opportunities.

"Sister, she is just gave information; she's the person who believes in doing everything yourself. The only thing that I will give was oral medication; I will not get a chance to give anything else." FG2, P4

Without proper support from the nursing staff, student nurses struggle to apply theoretical knowledge to real-life situations. This lack of guidance and experience hinders their ability to develop critical thinking abilities and to make sound clinical judgements. Additionally, lack of support hinders the development of practical skills, as student nurses may not have the opportunity to practise these skills (Amimaruddin & RuditaIdris, 2022:33). Anokwuru and Daniels (2021:10) reported findings that are similar to those of this study. Their study aimed to describe the perceptions of baccalaureate graduates about their clinical education and the effectiveness of clinical education in their service delivery. The authors reported that due to a staff shortage, the staff was unable to support the students in this regard.

Contrary to the findings of this study, a study on undergraduate nursing students' perspective of an integrated clinical learning model in the mental health environment by Boardman, Lawrence and Polacsek (2020:13) reported that the staff in the CLE would seek opportunities to involve student nurses in various aspects of their work, allowing them to observe and participate in real-life situations. The nursing staff serves as mentors and guides for student nurses. They provide valuable support and encouragement throughout the student nurses' learning process. By offering their expertise, they help create a safe space for student nurses to actively engage in experimentation and hands-on learning. (Anokwuru & Daniels, 2021:11)

Sub-category 2.2.2: Clinical facilitator's expectations and attitude towards students

In the sub-category "clinical facilitator's expectations and attitude towards students," participants defined clinical facilitators as being unsupportive when they were uncaring, rude, and had unrealistic expectations. Participants had this to say in this regard:

"The bad experience that I had with the HBAS [hospital-based academic staff] was that she kept on insisting that I was not doing enough; instead of her teaching, she was pressurising [pressuring] us to do the things that we have never learned before." FG1, P6

"I've also noticed that from certain staff, like certain HBAS [hospital-based academic staff] they expect you as a student. I'm still a student, I'm learning, there are some things that I haven't grasped yet. I'll forget. Sometimes they expect me to know everything." FG1, P1

The clinical facilitators' negative attitude towards student nurses creates an unwelcoming and discouraging CLE. When student nurses feel intimidated, belittled, or even afraid to ask questions and seek guidance, their confidence suffers, causing them to doubt their abilities (Singer, Sapp & Baker, 2022:3). Moreover, when clinical facilitators have unrealistic expectations of the student nurses, it creates an immense amount of pressure on these learners. Expecting perfection or an unattainable level of performance can lead to increased stress and anxiety (Ball et al., 2022:216).

Contrary to these study findings, a study conducted by McLeod et al. (2021:4) reported that student nurses received overwhelming support from their academic staff members and 'were able to integrate theory and practice. In addition, a study was conducted in Namibia by Paulus, Ashipala, Amakali and Aron (2019:98) whose aim was to investigate the perception of nursing students concerning the use of preceptors to improve their clinical competence. The authors reported that the students were satisfied with the preceptor's kindness and politeness. Clinical facilitators play a vital role in shaping the learning experience of student nurses; their expectations and attitude towards these aspiring healthcare professionals can greatly impact their growth and development (Mathisen, Bjørk, Heyn, Jacobsen & Hansen, 2023:5).

4.4 SUMMARY

This chapter served as the culmination of the research process, where all the collected data were examined and interpreted to answer the research questions. In this chapter, the researcher applied "Braun and Clarke's (2006) thematic data analysis model to analyse the data and draw meaningful conclusions. The findings were then presented and discussed in light of the existing literature.

CHAPTER 5: LIMITATIONS, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

In Chapter 4, the findings of the study were discussed in detail. Verbatim quotes from the participants were validated against the literature. In this chapter, the researcher provides a concise summary of the findings and offers recommendations. In addition, the limitations of the study are acknowledged to provide transparency and ensure that the readers are aware of any shortcomings that have influenced the results.

5.2 CONCLUSION OF FINDINGS

The study aimed to explore and describe the facilitators and barriers experienced by student nurses at a private nursing education institution in terms of clinical accompaniment during nursing training. The research questions and aims were addressed through a qualitative, exploratory, and descriptive design. Three FGDs were conducted to uncover rich and detailed information. Data were analysed using “Braun and Clarke’s six-step data analysis model to uncover the following two themes: A summary of the findings will be discussed in the following section.

5.2.1 Theme 1: Facilitators to clinical accompaniment

Participants in this study experienced a positive CLE. The commitment of the unit staff was highlighted as a positive experience by the participants, as it enabled them to learn, grow, and become confident because they were supported by experienced staff. The availability of learning opportunities was another facilitator; participants appreciated that they were treated as learners in the CLE, which enabled them to focus on their learning objectives. In addition, they were exposed to real-life situations that facilitated theory-practice integration. Lastly, the CLE had material resources essential in facilitating skill acquisition that is essential for developing them into competent practitioners. These experiences are crucial in facilitating learning, as direct interaction with other professionals and material resources enables the development of high-order thinking capabilities and soft skills.

The participants in this study experienced the clinical facilitator as supportive. Through their guidance and mentorship, clinical facilitators helped the student nurses develop confidence. By providing emotional support and encouragement, clinical facilitators alleviated the anxieties and feelings of fear the student nurses had. Moreover, their availability and presence in the CLE ensured that student nurses were allowed to practice their skills under supervision. In addition, the clinical facilitator’s expert knowledge facilitated theory-practice integration and enhanced understanding. Lastly, some participants in this study appreciated the respectful

interactions they had with the clinical facilitators. By witnessing professionalism in action, student nurses can develop a deeper understanding of the importance of maintaining higher standards of conduct, integrity, and accountability. In addition, they can reflect on their experiences.

5.2.2 Theme 2: Barriers to clinical accompaniment

Student nurses encountered obstacles in the CLE, which harmed their learning. The obstacles included insufficient learning opportunities, as they were unable to meet their learning objectives because of the scarcity and cost implications attached to certain procedures. Participants perceived the learning programme as ineffective due to its restrictions on ward allocations. This prevented them from being exposed to certain procedures. In addition, the spacing of theory and clinical placement was another obstacle. Participants felt that they spent too much time in theory, and when they eventually got to the CLE, they had forgotten how to perform certain procedures. These experiences are detrimental to the students' learning processes, as they prevent them from making informed decisions.

Furthermore, participants experienced the curriculum as outdated, making it difficult for them to integrate theory and practice because of advancements in technology. Participants further described how they were assigned mundane tasks in the units, which negatively affected clinical learning. In addition, the nursing staff in the unit were not familiar with the programme objectives, which created confusion regarding the learning requirements of the student nurses. Last but not least, when students were solidifying their learning experiences, student nurses encountered difficulties with patients refusing to receive care from the students.

5.3 RECOMMENDATIONS

Recommendations were formulated based on the findings of barriers to clinical accompaniment at a private nursing education institution in Gauteng Province. The researcher made the following recommendations related to the nursing education institution, the clinical facilitator, the hospital management, and the nursing staff:

5.3.1 The nursing education institution

To ensure that student nurses are supported and learning needs are known in the CLE, the following is recommended:

- Provide consistent orientation to managers in the CLE regarding the learning expectations and educate them about the importance of supporting the student nurses during their placement.
- Collaborate with other hospitals, clinics, and community centres to provide students with a variety of clinical conditions and procedures.

- Coordinate student nurse placements, considering the available learning opportunities.
- Work together with the leaders in the CLE to create meaningful clinical learning experiences.
- Communicate more often with managers in the CLE regarding student-related matters.

5.3.2 The clinical facilitator

For clinical accompaniment of student nurses to be effective, the following is recommended:

- Establish clear learning objectives and expectations for all stakeholders involved in the clinical teaching of student nurses.
- A clinical orientation meeting should be held on the first day of clinical placement. This meeting should address the expected level of professionalism, communication skills, and clinical skills requirements.
- An open communication channel should be established to allow students to feel comfortable approaching the clinical facilitators whenever they have challenges.
- Regular meetings and debriefing sessions should be scheduled to provide a platform for student nurses to share their experiences, reflect on their learning, and seek guidance.
- A well-coordinated plan for clinical placement, taking into consideration the clinical learning objectives of the students.
- A contingency plan to address challenges regarding the unavailability of certain clinical procedures.
- Attend hospital meetings to communicate with nursing services managers and unit managers about student-related matters.
- Model professional clinical practice at all times and endeavour to grow professionally through attending seminars and workshops. These will ensure intellectual and emotional growth.

5.3.3 The hospital management

- Promote a culture of inclusivity in the CLE where student nurses are seen as part of the team.
- Support clinical learning by furnishing the skills laboratory with the best technology that mimics real-life situations for students to practice procedures on.
- Attend nursing education meetings to familiarise themselves with student nurses' clinical requirements.

5.3.4 Recommendations for further research

Recommendations for further research include the following:

It is recommended that a similar study be repeated with students who are in their 1st and 3rd year of study. In addition, the study can be rolled out to students who are in other provinces within the same private nursing education institution.

5.4 REFLECTION OF THE RESEARCHER

Embarking on my Master's degree journey was a decision that filled me with both excitement and apprehension. Little did I know at the time that it would become one of the most transformative periods of my life. As I reflect on my studies, I am overwhelmed with a sense of pride and accomplishment. The numerous hours spent pouring over books, engaging in thought-provoking discussions, and pushing the boundaries of my knowledge have all been worth it. Not only have I acquired a deep understanding of my field of study, but I have also developed essential skills such as critical thinking, problem-solving, and effective communication. The demanding nature of the programme pushed me to my limits, but it also taught me resilience and the power of perseverance. Moreover, my Master's studies allowed me to connect with brilliant minds in my field and engage in stimulating intellectual debates. The opportunity to learn from brilliant professors and collaborate with fellow students has broadened my perspectives and enriched my academic experience. As I now stand at the apex of completing my degree, I am filled with a profound sense of gratitude for the opportunities and growth that it has brought me. My Master's degree studies have not only expanded my intellectual horizons but have also equipped me with the confidence and skills to make a meaningful impact in my profession.

5.5 LIMITATIONS OF THE STUDY

The study was limited by the fact that the sample was purposefully selected, and therefore the results have relevance to 2nd-year undergraduate student nurses and not all undergraduate students. Another limitation is that the study was conducted at a PNEI in the Gauteng North East Region. The Gauteng South West Region was not included in the study. Thus, the results can only be generalised to a specific region.

5.6 CONCLUSION

The study explored and described facilitators and barriers pertaining to the clinical accompaniment of student nurses at a private nursing education institution in Gauteng province. Based on my research and analysis using Kolb's experiential learning theory, I have come to a thought-provoking conclusion. This theory emphasises the importance of actively engaging in learning through concrete experience, reflection, abstract conceptualization, and active experimentation. It suggests that learning is a cyclical process that involves both action

and reflection. Through my research, I have found that individuals who actively participate in hands-on experiences and reflect on their actions are more likely to retain information and develop a deeper understanding of the subject matter. Furthermore, I have observed that the application of knowledge through active experimentation helps to solidify learning and encourages the development of new skills. Kolb's theory has provided me with a valuable framework to understand and enhance the learning process, and I believe it should be embraced and applied in educational settings to foster meaningful and impactful learning experiences.

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ANNEXURES

ANNEXURE A: Participant's information and informed consent document for a focus group interview research study

Study title: Facilitators and barriers pertaining to clinical accompaniment at a private nursing education institution in Gauteng province.

Principal Investigator: Sindile Maseko

Supervisor: Dr Jiyane

Co-Supervisor: Prof R Leech

Institution: University of Pretoria

DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):

Daytime number/s: 0842510262

After hour's number: 0842510262

Date and time of informed consent discussion:

				:
date	**month**	**year**		**Time**

Dear Mr. / Mrs.....

1) INTRODUCTION

You are invited to volunteer for a research study. I am doing this research for Masters in nursing degree purposes at the University of Pretoria. This document gives you 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 facilitators and barriers pertaining to clinical accompaniment at a private nursing education institution in Gauteng province.

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 at the Gauteng North-East Campus.

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 forty-five minutes. You and the other participants will be asked some questions about your opinion on facilitators and barriers pertaining to clinical accompaniment.

We will not ask any questions about your personal experience. 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 information / knowledge you are not comfortable with.

If questions feel too personal or make you uncomfortable, you do not have to answer them.

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 facilitators and barriers pertaining to clinical accompaniment. The information you give may help the (me), the researcher improve the quality in clinical nursing education provided to student nurses.

6) COMPENSATION

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

7) VOLUNTARY PARTICIPATION

The decision to take part in the study is yours and yours alone. You do not have to take part if you do not want to. You can also stop at any time during the interview without giving a reason. If you refuse to take part in the study, this will not affect you in any way. The discussion will take place at a venue that will be convenient for you and it won't interfere with your classes.

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 researchers 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

If you have any questions concerning this study, you should contact: Sindile Maseko at 0842510262

10) CONFIDENTIALITY

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

The records from your participation may be reviewed by people responsible for making sure that research is done properly, including members of the Research Ethics Committee. All of these people are required to keep your identity confidential. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

All hard copy information will be kept in a locked facility at HW Snyman building at the University of Pretoria, for a minimum of 15 years and only the research team will have access to this information.

Although all participants of the focus group discussions will be requested to keep the discussions confidential, the researcher cannot guarantee that they will do so. I therefore request that you do not disclose any information of a very personal or sensitive nature to anyone.

10) CONSENT TO PARTICIPATE IN THIS STUDY

- I confirm that the person requesting my consent to take part in this study has told me about the nature and process, any risks or discomforts, and the benefits of the study.
- I have also received, read and understood the above written information about the study.
- I have had adequate time to ask questions and I have no objections to participate in this study.
- I am aware that the information obtained in the study, including personal details, will be anonymously processed and presented in the reporting of results.
- I understand that I will not be penalized in any way should I wish to discontinue with the study and my withdrawal will not affect my studies.t
- I am participating willingly.
- I have received a signed copy of this informed consent agreement.

I, understand that the focus group discussions will be audiotaped. I give consent that it may be audio recorded.

YES

NO

_____	_____
Participant's name (Please print)	Date.
_____	_____
Participant's signature	Date
_____	_____
Researcher's name (Please print)	Date
_____	_____
Researcher's signature	Date

ANNEXURE B: RESEARCH GUIDE

Study title: Facilitators and barriers pertaining to clinical accompaniment at a private nursing education institution in Gauteng province.

Principal Investigator: Sindile Maseko

Supervisor: Dr PM Jiyane

Co-Supervisor: Prof R Leech

Institution: University of Pretoria

Main questions

Reflecting back on the clinical accompaniment you have received to date, what are the facilitators (positive aspects) regarding clinical accompaniment in your experience?

Reflecting back on the clinical accompaniment you have received to date, what are the barriers' regarding clinical accompaniment in your experience?

Reflecting back on the clinical accompaniment you have received to date, what worked well regarding clinical accompaniment in your experience?

What suggestions do you have to improve clinical accompaniment of students?

ANNEXURE C: FACULTY OF HEALTH SCIENCES RESEARCH ETHICS COMMITTEE

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

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

- FWA 00002567, Approved 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.

Faculty of Health Sciences **Research Ethics Committee**

15 September 2023

Approval Certificate
Annual Renewal

Dear Miss BS Maseko,

Ethics Reference No.: 529/2021 – Line 2
Title: Facilitators and Barriers pertaining to clinical accompaniment at a private nursing education institution in Gauteng Province

The **Annual Renewal** as supported by documents received between 2023-08-21 and 2023-09-13 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2023-09-13 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 2024-09-15.
- Please remember to use your protocol number (529/2021) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:

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

We wish you the best with your research.

Yours sincerely

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

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2016 (Department of Health)

Research Ethics Committee
Room 4-60, Level 4, Tswelopele Building
University of Pretoria, Private Bag x323
Gezina 0031, South Africa
Tel +27 (0)12 356 3084

Fakulteit Gesondheidswetenskappe
Lefapha le Disaense Sa Maphelo

ANNEXURE D: PRIVATE NURSING EDUCATION RESEARCH APPROVAL COMMITEE

RESEARCH OPERATIONS COMMITTEE FINAL APPROVAL OF RESEARCH

Approval number: UNIV-2021-0057

Ms Sibusiso Maseko

E mail: sindimaseko@ymail.com

Dear Ms Maseko

RE: FACILITATORS AND BARRIERS PERTAINING TO CLINICAL ACCOMPANIMENT AT A PRIVATE NURSING EDUCATION INSTITUTION IN GAUTENG PROVINCE

The above-mentioned research was reviewed by the Research Operations Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at Nursing Education Institution, has been approved, subject to the following:

i) Research may now commence with this FINAL APPROVAL from the Committee.

ii) All information regarding the Company will be treated as legally privileged and confidential.

iii) The Company's name will not be mentioned without written consent from the Committee.

iv) All legal requirements with regards to participants' rights and confidentiality will be complied with.

v) All data extracted may only be used in an anonymised, aggregated format and for the purposes of this specific study as specified in the proposal. The data may under no circumstances be used for any other purpose whatsoever.

vi) The Company must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from the Committee as well as a FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.

vii) A copy of the research report will be provided to the Committee once it is finally approved by the relevant primary party or tertiary institution, or once complete or if discontinued for any reason whatsoever prior to the expected completion date..

viii) The Company has the right to implement any recommendations from the research.

ix) The Company reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects/ Company or should the researcher not comply with the conditions of approval.

x) APPROVAL IS VALID FOR A PERIOD OF 36 MONTHS FROM DATE OF THIS LETTER OR COMPLETION OR DISCONTINUATION OF THE STUDY, WHICHEVER IS THE FIRST.

We wish you success in your research.

Yours faithfully

20/11/2021

Prof Dion du Plessis
Full member: Research Operations Committee & Medical Practitioner evaluating research applications as per Management and Governance Policy

Dr Shannon Nell
Chairperson: Research Operations Committee
Date: 10/12/2021

This letter has been anonymised to ensure confidentiality in the research report. The original letter is available with author of research

ANNEXURE E: PERMISSION FROM CAMPUS MANAGER

RE: Approval of research as requested PLEASE NOTE SPECIAL REQUIREMENTS

Good Morning Sindile
You are most welcome to work with Sonia on your research.
Please take into consideration that the students are writing summative assessments in the next three weeks. I would suggest that you liaise with Sonia and organise to come and speak to the group on the last day of exams on campus as they will all be here and can ask questions if they want to

Thank you
Enjoy your day

ANNEXURE F: VENUE BOOKING FOR FOCUS GROUP INTERVIEWS

Subject: Venue Booking
Importance: High

Good Morning Mr Tshabangu

I would like to book a venue for a focus group session with the DN2s. Kindly advice if there would be one that is available.

Date : 7th June 2022.
Time: 10:00-11:00

Date: 10 June 2022
Time: 13:00-14:00

ANNEXURE G: FOCUS GROUP INTERVIEW TRANSCRIPTS

Focus Group Interview One

Transcript

Researcher: OK. Like I said. Thank you very much for taking your time to attend this session. As I said, this is a focus group session. And then the purpose of this session is to get your experience regarding facilitators and barriers to clinical accompaniment in the different Clinical environments where you guys are placed. Please remember that this session is confidential. Whatever is discussed here, we don't want to be telling people about it. The reason why I chose you it's because you've been exposed to the clinical learning environment so I you guys are able to uhm you have experiences with regards to the clinical environment, so I just want to know your experiences with regards to clinical accompaniment. Clinical accompaniment meaning, you know the support that you've received in the clinical environment and as I said it's confidential. You are also welcome to ask questions and during this period I'll be just taking notes and will just be discussing please feel free and OK in front of you I gave you numbers so when you speak, I would like for you to not mention your names. Just say number 6, number one. I don't want your names I just want numbers so that whatever you said cannot be traced back to you, though this is going to be confidential. And I've got informed consent here. Remember I gave you the informed consents about the study and the purpose of this study and that this study is actually voluntary you are not forced to be here, and you can actually leave you know, whenever you feel you want to leave. This study won't you know there's no harm that is going to happen during this session and then, so you are safe. And the benefits of this the reason why I am conducting the study so that we get your experience and these the experiences I will share with our shared the different Clinical educators so that may improve the quality of education in the clinical environment. Any questions? And can we maybe start with the first question? Are we all OK? So, you just say whatever comes to your mind name, OK, OK?

So now tell me, reflecting back on your clinical on the clinical accompaniment that you have received to date since your first year until now what are the facilitators, I mean the positive aspects regarding clinical accompaniment in that you've experienced?

Participant 3: uh involvement, involvement with our, what we are doing at campus and then applying it at hospital in the clinical environment. And then when we have, uh problem with the theoretical work we then go to the practical setting where it makes a little bit more sense.

Researcher: OK, if I understand you well you are saying you were able to integrate what you've learned in theory to what's...

Participant 3: much better in the practical setting because there was more involvement uhm than actual theory.

Researcher: And tell me has that helped you in in in in how h as that, how has that helped you in terms of your performance in in your theory?

Participant 3: Much, much better so when I just read through the theory and tried to understand it from a theoretical point of view it didn't, really make I couldn't see the picture in front of me. So then when we then in the clinical environment, go to a patient with that particular disorder or a problem that I need to be doing with as a diagnosis or an actual disease that we need to treat then I could make a better understanding and link between the theory and the practical.

Participant 1: OK, I'd like to also add to what she says. I've always had a problem with like grasping the theoretical parts of a certain module, and then when I get to the clinical parts of the module, the understanding would become broader. Yeah, it's like maybe I will be able to take that information and bring it back towards the theory and then actually get a clear understanding of what is needed from me. Like, say maybe we're writing formatives [assessments] or summative [assessments] and We, we, we get mind block most of the time, but then you remember like she said, with the that certain diagnosis that you focused on you remember what she did concerning that diagnosis at the hospital, and you're able to implement it into like the scenario that is given to you during theory.

Researcher: Would you in your words saying that what the conditions or your theory was aligned to the practical that you needed to do in in the clinical environment.

Participant 1: Yes, it was aligned. But now my understanding of the theory actually came after going to the clinical setting because I'm looking at it and I'm understanding that oh, so this is how the diagnosis is. This is how you can treat it and then come back to my field and have a clear understanding.

Researcher: Any other experiences, positive experiences with regards to clinical accompaniment.

Participant 4: As for me, like when you are being taught theory like they are busy teaching you, but they don't like integrated with clinical. So you find out that sometimes you're gonna [going to] be taught for almost 2 hours without even, even listening to anything that is being said. But when you go to their clinical setting the HBAS [hospital based academic staff] makes time for you to understand what they were telling you in the theory part, so it is much more easier for you to learn in the clinical setting rather than in theory 'cause you can integrate what you have met in clinical into theory part.

Researcher: So what I'm understanding is that you got also support from your HBAS uhm and how has that been? What was your feeling with regards to HBAS [hospital based academic staff] you know, being supportive toward your clinical, you know, learning?

Participant 4: It is a nice feeling 'cause most of the time the things that we are learning in theory are the things that we're going to use them in a clinical setting so to have an HBAS [hospital based academic staff] who supports you, it's much more effective when it comes to studying cause whenever you have a problem, you are able to go to your clinical facilitator and say that, OK, this is my problem, I cannot correlate this with my theory, can you help me with this? And there's like, for instance, the ECG [electrocardiograph]. How to interpret the ECG[electrocardiograph], they did taught us in class, but when you see it in a real life patient, it's not easy to interpret it, but the HBAS[hospital based academic staff] is there to show you that this is how you interpret the ECG [electrocardiograph].

Researcher: Anyone else?

Participant 7: and what I've experienced with my my clinical setting sister I would like to complement. And how they are doing that is because the HBAS [hospital based academic staff] are always willing to go and extra mile to ensure that everybody is accommodated. And for doing that we are able to perform above the standards. I'm just trying to compliment them.

Participant 3: Sister, just before we move on. There's a definite difference when things are explained from a clinical HBA and from a theory facilitator, I find it that there is a definite difference when this theory being taught via a lecture. And there is integration. But when you have the same theory explained from a clinical HBAS [hospital based academic staff], there's a difference there, and even without seeing a patient and just sitting and talking about a disease or a particular condition when you hear it from a clinical HBAS [hospital based academic staff] and a theoretical or a campus based, based HBAS [hospital based academic staff], there's a difference there, and I'm not sure if it's more of a practical approach. It's the same theory, everything still there but there is a difference And how it is explained, and that's something I've, I've noticed when, when we have discussions regarding theory, even without a patient being there is a difference between the two explanations or all ways of explaining it to the student.

Researcher: OK, did you find it? How did you find it?

Participant 3: It's much better sister, much there is more integration there is more practical information when it comes to a clinical HBAS than a campus based HBAS. It's the same information, but they integrate it differently and, and I find it bitter from a clinical point of view than, uh, campus point of view. That's something I've, I've noticed, yeah.

Researcher: So, meaning that the application part of or whatever content makes sense I would think, more when it is actually applied than when you see it maybe in a chalkboard or…?

Participant 3: So, sister even just explaining it from a clinical HBAS [hospital based academic staff], they have more insight in what you are actually seeing, whereas from a, a

textbook or, or just the theoretical part, it's the same information that is being told to you, but it's not integrated from a practical point of view, so even just talking, you don't even have a patient next to you, just talking about the exact same condition. There is difference because the one integrates it better than the other. They say I'm not sure if I'm explaining it correctly.
Researcher: No, I understand.
Participant 3: OK.
Researcher: So besides the, the, the HBAS [hospital based academic staff] being supportive in the clinical environment can you just elaborate further on uh any other aspects that you found to be positive in the clinical learning environment?
Participant 2: They, they, they OK, personally they provide me with confidence because the more I go next to the patient explaining a certain procedure to the HBAS [hospital based academic staff], it, it develops me as a nurse. So, they have a very positive outlook on me. Me becoming a future RN yeah and the guidance it's, it's more relevant to towards becoming the best nurse I want to be, so they are very what supportive in me becoming a nurse in the future uh.
Researcher: In summary, you needed the HBAS acted as a role model with the, in terms of, you know, modeling the, the profession to you and assisting you to be able to grow in the profession.
Participant 2: Yes, they are doing that.
Participant 1: Uh, sister, I found that the more exposure I gained to the hospital setting, the more understanding even though the HBAS is not around. Say, maybe I'm working my 12-hour shift, I'm able to understand, like the different diagnosis, the more I'm exposed to that environment, like how to take care of a patient with a specific diagnosis, and it's different from a patient with this diagnosis, but they should all be rendered the same amount of care.
Researcher: So, exposure to the clinical learning environment to found it to have made you, you know, be able to understand the conditions or the theory part of.
Any other, you know, positive aspects with regards to the clinical learning environment?
Participant 5: For me, I would say being in that environment brings me, it validates for me the reason why I actually wanted to become a nurse because you get exposure, different people, different languages were able to also integrate the theory that you've learned with the practical there and you get also listen to the patients and it's. Yeah, also meeting the sisters who have actually walked, walked the same journey as you, it's very enriching spiritually. Thank you.
Researcher: OK, then I'll close this question. We move over to the next question. OK then, reflecting back on the clinical accompaniment that you have received to date, what are the barriers regarding a clinical accompaniment that you've experienced, you know barriers.

Meaning what are, you know, the negative. You know, aspects in the clinical environment that you have experienced?

Participant 6: Uh, from the bad experience that I had with the HBAS[hospital based academic staff] was that she kept on insisting that we not doing enough, instead of her teaching, she was pressurizing us to do the things that we have never learned before They were not even simulated. But she insisted that we need to know that, kept on saying she is not going to spoon feed us, we need to do our best as necessary. That's the worst experience I had with one of HBAS.

Researcher: So not all? because now in the in the beginning we started to say that HBAS [hospital based academic staff], you experienced HBAS to be supportive?

Participant 6: Yes.

Researcher: Now…

Participant 6: Only one

Researcher: OK. There are some you know that were not. how did that make you feel?

Participant 6: Truly speaking, I felt useless. Yes, I thought as if I didn't belong that day I was, I was so furious but tried to keep it cool but I wasn't happy with, with that It made me feel as if I'm in a wrong profession.

Researcher: Any other negative aspects you've experienced with regards to accompaniment?

Participant 3: So, I, I just want to add on, on student six's opinion on particular HBAS [hospital based academic staff], so we all know that not everybody is going to be happy with everybody, which I, I completely understand and we, we are in a nursing environment lots of different people, different languages, different everything. But when it comes to a facilitator If 3/4 of the students are all experiencing the same problems and one must remember that not everybody is supposed to be a teacher. Everybody we can you know from, from A background you know you can have the, the, the theory behind teaching, but there is a certain skill set that you need to have and be able to pick up on certain Uh, body language or. Or way of tones. All these things that do have a, uh, a lasting effect on, on your, uh your confidence as when doing a procedure or, or explaining something and needing help uh so once you then have a Uh, a problem area that is now identified with various students saying, you know this is the, the scenario that we had and we've all experienced the same problem that then needs to be addressed with either training or, or, or something because they their technique is not working. And yeah, so that's you know again, I'm sure I don't know enough, but the technique when you teach me is very important because it has a lasting effect on me, and, and patients can also pick up on these little problem areas. When you are working there with the patient. They then, you can't, you can't be rude ha-ha you know, even if I'm doing

something wrong with there's professionalism that also needs to be addressed But yeah, you know. Not everybody is supposed to be teachers, yeah.

Participant 1: I'd also like to add to what student 3 said. Uhm, I've also noticed that from certain staff like certain HBAS [hospital based academic staff] they expect you as a student, I'm still a student, I'm still learning, there are some things that I haven't grasped yet. I'll forget. Sometimes they expect me to know everything. And I can't know everything in just two weeks. So there's this thing of when you come in in the morning. Yes, I revised my PoE [portfolio of evidence] for, okay, what's going to happen today but I also need the guidance of that HBAS [hospital based academic staff]. Yes, I know that these are the steps that I need to take but where I'm wrong don't tell me that I was supposed to know this. Please correct me where I'm like okay I need assistance with maybe say with I had a problem with the formulation of nursing diagnosis and I remember at the time the HBAS [hospital based academic staff] I had kept on telling me that she's not help me, I need to think for myself, I need to think broader mind you it's my first time doing a nursing diagnosis. I don't know which steps to take all I know from a nursing diagnosis was what was taught to us during simulation, and it wasn't even broad. So that actually I don't know it, it, it evokes something in me like, why are you teaching if you don't have the patience for students? You need to understand that at times students are going to be wrong, they're not going to understand the module, so you as an HBA's[hospital based academic staff] need to help them give them guidance to be able to understand that module as a whole .

Researcher: So what I understand from this is that the personality of you know, the educator or the facilitator is very important in being able to assist you in growing in the profession.

Participant 1: Yes

Researcher: And also, I heard you mentioning about this teaching strategies, that this teaching strategies needs to be relevant and you know needs to be, it needs to, you need to be accommodated with however, you learn?

Participant 1: Yeah.

Researcher: Okay, thank you. Any other negative aspect with regards to clinical accompaniment in the learning environment.

Participant 2: When, like I'm a student, when I ask an HBAS[hospital based academic staff] to say okay, come and let me help come and help me sign off this procedure, then like during the procedure I, let's say what I, I, I did or I messed up then I expect also guidance from the from the from the HBAS[hospital based academic staff], and in my experience this one time the other student was doing was performing the procedure and the from what I saw the, the HBAS [hospital based academic staff] came hard on, on the on the particular student and for me it was unnecessary because it, it, it was the first time that the student

was performing the procedure and it, it, it made me feel as if even though I was not doing a procedure I was just observing the it made me feel as if but then it, it's it. I think the, the HBAS [hospital based academic staff] diverted from what was the actual procedure. The procedure was to analyze the, to collect the urine and analyze and then she went there. The, the HBAS [hospital based academic staff} where went on to say I'm collecting of mid-stream, and it was like okay she diverted on saying if you give the patient a bottle what does that mean? And that's like that's not how it's that it's done, but then we kept quiet that moment. And then he's like no, you collect a midstream and it's like no. There are two types I remember you. It's the 24 Collection of urine and the other one that one you. It's like collect specimen urine but then the HBAS [hospital based academic staff] was unprofessional and he came hard on, on, on, on us. It was as if I was there okay. I was there also, but it was awkward for, for the HBAS [hospital based academic staff] because you have to what to direct the procedure to say okay, fine, let's not do the procedure Let's be let it be a mock procedure or something so that next time and how if the student said an hour after this, she's ready, then we can do the actual procedure and sign it. So, I hope I, I yeah.

Researcher: Thank you so much. So apart from the, the, the HBAS [hospital based academic staff], other aspects that you experience as being negative in the clinical learning environment?

Participant 4: As for me there's been some negative influences, like the nurses that are busy working with the patient. Sometimes they found out their nurses are a bit harsh, or sometimes they don't know what they're doing. So as learners, as student nurses, we are there to learn and they are, we do not have our HBAS [hospital based academic staff] every time, just like for when we are working our 12 days shift, we need to work with a registered nurse. Sometimes when you're working with a registered nurse, you find out that the nurses doesn't want to teach what they are doing, like giving medication, they don't want to teach you the medication that they're given Like okay, what are the side effects? What are the indication, they just want to focus on doing their job and not teach us as students. So that is why that was my bad experience with nurses.

Researcher: So you experienced nurses as being harsh I and also not knowing what they are doing and actually being reluctant in assisting to, in, in assisting you achieve your objectives?

Participant 4: Yes

Researcher: Okay.

Participant 1: To back up what student four said. I've also had the same experience, but now my experience was from like nurses that have recently graduated like the group the BC2 [bridging course second year] group that left. You think that they understand how hard it is to be a student and like still want to learn and understand what's going on. But now they

throw you to the side even when you need assistance from them like they should understand 'cause not so long ago they were in our shoes also, but now It, it, it, it makes it seem as though we, are an irritant to them. Like, cause now with the sisters that have been in the field for years, they don't, they don't really have yes, they have the knowledge of much of being a nurse, but now sometimes they forget. When you Ask for this, they'll tell You yeah, it's been long. So now, as a student I'm like OK you are a fellow student maybe I can get guidance from you on how to do certain things and stuff like that, and it's as if it's as. If, like at all, they're Not even trying to hide the fact that you're irritating them.

Participant 5: Adding on one and four still, it's still going on, like it's an everyday reminder thing you get assigned to a certain RN. You're hopeful. That, Oh yeah. He or she just graduated not so long ago, but then they, they just tell you from the beginning sorry, I'm very busy find someone else. Like where must I go 'cause I've been assigned to you so It's very draining emotionally, draining so you don't know what to do like even for coming to the hospital for the next day We don't even want to go because you know, like the nurses they're just so rude they can hide it from day one till this day. It's still like that. Yeah

Researcher: Like the, like what she said is that now you know you would think that because they are newly qualified you will find at least a bit of support from them, but instead they also you know.

Participant 5: Yeah, they just push you away from the minute you say morning sister, like no, I'm busy, I'm very busy. OK like I haven't even asked my question, then you're shutting me off so.

Researcher: But why, what, what do you think makes them to be like that?

Participant 3: I find it and it's not in every ward it's specific wards with specific staff members, and I think that there's a culture of once I am now graduated or I've now been a nurse for 40 years there is a culture of now I am I'm not responsible for teaching you yet. We are in hospitals that are student accredited hospitals. We are learning hospitals so I think that that culture of I am not, I'm not I'm not a teacher should change because we are teachers Once we are registered nurses because we've got to teach our fellow staff members, we've got to teach our patients. They must be a teaching culture established within our wards. That's, that's what I what I. What I think is the problem.

Participant 1: Another negative experience. I don't know if I've been the only one that's experienced this, but now we get our friends that I'm a student I know there's certain things I'm not supposed to do unless I'm under supervision, so you get an RN that will actually allocate me to do things that she's supposed to do. Like maybe the same maybe? I remember I was with one ward and the patient was getting morphine. I don't have experience with morphine. But then our RN [registered nurse] told me like asked me like please break the ampules and withdraw the medication and put it into 1;2;3;4;5. I let her

know I was. Like I've never worked with morphine before. I'm not going to do it 'cause now if something happens to the patients I'm liable because I did it, but actually I was supposed to be acting under you, like observing you not touching nothing whatsoever. Morphine is very deadly. That's something I don't want to come in contact with I told her so and then after that conversation she started giving me attitude. So now in my mind I was a bit confused as to why you angry that I refuse to do something that is not even under my scope of practice. I'm not gonna[going to] sacrifice my studies and whatever qualification I'll be getting because I wanted to give a patient morphine, I wanted to act as though I am a registered nurse when I'm actually in training.

so that's another thing with the sisters in the awards they like to actually put their work on like the students, like You're doing this you're doing this you're doing this, you're doing this and honestly that puts a lot of pressure on us.

Researcher: Thank you. One last question. What suggestions do you have to improve clinical accompaniments of students? So with the students that are coming, you know we've got groups that are now going to come in, what is it that can you know, what improvements can be made in order, you know to ensure that those students are supported to achieve their uh objectives in the learning environment.

Participant 3: So what I would suggest sister is number one that's training in culture in our wards regarding education Also for From a student point of view, if we could have a lecture on a system, for example respiratory diseases and then have at least enough time in the clinical sitting. Now I know that this is difficult because we don't always have these patients but then to go through the clinical assessment, for a week or three, four days or whatever, and then be able to integrate what you have actually now learned and apply it. Sometimes there's too much time that is spaced between your theory and then actually getting to the clinical environment. Or that there’s a theory lesson, and then the next day you are doing four different other systems you haven't actually grasped this system and now four weeks later the practical you are now in the clinical environment going through your, your system, but now you've already had four other systems being integrated again. Or, or, or put back into, into theory and I hope they catch up, and that that for me was, was difficult from a theory point of view and then not actually knowing or grasping it and then moving on to the next. And then I got behind in the next one because it's integrated between the two, but I didn't understand the first one anyway, so I had to play catch up and yeah, and then I know for me specifically, doing a mock CPCA [comprehensive patient care assessment]or case study was the best thing that could ever happen to me and If I can Do more of those that would be best And if we have a system that we need to learn both, find a patient in the hospital with that system and do a mock CPCA[comprehensive patient care assessment] on it, because doing that I now understand what's happening. Yeah, and they explaining it the

next day, but from a CPCA [comprehensive patient care assessment] point of view. Now I understood it with, you know, the, the integration still helps, but doing an actual mock CPCA [comprehensive patient care assessment] I was yoh best thing ever. the time constrain was obviously a problem, but you know that was awesome.

Researcher: Okay, so if I understand you well, you would prefer that now whatever is taught in theory Immediately is translated in the clinical environment and not spend, you know, an extended period of times It is, before you are exposed.

Participant 3: Yeah, at least not three or four weeks because they've been times where it's been a long time due to either exams or something like that, which happens, but I think it would just help, and obviously there's, there's not always patients available. But like I said before, hand or earlier in the session, our HBAS [hospital based academic staff] have a way of explaining something from a clinical point of view, even if that patient is not there and not available. They explain it in a way that you can understand It practically and then understand the theory behind it. So just because you don't have the patients available does not necessarily mean that your clinical experience will be lacking. Because if your HBAS [hospital based academic staff], can then help you understand or establish understanding. There, there still an advantage.

Participant 1: I'd also like to add to what student three said. I remember there was a day where we were doing respiratory assessment and we had a COPD [chronic obstructive airway disease] patient I remember that day. We did the assessment of the COPD [chronic obstructive airway disease] and our HBAS [hospital based academic staff] gave us time to sit down and actually understand that disorder, like in all its entirety. And then she Also gave us time her time off to be able to like clarify way exactly our mistakes were what it where exactly are we lacking And I think that was very helpful like that was very helpful like. Now say maybe we're doing like maybe the cardiovascular system. It would be very helpful to get like a patient of a cardiovascular system. Do the whole assessment and then actually sit down and have a discussion session so that we know that everyone is on the same track. We, we can voice out our concerns. What you don't understand and yeah.

Researcher: Thank you. Any other suggestion to improve clinical accompaniment?

Researcher: So in the absence of anything else, thank you very much for taking your time to be part of this study. You provided a really valuable information. This is now the end of our session

Focus Group interview two

Researcher: My topic is Facilitators and Barriers Pertaining to Clinical Accompaniment at a Private Nursing Education Institution in Gauteng Province. Briefly, if I can tell you, South African Nursing Council, which is the governing body of nursing practice in South Africa and is responsible for prescribing objectives for training says that we students' needs to be accompanied. That accompaniment means that you have a theory component of your study and a clinical component of your study. So, clinical accompaniment basically means the practical component of your studies which happens in the clinical learning environment. The aim of the study is to explore the facilitators and barriers experienced by student nurses at a private nursing education institution in terms of clinical accompaniment during nursing training. I have questions which I would like you to reflect on and respond to them.

Researcher: The first question is reflecting on the clinical accompaniment that you have received to date, what are the facilitators meaning the positive aspects regarding clinical accompaniment in your experience? What is it that has made it easy or has made it possible for you with regards to clinical accompaniment to be able to achieve your clinical objectives? Anyone can start.

Participant 1: Sister, I think it's easier when you have a facilitator that doesn't compare your intellectual, like understands that we are different in our level of learning and different so if there's in the clinical area someone that adapt easily to the environment or maybe they achieve objectives easy and fastest and maybe if they have patience instantly the one that is lacking that makes it easier for one that is lacking not to feel pressure. If a facilitator thinks that OK, you all understand it puts pressure on the one doesn't understand, but when the facilitator understands. Don't know if you feel the same?

Participant 2: With regards to the clinical accompaniment where I am based now, it's giving us more information regarding health and nursing. The facilitator would go with us into the wards. And then we would actually get a patient where we would, we actually start first in the simulation laboratory where she will demonstrate how some things are done and then after that we go to the units where she will say find a patient that you will do this specific procedure on and then while you do that procedure on this specific patient, she guides you accordingly on the things that you do right and the things that you do wrong and corrects you after the procedure. And then she would mostly be with us if she doesn't have any other things to do.

Researcher: If I understand you well, the clinical facilitator area is always present, you get opportunities to practice the procedures in simulation and in real life. How does that make you feel as a student, still in training?

Participant 2: It makes me feel though the course is still going on, but I feel competent [with the other stuff that she has already taught us. For instance, with the vital data, taking of vital

data and interpreting and seeing the abnormalities and the normal and what abnormalities you should report and what you can make interventions on like if the patient saturation is 85 percent you just, you can just tell the Sister, as we work at in accordance to the Registered nurse, we can just tell the sister and then you can make an intervention of putting a nasal cannula with an aqua pack to the patient in order to increase the saturation. So that's what they teach us on the interventions that you can do as a student to help the patient recover.

Participant 4: On this journey so far, I feel like they give us that emotional support whenever we are breaking down. Our clinical facilitator will give us that support and encourage us.

Participant 6: Touching on the positive aspects, for every procedure that we do here at simulation with the doll, I am not one to just fully get to the hospital all confident to say I need a patient I'm like facilitator. Can I see how you do it on a real live patient so that I have a better approach because now it's a doll and there are many of us? So, I always get her assistance what we do here she does on a patient. We see the whole procedure, how to approach, how to go about the whole thing, and that's when I can then do it and gain confidence.

Participant 7: What I mostly appreciate from my environment is that the hospital based academic staff will open to us working with the staff, which then makes us understand the practice, the real practice of what is done in the wards, as she mentioned. And maybe instead of working with the dolls. They will actually allocate us in different wards, where we will practice those objectives in real life and the balance between the theory and practical is level. So, the more we ask we will practice in the hospital, we are exposed on their reality on how we as nurses need to integrate our theory into practice.

Researcher: You've touched on the relationship between you and the staff in the ward. Would you like to elaborate more on the positive aspects you have experienced?

Participant 4: In our facility, we were once working nightshift because in our procedure we have medication round, we have this registered nurse who took us both and showed us how to write the script, mix medication and stuff. That experience was great.

Participant 2: With regards to that sister in the unit that we work, we get opportunities to learn a lot of things because the nurses would give you that opportunity to say and I'm going to show you now but after this one, after showing you this one, the next patient it's you that's going to do it. So, we get to learn a lot of things with different patients.

Participant 6: To add on that the staff in the clinical learning environment is helpful, starting from the unit manager down to the to the enrolled nurses even sometimes you know that they are running away from their duties, they are open to giving you the opportunity to learn. That exposes us we get to learn, we get an opportunity to do those things and what I like about them is they don't leave you. They will first see that I'm competent to do this before they let you go. They're not going to say go and administer medication and you don't know

how to mix or whatever. They will first teach you, they will use that opportunity to teach you and show you how it's done, why is this done, what you must tell the patient. So, for my sake, I feel like the one that I worked in and the staff that we work as a whole, they are very good to us and willing to help us to understand better.

Participant 3: But sister, it depends on their personalities as well, I've been buddied with people who are willing to assist and have been buddied with people who just disappear. Yeah, it's, it's a problem and sometimes, well, especially with the problem of the bells, when patients ring a bell, you are going there, be it as a first year or now as second year is better this year but last year was a problem. Me going to a patient who needs something with the drip and now you go you tell the person you are buddied with, they would they tell you to go tell somebody else. Also, if the person you are buddied with is not there someone else will tell you that is not my room.

Researcher: Can we move over question number two? Reflecting on the clinical accompaniment you have received to date, what are the barriers regarding accompaniment clinical in your experience? What are the not so nice or the negative things that you've experienced with regards to clinical accompaniment?

Participant 1: Sometimes I'll feel like as students some of the students are already coming from the hospital, they have experience; they know procedures and some of us are just new so I feel like sometimes they just take those students who are experienced and would leave some of us who already know the thing. So, like they don't take too much time to check our knowledge. I feel like sometimes we are not getting more, and they are not teaching us. You only get once you go request, but it's not done at that initial point to take you step by step because there, is a person who's already can do the procedure and you feel left behind and incompetent.

Participant 6: What I personally experience is that if you don't advocate for yourself, you will find yourself not doing what you must do. Like we are on the second year, we must practice pharmacology mostly in the wards, but because we are junior to the staff in any aspect either an enrolled nurse or.... We are junior, so they, they, they tend to use that freedom of just calling us anytime and assigning us to do the things that they are they don't want to do. They run away from task and wanting to assign us, and then what happened is if you don't advocate yourself, you'll find yourself doing vital data, cleaning, and doing beds and all those things that you do, it's not things that you need to practice. Now on our second year, you come to the ward, they want to make you, what do they call that thing? A comfort, comfort. And when you are a comfort, you run for the bell. They need someone to help with the bed. Now you here, you have your portfolio of evidence in front of you. You need to do procedures of oral medication, intramuscular, you know. So, you find yourself not doing those things unless you are one of those students who can, you know, advocate for

themselves, and you are like, no, no, this is what I came for. So sometimes I feel like it, it becomes very unfair in an environment if we are not outspoken person.

Participant 2: Yeah, and it disrupts the learning because I remember it was night shift my first night in this new unit, and they I was treated more like a runner than I was on the floor. I would go to the emergency department to get stickers, I need to take this to the night matron, I need to attend to the bells. I remember this one time I can hear the bells ringing, I'm not even in the unit yet, I open the door, and I get in. The sisters are sitting at the nurse's station, from where I was sent now, I need to attend to patients. Can they we just scrap [cancel] night shift?

Researcher: Unfortunately, not, night shift is one of the prerequisites, it's one of the requirements from South African Nursing Council.

Participant 6: I think I'm more exposed at night, they give more medication at night, yeah. And you get to learn a lot there's so many activities during the day. There are so many things to do like the rounds, the unit manager will send you something, but at night it's just only the patient to take care of. So you can concentrate and practice your scope.

Researcher: So, working night Shift worked well for you, however on the other side working night shift was not so good?

Participant 2: I've had a great experience somewhere else, in another unit.

Participant 4: So far night shift hasn't been good to me, because I think the barriers of budding with an older nurse because I worked a couple of nights, night shift, and I was working with an older registered nurse. And I told her I'm doing education and I need to learn. Sister, she's just gave information she's the person who believes in doing everything herself. The only thing that I will give was oral medication, I won't get a chance to give anything else. That she believes in doing it and say no, I don't want to get into any trouble you can give oral medication, its fine. So, I never got a chance to practice anything besides that, oral medication. And it was a couple of nights, but I felt like I was nothing.

Researcher: Anything else with regards to barriers?

Participant 2: Coming to things like Electro-cardio graph, sometimes don't practice that much because they say it's expensive, that paper is expensive, who are they're going to charge, so you don't get to learn.

Researcher: So, there's certain procedures where you are not able to practice because you are told that things are expensive.

Participant 2: And it was also difficult because the college is saying strictly medical surgical wards, but our procedures we won't get in those wards. We were lucky enough to have our facilitator take us to emergency departments, because that's where we find [urinary] catheters, that is where we find nasogastric tubes. There's nothing in medical and surgical,

but the college wants medical and surgical, so it was also, it took a while before the facilitator say, you know what, let's go where the procedures are. So that helped otherwise.

Researcher: If I hear you well, you are saying in, the units where you are allocated and the procedures that are supposed to be done it was difficult for you to get those procedures in those units? Any other comments or we can move?

Participant 1: Sister, with regards to the objectives, I think there should be a rationale. The facilitators need to check what is done in the hospitals. Like they cannot just say we attend student in our facility and then they expect us to put in the nasogastric tube and it's very scarce. You could find that in three months there's only one patient who must get that. And again, with the intradermal Injection, so it's very scarce. We are finding it really hard to get patients with that. And with the rectal suppository as well, because patient would refuse for us to come and do that on them. And then once went do the catheter insertion in another ward and we were told they don't allow nurses to insert catheters anymore, only doctors.

Participant 5: Some patients will tell you I don't want any students. That student name will deprive you of some procedures they won't allow me to do procedures on them. We have resources, we always get stationary and allowed to take home to practice. We get the documents that are needed.

Participant 6: I think the advantage is, the private sector, we are at much advantage because we don't lack anything. Everything is there to accompany our learning. I wanted to just to comment that, because I know the difficulty of being told that there's something like a dynamap now you have to figure it out in your mind what does a dynamap look like, but with the facilities that we are using I think there's nothing that we've learned in the theory part whereby we get to the hospital we don't have. So, all the equipment we see with our naked eyes, so we practice, we touch them physically and then it makes us easily as well, make it easier for us to relate to it.

Researcher: Any other comment? We can we move on to the next question?

Reflecting on the clinical accompaniment you have received to date, what worked well regarding clinical experience?

Participant 3: What worked is that facilitators understand that we understand differently, and we have different paces and mine is able to attend to us individually, and we might be, she might be with the four of us, but at the end of the day, should you need more assistance, does it

Participant 6:Personally what work with me I don't know if I am scared of my facilitator or what, but what worked for me is have that freedom of, leaving us in the wards to associate with the, with the, with the other nurses. So that freedom made me to, I know this person might not have the theory that I have. But Hospital based academic staff has the theory that I have, so when I'm working with the nurse I relax and do what I can remember and be

corrected by the nurse. By the time come integrated patient care assessment, come assessment, by my hospital based academic staff, I feel I'm confident and I'm able to present with confidence than when she's always behind me now I have to touch a catheter that I'm afraid of touching, whereas when she just leaves me like that I am able to do better.

Researcher: Any other experiences?

Participant 7: if I'm at the hospital for four days, these four days I might be in four different units I think going forward it would be better, or I would appreciate being in one unit for couple of days to just get the feel of things. Unlike I'm in medical today, tomorrow I'm taken to surgical and back at medical and there's new staff, I would appreciate even if it was like this is June, for everything scheduled for June. This is where you will be working for July and try that unit that would be better.

Researcher: I think also this comes to this question to say what suggestions do you have to improve the clinical accompaniment?

Participant 6: I personally think that's how it was arranged. It's just that it's unfortunate that's how it's done at your hospital. When I checked from my hospital based academic staff, you must have a certain period in certain ward maybe for a month or two Then you rotate. Not like today, tomorrow, today, tomorrow, today, tomorrow. That's how it's arranged with the hospital. I'm not sure what they are is practicing at the hospital, but personally, I say if you are an advocate for yourself as a student you need to advocate for yourself. I've been stuck in one ward because of I'm trying to balance my mental state even though I do go just one day.to check the differences in the different wards, that's why things are easier for me because I built a relationship with one ward specifically because knowing the hospital, can you imagine knowing eight hundred people?

Participant 2: I wish we had a whole week of online and then we have three days of coming here and then we have our study time, then back to hospital. Maybe if they can't do it on a monthly basis then even weeks would be fine. Not I'm online tomorrow at the hospital. Then I have to come here. The next day, then I'm back online.

Participant 6: I think you've touched a very, very sensitive matter. Because that is, that is what we are going to through. That's the main problem we are going through because I feel like, within the schedule, especially now, it's distributed into three, there's campus, there's online and the hospital and there clinic as well. But between these days you find that campus has missed us, haven't seen us in 14 days in their head what's going on is they are free Hence there may burden us with work because they don't see what is happening behind the scenes. Whereas if maybe it was connected that maybe 15 days or two months, we are doing our theory, let's do our theories, let's be competent with our theory. Then after we are competent let's go practice like we've, we've been competent in the hospital, then in that way we were also going to be able to focus because now I have to distribute my myself between

12 hour shift 8.4 assessment clinic, traveling. That's just too much mixed up all together. So it's one of the messed up thing that I would advocate for it to change.
Participant 3: If it was structured weekly or monthly even I would have made an arrangement to be with family in Pretoria North and I'll be coming to college, then if I need to be at the hospital, I go back home and more closer to work. Unlike this online college, online, then hospital.
Researcher: With regards to clinical learning area, to say that you are here today, tomorrow, you are there.
Participant 5: Now if I think it's been three weeks of not going to the hospital, we did practice that catheter. I did two practices now if you can say go back, would I still remember?
Participant 2: We were joking about it, earlier saying you know when we go back to hospital won't be knowing the work, but I think they think it's easy in nursing, but You need to know what you're doing and if I'm not there, practicing daily and now I'm Focusing on theory and my mind has a lot of things I need to pass this. I go back I'm like h
Participant 6: Personally, I think it builds up a bad name for you because in the clinical environment they don't know what exactly is happening. I know my unit manager always say you just come anytime you want. they feel like we're just playing, coming to the ward whenever we feel, they, they even feel like maybe we're not doing things right, especially because now they comparing to us as we are the second group, they're comparing us to the second-year bridging students. The other students that were there before, where they were doing things differently, they would sit there in the hospital for months, for six months, being in the hospital full time, they're supposed to be part of the body of all of the unit. But with us, we have to actually instruct the unit manager here, no, don't allocate me. I'm here to choose. I'm going to choose the patient. I'm here to do this, so they feel like we are there to instruct and to play around, that's how they feel actually.
Researcher: What was the impact with regards to the relationships then between you and the unit managers if that happens?
Participant 6: At first, I think I'm just a very vocal person and I would advocate for myself. So obviously just because I do express and give myself time to explain to the unit manager how things are structured and how everything is you know. So in a way they are adapting. It was like ah, this one they are useless. I can't count on them in a way that I remember most of the students who were working in the same hard they ran away because they thought the unit manager is a harsh person and I want to believe she was being harsh because come on, I just see these people full, they are filling up the ward they are not doing anything. I need staff here. I need people who are coming to assist in the ward so it I think it frustrate them as well. So, I at first the relationship was not easy

Speaker 3: I feel like with us. We have made such relationship that every time we work in the wards, they are asking are you with us or are you visiting because they know we will be there for 2 minutes we are not there to stay. I want what I want if it's not there i have to move to the next unit but sometimes it's difficult, especially when the facilitator is not there. If Clinical for learning, I want specific things now I am there and there's bells ringing and when they see students, it's like bells are for students. Can I go through the files to see what patient I can talk to but now I need to attend to the bell and they'll say you're just here for your objectives.

Participant 1: It's like we are not enjoying because everything is for the students everything, even if we are on our tea break, they want you there for a short period of time.

Participant 2: How it is for me especially day shift like she's saying because sometimes we are not allocated, and I think it's worse, when we are not allocated. With the nursing staff they will be like, I'm 1-4 but students will you be 1-4? No 1-13 because students everything in every room you go to, but the person will just say bed13 no. I was allocated 1--4.

Researcher: So, they allocate themselves a smaller number of patients and you are allocated to be all over?

Participant 6: A comforter, that's what I was saying. I don't allow that. I'm one person they know in the ward, when I stepped in, she can't be a comfort. I say I am coming here to buddy with the registered nurse. That's why I'm saying sometimes they take advantage because we are juniors, so they just do whatever they want, but if you know. go there as a student who knows what you are there for. So, I don't think they will be that bad they are Also doing it because they are not aware what you are there for. What they are seeing, they are seeing is that your reliever is here they take off the jacket and relax. So that's why they behave. In that way, but if you're going to tell them, open up and say I'm here for this, I'm here to achieve this objective. I think that's what has worked for me.

Participant 2: At first it was something else, with registered nurses now they see when its medication time I'll be doing medication rounds I can't now, leave this to go to the other side of the unit to attend to a bell whereas other people are not doing the rounds.

Participant 6: The 12 hours shift I think it's very nice, but you don't need to be exposed to bullies you know, it's, it's it. It can be very nice because I think the only problem where it feels so tiring for me, it's when I'm confused on what to do, and where I am because you find that you know standing is tiring. Remember day shift, you can't sit. You find the day has gone, you'll miss break, and you'll miss lunch because you are active. So, for me, I think that it's what works just make sure you find the activities planned for your day. Go in saying I'm a student, this is what I have to do this, this and this and this and this. Then you'll find your day going by without even notice. Because the challenge is not sitting down, because can you imagine the ward sorted and the patients are happy everything is okay you don't need to go

to any, any place. And then now you don’t have to sit, you have to wonder around you meet your unit manager. What are you doing? Why are you wondering around? Find something, find something to do. But if you plan like myself, I know that. I do what I have to do. I assist where I have to assist, if there is nothing I work with credits, so I had assigned myself that there's something that's going to occupy me when I see that there's nothing that is happening that is sort of emergency.

Participant 4: The 12 hours shifts sister they open opportunities to learn a lot of things in in a clinical sector because you are there most of the time unlike clinical for learning, clinical for learning you are just be there for your objectives and procedures, that's it, but with a 12 hour shift it opens a lot of opportunities to learn a lot of things, diagnosis and a lot of things with regards to the patients’ health and well-being. So, I really like 12 hour shifts because of those opportunities.

Researcher: Any other comments? No? In the absence of further comments, I would like to thank you, thank you for taking your time to be here and you know, share your experiences with me.

Focus Group Interview three transcript

Researcher: Okay, so as I've said our topic is facilitators and barriers pertaining to clinical accompaniment. Now my first question is, reflecting back on the clinical accompaniment you have received to date, what are the facilitators or the positive aspects regarding clinical accompaniment in your experience?

Participant 4: Can you please repeat the question, sister?

Researcher: Reflecting back on the clinical accompaniment you've received to date. What are the facilitators meaning the positive aspects regarding clinical accompaniment that you've experienced?

Participant 4: Okay. Can we answer?

Researcher: You can go ahead. No, it's fine.

Participant 4: OK, so the one of the important aspect sister is that if the if the, the person that is the lecturer or the CF [clinical facilitator] that she's calm because if she's also anxiety, anxious on us and then it's much more difficult. Personally, it's much more difficult to focus and things like that because I go into, let's say I go into a uh, a CPCA [comprehensive patient care assessment], or I want to do something on the patient, but then my lecturer said no, you must do it like this and why is it like that? It's fine if you can give that like feedback but in a calm way. And yeah, because that if somebody like stressing on you then you could also react like, but you try to keep calm but It's much more stressful, so it makes it difficult but if they are calm then.

Researcher: So if I understand you well you are making a point on you know things that can be done to improve the clinical accompaniment which is you know a facilitator that is calm that will not increase your anxieties?

Participant 4: Yeah.

Researcher: Okay, thank you. Anyone else things, positive aspects that you've experienced with regards to clinical accompaniment?

Participant 10: I think one positive aspect that I experience, it's obviously it's, it's a new course that we are embarking on and I think one thing that is most that stood out for me, it's theory integrating into practice. Yes, and clinical accompaniment taking whatever I've learned in the textbook and actually putting into practical with the patient. That is one thing that I've, I've actually picked up and I think it's one positive aspect. And also, as Participant 4 I think was saying, having a facilitator that is calm. The hospital that I'm in as, well, it is a facility that is has all the learning opportunities, if I put it that way, in terms of procedures and everything, so it, it has been a bit easier for me to achieve all the objectives that we actually set out for me. And if I look at the fact that as well clinical accompaniment we are not workforce anymore. So for the mere fact that we are not as much into the hospital in terms of workforce, it allows us an opportunity to sit down and actually do our stuff and also the skills

that are required in us. I think if you look at it our tool that they actually assess us on, it gives you about three opportunities to actually practice, practice, practice until you get it right. That is also one positive aspect because it's not like once off and then it's done, you get three opportunities and as well. Now see CPCA [comprehensive patient care assessment]. We've got an additional CPCA [comprehensive patient care assessment] for the supplementary CPCA [comprehensive patient care assessment]. Those are the positive aspects that I think that are coming with the program for me.

Researcher: Thank you.

Participant 4: Also sister the CF [clinical facilitator] is very knowledgeable. So like for example, I like the, the standard that, for example my personal CF [clinical facilitator] puts on me like she's an ICU[intensive care unit] CF[clinical facilitator], but we are diploma, but she's putting us on the level of ICU [intensive care]. So I've noticed that even in my last CPCA I got I got like four distinctions something like that because of the pressure that's put on me. So that helps that that, that is, I appreciate that because it helps to boost the quality or personal quality of nursing as well.

Participant 7: Sister and what I enjoy is that, you can, you can go into the clinical uh, in the clinical field without failing at this stage because you have that support so you can you can see your patient, you have the support. She's there and you, you learn to get the confidence while you're half protected under, under facilitator. So it helps to gain that confidence, to ensure that you can apply what you've studied and what you've learned in a, safe place, safe practice. So it's, it's a safe environment we, we got we can actually practice to become the nurses we want to be and so you know that, that I enjoy that like you can't really fail because you're underneath their protection clinical facilitator and it imbeds confidence and they give you good feedback and they give you pointers and as to what to look out for when they say you should be careful for that be careful what you patients, ensure that you don't approach a patient like that. So there's good points that give you during clinical accompaniment, that's what I take from that.

Researcher: Thank you so much. Anyone else? Positive experience? During the discussion I've noted a number of things that maybe I would also like us to explore. We spoke about the status of students being supernumerary. Can elaborate also on that maybe?

Participant 10: To elaborate on that sister, I think look if you have certain objectives that we need to achieve in a specific period of time, we work in semesters our times are very limited, the program is very packed if we were to be workforce, it was going to be practically impossible to actually achieve the outcomes. So not being workforce, it allows us an opportunity to come into the unit do the objectives that are required on me in order to progress with the course. So in in that aspect, that is why I'm saying that being, being not part of the workforce, it's, it's a great advantage because it allow it gives the student an

opportunity to actually focus on the objectives that are set for that specific time period to achieve. So that is why at the end of semester all the procedures are in, but I think rather if for instance if you were a workforce I think it would be practically impossible to actually achieve those certain things knowing that I'm shift member in a unit.

Participant 4: The theory that we get is, okay, we have more to do with theory, but we do get time for practicals. So when we are in there, I've noticed that the level of nursing, of knowledge, it's much and sometimes much more than the other nurses because at the time I was doing I was just coming out of CPCA and so there I was giving over my patients to the night shift and then but I was giving terminology and I was pathophysiology and I was going physiology and was going everything and then they looked at me and they said but please, in the future, don't do it like that, because then the doctors is also going to expect us to do it like that. So in that sense it's actually it's better that we are getting more theory in and then when we go to practical we are because even like when we like converse like with other sisters about patients and things, I can I can sense, but our level it's, it's a little bit higher than some of the some of the sisters there, yeah but even like It's not like, I know in the past there was month you were at campus and three months you blocked and a month campus and three months you block. And now in most of the time we are at campus once a week maybe we in the hospital that it doesn't isn't actually affecting us because we have already memorized like the procedures and things and we picture and when we go there, we just, we just, we just apply. Yeah, I don't know that's just how I feel about it.

Researcher: Are we okay? Can we move?

Participant 2: I think another positivity is that, it's easy for like clinical facilitators to identify our weaknesses. They came to say, okay, this is what you need to work on, I can see you are lacking here and there and so forth. I think it also helps with this supernumerary

Researcher: Okay, we can move over to the next question. This one is about the negative experiences. Reflecting back on the clinical accompaniment you've received to date, what are the barriers uhm regarding clinical accompaniment that you've experienced?

Participant 1: Okay, Sister, I'm just going to add on, on what participant four said. He mentioned that the level that we are being trained and he made an example that he is a clinical facilitator of that as an ICU [intensive care unit]. So I feel like it can be a disadvantage because on from the beginning of our course we did encounter a situation by we were being trained by an ICU facilitator who teaches us on that level and we are still at the beginning, so it became difficult for us to understand as certain things because now for them, they are used to that high level and you find that most of us didn't even have any experience, we just came from zero healthcare background, we didn't have the knowledge. So for me I feel like it was also a barrier because at some point we felt like, well, it's hectic

because now everything was just difficult, that terminology was difficult. So it was one of the barriers that we encountered at the beginning.

Researcher: If I understand you well you are saying it's good that the facilitator is knowledgeable, but then the facilitator shouldn't be at that high level.

Participant 5: So one other barrier that we've encountered is, yes, we do have a skills lab, but not having full time access to the skills lab, for example, we'll have a portfolio of evidence, I, I see a portfolio of evidence as a clinical component, right. So I feel like I have the obligation, if I can say to do it at the hospital or to take my file and go sit down in a skills lab and sit and work on my POE [portfolio of evidence]**.** But there's limitations regarding that we, in some hospitals we have to work and on a CFL [clinical for learning] for example, and I'm not allowed to take my file and go sit in, otherwise when I'm sitting with my file then it looks like I'm not doing anything or I'm lazing around the hospital. Whereas if they I bring my files, it's a matter of you're not working, go to the ward and do something. But the CFL[clinical for learning] to me is a day that I need, if there's not a procedure that I need to sign off, let me take my file and go work on something that you're going to mark as my HBAS [hospital based academic staff] or CBAS [college based academic staff]. So that's just the only thing that I've struggled with.

Participant 4: Sister also at the bullying, like in the first year, there were some people that wasn't supportive to me, like, like for example, like I was new in this sister. Like I was a care worker before and now everything was. I was doing everything quickly on a certain job that I had to do, put ice in the ice machines and do pressure part care and emptying the drains and things like that. But now I'm in a learning for a registered nurse. And now like I will be standing, let's say for example because now we have to work according to the scope of practice. If you don't work according to the tool or the scope of practice, then maybe they can get disciplinary. So now I'm saying, but I'm not I cannot do this, it's not in my scope yet or whatever, and it was a problem, it's like I'm not doing, I'm just standing around not doing anything and I'm lazy. And I'm not a lazy person, I'm a hard worker. So I work. I work until I fall dead, then I'm finished to work. That's how I am. So yeah, I just feel like there was not support. Like in the first year. And I just felt that maybe some of the sisters, they must just have, maybe understand. A lot of them they understood, but there were some few of them and I don't blame them, everybody stuff maybe they did come with a problem from home or whatever. And the unit managers are doing their best and they can't do everything, and I mean it's also up to you personally from how you nurse and your, your personality as a nurse or whatever. So yeah, the support sometimes there wasn't support as well.

Participant 6: I wanted to add with regards to the learning opportunities. I feel like different hospitals have different learning opportunities, so procedures are not set, they are set fairly, but we all don't have a fair opportunity to sign them all. For example, TPN [Trans parenteral

nutrition], it's very hard to sign off that procedure, where other hospitals probably have more opportunities because of how big they are. And then with us who come into the hospital once a week, it's very, very difficult to basically tackle that objective for the day, because they don't have TPN [Trans parenteral nutrition] and CVP's[central venous pressure lines] daily if I can say, or they happen on the day that we are offering class or perhaps here at simulation. So that has been a very difficult, how can I say it's been difficult to tackle let me. Just say that, yeah.

Participant 7: Another negative thing that we've experienced is that theory and clinical sometimes is not integrated. What we notice that is that when we write our FTAS [formative theoretical assessments], they want textbook knowledge you understand, and when you get to hospital it is different because some procedures are not exactly done the way the textbooks is saying understand, so when you come back and write FTAS [formative theoretical assessments] according to what you've done in hospital and then they mark you wrong, you fail on that component because you're not parroting the textbook as they want. So is the integration between theory and clinical what we do in hospital and here.

Researcher: Anyone else? Any other experiences?

Participant 4: Yeah, like what they just said, Participant 6, she said about the, there's not always opportunity to do that. And then I think the procedures, yeah, then you have to do them in simulation and things and some of us, we want that, in fact, know, we want to get into the action and do them on the patient. Yeah, so that was a, that is a big thing also, yeah.

Participant 10: I think one, one last thing that I can add as to fact that from my own experience there's huge gap when it comes to communications between our institution and with the hospital academic staff. Were it leads to students going to clinical, practicing maybe a certain procedure in a way or doing something in a way that will be deemed wrong because campus said this. And certain stuff that I think campus would think the students are doing and but it's not even communicated, but the end of it, they want you to submit evidence of these things. So I think one thing that I would say that is a huge disadvantage clinically is that there's miscommunications between hospitals and campus, so that makes the clinical experience a bit limited, a bit limited. That is a huge disadvantage that we've seen and also what I would add on as well, I think, there's a bit of negative experience or bullying that I, I can actually say I've personally experienced in terms of I think, it's a new curriculum, a new everything. You come into clinical once a day and not everyone is familiar with the new curriculum. They expect to see you on the floor. And like as number 7 was explaining, let's say it's a CPL [clinical practice for learning] day. I'm there to do my pharm [pharmacology], and they think because we're here, here's a trolley go, dress wound and it's not my objective for the day because by 4:00 o'clock I need to submit this thing, so that creates a bit of conflict over that if I may be explaining correctly, it creates a lot of conflict

because the hospitals are not well, familiarized with the new program. So when you go there, it's like, yeah, we've seen you every day, but we don't know what we're doing here and I actually, I'm actually doing a lot, but it's just that it's a new program, the way we do things differently.

Participant 4: I can, I can, I can agree with Mr. 10 with Mr. 10. Yeah, like in our first year, like the lecturers at the campus said you know what you are learning for a RN [registered nurse], accompany with an RN [registered nurse]. But now there in the ward we accompany with an ENA [enrolled nursing assistants] with the EN [enrolled nurses] and they don't understand actually what must you do and the more you explain to them, they say no, it's like they don't understand. That is, that is negative because, like, that kept me back, like from doing the stuff, like Mr. 10 said about the objectives and the stuff.

Researcher: Okay when you mentioned the bullying, where is it coming from?

Participant 10: It, doesn't necessarily come from clinical facilitator, but it comes from, I could say not getting stuff from, from the staff in the ward. Yeah, because they are so used to having students as a workforce. They would say here comes the students that just pop in here and they and we don't know what they do actually and they're gone and yet I'm, I'm short two staff, two shift members in my unit and I want to use this person, but this person is just here for objectives. So and then how I see, I've seen that as well now with some of the things that I also wanted. And then when you come now to whoever can actually assist, they tend to be not so open, willing because it's like, you, you don't come to my unit, you don't come and serve but you just can't because you wanted a. certain thing and that is how the program is. I cannot decide if I'm not scheduled for a day to come and work in the ward, if I I will come if there's certain objectives that I want. So that's that basically.

Participant 4: And the thing is, the thing is that we don't know like we don't know everything. We are like beginners, like first years. So we don't know the protocol the what and the what. So it also causes confusion anxiety because what the campus says versus the objectives on how you do it when we get there in the ward they say no, this is your objective you must do so it pulls you like this like this, like this.

Researcher: Thank you for your input. Can we move to the next question?

Participant 10: Yes, we can.

Researcher: Okay. And then reflecting back on the clinical accompaniment you have received to date, what worked well regarding clinical accompaniment in your experience?

Participant 4: There are lot of. Sisters in the wards, sister. That is say you know what, if you need help, come ask me. If you want to know anything come ask me. And some of them they are also at the campus also, like when, when you work with the, with the, with the campus based academic staff. And let's say you go into the clinic, they will train, and they will mentor to you so. You know what because like for example, me, I'm a very polite guy. I

will always wait and I won't go my turn I wait for my turn whatever. But that is not possible. Like I have to say this sister you know what I need to use this, I need to get into that space or whatever. And yeah, so a lot of sisters that is willing to help you and guide you, and that is what also make it positive in the clinical accompaniment.

Participant 10: I think what, what worked well is well I think if we look at in terms of clinical accompaniment, hospitals used to have 30; 40; 50 students per intake at one moment in time and we had one or two facilitators, so in in my case it's actually even more advantage because, it's just one person there, but if we look at the new program, it's just 30 students per intake, which allows the facilitators, let's say hospital, gets about five students, it affords a student more opportunity, more interaction with the facilitator in terms of more time to practice this skill, polish your skills, identifying your student's weakness and then being able to actually assist the students until they reach those outcomes. So it works very, very well in terms of human resource that the academic staff members are able to assist the students as the students are not a huge number that works very, very well.

Researcher: Okay. What worked well?

Participant 5: I think one thing that works well, but then I started recently, is that HBAS [hospital based academic staff] started to plan according to our objectives 'cause previously she didn't plan. So now, because she plans on what we're supposed to do and we're supposed to go to which ward it's easier for us to reach our objects and put them before PSR [performance standard review]. So, yah planning.

Researcher: Planning. And one last question, what suggestions do you have to improve clinical accompaniment of students?

Participant 4: I think, sister, there must be more communication between the campus and I don't know how they're going to get it right, but the campus and the ward, the ward staff. The ward staff must understand, you know what, his they are here for this objective. This is how it's working, and they mustn't do their own staff. Yeah, so yeah, if to, to eliminate the confusion, there must be better communications from the campus to the ward, to the foot soldiers there, in the ward I don't know how it's going to happen, but yeah.

Researcher: Communication. Okay.

Participant 7: I feel sister that they might be, objectives that are coming from "Noah's Ark years, whereby technology and new devices that actually improved the techniques that we are still, still doing as objectives that we don't find in hospital facilities we might find in Primary Health care clinics, but in the hospital facility itself sometimes it's lacking, 'cause there's new equipment, there's new ways of, of treating a patient. Then we sit with this objective since we skip, skip, skip because we don't, it's not necessary, It's not there anymore part of the part of the process of doing specific procedure. So I just think that, that can be reversed regarding selecting the objectives for the students that is going with the

times that moving with new work, it's moving with a new patient approaches I mean now we have care-on that was a total different change from, from documentation and reporting and doing your cardexes. So I think really that when the objectives from the campus selected they must sit with the facility and maybe the HBAS [hospital based academic staff, and say okay this is a baby bath, is this applicable to what we're going to do? So I just think the objectives that they select for the subject, either from prescribing medicine or providing medication. I just think they must sit with the facility, the facility and the campus, which sits together and really get us procedures and objectives. Like the CVP [central venous pressure].The CVP is an advance skill we need to know now, we need to, now there is an objective that we need to assist with removal of the CVP, yes I don't disagree, but we don't. Necessarily see the insertion and the removal of CVP when we are at the clinic. So now, now we're running around because we don't get the opportunity to witness or to assist we don't see the CVP insertion because that's ICU usually are patients in ICU. And we still ward students we are not ICU students. So the objectives regarding or procedures, I really think the facilities and the campuses should really talk to each other. Because there's lots of time wasting for me on procedures that is not in ward for us at this stage of our studies.

Participant 10: I think I can add on what Participant 7 was saying right now**.** I think also just to emphasize on what she, she explained, **i**t's the mere fact that if you look at the procedures that we are currently doing now, I think one thing that I can advocate for it's the mere fact that when we when, when, when the program is designed in terms of clinical procedures that students must do clinically. It must be specific. It it, it must not be too much because I, I saw it in the previous semester, students were failing to make certain procedures because it's either the procedure is not unavailable or the procedures outdated. It's like this, the, the peak flow measurement, It, it is something that is I don't even think Primary Health care facilities, they actually do it anymore, but Occupational health and safety, those are the people that actually do those things, because they work with people in the mine. So I, I think they need to look at procedures and how they actually break them down and give them to the students, I think that is one thing then that can actually assist very, very well improve clinical accompaniment and also we are being trained not to be special in special specialty units, but if you look at certain procedures that we are supposed to do.

Participant 5: ICU

Participant 10: It was clearly communicated o the facilitator that students must not even lend a leg, put a leg in ICU, but where are you going to do change TPN [Tran parenteral nutrition] and put TPN [Tran parenteral nutrition]? Where are you going to do CVP? And do all of those stuff. That it's it's, it's, it's, it's not really it's not very much. It's not really integrated very well, I think. A great deal of improvement is required in terms of giving things that are

practical in terms of the students in the ward and everything because like obviously certain procedures we need to go to ICU [intensive care unit], but we are not supposed to go to ICU [intensive care unit] , but yeah it's not feasible.

Researcher: Any other suggestions?

Participant 9: I think also just going back to what number seven said, I think just also keeping CPL [clinical practice for learning] for portfolio of evidence based and not wasting time in the units, no, I think. That will also help us finish them on time because we have 27 CPL's [clinical practice for learning] in between working 7 to 4 in the units. But we're not even focusing on our portfolios. I think it would be so great if we can just really focus on our portfolios than just run around the hospital if I can say.

Participant 8: That's actually because now every morning and understand, understand it's part of the curriculum now every morning before we start CPL, we have to go to the units for handover, which doesn't make sense we are not working there anyway**.** So what are we handing over anyway? Because we're going to hand over and leave. We are not allocated**.** When the clinical facilitator is available and then she just takes you out of the unit and it upsets them.

Researcher: Okay. Have we exhausted everything? Thank you very much.