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**The experiences of trained nurse preceptors regarding their clinical
teaching practice in the Western Cape.**

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A mini- thesis submitted in partial fulfilment of the requirements for the Degree
of Magister Curationiis in the School of Nursing, Faculty of Community and
Health Sciences, University of the Western Cape

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Declaration

I declare that *The experiences of trained nurse preceptors regarding their clinical teaching practice in the Western Cape* is my own work, that it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged.

Thobeka Siganga

15/11/2013



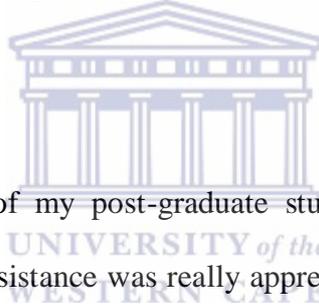
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Signed.....

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Dedications

✚ To my two lovely daughters Fakazile and Inomusa Siganga

✚ To all the motherless daughters whom I came in contact with in South Africa

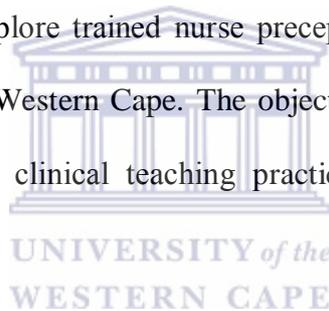
✚ To my young siblings and nieces from both families.



ABSTRACT

Preceptorship is a popular model for clinical teaching of nursing students. It involves students working under the supervision of professional nurses (nurse preceptors) in clinical facilities. The nurse preceptors underwent a preceptorship training programme offered by the University of the Western Cape, School of Nursing, which prepared them for this teaching role. A quantitative study was done following this preceptorship training programme but no qualitative study since. It is vital to explore the experiences of these trained nurse preceptors regarding clinical teaching practice post the training programme.

The aim of the study was to explore trained nurse preceptors' experiences regarding their clinical teaching practice in the Western Cape. The objective was to describe trained nurse preceptors' experiences of their clinical teaching practice in the service settings in the Western Cape.



An exploratory, descriptive, contextual design was used to describe the experiences of trained nurse preceptors in the Western Cape. A purposive sample was selected from three levels of healthcare service settings. Semi-structured interviews were conducted by the researcher with nine individual nurse preceptors who voluntarily agreed to participate in the study. Data analysis was done following Collaizi's' steps which led to coding of categories and themes.

The findings indicated that preceptorship training programme had changed the nurse preceptors' perceptions. These nurse preceptors were prepared by the programme and ready for the preceptor role. Their teaching skills were strengthened and improved. They accepted the training programme as adequate preparation to facilitate clinical teaching and learning of students and found it to be effective for their self-development. These findings will inform

the managers about clinical teaching practice, assist the offering institution with the evaluation of the preceptorship training programme and add to an existing literature about the experiences of nurse preceptors.

This research recommends that the education institutions, in collaboration with the clinical facilities initiate a qualitative study to explore the experiences of students preceptored by trained nurse preceptors. Such a study will further explore the effectiveness of the preceptorship training programme from the perspective of the students. With the positive feedback from the participants, it is essential that the training of preceptors remains one of the continuing education programme offered by the University of the Western Cape.

Permission to conduct this research was obtained from the University of Western Cape, Senate Higher Degrees Committee, and Western Cape of Provincial Department Research Team in Western Cape as well as from the Chief Executive Officers of the three levels of healthcare service settings.



Key Words

Preceptorship

Trained nurse preceptors

Clinical teaching practice

Clinical facilities

Experiences



Levels of healthcare services

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TABLE OF CONTENTS

Declaration.....	i
Acknowledgements.....	ii
Dedications.....	iii
ABSTRACT.....	iv
Key Words.....	vi
CHAPTER ONE.....	1
ORIENTATION TO THE STUDY.....	1
1.1 Introduction.....	1
1.2 Background and Rationale.....	1
1.3 Problem Statement.....	3
1.4 Research question.....	3
1.5 Aim.....	3
1.6 Objectives.....	4
1.7 Operational Definitions.....	4
1.8 Overview of Research methodology.....	6
1.9 Summary.....	8
CHAPTER TWO.....	10
LITERATURE REVIEW.....	10
2.1 Introduction.....	10
2.2 Overview of literature.....	11
2.3 Overview of clinical teaching and learning.....	11
2.3.1 Clinical teaching practice.....	11

2.3.2 Clinical learning process.....	13
2.4 Preceptorship	15
2.5 Differences between preceptorship and mentorship.....	15
2.6 Preceptors and Preceptorship training programme.....	16
2.7 Theories impact clinical teaching and learning	18
2.7.1 Social learning theory.....	18
2.7.2 Experiential learning theory.....	18
2.8 Significance of the preceptor role preparation	19
2.9 Summary	20
CHAPTER 3	21
RESEARCH METHODOLOGY AND DESIGN.....	21
3.1 Introduction	21
3.2 The purpose of the research	21
3.3 Research design	21
3.3.1 Exploratory design	22
3.3.2 Descriptive design.....	22
3.3.3 Contextual design.....	23
3.4 The methodology.....	24
3.5 The enquiry process in qualitative methodology.....	26
3.6 Population and sampling	27
3.6.1 Inclusion and Exclusion Criteria	29
3.7 Data collection.....	29
3.7.1 Data collection process.....	29
3.7.2 The data collection method.....	30
3.8 Data analysis.....	31

3.9 Ethical consideration.....	32
3.10 Rigor in qualitative research.....	333
3.11 Summary	355
CHAPTER FOUR.....	35
FINDINGS OF THE STUDY	36
4.1 Introduction	36
4.2 Demographic data.....	36
4.3 Data analysis using Colliazi's strategy	38
4.4 Presentation and summary of findings.....	41
4.5 Perceptions about clinical teaching practice	41
4.5.1 Approach to facilitation	42
4.5.2 Judging students.....	44
4.5.3 Students as workforce.....	45
4.6 Application of clinical teaching skills	46
4.6.1 Aligning learning needs to opportunities.....	46
4.6.2 Clarifying preceptorship role	47
4.6.3 Using novel approaches.....	49
4.7 Personal and Professional development.....	56
4.7.1 Personal development.....	56
4.7.2 Closing the gap on education.....	57
4.7.3 Equipped for the role	59
4.8 Challenges	60
4.8.1 Contact with students	60
4.8.2 Management issues.....	61
4.8.3 Feedback relating the programme	62

4.9 Summary	64
CHAPTER 5	65
5.1 Introduction	65
5.2 Discussion of demographic data	65
5.3 Perceptions about clinical teaching practice	66
5.3.1 Approach to facilitation	67
5.3.2 Judging students	68
5.3.3 Using students as workforce	69
5.4 Application of clinical teaching skills	70
5.4.1 Aligning learning needs to opportunities	70
5.4.2 Clarifying preceptorship role	71
5.4.3 Using novel approaches	72
5.5 Personal and Professional development	73
5.5.1 Equipped for the role	74
5.6 Challenges	75
5.6.1 Contact with students	75
5.6.2 Management issues	76
5.7 Limitation to the study	77
5.8 Summary	77
5.9 Recommendations	79
5.10 Conclusion	80
Reference	81



APPENDICES

A	The interview schedule.....	89
B	Consent form.....	91
C	Participant information sheet.....	93
D	Permission for ethical approval.....	97
E	A request to gain access on database of trained nurse preceptors.....	99
F	Ethical clearanc letter.....	101
G	Approval by Provincial Health Research Commette.....	102
H	The transcript.....	103

TABLES

4.2	Demographic data.....	36
4.4	Themes and Categories.....	40



CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 Introduction

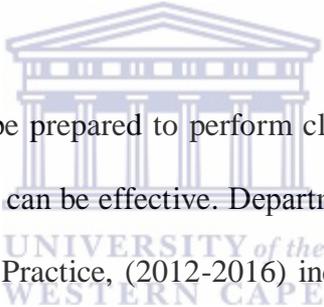
This chapter will place this research in a frame of reference in a broad framework of preceptorship by offering a brief description of the subject of the study, the background to the study, the context, research problem, research question, aims and objectives and a rationale of the study. The methodology which addresses the research question will also be presented. The concept of preceptorship pertaining to clinical teaching will be explored in this research by reviewing of relevant literature (De Vos, Strydom, Fourie & Delport, 2011).

1.2 Background and Rationale

The government of South Africa, through the Nursing Act No 50 of 2005 as amended, delegated the responsibility for promotion and maintenance of standards in nursing education to the regulatory body, the South African Nursing Council (SANC, 2005).

Nursing education programmes are offered at Higher Education Institutions (HEIs) that are accredited by the SANC which includes the clinical component of the programme that exposes students to learning in the clinical facilities. The students need to master both components in order to be considered as competent in nursing. At the HEIs, professional nurses facilitate clinical teaching and learning through the use of simulation in the skills laboratory. These professional nurses are categorized as clinical supervisors at the University of the Western Cape. This category also supervises student nurses in the real service setting; however, the time spent with the students in the setting is limited to an hour per student in two weeks. This means that most of the clinical learning experiences of the students happen under the supervision of the professional nurses in the settings (Mabuda, 2010) which causes

clinical teaching to be a crucial process in assisting nursing students to apply theory learnt in the classroom into practices in the clinical placement settings. This curriculum of nurse training entails 50% theory and 50 % practice (Nursing Education and Training Standards, SANC, 2005) and the required hours of practical experience is a minimum of 4000 hours. Clinical learning, which is part of the educational process, takes place in any practice setting in the community or hospital facilities. This is aimed at the development of a student's competence and expertise in order to manage the burden of disease and health care needs of the country as a South African health professional. The learning of clinical skills competencies by students is developed through appropriate clinical training whereby the professional nurses guide and supervise the students rather than rely on clinical exposure only.



The professional nurses need to be prepared to perform clinical teaching facilitation so that learning acquisition of the student can be effective. Department of Health's Strategic Plan for Nursing Education, Training and Practice, (2012-2016) indicated that the clinical education and training of nurses be strengthened by re-establishing clinical teaching departments / units at all nursing education institutions or facilities. These clinical teaching departments should ideally be staffed by trained preceptors and clinical supervisors. Trained preceptors are professional nurses with discipline specific clinical expertise who facilitate teaching, communication and sharing of the practical realities of being a working nurse (Billings & Halstead, 2012).

The training was initiated though a collaborative project between the higher education institution and the nursing directorate in the Western Cape. The project was intended to strengthen the clinical teaching skills of professional nurses who deal with student nurses in the service settings. A continuing education programme, *Preceptorship training for nurses*

was developed by the School of Nursing, University of the Western Cape and piloted in 2010 (Ganga-Limando, 2009). The outcomes of the CE course included, amongst others: managing preceptor-student encounters, designing tailor-made learning programme and motivating students with innovative clinical teaching strategies.

1.3 Problem Statement

After completing the preceptorship training programme it is unclear if the preceptors are able to apply the behaviour (skill) they acquired during the preceptorship training programme. The focus of this study was to explore the experiences of the professional nurses with regard to their clinical teaching practice following the successful completion of a preceptorship training programme offered by the University of the Western Cape. The findings of the study will describe the experiences of the preceptors' clinical teaching practice in different clinical units in a variety of health service facilities. It will also inform the offering institution about gaps in the training programme and inform the service facilities about the experiences of the preceptors in the service setting. It is anticipated that the research will inform stakeholders about the clinical teaching and learning of nursing students facilitated by the trained nurse preceptors in the public health settings during their clinical placement periods.

1.4 Research question

What are the experiences of trained nurse preceptors regarding their clinical teaching practice in the Western Cape?

1.5 Aim

The aim of the study was to explore and describe trained nurse preceptors' experiences regarding their clinical teaching practice in the Western Cape.

1.6 Objectives

To describe trained nurse preceptors' experiences of their clinical teaching practice in the service settings in the Western Cape.

1.7 Key Concepts

Preceptorship

Tshabalala, (2011) viewed preceptorship as a formal process in which an experienced professional nurse teaches, supervises and acts as a role model for a student or graduate nurses for a specific period of time. Smedley (2008) further describes preceptorship as a short term relationship between the student and the more experienced nurse.

Trained nurse preceptors

Trained nurse preceptors refer to the professional nurses who are expected to facilitate teaching and learning of student during his or her clinical placement. The nurse preceptor needs to be a role model, facilitator and coach of the students within time frame of clinical placement to make student' clinical learning effective. In this study, these nurses have undergone and successfully completed the preceptor training programme offered by the University of Western Cape to improve their clinical teaching practice.

Clinical teaching practice

Billings & Halstead (2009) highlights clinical teaching as a practice which involves the careful design of an environment in which students have opportunities to foster mutual respect and support for each other while they are achieving identified learning outcomes. In the context of this study, the University of Western Cape, School of Nursing offered the preceptorship training programme to prepare and strengthen the professional nurses' clinical teaching skills as this role is mostly played by them.

Oermann and Gaberson (2010) further describe the clinical teaching practice as an activity of guiding, stimulating and facilitating learning by designing appropriate activities in appropriate settings, allowing students to experience that learning. This role is performed mostly by nurse preceptors in clinical facilities.

Clinical facilities

Clinical facilities refer to real clinical health settings where patient care is provided. The clinical facilities include all levels of healthcare services (specialized hospitals, secondary and primary healthcare centres). These clinical facilities can be referred to as the clinical learning environments where students synthesize the knowledge gained in the classroom and make appropriate applications within the practical situations (Billings & Halstead 2009). Midley (2006) as cited in Caka & Mokgele (2013) viewed clinical learning as a source of exposure to the real world of nursing. Contextually, these clinical facilities need to be accredited by the regulatory body for nurses, i.e. the South African Nursing Council, prior to the placement of the baccalaureate students in the facilities.

Experiences

McGraw (2002) defines the word experiences as the set of skills acquired through the repeated performance of a particular activity which implies competence in performing the task of interest. In the context of this study, the nurse preceptors were exposed to a variety of clinical teaching skills and allowed to practice these skills in simulated as well as real service settings, in order to make them competent clinical teachers.

Student

A student is a learner enrolled for a four year nursing programme leading to a professional nurse according to SANC Regulation R425 as amended (1985). The student undergoes

training (general, psychiatry, community and midwifery), theoretically under the supervision of a lecturer from a higher education institution and practically under the supervision of a clinical supervisor and nurse preceptors.

1.8 Overview of Research methodology

An exploratory, descriptive, contextual design was used to explore the experiences of the preceptors in the Western Cape after they had successfully completed a continuing education programme aimed at strengthening their clinical teaching skills. A qualitative approach was employed to describe the phenomena under investigation.

Qualitative research focuses on the goal of seeking an understanding of the phenomena under investigation (Brink, Van der Walt & Van Rensburg, 2012). Brink et al., (2012) further describes qualitative research as being able to give the researcher an opportunity to engage with individuals or groups to explore their experiences. In this study, participants were asked to describe their experiences of the effect of the preceptor training programme on their clinical teaching practice. According to Brink, Van der Walt and Van Rensburg (2006), the qualitative approach is used to explore, describe and understand human experiences. The human experiences are subjective to the person experiencing them and according to Streubert-Speziale and Carpenter (2003); individuals understand and live experiences differently. In this study, participants were asked to describe their experiences regarding the effect of their preceptor training programme on their clinical teaching practice.

Robson (2002) defines exploratory design as a design which seeks to find out what is happening, especially in a little understood situation. He suggests that it asks questions, generates ideas and new insights for future research. Although preceptorship is not a new phenomenon in nursing, as it can be traced as far back as Florence Nightingale who is “the founder of contemporary nursing practice, placed clinical education at the center of nurses’

professional development” (Sedgwick & Harris, 2012, p1). Further, Nightingale asserted that the nurses (students) training should be under direct supervision of practicing nurses who can guide neophytes in the care of patients. Hence, the professional nurses are expected to facilitate the student nurses’ clinical learning and guide them in the care of patients in the clinical practice setting (Myrick, Yonge, Ferguson & Hussami, 2003). The preceptorship training programme has been introduced in the Western Cape recently and only one quantitative research study which has been done about the training since the introduction of the training programme (Cloete, 2013). The researcher aimed at exploring the experiences of the trained nurse preceptors about their clinical teaching practice.

According to Robson (2002), a descriptive design seeks to give an accurate profile of people, events or situation. Babbie (2002) contends that these events or experiences are described after observations. The researcher in this study describes the experiences of the preceptors related to their teaching practice in clinical settings. The researcher aims to give an account of the process. The descriptive approach enables the researcher to attempt to answer the “what is” question (Babbie, 2007) which means that the researcher will be able to respond to the question: *what is* the experience of trained nurse preceptors regarding their clinical teaching practice after completion of their preceptorship training programme.

According to Terre Blanche, Durrheim and Painter (2006), in research we need to know and understand the context in which the researcher writes. Corbin and Strauss (2008), define context as the particular set of conditions within which the action is taking place. According to Terre Blanche, et al. (2006), the contextual approach aims to describe the phenomenon through the meaning of the experiences in relation to the contexts in which they occur. The contextual environment for this study was the discipline - specific Department of Health clinical settings (three levels of care) in the Western Cape Province.

Purposive sampling was the sampling of choice for this study. It is characterized as “selecting individuals who will have knowledge about the topic of interest or the phenomenon in question” (Brink et al., 2006). It means that the researcher will consciously look for those who had experience regarding the phenomenon that needs to be researched, which means in this case the professional nurses who attended the preceptor training programme offered by University of the Western Cape (UWC) and are currently employed in the role of preceptor at their facilities. For the inclusion criterion, the preceptors should have two years and more experience as professional nurses, had completed the preceptor training programme offered by UWC and had been in a preceptor role for a minimum of six months in a clinical facility in the Western Cape Province.

Ten participants were interviewed from various specialized areas in various clinical settings, However, the topic saturated at eight, meaning when there were “no new emerging themes or essences” (Streubert-Speziale & Carpenter, 2007). Data were obtained through one on one semi structured in-depth interviews and thematically analysed following of Collaizi’s steps of 1978 as set out in Streubert-Speziale and Carpenter (2007). Researcher reflexivity, transferability, credibility, conformability were ensured throughout data collection. Permission was obtained from the University of Western Cape, Senate Higher Degrees Committee, and Western Cape of Provincial Department Research Team in Western Cape as well as from the Chief Executive Officers of the three levels of healthcare service settings.

1.9 Summary

Clinical experiences amongst students are vital because they are some of the most critical ways in which a student can learn at clinical facilities. Clinical learning develops a student’s clinical judgment of students, enabling him or her to render quality of care and therefore the safety of patients is ensured.

This chapter has given a brief description of the subject of the study, the background of the study, the context, research problem, research question, aims and objectives and a rationale of the study as well as the methodology which addresses the research question. The concept of preceptorship pertaining to clinical teaching has been explored in this study by a review of the relevant literature.

The next chapter will focus on the literature review concerning the topic under investigation. Concepts pertaining to the topic and studies done nationally and internationally will be discussed, showing how they fit in the study.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

According to Burns and Grove (2011), literature review is an organized written presentation of what has been published on the topic by scholars. The purpose of the review is to convey to the reader what is currently known regarding the topic of interest. In the study, the researcher employed the basic forms of literature review for a qualitative study as outlined by Flick (2009) as cited in Burns and Grove (2011)

Theoretical literature review: The researcher has viewed theoretical literature about preceptorship, showing insights and information from the existing literature as context knowledge. Rubin and Babbie (2001) also support that the field of study needs to be located and placed in context of a general body of scientific knowledge in the research report.

Empirical literature review: The research reviewed earlier studies in the field of preceptorship in nursing and similar professions within the health discipline. Furthermore, the researcher mapped out the main issues in the topic under study and articulated where this research fits in with the aim of building new knowledge about preceptorship in nursing.

Methodological literature review: This form of literature review has guided the researcher on conduction of the research and the use of methods. The researcher will discuss this form of literature review in chapter three of this report.

Combined theoretical and empirical literature review were reviewed and utilized as a form of contextualizing, comparing and generalizing the findings. A detailed application and discussion of these forms will be discussed in chapter five of this report.

2.2 Overview of literature

The literature will be presented as follows. An overview of clinical teaching and learning will be presented including the relevant educational models. Then the concepts of nurse preceptor, preceptorship training programme and clinical teaching practice will be reviewed. Finally, the need for an evaluation of the change of behaviour related to clinical teaching practice as a result of the training programme will be presented.

Preceptor: According to Jooste (2009), a preceptor is defined as a teacher or instructor who plays a combination of roles as supervisor and assessor in order to develop clinical skills in another individual. “Preceptors facilitate the development of knowledge, clinical skills and professional attributes in nursing through guidance, supervision, role modelling, and self-development of the student.” (Smedley, 2008, 185).

The role of the nurse preceptor is increasingly important as baccalaureate nurses learn more theory and spend less time in hands-on training in the real service settings. Yonge, Billay, Myrick & Luhanga (2007) asserts that the role of the preceptor is overwhelming, time consuming and demanding which results in preceptors failing to fulfil their role, thus compromising the learning opportunities of the students. Furthermore, Ryan-Nicholls (2004) suggests that an on-going support for preceptors in their role is necessary as they are an important source of embedded knowledge. Hallin and Danielson (2008) also suggest that professional nurses after undergoing a preceptorship programme become more aware of the demands placed on a preceptor.

2.3 Overview of clinical teaching and learning

2.3.1 Clinical teaching practice

Clinical teaching is the means by which students learn to apply the theory of nursing, facilitating integration of theoretical knowledge and practical skills in the clinical settings

(facilities), which becomes the art and science of nursing (Mabuda, Potgieter & Alberts, 2008). Clinical teaching automatically places all the learning done by the students into context which makes the information easier to recall when similar experiences are encountered. It prepares students with all sorts of work they will have to face as professionals. Oermann and Gaberson, (2010) summarize clinical teaching practice as an activity of guiding, stimulating and facilitating learning by designing appropriate activities in appropriate settings, allowing students to experience that learning.

In the field of nursing, professional nurses (preceptors) are accountable for teaching the students in the clinical facilities. The nurse preceptors have become the anchor of clinical teaching and learning at the clinical facilities. Wadlock (2010) also confirms that clinical teaching has become a large part of professional nurses' roles. According to SANC regulations (2005), professional nurses need to demonstrate accountability in clinical practice and provide quality patient care. Amongst the functions related to the provision of quality care, the professional nurse is also responsible for education and training of learners (students) in the health care system (Jooste, 2010). This means being accountable for clinical teaching and learning facilitation, supervision, guidance, spot teaching and assisting with formative assessments, students' feedback and reflective practice. Although the clinical teaching and learning practice is known as one of best practice in nursing, there is some evidence, for example, Mabuda et al., (2008) reported that there are still some obstacles hindering its flow. Some of professional nurses were not teaching the students on account of not possessing educational qualification. A response of University of the Western Cape, School of Nursing to this problem was to prepare the professional nurses for delivering the teaching practice. Wadlock (2010) strongly maintains that the professional nurses in clinical setting (facilities) have a major influence on students' performance.

2.3.2 Clinical learning process

Clinical learning in nursing programme begins in the classroom where the lecturer facilitates the content of the theoretically based knowledge component then to the skills laboratory where the student nurse is familiarized with rule-based clinical skills using simulation for her clinical skills development under the guidance and facilitation of the clinical supervisor. The learning is based on scientific principles and the nursing process, guided by the regulations of the relevant regulatory body, for instance, (SANC, 2005). The skills laboratory provides the opportunity to practice in a safe environment without harming patients. The skills laboratory is a preparation phase prior to practice in the real life clinical facilities. In the clinical facilities, students can apply rule-based principles learnt in the skills laboratory, together with contextual rules under the guidance and supervision of the professional nurses. These clinical facilities include hospital wards and departments, community health centres, schools, nurseries, day centres and residential homes. The ultimate goal of clinical learning of students is to ensure that transference of learning does take place. Transference is the ability of the learner to incorporate the lessons learned from classroom to simulation and apply them to real world situations. Smuts (2012) further explains that transference of learning is known to have taken place when the student is able to generalize new knowledge and to apply the learned behaviour or taught skill in everyday life and to maintain this knowledge, behaviour and skill over a period of time.

Anderson, Krathwohl and Bloom (2001) describe learning as involving the following domains: knowledge, affective and attitude. He describes knowledge as involving cognitive reasoning, understanding and knowledge of the concept in nursing. The affective domain involves emotions, feelings values, morals and ethics whereas the psychomotor domain involves mainly the practical aspects of nursing. The Dryfus model further explains levels of proficiency in the acquisition and development of clinical skills competence in the following

manner; a student begins as a novice at the skills laboratory being exposed to the demonstration of the skill and partakes in practicing the skill on manikins or in simulation. Transference of learning is expected to take place as the student will incorporate the lessons learned from simulation and debriefing and apply them to real world situations. Getting to the clinical facility, the student progresses to advanced beginners level and is exposed to experiences with real life encounters (Benner, Tanner & Chelsa, 2009). The nurse preceptor plays a crucial role at this stage. He or she needs to facilitate the development of critical thinking and clinical reasoning so that the student is able to have clinical judgment in different real life situations. This makes clinical teaching practice crucial. Oermann and Gaberson (2007), also state that clinical judgment develops over a period of time.

The nurse preceptor's role is to ensure that all these skills are all acquired in clinical facilities. Oermann and Gaberson (2007) maintain that students are exposed to the realities of professional practice that cannot be conveyed by textbook or simulation. Furthermore, Rosenkoetter and Rosenkoetter (2005) highlight the importance of learning as only being able to take place when all senses are involved. Students will make mistakes and go astray but having their clinical teachers (preceptors) to guide them along will result in development of new knowledge and new skills.

The bridging of the gap between theory and practice is a shared responsibility between the professional nurses employed by the institution as clinical supervisors or mentors and nurse preceptors. The nurse preceptors at the clinical facilities need to identify the learning objectives designed by the training institution which are at the level of study of students in order to ensure that clinical learning takes place. This concludes that the nurse preceptors

have a significant impact on the preparation of nursing students for real world practice relating to the post-graduation period (Raines, 2012).

2.4 Preceptorship

According to Happel (2009), preceptorship is the complex relationships between individuals and organizations aimed at maximizing the value and effectiveness of the preceptorship experience for all stake holders, i.e. professional nurses-student nurses, higher education institutions-health care organizations. Nursing education moved from the old approach that, the university teaches the student and the health services provide an opportunity for the student to practice skills on real people. The preceptor model clearly portrays the importance of partnership and collaboration of stakeholders in the clinical teaching and learning endeavour. Croxon and Maginnis (2008) further describe preceptorship as a popular model of teaching of nursing students which involves students working under the supervision of professional nurses who are of the nursing division (in an accredited clinical facility).

Yonge et al., (2007) also explain that pairing of a student with an experienced nurse through preceptorship is an approach to teaching and learning that promotes critical thinking, cultivates practical wisdom and facilitates competence. Burns, Beauchesne, Krause and Sawin (2012), approve preceptorship as being a highly useful strategy for clinical education. It allows education to be individualized, links classroom knowledge to real management problems, and provides for role modelling as the student develops standards and strategies for practice on day to day basis.

2.5 Differences between preceptorship and mentorship: There is an interchangeable use of the terms preceptorship and mentorship in nursing depending on the context. The reality is that we cannot be sure that we are talking about the same thing if we do not have a common agreement as to the precise description, roles and functions of each concept. Billings and

Halstead (2012) define preceptorship as a teaching model in which the student is assigned to a professional nurse who serves as a preceptor. Its focus is on the transfer of practical clinical skills, whereas mentorship focuses mainly on the supporting, inspiring and nurturing of novices in the nursing profession (Yonge et al., 2007). The prominent difference is the health care professional in the role of preceptor whose main focus is on educating a student or newly qualified nurse to practice their skills. In the role of mentor, the focus is to support the health care professional in climbing the career ladder (Jooste, 2010). The mentorship is voluntary without a time limit whereas preceptorship is a specific task role within a specific time.

2.6 Preceptors and Preceptorship training programmes

Preceptor training programmes are recognized as important elements of nursing students' education and it provides professional nurses with different teaching approaches which are commonly supported both nationally and internationally (Hyrkas & Shoemaker, 2007; Hossein, Fatemeh, Katri & Tahareh 2010). Various studies have been done relating to preceptorship training programme and mostly found it effective.

An exploratory study conducted by Hefferman. Hefferman, Brosnan and Brown (2008) aimed at evaluating a preceptorship training programme in South West Ireland, found that preceptors understood their preceptorship role after the programme.

An interpretive phenomenological study was done by Smedley (2008) at Avondale College in Australia with the purpose of exploring the lived experiences of learning to be a preceptor. The findings suggested that the participants gained knowledge, skills, confidence and positive attitudes towards precepting students. The programme empowered the professional nurses in this role and enhanced adult teaching and learning abilities. The research also demonstrated that attitudes toward students can be an extremely influential mechanism for teaching and learning, one that has the potential to influence employment (even) after graduation.

A descriptive study was also done by Hyrkas and Shoemaker (2007) in Maine, United States to explore the relationship between the preceptors' perceptions of benefits, rewards, support and commitment to the preceptor role. The findings suggested that workshops seem to increase preceptors' confidence and critical awareness of their role.

Furthermore, a descriptive study done by Hallin and Danielson (2008) in Sweden also showed that the professional nurses were aware of demands on a preceptor and were confident in their ability to precept students and felt secure in the preceptor role. This literature provides hope and suggests that the preceptorship model is effective.

A non-experimental, exploratory, descriptive study done by Dube (2009) in Botswana on describing the views of preceptors and preceptee regarding the role of the preceptor on the planning of learning activities during clinical accompaniment of student nurses found that the preceptors role demand examining how learning activities should be planned so that the preceptees achieve their learning objectives and those of the unit concerned. He further recommends that workshops need to be conducted to equip the preceptors to plan preceptees learning objectives more effectively.

In the South African context, Cloete (2013) conducted a descriptive correlational study which explores nurse preceptors' perceptions of benefits, support and commitment to the preceptor role in the Western Cape suggested the nurse preceptors were committed to their role after the successful completion of preceptorship training programme.

2.7 Theories that impact clinical teaching and learning

2.7.1 Social learning theory

Professional nurses do their tasks according to their job description. The clinical placement gives the students time to observe and learn the behaviours which the nurse preceptors do. Mattie and Curran (2005) suggest that student nurses need opportunities to examine and develop their own method of problem solving and reasoning so as to make clinical judgments. Bandura's social learning theory as an active, purposeful task that stimulates deep learning and development of "professional" know how (Bandura, 1977). The process in the social learning theory prominently states that learning takes place through observations and modelling behaviours. Observation is a core approach to clinical teaching in the health care professions. The student nurses can observe and model the procedures, principles and generalizations by professional nurses. The students can also learn from professional nurses through small lectures or spot teaching, for instance. They can also learn from the policy on certain procedures. Burns et al., (2012) also agree that modelling allows students to observe more subtle aspects of nurse patient interaction. This may result in a high level of accurate clinical judgment being reached as it is an essential part of clinical nursing practice. Therefore, the safety of the patient will be promoted.

2.7.2 Experiential learning theory

The South African Nursing Council also reinforces the experiential learning of students during their nursing training programme (SANC, 2005). Experiential learning theory gives a concrete experience providing a base for reviewing and reflection on the experience. Then the student will assimilate and distil the observation and reflection into an abstract conceptualization, meaning they are concluding or learning from the experience and producing new implications for action which can be actively tested, and in turn creating new

experiences (Evans, Fornes, Guido, Patton & Renn, 2010). Mattie and Curran (2005) concludes that student nurses need opportunities to examine and develop their own method of problem solving and reasoning so as to make clinical judgments. It is the role of nurse preceptors to ensure that the experiential learning of students takes place within the safe measures of practice.

2.8 Significance of the preceptor role preparation

Raines (2012) maintains that the nurse preceptors can be used as a bridge between theoretical education and actual experiences for nursing students who are preparing to enter the clinical (practice) environment. She views their role as increasingly important as baccalaureate nurses learn more theory and spend less time in hands-on training in clinical facilities. Although the teaching of students is mostly assigned to professional nurses at the clinical facilities, there is the reality of a number of factors which hinder their ability to supervise students. Most of the professional nurses do not hold a nursing education qualification. Their teaching role is therefore limited when students are placed in the clinical facilities. Wadlock (2010) also adds that failure to teach students is due to the unpreparedness for the role of preceptor. She indicates that some professional nurses lack clinical teaching skills and are unable to role model excellence when they themselves are consolidating their own clinical practice. Furthermore, a study done by Sroczyński, Hays and Chisholm (2012), in exploring preceptors' experiences found that 25% of participants did not precept students because they lacked educational preparation. They identified a need for educational theories, strategies and information about learning styles and experiential learning because they had confirmed to have been unfamiliar with education theories prior to training.

Duteau (2012) suggests that understanding the clinical environment, comprehending individual learning styles and dealing effectively with conflict are skills that need to be

acquired by preceptors before participating in the role. She further recommends that the value of a preceptor programme in nursing education, emphasizing the importance of providing preceptors with the tools they require to fulfil their responsibility and commitment. She also concluded that preceptors need to understand the teaching philosophy of a programme as well.

2.9 Summary

In this chapter, preceptorship with regard to clinical teaching is unpacked relating it to the conceptual analysis and the literature search regarding this phenomenon. In chapter 5 specific references will be made to the literature in the discussion of findings of the study. The next chapter is going to discuss the methodology followed to conduct this study.



CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

In this section, the research design and methodology is described. The focus of the chapter is on the research design, methodology, population and sampling; data collection methods, tools and procedures; the applicable ethical aspects and the data analysis steps.

3.2 The purpose of the research

The purpose of this study was to explore and describe the experiences of the trained nurse preceptors regarding their clinical teaching practice in the Western Cape.

3.3 Research design

Wilson (2010) defines research design as a framework or plan for the collection and analysis of data. Babbie and Mouton (2001) refer to it as a map that provides direction to the study and that is the foundation of the entire research project. Yin (2009) adds that the research design guides the investigator in the process of collecting, analysing and interpreting observations. Moreover, it allows the study to flow systematically so that the overall research objective is achieved. In this research, an exploratory, descriptive and contextual study design was used. The exploratory design was aimed at investigating a phenomenon about which little is known. The descriptive design was regarded as appropriate to describe the experiences of preceptors with regard to clinical teaching practice. The contextual design addresses the context where the study takes place. In the section that follows, the above mentioned research design will be discussed in detail and the justification for their use will be provided.

According to Lee and Zaharlick (2013), research designs in qualitative research are known to be more helpful in addressing research questions which are contextual, exploratory or

descriptive particularly when there is little known about the phenomenon of interest. The researcher employed these designs because although the preceptorship is not a new concept in nursing, there are few studies in South Africa about the phenomena. More importantly, the preceptorship training programme has been introduced recently by the University of the Western Cape and needs to be evaluated qualitatively.

3.3.1 Exploratory design

In this study, an exploratory research design was employed in order to achieve the overall aim of the study. Brink et al., (2006) assert that exploratory designs are utilized when there is very little known about the phenomenon under investigation.

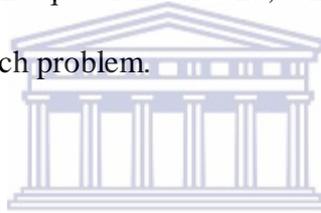
The focus of exploratory studies is to gain an insight and familiarity with the topic under investigation or they are undertaken when problems are in a preliminary stage of investigation (Cuthill, 2002). The motivation for the researcher to conduct the study is to explore the importance of the preceptorship in clinical nursing training. Babbie (2007) recommends exploratory design as a good strategy which leads to better insight and comprehension. He further recommends it as having greater strength in breaking new grounds and can yield new insights into a topic in research. Cuthill, (2002) agree that the exploratory design provides an opportunity to define new terms and clarify existing concepts. Saunders, Lewis, & Thornthill (2009) further describe exploratory research designs as being most suitable and useful for new studies.

3.3.2 Descriptive design

Descriptive designs' typically describe the characteristics of a population or a phenomenon through the use of surveys, interviews and observation. It can also be used to describe a problem or a situation, service, programme or attitude (Andrew, Pedersen, & McEvoy 2011).

In this study, the descriptive design was relevant to describe the experiences of the trained nurse preceptors regarding clinical teaching practice after successful completion of preceptorship training programme. Babbie (2007) also adds that descriptive design is used as primarily with an interest of describing the actions of the research participants in great detail and attempting to understand these actions in terms of the participants' own beliefs. It focuses on thick descriptions which are usually lengthy and captures the sense of action as they occur.

Agreeing with the above description, the researcher was able to explore the experiences of the trained nurse preceptors relating to clinical teaching practice by allowing them to reflect on their daily actions of precepting. Babbie (2007) further observes that descriptive research designs help provide answers to the questions of who, what, when, where, and how that are associated with a particular research problem.



3.3.3 Contextual design

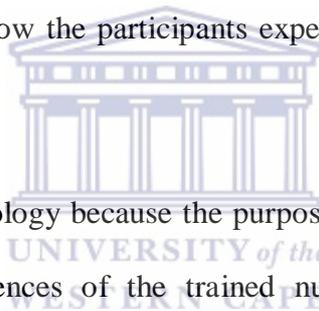
This study also adopted a contextual design which assisted in an understanding of the context in which the study occurred. According to Babbie and Mouton (2001), the contextual aspect of the study entails a description and understanding of events within the concrete, natural context (Babbie, 2007). In this study, various clinical settings where the different trained nurse preceptors work and undertake clinical teaching provide the context of the study. Events relate to the actual clinical teaching encounters following their completion of the preceptorship programme. Contextual therefore relates to individual clinical practice areas of preceptors and in this study each preceptor's clinical setting is unique. These settings include all three levels of healthcare services.

3.4 The methodology

The researcher has adopted the qualitative approach as a guide to conduct this research. This approach mainly refers to a broad range of research designs and methods used to study the phenomena of social action. The focus of this approach is on the qualitative aspects of meaning. The purpose of this study was to explore the experiences from viewpoint of research participants in the context in which the action takes place. De Vos et al., (2011) contend that in a qualitative approach, the commitment is on the naturalistic perspective and the interpretive understanding of the human experience. The researcher found this methodology relevant to this study because it allowed the researcher to explore the experiences of trained nurse preceptors related to clinical teaching practice in clinical facilities. These nurse preceptors' perform the role of preceptor on a day to day basis. Therefore, this methodology allowed for the exploration of the preceptors' day to day experiences related to the facilitation of student learning. The participants were allowed to share their experiences in their own language with regard to their teaching practice.

According to Botma, Greef, Mulaudzi, & Wright, (2010), the qualitative methodology is used when little is known about a phenomenon or when the nature, context and boundaries of a phenomenon are poorly understood and defined. Preceptorship in nursing is not a well-known concept in South Africa and a few studies have been published about the topic. Moreover, according to Millis, Francis & Bonner (2005) there is confusion about the various categories of professional nurses who are role players in clinical teaching and learning. This confusion is explored and documented in the literature pertaining clinical teaching practice (as cited in Myrick et al., 2007).

The University of Western Cape, School of Nursing initiated the preceptorship training programme to strengthen clinical teaching skills of professional nurses who are known responsible for facilitation of clinical teaching and learning. No qualitative research has been done since the inception of the training programme. The researcher found it crucial to explore the experiences of these trained nurse preceptors regarding their clinical teaching practice. Moreover, these experiences will contribute to a better understanding of their clinical teaching encounters in Western Cape and may point to the effectiveness of the preceptorship training programme offered. Creswell (2009) also promotes the usage of qualitative research which allows the researcher “to get in-depth information from participants”. He further describes the nature of qualitative research and that the subjectivity of the methodology allows for an understanding of how the participants experience and understand a particular phenomenon.



The researcher used this methodology because the purpose of this study was to uncover the deeper meanings of the experiences of the trained nurse preceptors after successfully completing the preceptorship training programme. The qualitative methodology gave the researcher an opportunity to explore these participants’ experience to the maximum through one-on-one interviews. During these interviews, the researcher could use probing questions to increase an understanding of the phenomena under investigation. Nurse preceptors are key performers in clinical teaching practice in nursing. Leedy and Ormrod (2010) motivate that qualitative method is exactly what the researcher needs to choose when wanting to dig for a deeper understanding of the phenomenon.

3.5 The enquiry process in qualitative methodology

Brink et al., (2012) describes four basic actions in which the researcher follows during the enquiry process during on qualitative methodology. A discussion of these actions and their application follows.

Bracketing: This is where researchers identify and set aside any preconceived beliefs and opinions that they may have about the phenomenon under investigation. The researcher is a professional nurse and currently employed as a clinical supervisor. This means that she is familiar with the environment (clinical facilities). In this study, the researcher identified her expectations to discover and deliberately put them aside using a bracketing diary. The process brought a conscious awareness of the self as a researcher.

Intuiting: This occurs when the researcher tries to develop an awareness of the lived experiences. The process requires her to be open to the meaning that participants attach to the phenomenon and become totally immersed in the phenomenon under investigation aided by the participants' description. The trained nurse preceptors in this study were keen to share their experiences and enough time was given for their descriptions. The researcher was captivated by these descriptions. The participants had much to share because this study was the first interactive study done since the inception of the preceptorship training programme.

Analysing: Data were thematically analysed following the steps of Coliazi (1987) as described in Streubert and Carpenter (2007). Detailed descriptions about the application of these steps will be done in chapter four of this report. Briefly, data collected was transcribed, and then each transcript was coded. The prominent codes were collapsed into categories and thereafter grouped into themes which present the findings of this study. Brink et al., (2012)

describe analysing as entailing the contrasting and comparing of the final data to determine which patterns or themes emerge. Data analysis closely followed data collection.

Describing: This forces the researcher to pay attention to the analysis and provide a dense description of her findings. It also requires a thick audit trail of how the data were collected, captured and analysed.

3.6 Population and sampling

A population is defined as the entire group of persons and objects that is of interest to the researcher, in other words, which meets the criteria that the researcher is interested in studying (Brink et al., 2012). De Vos et al., (2011) further define it as setting boundaries with regard to the participants. For this study, the population is all the professional nurses who completed the preceptorship training programme offered by the University of Western Cape. To date, a total of seventy two preceptors attended the training programme. These preceptors are working in different clinical facilities at different levels of care provision in the Western Cape.

Sampling: The researcher selected the sample from the population in order to obtain information regarding a phenomenon under investigation. Sampling in qualitative research gives an opportunity to select the targeted participants which are known to have the information to be explored. Burns and Grove (2011) contend that sampling involves selecting a group of people, events behaviours, or other elements with which to conduct a study. For the purpose of this study, a purposive sampling approach was utilized. Creswell (2009) points out that the power of purposive sampling lies in the selection of information rich cases (participants). Such participants have a large reservoir of information on the given issue of interest to the researcher.

De Vos et al., (2011) define purposive sampling as a particular case chosen because it illustrates some features or processes which are of interest for a particular study (p 392). The purpose of this study is obtaining in-depth information about the experiences of trained nurse preceptors concerning their clinical teaching practice. De Vos et al., (2011) further observe that this method allows the researcher to have freedom of choosing the participants or settings to ensure that the sample covers the full range of the possible characteristics. In this study, the researcher purposively chose the participants from different facilities, which are accredited by SANC for training of undergraduate programmes in the Western Cape. These facilities involve all three levels of healthcare services.

The main characteristics of interest for this study were the trained nurse preceptors who work directly with the students meaning they are being accountable for nursing practice as well as teaching practice. These preceptors must have undergone the preceptorship training programme offered by University of Western Cape, School of Nursing. Rubin and Babbie (2001) contend that purposive sampling is entirely based on judgment. The researcher agrees with that because her judgement was used to select the most knowledgeable participants for the study.

According to De Vos et al., (2011), the selected participants should possess elements which contain the most characteristic and typical attributes of the population that serve the purpose of the study best. The participants were closely selected as the researcher wanted a variety of sample as nursing entails different specialized areas with nurses of different gender, age, and race and above all must have completed preceptorship training programme and be practicing as a preceptor (De Vos et al., 2011). In this study, the researcher sought typical as well as divergent data.

3.6.1 Inclusion and Exclusion Criteria

The researcher carefully selected the population guided by inclusion and exclusion criteria. According to Brink et al., (2012), inclusion criteria are used as the basis for deciding whether an individual would or would not be classified as a member of the population in question (p131). According to the researcher's inclusion criteria, the prospective participant

- must have had two or more years of experience as a professional nurse
- must have completed the preceptor training programme offered by UWC
- must have been in a preceptor role for a minimum of six months in the Western Cape Province.

The exclusion criterion which is also called delimitation criterion is that which would lead a researcher to exclude certain individuals from the study (LoBiondo-Wood & Haber, 2010).

The researcher excluded participants who:

- were not successful in completing the preceptor training programme
- were successful in completing the preceptor training programme, but were working outside the boundaries of the Western Cape Province.

3.7 Data collection

3.7.1 Data collection process

The researcher obtained permission to access the database of the names of those professional nurses who had undergone the preceptorship training programme from the Head of School of Nursing at University of Western Cape. Then the Provincial Research Team was requested to give permission to conduct the research study at selected facilities in the Western Cape. Having been granted permission, the researcher contacted the Executive Directors of the facilities to request permission to conduct the study with their trained nurse preceptors in the

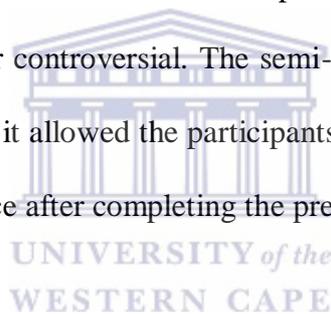
facilities. Eventually, these preceptors were contacted telephonically and a meeting was scheduled at their convenience. The Executive Directors were informed of the scheduled interviews as arranged with their staff members (the trained nurse preceptors). Consent forms and information sheets were given to the participants prior the interviews. The scheduled interviews were conducted in a private, quiet room, free from noise or distractions at identified Western Cape health facilities. The interviews were audio recorded and the audio-recorded data was assigned a code for instance, Participant 1, 13/07/2012 to ensure anonymity. The discs were stored in a locked cupboard. The researcher also recorded down her own impressions, feelings and concerns and observations about the data obtained from the participants to avoid being biased. The interviews were transcribed verbatim.

3.7.2 The data collection method

The researcher used face-to-face semi structured interviews to collect data. Interview is a method of data collection in which the interviewer obtains responses from a participant in face-to-face encounter or by telephone or electronic means (Brink, et al., 2012). De Vos et al., (2011) views the interview as being a useful way of getting large amounts of data quickly also as an effective way of obtaining in-depth data. The interviews in this study allowed the researcher to obtain data related to the participants' experiences of clinical teaching practice. The researcher could probe and ask follow up questions to increase the clarity of their descriptions about teaching practice. The researcher applied the interviewing techniques as suggested by (De Vos, et al., 2011 adapted from Jarbandhan & Schutte, 2006). The authors suggested that the participant must do 90 % of the talking. An interview is not a dialogue; it is aimed at the participant to tell the story. The researcher struggled a bit with this skill, but with the assistance of the supervisor; the acquisition of this skill was successfully acquired

The researcher employed a semi-structured interview which gave both interviewer and participant more flexibility. An initial question was asked to put the participant at ease. Leading questions were avoided and the only time the researcher posed questions was when she needed clarity to increase understanding. The researcher would jot down if she had a question whilst the interviewee was talking. If the interviewee entered an interesting area, probing questions would be asked. The effect of the interview on the participant was monitored by observing body language to detect any discomfort.

The researcher was able to follow up particularly interesting facts that emerged in the interview (De Vos et al., 2011). They further describe this method of interview as especially suitable when one is particularly interested in a complex process and also when an issue under investigation is personal or controversial. The semi-structured interview was found to be suitable for this study because it allowed the participants to express their viewpoints about the role related to teaching practice after completing the preceptorship training programme



3.8 Data Analysis

Data analysis refers to a process of bringing order, structure and meaning to the mass of collected data (De Vos et al., 2011). The objective of the study was to describe the experiences of trained nurse preceptors regarding their clinical teaching practice in the Western Cape. This was achieved by following an exploratory, descriptive and contextual design. The researcher followed the analytical procedures described by Colliazi in Streubert-Speziale and Carpenter, (2007).

- All transcripts shall be read and reread to obtain general sense about the whole content.
- In each transcript, significant statements that pertain to the phenomenon under investigation should be extracted.

- Spell out the meaning from each significant statement
- Formulated meaning should be sorted into codes, categories and themes.
- The findings of the study should be integrated into exhaustive description of the phenomena under investigation.
- The fundamental structure of the phenomenon should be described.
- Finally, validation of the findings should be sort from the research participants and compared to researchers descriptive results with their experiences.

A detailed description of how the researcher applied these steps will be provided in the next chapter.

3.9 Ethical consideration

Informed Consent: Brink, et al., (2006) describes the fundamentals of ethical principles which guides researcher as respect for persons, beneficence and justice. Although the nurse preceptors were trained by University of Western Cape, School of Nursing, the researcher gave them the option to participate in the study. They had to decide whether or not to participate on the study without a risk of penalty. Those who agreed to participate were informed about their right to withdraw from the study at any time they felt they wanted to withdraw. The beneficence of the participant was secured as the nature of this study was non-invasive. Concerning the principle of justice, the researcher was punctual and made an effort to terminate the process at the agreed time. The principle of anonymity and confidentiality was ensured in the process of this study. The information was shared to the participants in their own language not in a technical language or professional jargon.

Confidentiality and Anonymity: The researcher took full precautions regarding the confidentiality of the information shared by the participants. The interviews were conducted in private conference room. The recorded tapes were labelled with codes instead of names. These tapes are kept in a safe place, in a locked cupboard at researchers home. The tapes will be destroyed once the research report is published.

3.10 Rigor in qualitative research

Brink et al., (2012) define rigor as openness, relevance, epistemological and methodological congruence, thoroughness in data collection and data analysis process and the researchers' self-understanding. Burns and Grove (2011) support and enforce the idea that the researcher needs to be willing to let go of the preconceived ideas and judgments about the phenomenon and participants and participate with openness in the research. The researcher is also a qualified professional nurse and currently working as a clinical supervisor in some of the accredited facilities for training of under-graduate nursing programmes. The researcher put aside any ideas about clinical teaching practice in the facilities and approached them with an open mind to obtain thick data from the participants about their personal experiences.

Credibility: According to Brink et al., (2012), credibility and authenticity relate to internal validity. The researcher had to ensure that the findings are credible to the people under study as well as the readers. The researcher took an account of trustworthiness in order to achieve credibility of the research. Credibility procedures were adopted as suggested by Babbie (2007) to help to achieve the process. *Prolonged engagement* in the field was one of the procedures to reach state of credibility in this study. The researcher stayed in the field for approximately one hour and the researcher could probe for the desired information. *Peer debriefing* was done during the process with a colleague who held the same status, but was outside the context of the study. He had a general understanding of the nature of the study.

He offered assistance to the researcher because the researcher was able to review the perceptions, insights and analyses which pertained to study. The researcher had to go to the source of the information which were the trained nurse preceptors and check both the data and the interpretation of the data (member checks).

The researcher ensured the credibility of the study also through following seven steps of Coliazi in Streubert-Speziale and Carpenter, (2007), for research analysis whereby the researcher recorded the interviews and transcribed them into a written format. These transcripts were taken back to the participants to ensure that what is written is what they meant. Creswell (2009) explains that the qualitative researchers need to document their data accurately and comprehensively, leaving a thick audit trail, to check and recheck consistency in coding. The researcher read through the transcripts repeatedly to make sound understanding out of the meaning shared by the participants, coded them and took them to the supervisor as she is an expert in research.

Transferability: In qualitative research, it is important to provide a detailed description of the context to ensure that the conclusions of the study may be transferable to another context (Brink et al., 2012); (Lincoln & Guba, 1985). Brink et al., (2012) explains that ensuring transferability will help the researcher to provide a detailed and thick description so that someone else can determine whether the findings are applicable in another context or setting. In this study, the researcher described the population, sampling, sample settings, participants and data collection and analysis.

Dependability: This mainly assists with the establishment of trustworthiness. This requires involvement of peers as enquiry auditors to follow the process and procedures used by the researcher in the study and determine whether they are acceptable (Brink et al., 2012). Involvement of supervisor as an expert as well as independent coder provided assurance of

methods used. The researcher closely followed the pattern of Colliazi's steps to qualify the study as dependable.

Conformability: Brink et al., (2012) describe conformability as a guarantee that the findings, conclusions and recommendations are supported the data and that there is internal agreement between the investigator's interpretation and the actual evidence. The documented procedures for checking and rechecking data can indicate the study as conformable.

Researcher reflexivity: The researcher was explicit about how her assumptions may influence her interpretation (Green & Thorogood, 2009). The researcher is a clinical supervisor, which suggests that she is familiar with the clinical teaching practice. The researcher documented her own assumption and preconceived ideas about the phenomena which helped her to extract the meaning of the experiences as described by the participants.

3.11 Summary

In this chapter, the research methodology was presented to uncover the experiences of trained nurse preceptors regarding their clinical teaching practice in the Western Cape Province. An exploratory, descriptive, contextual design was employed to describe these experiences. In the next chapter, the findings of this study will be presented which include the themes and categories with anecdotes from the participants.

CHAPTER FOUR

FINDINGS OF THE STUDY

4.1 Introduction

Data collection was discussed in detail in the in the previous chapter, but a brief description is provided in this chapter. This chapter will present the findings of the study which was aimed at *exploring and describing the experiences of the trained nurse preceptors regarding their clinical teaching practice*. The main outcomes which emerged from the analysis will be presented here. The four main themes were:

1. Perceptions about clinical teaching practice
2. Application of clinical teaching skills
3. Professional development
4. Challenge



The researcher adopted the seven steps of Colliazi of 1978 (Streubert-Speziale & Carpenter, 2007) to analyse the data. The application of these steps will also be discussed in this chapter.

4.2 Demographic data

The participants were requested to provide the demographic information prior to the interview to broaden the description of the characteristics of the participants. This data included the age, number of years as a professional nurse, designation and the level of health care services where the participants are located at. This data was captured in Table 4.I below.

Table 4. I: Demographic data

Participants	Age	Number of years as professional nurse	Designation/Additional Qualification	Number of years as trained preceptor	Level of care/District
Participant 1	46-49	19-20	Professional nurse/Education	3-4	II Metro
Participant 2	55-60	30-35	Professional nurse	3-4	II Metro
Participant 3	40-45	15-20	Professional nurse	1-2	I Metro
Participant 4	45-49	20-25	Professional nurse/Education	3-4	II Regional
Participant 5	40-45	15-20	Professional nurse	2-3	IICape Winelands
Participant 6	40-45		Professional nurse	2-3	III Metro
Participant 7	45-50	4-5	Professional nurse	3-4	II Regional
Participant 8	35-40	20-25	Professional nurse	1-2	III Metro
Participant 9	35-40	5-10	Professional nurse/Education	2-3	III Eden

The sampling was purposive and the researcher's initial plan was to sample 11 participants. Saturation of data was reached at 8. However; an additional interview was done to confirm that no new information was forthcoming. The participants in the study were trained nurse preceptors who facilitate clinical teaching of undergraduate training programmes in accredited clinical facilities in Western Cape. These clinical facilities cover all levels of care which means levels 1-3 of care as distributed by Department of Health. The age of the participants ranged between 38-60 years with trained nurse preceptors having many years of experience as professional nurses i.e. on average between 5 and 35 years. This suggests that these professional nurses have the appropriate level of expertise to precept novice nurses.

Although they are all professional nurses some were unit managers, professional nurses in the wards while others worked in education and training departments/units in the hospitals. Almost all the participants have additional qualifications, but only two hold educational qualifications. So many of them may be experts in their respective fields, but may be unable to share their expertise with novice nurses. The participants were trained at various times during the four years that the programme has been offered at the University of the Western Cape. Four of the participants have 3-4 years in the preceptor role, three with 2-3 years in the role and two of the participants have 1-2 years' experience in the role of a preceptor. This affirmed to the researcher that all the participants have had more than one year of experience as a trained preceptor.

The participants were from three levels of healthcare services settings in the Western Cape Province, namely, first, secondary and tertiary levels. The tertiary level offers super specialist care provided by regional/central healthcare institutions and also provides training programmes / academic programmes. Level two or (Secondary healthcare level) comprises curative services provided by the district and is first referral level. Primary healthcare is first level of contact with between the individual and the health system. A majority of prevailing health problems can be satisfactorily managed here, provided by the primary health centres.

4.3 Data analysis using Colliazi's strategy

Data analysis refers to a process of bringing order, structure and meaning to the mass of collected data (De Vos et al., 2011). Data were collected by means of one-on-one semi-structured interviews through an order of exploratory, descriptive and contextual design as discussed in the previous chapter. Data collection commenced after permission was obtained from the provincial research committee and thereafter from the identified Western Cape clinical facilities. The interviews were then arranged with the individual participants in the

study. The interviews were audio-recorded and in capturing the data each interview was assigned a code for instance, Participant 1: 13/07/2012 to ensure anonymity. The audio files were stored on compact discs which were securely locked in a cupboard at the home of the researcher. Participants were encouraged to talk freely and enough time was given to obtain thick descriptive data. Each interview lasted from 30 minutes to an hour and all interviews were conducted by the researcher. The interviews were transcribed verbatim. The transcripts were taken back to the participants to ensure that the descriptions were their own experiences. The researcher also recorded her own impressions, feelings and concerns and observations immediately after collecting the data. Brink et al., (2012) describe the unstructured observations as a technique whereby the researcher attempt to describe the behaviours as they occur with no preconceived ideas of what will be seen. This was accomplished through writing field notes. Data saturation was determined based on the consensus with the supervisor who has an experience in qualitative research.

The researcher followed the analytical procedures described by Collaizi's steps (1978) for the analysis of qualitative data (Streubert-Speziale & Carpenter, 2007) as below.

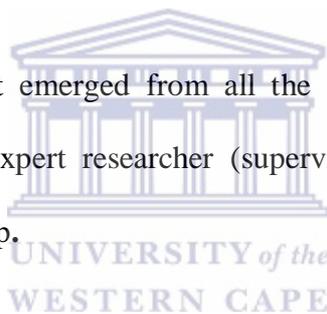
First step, the researcher read the description from the transcripts to familiarize her with the data while trying to uncover the meaning of what the participants said. This was done from the beginning of the data collection so that the researcher could have a trail of new information as it was being shared by the participants. During this stage, any thoughts feelings and ideas which arose by the researcher due to previous work experience were put aside by recording them in a bracketing diary. This assisted the researcher to explore the phenomena as experienced by participants themselves.

Second step, at this stage of analysis, significant statements pertaining to experiences of participants regarding clinical teaching practice were extracted from each transcript. These

statements were written on separate sheet. Line-by-line coding meant reading and trying to make sense of the meaning. An independent coder, i.e. my supervisor offered great assistance during this stage of the process and reached a consensus on significant statements extracted from the transcripts.

Third step, the researcher formulated meaning from the significant statements. Each underlying meaning was coded into categories as they reflect an exhaustive description. A continuous comparison between formulated meanings with the original meaning was done to maintain consistency of description. These statements with their meaning were rechecked with the supervisor who is an expert in qualitative research and found the process is correct and meanings are consistent.

Fourth step, the categories that emerged from all the transcripts were grouped into an umbrella of themes. With the expert researcher (supervisor), the researcher checked the accuracy and overall thematic map.



Fifth step, the themes were defined into an exhaustive description. Afterwards, the researcher wrote detailed experiences of trained nurse preceptors as described by the participants. The researcher sought the expert researcher who reviewed the findings in terms of richness and completeness to provide description.

Steps six and seven were the final steps in which the researcher took the descriptions back to the participants to validate whether what they expressed during interviews is what they view on the final description. The last step presented the descriptions of the experiences of trained nurse preceptors regarding their clinical teaching practice in Western Cape.

4.4 Presentation and summary of findings

The findings of the study which was aimed at exploring and describing the experiences of the trained nurse preceptors regarding their clinical teaching practice will be presented below. These were the outcomes which emerged from the analysis. The themes and categories are presented below. A detailed description of the themes and categories will follow.

Table 4.2: Themes and Categories

Theme	Categories
<ul style="list-style-type: none">• Perceptions about clinical teaching practice	<ul style="list-style-type: none">• Approach to facilitation• Judging students• Students as workforce
<ul style="list-style-type: none">• Application of clinical teaching skills	<ul style="list-style-type: none">• Aligning needs with learning opportunities.• Clarifying preceptorship role.• Using novel approaches.
<ul style="list-style-type: none">• Personal and Professional development	<ul style="list-style-type: none">• Personal improvement.• Closing the gap on education• Equipped for the role
<ul style="list-style-type: none">• Challenges	<ul style="list-style-type: none">• Contact with students• Management issues• Feedback about programme

4.5 Perceptions about clinical teaching practice

The trained nurse preceptors were amenable to share their experiences about teaching practice. Most of participants stated that there was a change in their perceptions related to clinical teaching practice following the successful completion of preceptorship programme. The majority of these participants also expressed positivity towards teaching practice and viewed preceptorship as being valuable and essential for enhancing the teaching of students.

4.5.1 Approach to facilitation

Prior to attending the preceptorship training programme the participants had their own perceptions about clinical teaching which were both negative and positive. Their ideas concerning the facilitation of clinical skills development was the supposition that they just needed to be available for the students which was not ideal in relation to a structured clinical teaching practice approach. In their opinion, clinical facilitation had to do with the informal supervision of students and that it did not really entail clinical teaching per se. One of the participants described her perceptions as follows:

Part 3: Preceptorship helped me a lot because before, we used style of mentor, we didn't base on objectives of the students but mainly on characteristics which meant role model, sort of supervising where you must just observe.

She further acknowledged the capacity of the preceptorship training programme to change perception towards students.

Part 3: Preceptorship is eye opening, shifting your mind from the idea you had regarding your students.

In addition to the above, another participant also confirmed her own views about preceptorship as being beneficial, promoting uniformity of teaching practice.

Part 2: It's good to send people to preceptorship ... just to have a little more of the insight because sometimes you are more in your cocoon. You just do what you are doing all the time.

Moreover, the other participant described the professional nurses as being hostile towards students and her notion is to have more professional nurses attending the programme to improve or influence their behaviour in order to have better students.

Part 6: *I think the other thing, all of us and RNs, I think we are not student friendly and we are not educators, we are just here to do our job. And I think we need to send more nurses ... but nurses who still want to grow. So with that ... I think we need to send more people on this preceptorship programme so that we can actually have a better student and a better professional nurse at the end of the day.*

However, the other participant expressed to having a lack knowledge concerning clinical teaching practice as professional nurses and having attended the programme increased her apprehension related to teaching students.

Part 7: *I didn't know that you can teach based on your experience because I always thought that my experience is not enough. I felt guilty after I have attended the course. Yoooh ... I didn't know there is so much that I don't do and that I can do in the workplace, but not only for me ,but for the benefit of the students.*

The other participant put across the value of preceptorship in clinical teaching practice and reported how it transformed his perceptions.

Part 8: *After I attended the course, I found like I'm in different level in terms of preceptorship because it put me in a sense that not only being a preceptor at hospital X but it put me at a level that this what we need, this is what every hospital need- the preceptors.*

Furthermore, the other participant thought she is the one who is supposed to be the source of information for the student. She agreed that her perception changed. She explains:

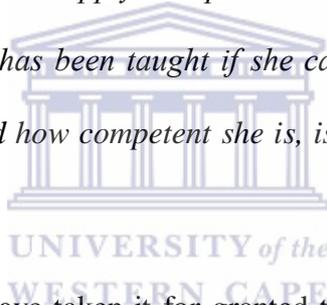
Part 9: *I always thought I'm the one who have knowledge... who needs to give and students just receive. I realize that there are students who do know, you don't always*

need to give. They can also give and sometimes you can also learn from them. Yea... that changed ... my perception was I am the facilitator. I am supposed to give.

4.5.2 Judging students

The other category that emerged during the data analysis was about judging students. Some participants assumed that students are ready to practice in clinical facilities. They have the idea that students are already competent when they are placed in the wards. One of the participants explained this way:

Part 3: I also come from ... before, when you see a student you think the student is supposed to know everything. She must just work and prove that whatever she has been taught in class. She must apply it in practical. That's being judgmental ... come ... and you wonder what has been taught if she can't do it. You don't even want to know her capabilities, and how competent she is, is it appropriate for her year level/ you see?



The other participant agreed to have taken it for granted that the students already know the nursing duties. She explained,

Part 4: We just going out from the understanding that you come from the university and from school you have learnt you must know. This (preceptorship) is a nice guide lines of how then you must interact with the student while we are doing the procedures and just bearing in mind that they are in different levels.

One other participant expressed his concerns about the attitude of professional nurses towards students and commended the preceptorship training as being helpful in bringing awareness about such matters and actually how to deal with them.

Part 8: *You know mostly when you go to meetings this is what you hear ... students are into themselves, quiet, exclusive, they don't wanna talk and staff get frustrated but now if you learn something ... like for me it is important ... what was from the course.*

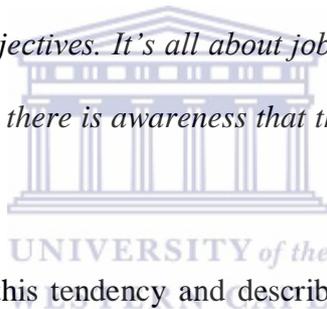
The other participant stated the habitual misconduct of students under training.

Part 1: *You know students normally they don't keep time management ...*

4.5.3 Students as workforce

Even though the students go to the clinical facilities for their learning experiences, the participants indicated a predisposition of taking them as workforce instead of being trainees.

Part 5: *Students are used as workforce. They come in and there is nobody helping them to deal with their objectives. It's all about job done at the end of the day, that's how it goes and yet where there is awareness that this person need to be developed at the end of the day.*



The other participants added to this tendency and described its underlying cause as due to shortage of staff. Ideally the clinical facilities are expected to provide learning opportunities to develop the competencies of the students in training.

Part 2: *What is a challenge or a problem is when students go there ... students is a workforce ... so for you as a preceptor there is short staff ... you know me ... you know my expectances ... so you will always tell me what to do... forgetting that I'm actually a student.*

Furthermore, one of participants acknowledged that the preceptorship training will be able to change the perception of professional nurses who expect the student to work instead of learn.

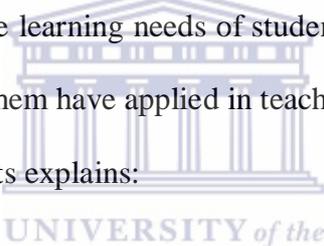
Part 3: *You just expect your students to work ... as she is allocated to your unit.*
Preceptorship changed all those perceptions.

4.6 Application of clinical teaching skills

The clinical teaching skills include the knowledge, psychomotor and affective skills related to facilitation of clinical teaching and learning. The trained nurse preceptors felt equipped after undergoing the preceptor training programme. Most of the participants stated that they needed to have their teaching skills improved. They adopted various teaching strategies that they were exposed to during the preceptorship training programme. The first category under this theme is:

4.6.1 Aligning learning needs to opportunities

Preceptors agreed that aligning the learning needs of students to the learning opportunities in the units is a skill which most of them have applied in teaching practice following the training programme. One of the participants explains:



Part 1: *What the preceptorship has actually helped me to do is to think and look at each person differently you know...that person might be 1st year, 2nd year, 3rd year and 4th year. So the fourth year I used to take them and do managerial task, do you understand. I used to give them each one according to what is on the workbook ... I have more understanding ... show me your workbook ... and I know 1st year needs to know about this ... 2nd year about this, 2nd year can start with medication, and 3rd years ...*

One of the trained nurse preceptors admitted that the preceptorship programme brought insight about students' levels of training. She describes the following:

Part 4: *I knew now on what level and how must I prepare ... You know ... this presentation ... to be able give the information ... carry the information to the students.*

The other participant shared the value of the training and how it broadened her opinion about teaching practice. Her explanation is as follows:

Part 6: *Preceptorship was very meaningful because sometimes you get the students in ... and sometimes you are actually creating for a student a more learning experience not only by doing a urine dipstick and identify learning needs ... you know sometimes we also just go one track minded ... so that we only use urine dipstick ... we don't look around and see other learning opportunities and this is actually what I learned from the course.*

Furthermore, a trained nurse preceptor expressed how the preceptorship training programme influenced her in the way she attends to the students in her facility. She affirmed that she was more aware of the students' learning needs when they presented to the clinical placement site.

Part 3: *... and sometimes if there is no learning opportunities according to the objective of the student ... then you can take your student ... so it means you can take your students to an appropriate place ... so it helped me to think critically*

4.6.2 Clarifying preceptorship role

Clinical teaching practice includes three categories of professional nurses who are known to be responsible for teaching students in clinical facilities. These categories include preceptors, mentors and clinical supervisors. The trained nurse preceptors confirmed that they were unclear about the role of each of the categories in relation to clinical skills development prior to attending the preceptorship training programme.

One of the participants expressed his lack of knowledge of the differences within these categories in relation to clinical teaching practice.

Part 8: One of the lectures asked where preceptor fits in in terms of mentoring or coaching. I discovered that the mentor is more of long term contract ... so I looked at myself as a professional nurse ... I realize I wasn't a mentor nor supervisor ... I am a preceptor because of short term contract because preceptor is short term contract with the student ... That for me was quite interesting because I didn't know where line come in ... That was one informative thing that I could actually adapted to the hospital.

Moreover, the other participant highlighted that the preceptorship training programme was crucial because it brought an insight and clarity about the different categories of professional nurses concerned with clinical teaching and the roles of the people occupying these roles.

Part 5: What I think is important about the preceptorship course is that it makes one identify the difference between the mentor and a preceptor because people don't understand the difference between ... and that it will be important for her to know her role, guidance and work with the students and with mentoring it's a different role but everybody think it's what they are doing. They don't know it's actually precepting.

Another trained nurse preceptor articulated the differences between these categories and stated that she learned about these differences during the training. She became aware of her role as a preceptor.

Part 7: Difference between preceptorship and mentorship was other light that preceptorship brought in my brain because I didn't know what preceptorship is ... I didn't know ... I knew what mentorship was. I didn't know there was a difference but

the course the way it was presented on table format which differentiated between the two, I think it was eye opening, I realized that I also have mentors. I'm a preceptor and a preceptor for a specific contract and you do not choose to be a preceptor but you choose to be a mentor so that was eye opening.

The other trained nurse preceptor expressed an awareness of her role as preceptor after the preceptorship training programme.

Part 3: The mentor usually didn't base on objectives of the students but mainly on characteristics which means role model ... sort of supervising. You must just observe. On a preceptorship ... but on a preceptorship you need to engage your students ... by using even senior people to do teaching. You see?

4.6.3 Using novel approaches

Most of trained nurse preceptors confirmed to have adopted new teaching methods achieved from their experiences during the preceptorship training programme. When dealing with students at clinical facilities they attempt to develop the students' clinical judgments and decision making abilities as well as to stimulate their critical thinking skills. These innovative teaching methods involve use of visual aids, reflective practice, simulation and giving constructive feedback.

One of the trained nurse preceptors explained that she uses the guidelines posted on the wall of her unit as one method of engaging students in clinical teaching and learning. These posters are also useful when she does not have adequate time to give a full lecture. She explains that she encourages the students to read and learn from the guidelines on the posters and avails herself to clarify the information about the guidelines.

Part 6: *I said this morning to the student ... I don't have time to go through all the antibiotics ... here are the guidelines: the stability is there; how to mix it; the compatibility ... just go and have a look ... as I say ... you need to know their level of training like the fourth year. I came to the back ... and say if we talk about COPE ... these are the standard guidelines. If there is anything you don't know please come back to me. As you go along ... the patient gets the other thing ... then I will explain it to you but I can't explain everything to you ... but there are guidelines available for you.*

Furthermore, another trained nurse preceptor described the teaching method of developing charts and posters as useful. In addition, these assist with time management and reduce the workload. The participant further views the importance of these posters as a method of promoting group discussion and thereby students learn from each other.

Part 7: *What I mean for not having to put much ... for example, on tailor made programmes in the programme of preceptorship. I think they have made it easier for me because I'm just used to stand in front of the students and teach something they came in and out but after the preceptorship course I knew that I can make a poster ... I can develop a flow ... a flow chart to demonstrate for example admissions procedures ... I can also challenge the students to sort of drawing from each other.*

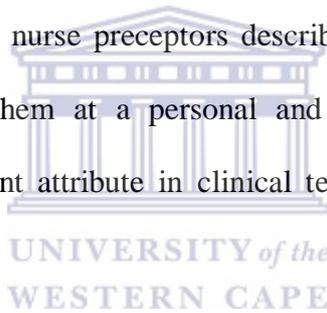
Another trained nurse preceptor also affirmed the above response on the matter of visual aids saving time. It allows students to learn at the time in their own pace. She explained that she did none of this prior to attending the preceptorship programme.

Part 3: *Before the preceptorship I didn't have anything on the wall ... but after ... I let the students to do what you see on the wall ... and it helps them to learn on their own time and they are able to ask if there is anything that they don't understand*

Moreover, the other participant explained that he has used visual aids before the training programme but without including information for students from all levels of training.

Part 1: *We have done visual aids before the course ... but what the course help is just to give things for the 1st year, 2nd year ... there is something for all of them. Just to have the basic...let's say urinalysis and all of those things ... so the preceptor course in a way has helped just to think about those how to go about those things.*

Reflective practice: The trained nurse preceptors described reflective practice as a newly adopted skill which equipped them at a personal and professional level. They regard reflective practice as an important attribute in clinical teaching practice as well as in the workplace.



One of the trained nurse preceptors used reflective practice to facilitate clinical teaching and learning and to monitor the progress of discipline specific learning of the students during their clinical placement.

Part 3: *Reflective practice also helped me ... because in order to see whether ... for ... the students have grasped anything which they have learned on that day. Through reflection I'm able to ... even, at the end of the day.*

Additionally, another one acknowledged reflective practice as a new skill which she was not aware of prior to the preceptorship training.

Part 7: *And reflecting on your day and ... I sort ... It was something new to me. It was new in a sense that I never realize ... I can sit in the ward, at the end of the day and see what have I taught the student today ... and also encouraging the students to also reflect on their day to ensure that they have learned.*

She further explained that reflective practice also allows for the optimal use of time and may reduce workload.

Part 7: *The fact that you can sit with the student and ask them to reflect in your presence and facilitate instead of teaching... so I felt that ... that was how one cannot put too much effort.*

Another participant indicated that reflective practice was done during the programme and was a new concept to her.

Part 5: *We did reflective practice during our course and it was also new to us and it was also exciting ... Everything new was exciting to us ... difficult ... but at the end, we mastered it, we did very well the end ... or most of us in the end. We did very well and also reflect.*

Furthermore, one of the participants stated that reflective practice was an innovative skill that he applies in the workplace.

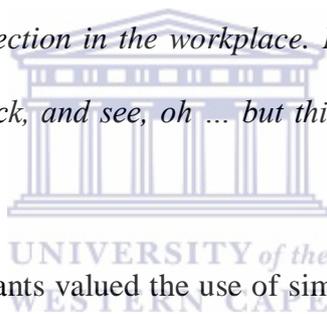
Part 1: *Reflection is the word I learned most from the course ... and I must say ... 100% ... a lot, Reflection that word actually helped me a lot ... so wherever something happened for instance ...let's say we resuscitate ... after resuscitation we reflect.*

Another participant acknowledges that reflective practice is applicable to the student, the teacher and the clinician in the workplace.

Part 7: *I find that useful in my workplace but also for the students even if the student may feel you are giving them too much work ... but for me personally ... I think that aspect of reflective practice was a good aspect ... it was positive.*

A participant acknowledged reflective practice as a new learned skill from the preceptorship training programme and admitted that it is not practiced in general, but as an individual she applies it.

Part 6: *The other thing I also learned was reflection. I was so good, and you know ... how to do ... I apply reflection in the workplace. Eehh ... we normally don't reflect back ... we don't look back, and see, oh ... but this was good ... but I changed, you know.*



Simulation: Most of the participants valued the use of simulation in clinical teaching. Some indicated that it was a new concept to them so much that it was rare to get a participant who could spontaneously remember the concept. However, they acknowledged that it is relevant for clinical teaching and learning.

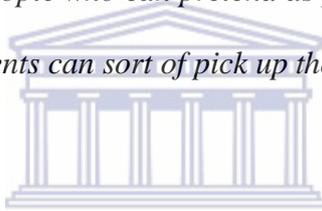
The following participant expressed her observation that students were often hesitant when dealing with a real life situation. She stated that simulation is useful to familiarize the student to dealing with difficult situations.

Part 6: *You know what I actually found very well for me ... it was that encounter of patient with the student ... Neh ... Eehh ... in real life situation, we had that... what do you call? Yes, yes the simulation. Sometimes people ... students have some difficulties, you know? How can you apply it in real life situation because sometimes I found*

sometimes students are more comfortable to go to the skills lab. You know, where they do all these practical on ... then they are more comfortable but they need to do it with real life they hesitate a little bit to do the thing.

Adding to that, another trained nurse preceptor viewed use of simulation as being useful and relevant to stimulate critical thinking of the students. This participant refers to the use of simulation patients that they encountered during the training programme.

Part 7: The other thing which I found useful from the programme is something I last saw as a student of which we don't use much here in practice, the use of the dolls ... Yes as they call simulation there. I feel that here it's rare so we can use that, for example, taking normal people who can pretend as patients ... and act specific symptoms so that the students can sort of pick up the kind of things they are required to pick up.



Two of the participants in the study showed their personal interest on use of simulation and explained as a new method of teaching and a new exposure to them. One worked in ICU and deals mostly with semi- to unconscious patients. As such, the exposure to simulated patients who can talk was very exciting and also insightful.

Part 5: You know... its different basic skills on the videos because it's something else, we had a critical care patient but that's what we see everyday. Then we got the patient who is walking around ... but then of which we are used to patient who is critically ill.... So now to work with the patients who can actually speak you know ... difficult part ... so we learn sort of, get around, ask questions to the patient, speak to the patient, not to speak about the patient, you know ... that's the difference, we learn that ... our group specifically learn that.

The other participant also found simulation exciting as it can provide one with an opportunity to practice the desired educational skill. By doll, he refers to high fidelity manikin at skills laboratory which they were also exposed to during the preceptorship training programme.

Part 1: On preceptor course, I never forget that doll ... when I had to learn on lung sounds, we all learn you know? Luckily for me in primary health care you actual learn more about lung sounds ... You know you learn ... but you don't practice it.

Giving constructive feedback: The learning process in clinical practice implies hands on activities under the guidance and supervision of the preceptor. The preceptors are also responsible for monitoring student progress on acquiring the desired skills. They may be expected to do formative assessments which require feedback to the student so that she/he becomes aware of their level of performance.

One of trained nurse preceptors explained that although she had been doing formative assessments, she would just mark the assessment tool and not give any feedback to the student. She further explained that after the preceptorship training she was able to provide the student with the constructive feedback.

Part 5: I can ... give feedback which I haven't done it before...and before it was evaluation tool. We used to ... but I'm doing little bit extra ... personal ... on a personal level and put compliments and showing where they can improve so my communication skills have much improved.

The other participant acknowledges that the preceptorship training programme has equipped her to give constructive feedback.

Part 3: I am able to recap ... identify the gap and give the feedback feedback ... and see if anything needs clarity and facilitate discussion. I think the preceptorship

equipped me to know that it doesn't end just on the doing of the task Afterwards we are able to speak about it and give feedback.

Furthermore, another participant agreed to have learned new skill from preceptorship training programme regarding constructive feedback. She explained her newly adopted skill as follows:

Part 9: Sometimes in the past, it's just our feedback to the student and you need to be specific about the feedback. Sometimes if you give the student 93%, the student need to check and know where is that 7% go and sometimes in the past, even our students didn't question us you know...but you need to make her aware does she need to improve and the student need to tell how did she find the evaluation... They can also give us feedback and we can also improve.

4.7 Personal and Professional development

The trained nurse preceptors not only approved of the preceptorship training programme for preparing them to teach students, but also found it effective for their self-development. They described its capacity to influence and improve interpersonal skills related to workplace as well as students.

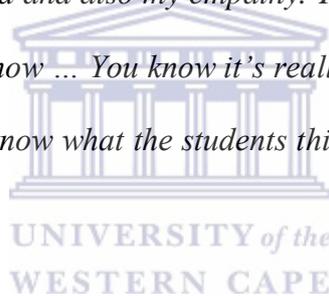
4.7.1 Personal development

Clinical teaching involves engagement with the students. As a rule, teaching and learning encounters do not accommodate students who have problems of communication or personal issues, but the staff are expected to engage with students in a constructive manner. The trained nurse preceptors acknowledged the preceptorship programme as preparing them with regards to their approach towards students and colleagues.

Part 7: *But also the way of approaching the students, you know ... sometimes you would go to students and see that the student is offended but after the preceptorship course I think that my way of approaching the students and the fact that preceptorship is not only about clinical teaching, it's also about enhancing professionalism in the workplace I think preceptorship also improved my interpersonal skills as a person ... how I engage with other professionals and students.*

Another participant explained that her interpersonal skills also improved as a result of the training.

Part 5: *Yes for myself I'm learning ... I did learn ... eeh ... my communication with the students have improved and also my empathy. The interaction with students in the unit is very better for me now ... You know it's really better for me now You know, it's really better. I don't know what the students think, but I have meaningful relation with them.*



4.7.2 Closing the gap on education

Two of the participants in the sample possess an educational qualification. Most of the participants pointed out how the preceptorship training programme closed the gap on education in general and on clinical teaching practice in particular.

One of the trained nurse preceptors expressed her view of the preceptorship training programme as a guideline with regard to clinical training at any level. She believed that for clinicians, it is not necessary to attend advanced educational studies in preparation of clinical teaching. According to her belief, preceptorship meets the standards.

Part 3: *You know, currently, I am a training representative and definitely besides that you suppose to have education. I think the preceptorship closes the gap in order to*

assist students. It closes that gap which makes it very, very important. You don't need to go and have degree or diploma. You can also assist students with experience which you get from the preceptorship training programme.

In addition to that, another participant viewed preceptorship as being insightful, broadening ones' knowledge with regard to teaching methods. According to her, she was not aware of different approaches of teaching when dealing with adults versus adolescents. For her, this was very insightful, exciting and made her to feel like an educator.

Part 7: Some of things that stood out, theories of learning and models of adult learning, I was not aware that there's different method that used for adults and children ... pedagogy and andragogy so I felt like an educator.

The other preceptor described his approach of sharing information obtained from preceptorship training programme with other colleagues. He noted that he mostly targeted the ones who did not have an educational qualification to share the information related to teaching practice.

Part 8: But when you meet a professional nurse ... that you know is always teaching but with no education, you get a chance to introduce ... talk to ... like ... I know what you are doing, ... you are a professional nurse but you haven't been to preceptorship course ... but I always good reviews from students and all supervisors ... so I would take what I know theoretically ... what I've learned from the course and give it to that professional nurse. This is what you also need to identify.

4.7.3 Equipped for the role

Following the preceptorship training programme, most participants felt more equipped, confident and ready for their role. One of the trained nurse preceptors described her readiness to practice the role in the following manner.

Part 7: I think my teaching skills have improved after my preceptorship course because as much as I knew how to teach them ... but I after the preceptorship course, I felt I didn't really have the skills of teaching ... so I got empowered as well and that made me, I think ready for my role as a clinical teacher so now I think I'm being confident to carry out the teaching role and assisting the students.

The other participant also confirmed feeling confident and being able to convey the information to the student.

Part 4: After the course I actually felt that now I'm prepared I've got that skills now.

One participant acknowledged that the preceptorship training programme taught her to think outside of the box and strategize.

Part 1: The programme just works ... sometimes you do things, but you don't think ... but you, it just let you more aware that this is a strategy I must follow ... not like giving general lecture....The course just make you think a bit. I don't know whether it's critical thinking but thinking besides knowledge. It's a strategy how to go about it.

Furthermore, one of the participants explained how preceptorship training assisted in her teaching role. She described the way she used to approach the students before the programme and indicated a change as a result of the training hence improving her teaching skills.

Part 5: I don't just scream on them ... and just say so ... I've learned that. Before ... I would wait till the end of the month and do evaluation... so... I would prepare them

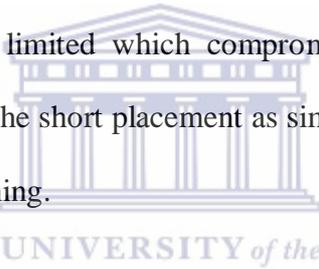
... and arrange for them to do teaching sessions and tell them tomorrow you are doing the medicine trolley and you have to know these are drugs and so... go and prepare. So they are prepared and come back. I wouldn't just say ... you just do the medicine.

4.8 Challenges

Almost all the trained nurse preceptors experienced challenges with regard to clinical teaching practice, which some were able to deal with successfully. The challenges that they described involved students, managers, colleagues and training institutions.

4.8.1 Contact with students

Most of the participants shared their concern regarding the clinical placement of students. They viewed student contact as limited which compromises the student's learning. One trained nurse preceptor described the short placement as simply an exposure to the setting and that it does not allow time for training.



Part 5: We do have a challenge... problem with the students ... like being placed for a very short time. Like ... somebody only comes for a week. It's not enough time ... its exposure, but it's not training. They are exposed to this is what we do on daily basis, this is how we admit the patient, but there is no real training going on.

The other participant viewed the university students as a concern as their interrupted placement causes them to attend classes during the working week.

Part 6: The only thing that I have a problem is ... that you only see the student one ... and you see the student next week.

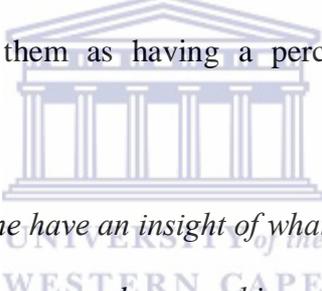
In spite of limited contact with the students, one of the trained nurse preceptors indicated that the professional nurses who do not have educational background and yet have not attended

the preceptorship programme end up placing students in any unit in clinical placement which minimizes learning opportunities.

Part 3: In those departments ... there is a lack ... because those professional nurses are not exposed to preceptorship. At the end of the day, you find out that students are placed in areas where there are no learning opportunities ... so those are the challenges.

4.8.2 Management issues

The trained nurse preceptors described management issues relating clinical teaching practice. These challenges involved human resource issues, lack of insight about training of students and support. One of the participants described managers as being clueless when it comes to student training. She described them as having a perception of using the students as workforce.



Part 3: You know if someone have an insight of what is happening then it wasn't going to be a problem but the managers know nothing when it comes to preceptoring and training of students ... Just to come and work and do their practical ... that's why I told you that they don't even check their learning needs.

Other participants suggested that the managers need to attend educational in-service training even if it is once a year. She emphasized that it will assist them so that they do not lose focus on the need to support the education of students.

Part 2: Operational managers will go through this course or in-service training per year so that they don't loose their focus of education function ... because that's what happens.

According to another trained preceptor, a delay by their finance department resulted in them using their own money to buy charts and posters to make the ward more conducive for student learning.

Part 7: ... and what challenges we are mostly faced with is mostly the equipment because we sometimes we need resources for posters. It sometimes takes long to get them done from the printing area in our facility ... like they must have this ... you must personally go into your pocket... you do that.

One participant highlighted the importance of time management. He viewed it as unfair to students if staff does not allow time to teach students. He suggests that staff have time for everything else except to teach students.

Part 1: Everybody today is too busy and too short staffed ... that has been major issues when you ask somebody ... I'm busy ... I don't have time. So that is why it is important for us also to teach people to manage their time ... There's always time ... People always get extra couple of minutes for tea and lunch so you can actually make time because students have helped quite a lot you know.

4.8.3 Feedback relating the programme

Most of trained nurse preceptors have positive feedback about the programme although there were some personal challenges relating to the programme. The participants shared their fears about the programme. The two participants were unsettled because they were not computer literate. This impacted their ability to compile their portfolios.

Part 3: I am sure ... when I look at my certificate now I smile because I wasn't expecting to pass it. It was very challenging, technology, also because everything you must do on the computer and time frame was very, very limited.

The second participant shared her anxieties regarding the use of technology to the extent that she could not sleep a day before the programme

Part 4: *Goodness me, you know ... I mean on the information we received you must bring your computer (laughing) also because we gonna ... oh when I saw the computer... I said to myself oh my Goodness this is my worst nightmare as a computer and the worst fears, I never want to touch it because (both laughing) because I don't know how to operate ... laptop ... oh yes that thing yoh... and I was so ... I couldn't sleep that day before ... because I thought to myself how am I gonna ... I don't even know do ... I know how to switch on but luckily I didn't use it in class ... we didn't use it but I actually struggled with the ... eeh.*

The following participants shared positive experiences about the programme. What stood out was the group cohesion, good facilitation and sharing of knowledge. One of the participants stated that the programme was conducted well and the facilitator applied fairness throughout the duration of the programme. Everybody was given the opportunity for maximum participation.

Part 5: *The way it was done, was like... I like the way of doing ... it... it was like-unpack ... it wasn't just like somebody says something. It was like everybody got a chance to do ... and next one. It was not like one dominating the group. You know ... you get the dominating people, some have a lot to say ... and you know ... it was good for me.*

Group interaction was promoted and sharing of knowledge between nurse preceptors was relevant during the preceptorship training programme because they could learn from one another.

Part 7: *I was also impressed with the group cohesion, how everyone shared their own experiences and how everyone reflected on how they do things in their workplace ... and how it can influence you in running your own unit for benefit of student ... so that was some of the things that stood out.*

Furthermore, another participant stated that the programme content was new to her. She was not aware of learning objectives and was exposed to new concepts and skills. She also pointed out that group interaction was fun and promoted the sharing of knowledge.

Part 6: *You know ... coming from old school ... you have to learn new things ... sometimes, sitting there ... you sit and say to yourself ...what the hell is she talking about? I don't know these things ... but I'm saying we were learning these things... it was fun, we are getting older but it was so nice.*

4.9 Summary

This chapter presented findings of experiences of trained nurse preceptors regarding clinical teaching practice in Western Cape. The findings showed both positive and negative experiences of the trained nurse preceptors and moreover the effectiveness of the preceptorship training programme in improving the clinical teaching skills of the professional nurses. Demographic data which describes the sample in this study was also presented. The application of the adapted Collaizi's' steps of data analysis has also been described in this chapter.

CHAPTER 5

DISCUSSION OF FINDINGS, RECOMMENDATIONS, SUMMARY AND CONCLUSION

5.1 Introduction

The themes that emerged from the data analysis were presented in the previous chapter. These represented the experiences of trained nurse preceptors as described by the participants in this research. In this chapter, these themes will be discussed in-depth, correlating them with literature. The limitation of the study as well as the recommendations will also be presented in this chapter.

5.2 Discussion of demographic data

From demographic data, in this study it was found that the nurse preceptors have extensive clinical experience. This may contribute to these nurse preceptors' competence in nursing practice. Wadlock (2010) suggests that competence and experience are essential when it comes to nurses who supervise students. Carlson, Wann-Hasson and Pilhama (2009) state that preceptors with longer experience or preceptor education tend to ask more reflective questions and put more emphasis on setting aside time for reflection together with the student. Many of the participants affirmed the value of reflection. Participants 3 and 7 reflected on lack of knowledge regarding reflective practice prior the preceptorship training programme. They explained that with its use they can monitor student progress related to the clinical skill acquisition. Duffy (2008) in a descriptive study that was done in Ireland on preceptors' experiences in guiding students found that many preceptors had little or no experience of guiding students through reflective practice process. According to her findings, the preceptors valued the reflective skills and acknowledged it as positive teaching and learning tool.

Coates and Gormley (1997) cited in Duffy (2008) agree that even though preceptors are knowledgeable in their field of practice, it does not automatically mean that they can function as preceptors. The nurse preceptors in this study have undergone an intensive preceptorship training programme preparing them for the preceptor role. Moreover, they have had an adequate period of precepting students for a minimum of eighteen months in the service units. This minimum period suggests that the preceptors are competent in preceptors' role. Three of the participants in this study have an education background. The researcher did not find anything which indicated that these three were better positioned in terms of clinical teaching practice. However, they also found the training to be valuable regarding teaching style, theories and so forth. The participants in this study were representative of all three levels of health care services within the South African context. This gives the researcher a clear picture that the preceptorship training programme is appropriate and effective in preparing the nurse preceptors to facilitate clinical teaching at any of the service levels.

5.3 Perceptions about clinical teaching practice

Clinical teaching practice is an activity of guiding, stimulating and facilitating learning by designing appropriate activities in appropriate settings, allowing students to experience that learning (Oermann & Gaberson, 2010). This central activity is mainly performed by the professional nurses in the clinical environment. The learning experience of the students allows them to learn the art of nursing, develop decision-making, judgment and critical thinking in order to achieve skills of competence for the care of patients. The researcher found that prior to the preceptorship training programme; the professional nurses had their own understanding about the clinical teaching practice which was influenced by their previous experiences as students as well as lack of knowledge regarding teaching practice. The categories which presented their perceptions about clinical teaching practice included facilitation style, judging students and using students as workforce.

5.3.1 Approach to facilitation

The trained nurse preceptors in this study agreed to have had prejudiced ideas about the clinical teaching practice prior to attending the preceptorship training programme. The researcher found that these trained nurse preceptors lacked an insight about the clinical teaching of students due to several reasons, which include a misconception about the role, workload, attitudes and so forth. These perceptions could have influenced their behaviour which suggests that it could have had a negative impact on the facilitation of students in clinical facilities. Banning (2005) stated that poor facilitation of clinical learning can have a detrimental effect on the students' morale and result in reduced confidence and motivation to achieve their ideal goal of learning. Participants 7 and 8 indicated that they were not aware of what is expected of them. On the other hand, participants 2 and 3 indicated that prior to attending the training programme; the clinical teaching practice which they applied was not the most effective. These perceptions are similar to the findings of the qualitative study done by, Yonge, Ferguson & Myrick (2012), which examined an evidence-based approach to preparing preceptors involved in teaching fourth-year under-graduates student nurses in Canada. Prior to attending the preceptorship programme, these preceptors agreed to have embraced the preceptor role by drawing on their own experiences as students and in particular on how they were taught. The trained nurse preceptors suggested that their participation in a preceptorship workshop led to the acquisition of new knowledge that would ultimately change their perceptions and approach to preceptorship.

In this study, some participants acknowledged the preceptorship training programme as being an eye-opener and mind-shifter from their earlier beliefs about clinical teaching practice. In their view before the training, they experienced a lack of knowledge pertaining to the precepting of students who were placed in clinical facilities.

5.3.2 Judging students

The participants' descriptions regarding students in clinical facilities showed little understanding of their role pertaining to the teaching of these students. A study done by Brammer (2006) on Australian nurses' understanding of their role as preceptors suggested inconsistencies in their understanding. Participants 3 and 4 stated that their assumptions were that the clinical teaching role was reserved for the staff of the teaching institution.

Wadlock (2010) suggests that the assumptions, attitudes and behaviours of professional nurses have a profound effect on student learning. She mentioned that such key assumptions should be addressed in order to better prepare and support the professional nurses in the role of facilitators (preceptors) in the clinical facilities. Wadlock (2010) further explains that there is often a lack of clarity around who is responsible for the clinical teaching of nursing students. Participants 1 and 8 described the negative attitudes professional nurses have towards students, but agree that the preceptorship training programme was able to rectify these misconceptions. Mongwe (2001), Makupu and Botes (2000) also state that some of the professional nurses who have negative attitudes towards teaching students reduce the interest of students thereby obstructing the facilitation of teaching and learning during clinical placement.

Burns et al., (2012) reinforce the idea that successful teaching is a complex process which requires not only expertise in clinical practice but also positive personal attitudes. The findings of a study which was done by Raines (2012) portray the preceptorship training programme as being able to rectify the preconceived beliefs about clinical teaching practice. Wadlock (2010) points out that the professional nurses who are expected to supervise students without prior preparation usually result in negative responses leading to a failure of

student teaching and learning. Participants 3, 4 and 8 descriptions of their perceptions suggest the possibility of compromised facilitation of students due to ownership of teaching practice.

5.3.3 Using students as workforce

Using students as workforce became one of the most significant aspect in the experiences of trained nurse preceptors in this study. Some expressed it as their own experiences while others related it to the viewpoint of their colleagues. Participants 2, 3 and 5 described this tendency as being influenced by key factors which involve the shortage of staff as well as the lack of awareness of clinical learning objectives. These findings are similar to those suggested in an explorative, descriptive study which was done by Mabuda et al., (2008) regarding the student nurses' experiences during clinical practice in Limpopo Province, South Africa. The results showed that the students were used to supplement the staff instead of being assisted to develop their clinical skills.

Wadlock (2010) also affirmed that students were used as an extra hand to assist the professional nurse who has little understanding of the students' supernumerary status. Oermann and Gaberson (2010) concur that the central focus in clinical education should be on learning not on doing. Croxon and Maginnis (2008) suggested that the available time is focused on the students' needs rather than service needs and that there must be adequate opportunities for students to develop confidence and competence in their clinical skills with a focus on student learning needs rather than service needs of facilities. Participants 5 and 2 verbalized their experiences in this regard and suggested that awareness needs to be done to correct this behaviour. Participant 3 also confirmed the expectation for the student to just work. The researcher, being employed as a clinical supervisor is familiar with the complaints of students of being used as workforce. The students would complain that they were delegated to do minor tasks below their level of training and scope of practice. Furthermore,

they would report being moved from one unit to another unit as a result of staff shortages. Croxon and Maginnis (2008) also report that the students are delegated repetitive tasks without learning support or the opportunity to be involved in new learning activities.

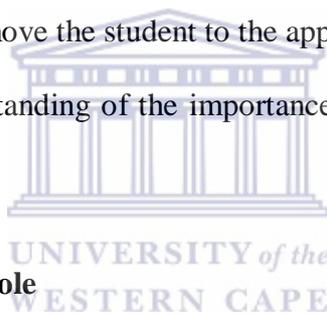
5.4 Application of clinical teaching skills

Professional nurses in South Africa are held accountable for clinical teaching as part of their responsibilities as professional nurses (SANC, 2005). The application of clinical teaching skills was a significant aspect of the trained nurse preceptors' experiences. As a result of the preceptorship training programme, participants 4 and 7 have acquired clinical teaching skills and felt equipped to take on the role of clinical teacher. They explained that they became familiar with different teaching approaches, strategies, styles, etc. Hossein et al., (2010) concur that the preceptorship training programme provides professional nurses with different teaching approaches/ strategies which are commonly used by nurse educators both nationally and internationally. Singer (2006) and Duteau (2012) also state that a well-planned preceptorship programme had a positive effect on the developmental growth of nurses. Monash (2011) provides evidence that broad clinical teaching skills are advantageous for professional nurses regardless of the specific nature of their practice.

5.4.1 Aligning learning needs to opportunities

The students are placed in real-life settings to experience clinical learning with human patients. Students have pre-designed clinical objectives in order to meet the outcomes of the programme. The nature of nursing education indicates advancement from an entry level to an exit level of training which will confirm that a student has reached the highest level of competence and possesses the desired attributes for registration as a professional nurse. Croxon and Maginnis (2008) view the importance of clinical placement as providing an opportunity for hands on experience. Therefore, preceptors are expected to create or allow these learning experiences to take place. This suggests that the preceptors need to be aware of

the students' level of training and competence in order to attend to their needs. Burns et al., (2012) support the view that preceptors need to be familiar with the university curriculum as well as the university's objectives for the specific clinical experience. Establishing individual learning needs is the responsibility of the preceptor and has to be established in consultation with the student (Haggman-Lailila, 2007) as cited in Carlson et al., (2009). According to Mabuda et al., (2008), the possible reasons for missed opportunities in the clinical placement settings may be that professional nurses are not well acquainted with the clinical learning objectives of the students. Participants 1, 4 and 6 showed an awareness of the importance of identifying the learning needs of the students and aligning these with the opportunities in their units. Participant 3 indicated that in the absence of learning opportunities for the specific learning objective, she can now move the student to the appropriate place where needs will be met. This shows a deeper understanding of the importance of identifying the learning needs of students.



5.4.2 Clarifying preceptorship role

The participants in this study confirmed a misconception about the roles of the professional nurses who participate in the clinical teaching of students prior to attending the preceptorship training programme. Participant 3, 5, 7 and 8 indicated that the training allowed them to differentiate between the role of preceptor, mentor and clinical supervisor. Yonge et al., (2007) noted confusion in the usage of the concepts preceptorship and mentorship relating to the conceptualization and the role. They caution that without a clear understanding and correct usage of these concepts, one will fail to achieve a successful implementation of either. The researcher agrees with that statement because if one is not aware of one's role then one may end up with unattended tasks. Participant 8 agreed to have developed clarity about her role and an awareness of the line between the preceptor and mentor roles.

Millis et al., 2005) found it crucial to do conceptual analysis of preceptorship, mentorship and clinical supervision in Australia. They contended that the array of meanings ascribed to these concepts can cause confusion. The findings of this study suggest that the preceptorship training programme was found to be informative,

5.4.3 Using novel approaches

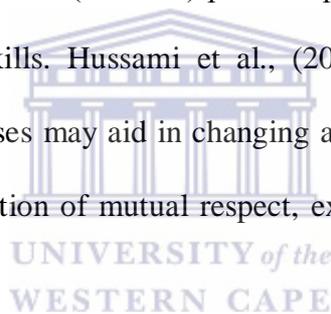
The trained nurse preceptor is an essential bridge between the classroom and the real world in most clinical facilities (Raines, 2012). Nurse preceptors are clinical teachers who need to be aware of the teaching methods which are useful given the relatively limited time allocated to clinical teaching in the units. The innovative teaching methods mentioned by participants as a result of the preceptorship training programme were the use of visual aids, reflective practice, the use of simulation and giving constructive feedback.

Visual aids refer to non-projected still visuals which include graphics, posters, flow charts and also hand outs to facilitate learning and serve as a method of reinforcement of learning (Billings & Halstead, 2012). Participants 3 and 6 viewed the use of the visual aids as a solution for the optimal management of time during a teaching-learning encounter. Participant 7 described the use of visual aids as reducing the workload because students can learn at their own time and pace while the preceptors are able to close the gaps.

The participants confirmed that **reflective practice** can be used in both personal and professional development. These findings are similar to qualitative descriptive study done by Duffy (2008) in Ireland, exploring preceptors' experiences. The participants from her study claimed to be empowered to utilize reflection both personally and with students. They also agreed to have little or no experience of guiding students through reflective practice due to lack of knowledge regarding the process. Duffy (2008) also reports that during the portfolio development process, preceptors learn from their own reflections. Participants 3 and 7

reflected that they learned to use reflective practice to monitor student progress pertaining to their learning in the ward. Participant 6 confirmed that it is a useful skill which they do not usually use at work much often. These findings suggest that the reflective practice served as a clinical teaching skill and professional development.

Participants 3 and 5 agreed to have acquired the skill of **giving constructive feedback** to the students as a result of the preceptorship training programme. They indicated that they realized the value of giving feedback as a way to facilitate learning and build relationships. In an exploratory study to examine student's perceptions of effective clinical teaching in Canada, Kelly (2006) found that feedback and communication skills are valuable in clinical teaching, and further states that the participants (students) put an equal emphasis on clinical teachers' feedback and communication skills. Hussami et al., (2011) suggest that the preparatory programmes for professional nurses may aid in changing attitudes of the professional nurses towards students through application of mutual respect, exchange information, all of which empowers both parties.



5.5 Personal and professional development

The trained nurse preceptors not only accepted the preceptorship training programme as preparation to facilitate clinical teaching and learning of students, but found it effective for their self-development. Participant 7 confirmed that the training had a positive impact on her relationship with students and colleagues. She further described her experiences of preceptorship as a method of enhancing professionalism with colleagues and improved her engagements with students. A study done by Parson (2007) cited in Hussami, Saleh, Darawad, and Alramly (2011), indicated that personal and professional development was noted after completion of preceptor training programme.

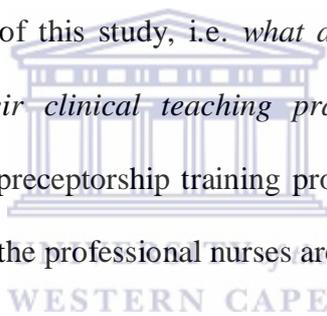
5.5.1 Equipped for the role

The preceptor model is based on the assumption that a consistent one-on-one relationship provides opportunities for socialization into practice and bridges the gap between theory and practice. Billings and Halstead (2012) contend that the use of preceptors requires that planning be done to ensure an understanding of their role. Literature shows that failure to prepare preceptors for their role leads to failure to precept students (Sroczynski et al., 2012).

Happel (2009) stressed the importance of supporting the preceptors in order to fulfil their role. The role includes being competent practitioners who hold a teaching, advisory, supervisory or evaluator role in the service setting and they need to maintain communication with the educational institution. Hussami et.al (2011) suggest that a sound knowledge base in preceptorship is essential to ensure the provision of a high standard of clinical education with positive outcomes.

The participants in this study felt prepared for the role after successfully completing the preceptorship training programme. They also confirmed to have had their teaching skills improved. Duteau's (2012) descriptive study, which was done to examine the value of preceptorship programmes in nursing found that preceptors agree that they feel better prepared for their role as a result of the preceptor training programme. Many studies in literature confirmed an increased level of knowledge of preceptorship and the preceptor role amongst participants as a result of the preparatory preceptorship programme (Hussami et al., 2011). Furthermore, a descriptive study done by Hallin and Danielson (2008) in Sweden also revealed that the professional nurses, following a training programme were confident in their ability to precept students and felt secure in the preceptor role. In another descriptive study done by Hussami et al., (2011) in Jordan to evaluate the effectiveness of a clinical preceptorship programme for professional nurses showed that professional nurses became

more knowledgeable and more confident in their abilities after completing a preceptor training workshop. The findings of this study suggest that the planned preparation of preceptors strengthens the clinical teaching skills of participants thus enhancing clinical teaching and learning in nursing education. Furthermore, Cloete (2013) conducted a descriptive correlational study exploring nurse preceptors' perceptions of benefits, support and commitment to the preceptor role in the Western Cape. In her results, 97.7% of the trained preceptors agreed that the training offered by the higher education provided adequate preparation for the role. Participant 7 described her teaching skills as being improved and felt being empowered for the role. Participant 1 and 5 confirmed that preceptorship brought new skills for their preceptor role. The application of these skills by trained nurse preceptors is the answer to the research question of this study, i.e. *what are the experiences of the trained nurse preceptors regarding their clinical teaching practice*. These findings gave the researcher an indication that the preceptorship training programme is effective. It is evident that the clinical teaching skills of the professional nurses are strengthened.



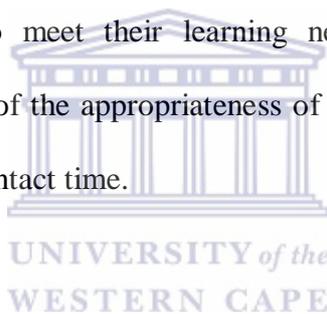
5.6 Challenges

In most training programme, it is expected that participants will experience some challenges. However, the key is how they dealt with the challenges. The participants indicated that effective clinical teaching practice was their main concern.

5.6.1 Contact with students

Although clinical exposure is an integral and defining component of the Bachelor of Nursing degree programme, the duration of the placement in certain placement settings may be limited. In this study the participants described their concerns about the limited contact with the students in the clinical units. One participant expressed her views that in her opinion such a short period of time in the unit can only be described as an exposure to the unit instead of an opportunity to develop clinical skills. The limited exposure suggests that it will take time

for the students to fit in as part of the multidisciplinary team. Failing to be part of team will minimize their opportunities for learning hence affecting their confidence in clinical practice. Croxon and Maginnis (2008) argued that students cannot engage in learning if they are not accepted as part of the team resulting in superficial learning. Nalan (2010) stated that clinical practice equips students with the qualities and qualifications of a graduate nurse. In a similar study conducted by McCarthy (2010) in Ireland, which explored preceptors' experiences of clinical education, the preceptors reported contact time with students was a crucial factor for successful ongoing teaching and assessing. McCarthy and Murphy (2010) stated that the value attributed to student preceptor contact time is well documented in literature. In this study, participant 3 described her concern about students not being placed for an appropriate duration in the service area to meet their learning needs. The preceptorship training programme raised an awareness of the appropriateness of the clinical placements as well as the effective use of the limited contact time.



5.6.2 Management issues

Management issues included a perceived lack of human resource and a lack of insight about the training and support of students in the clinical units. These findings are common and have been evident in the literature related to clinical teaching practice. Mongwe (2001), in a descriptive study exploring perceptions of professional nurses who facilitate learning of student nurses during clinical placement, found that staff and equipment shortages were identified as obstacles to the facilitation of student nurses' clinical learning. Mogale (2011) conducted an exploratory study on student nurses' experiences of their clinical accompaniment in South Africa. The findings indicated that the shortage of staff impacted negatively on the training needs of the students. Another exploratory study done by Croxon and Maginnis (2008) in evaluating clinical teaching models for nursing practice found that a failure to meet the student's needs in acute nursing areas was largely due to staff shortages

and demanding workloads. Participant 3 in this study mentioned that the management is often uninformed about clinical teaching practice which ends up affecting the support of both students and preceptors in clinical units.

A descriptive correlational study done by Cloete (2013) on exploring nurse preceptor's perceptions of benefits, support and commitment to the preceptor role in Western Cape, revealed that the nurse preceptors felt unsupported by the management. She suggested that the nurse managers need to put organizational structures in place to support preceptors. The findings of this study also indicate a need to improve the awareness of the management regarding clinical teaching practice.

5.7 Limitation to the study

The findings of this study are limited to the trained nurse preceptors who successfully completed preceptorship training programme in the Western Cape Province, South Africa. The study only included the nurse preceptors who work in accredited clinical facilities in the role of a preceptor. Other trained nurse preceptors outside the province were not included in the study. This research was done in the context of the Western Cape which means that its findings cannot be generalized to other contexts.

5.8 Summary

The researcher noted that the issue of time as an obstacle to the process of preceptorship is captured in many research reports. For example, a descriptive study done by Duffy (2008) in Ireland on exploring preceptors experiences on their guidance through reflective practice indicated that time was identified and described as a discerning barrier for fulfilling the role of preceptor. In this study, the issue of time was not indicated as a problem in precepting students. Instead, the participants showed positivity and evidence that preceptorship training

programme assisted them to strategize and manage time within clinical teaching practice encounters.

The findings indicate that the teaching skills attained from the preceptorship training programme boosted their confidence, prepared them for the role and broadened their knowledge and skills related to clinical teaching practice. The preceptorship training programme was a guide for the nurse preceptors to effectively teach students in the clinical units. In this study, the participants affirmed that the preceptorship training programme allowed them to develop at both a personal as well as a professional level.

Perceptions shared by the nurse preceptors suggest that more professional nurses who come in contact with students in training need to be prepared and trained for the preceptor role. These findings indicate that the preceptorship training programme is able to rectify pre-existing notions about clinical teaching practice.

The use of students as workload which was a significant finding in the study suggests that the shortage of staff is an issue faced within many clinical facilities. Participants suggest that an increased awareness and support from the management and their colleagues in the clinical units would positively impact on their ability facilitate clinical teaching and learning.

Participants acknowledged that reflective practice was a new concept and that they became aware of the value of reflection in their personal and professional development. It is crucial that further workshops, in-services trainings and research be done regarding reflective practice in nursing and teaching practice.

Participants also suggested that the collaboration between clinical facilities and clinical training institution needs to be reinforced to promote the sharing of relevant information necessary to improve clinical teaching practice.

5.9 Recommendations

This study explored the experiences of trained nurse preceptors in the Western Cape Province, South Africa. From an extensive discussion of the main findings it is clear that the objectives of this study have been attained. The following recommendations related to the education institutions, clinical facilities and clinical teaching practice are based on the most significant findings of the study.

Collaboration: It is recommended that the education institution, in collaboration with the clinical facilities initiate a qualitative study to explore the experiences of students precepted by trained nurse preceptors. Such a study will add the opinions of the preceptee and further explore the effectiveness of preceptorship training programme from the perspective of the students. With the positive feedback from the participants it is essential that the training of preceptors remains one of the continuing education programmes offered by the University of the Western Cape.

Clinical facilities: Regarding clinical facilities, proper orientation should be done in relation to precepting of students through continuous workshops more especially for the management so that the valuable information can be disseminated to every end of all team members involved in nursing. Continuous recruitments to attract more professional nurses to undergo preceptorship training should be persuaded in order to reach the ideal position of every professional nurse being trained.

Continuous training: The findings of this study suggest that preceptorship training programme has a positive impact on clinical teaching practice. The researcher suggests that the offering institution should design more variety of workshops to address different core aspects of preceptorship training programme and improve clinical teaching practice, for example, stand-alone workshops addressing issue of reflective practice in nursing,

interrelationships skills students, etc. Continuous research needs to be done pertaining to clinical teaching practice. The findings in this study showed that good preparation for preceptor role can create a sound clinical teaching practice.

5.10 Conclusion

Trained nurse preceptors experiences regarding clinical teaching practice were explored and described in this study. These nurse preceptors successfully completed the preceptorship training programme offered by University of Western Cape, School of Nursing. Eleven participants were selected as a sample from three levels of health care in Western Cape Province. The findings suggested that the preceptorship training programme was effective in strengthening the clinical teaching skills of nurse preceptors who successfully completed the training programme.

A discussion of the findings and limitations of the study were presented as well as the recommendations based on the research findings were included in this chapter



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Appendix A: INTERVIEW SCHEDULE



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592274, Fax: 27 21-9592679

E-mail: jjeggels@uwc.ac.za



Title of Research Project: The experiences of trained nurse preceptors regarding their clinical teaching practice in the Western Cape

Demographic data

1. When did you register as a professional nurse with the SANC
.....
2. When did you attend the preceptorship training programme
.....
3. Where do you currently work
.....

Semi-structured interview

1. Reflect on your experiences of the Preceptorship training programme. How do you think that the training programme prepared you for your clinical teaching role?

2. Describe some of the learning outcomes of the training programme that you have implemented in your clinical teaching practice

(Probing questions)

- Clinical teaching and learning theories / strategies
- Aligning learning opportunities with the learning needs of students
- Designing a tailor-made clinical teaching programme for your unit
- Engaging in structured and unstructured clinical teaching activities
- Motivating or maintaining the student's interest in clinical learning

3. Describe the challenges that you have faced as a preceptor in your unit relating to clinical teaching practice.



Appendix B: CONSENT FORM



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592274, Fax: 27 21-9592679

E-mail: jjeggels@uwc.ac.za



Title of Research Project: The experiences of trained nurse preceptors regarding their clinical teaching practice in the Western Cape

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's name.....

Participant's signature.....

Witness.....

Date.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Dr June Jeggels

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: (021)959-2278

Cell: 0834952214

Fax: (021)959-2679

Email: jjeggels@uwc.ac.za



Appendix C: _INFORMATION_SHEET



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592274, Fax: 27 21-9592679

E-mail: jjeggels@uwc.ac.za

Project Title: The experiences of trained nurse preceptors regarding their clinical teaching practice in the Western Cape

What is this study about?

This is a research project conducted by Thobeka Siganga, a master's student at the University of the Western Cape. I am inviting you to participate in this research because you will be given the opportunity to describe your experiences regarding preceptor training programme on your clinical teaching practice. The purpose of this study is to explore and describe preceptors' experience regarding preceptor training programme on your clinical teaching practice. You will be asked to complete a consent form to participate in the project.

What will I be asked to do if I agree to participate?

You will be asked to share your experiences regarding preceptor training programme on your clinical teaching practice. The researcher will schedule an interview with you in a private and quiet room at the service unit. One on one interview will be conducted with you by the researcher and it will take not more than an hour. The interviews will be audio-taped with a digital recording device and field notes will also be taken so that the researcher can go back and verify what you will share. You will be asked open-ended questions regarding your experiences as a preceptor who has undergone the preceptor training programme. This will be followed by further questions depending on the answers that you give. There will be no right or wrong answer. The interview transcription and field notes will be stored electronically on multiple hard drives, only the supervisor, an independent coder and the researcher will have access to these recordings. The researcher will take written field notes during the interviews. However, the participants' names will not be recorded in these notes.

Would my participation in this study be kept confidential?

We will do our best to keep your personal information confidential. To help protect your confidentiality, the audio-taped interviews will be stored in a compact disc which will be stored in a locked and safe cabinet where no one will be able to access it except the researcher. Your name will not be mentioned or identified in the report. Identification codes will be used instead of names. e.g. participate 1 or participant A. If we write a report or article about this research project, your identity will be protected to the maximum extent possible. The publication of the results of the project, will not mention any names of participants.

What are the risks of this research?

There are not known risks associated with participating in this research project. However, the researcher understands that during the course of the interview, you may recall experiences that may have challenged you in performing your preceptor role. But should this be the case, you will be referred to the appropriate counselling services.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the researcher to learn more about your experiences following the preceptor training programme. We hope that, in future, other people might benefit from this study through improved understanding of

your experiences and recommendations can be made of ways to improve clinical teaching and learning by preceptors.

Am I obliged to take part in this research project and can I stop participating at any time?

Your participation in this research project is completely free and voluntary. You may choose not to take part at all. If you decide to participate in this research, you may withdraw at any time during the study. If you decide to withdraw from the study, you will not be penalised in any way, neither will you forfeit any benefits to which you otherwise qualify.

How do I get my questions answered?

This research is being conducted by Mrs Thobeka Siganga from the School of Nursing (SoN) at the University of the Western Cape. If you have any questions about the research study itself, please contact her at: 076 936 2663 Address 21 Brink Circle, Mandalay, 7785, Email: tkmsiganga@gmail.com or tsiganga@uwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dean of the Faculty of Community and Health Sciences:

Prof. Hester Klopper
University of the Western Cape
Private bag X17
Bellville, 7535
021 959 2631
Email: hklopper@uwc.ac.za

Head of Department

Prof Oliyinka Adejumo
University of the Western Cape
Private bag X17
Bellville, 7535

021 959 3024

Email: oadejumo@uwc.ac.za

Supervisor

Dr J Jeggels

University of the Western Cape

Private bag X17

Bellville, 7535

021 9592278

Email: jjeggels@uwc.ac.za

This research has been approved by the University of the Western Cape' Senate Research Committee and Ethics Committee.



Appendix D



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592274, Fax: 27 21-9592679

E-mail: jjeggels@uwc.ac.za

Letter of request to University of the Western Cape, School of Nursing to conduct the research



21 Brink Circle

Mandalay

7785

28 August 2012

To whom it may concern:

The Western Cape Government

Health

Dear Sir,

Consent to Conduct Research Investigation

I am a post graduate student at the University of the Western Cape, and am studying to fulfil the requirements for a Master's Degree in Nursing. My research topic is. **The experiences of trained nurse preceptors regarding their clinical teaching practice in Western Cape**

I am interested in the views and experiences of explore preceptors' experience of regarding their preceptorship training programme in clinical teaching practice.

In order to conduct this study; with your permission; the preceptors will be selected by means of purposive sampling and informed consent obtained from them to participate in an individual interview. Preceptors will be interviewed one on one. Having access to the preceptors who successfully completed preceptorship training programme offered by University of Western Cape will be very much appreciated.

I hereby request your permission to conduct my research investigation at the selected hospitals. Attached is a copy of the consent form. Preceptors will participate voluntarily and may withdraw, without fear or favour, from the study at any time. All information will be handled confidentially and will be transcribed personally. The students will remain anonymous and pseudonyms will be used to protect participants' identities and the name of the institution.

Information acquired during this research project will be shared with all participants prior to public dissemination. Results of the study will be published in an accredited journal and a peer review journal.



Yours sincerely,

Thobeka Siganga

Student No: 2126311

07 693 2663

Dr June Jeggels

Supervisor

0219592271

Appendix E



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592274, Fax: 27 21-9592679

E-mail: jjeggels@uwc.ac.za

21 Brink Circle

Mandalay

7785



August 2012

To whom it may concern:

School of Nursing

Centals

Madam

Letter of request to gain access to the database of trained nurse preceptors at University of Western Cape

I am at present a student in the Master's program at School of Nursing, Faculty of Nursing Science, and University of Western Cape. I am currently conducting research for mini thesis, for the completion of Master's degree in Nursing Education. The title of my research is **the experiences of trained nurse preceptors regarding their clinical teaching practice in Western Cape.**

I hereby request your permission to access the database containing the names of trained nurse preceptors.

Thank you for your assistance in advance.

Yours sincerely

Thobeka Siganga

Student No: 2126311

07 693 2663

Dr June Jeggels

Supervisor

0219592271



Appendix F



OFFICE OF THE DEAN DEPARTMENT OF RESEARCH DEVELOPMENT

25 October 2012

To Whom It May Concern

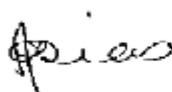
I hereby certify that the Senate Research Committee of the University of the Western Cape has approved the methodology and ethics of the following research project by:
Mrs T Siganga (School of Nursing)

Research Project: The experience of trained nurse preceptors regarding their clinical practice in the Western Cape

Registration no: 12/9/16

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.



*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

Private Bag X17, Bellville 7535, South Africa
T: +27 21 959 2988/2948 . F: +27 21 959 3170
E: pjosias@uwc.ac.za
www.uwc.ac.za

A place of quality,
a place to grow, from hope
to action through knowledge

Appendix G



STRATEGY & HEALTH SUPPORT
Health.Research@westerncape.gov.za
tel: +27 21 405 6157 fax: +27 21 405 9955
5th Floor, Nelson Mandela House, 8 Riebeeck Street, Cape Town, 8001
www.westerncape.gov.za

REFERENCE: RP 109 /2013
ENQUIRIES: Ms Charlene Ruderick

**21 BRINK CIRCLE
MANDALAY
7785**

For attention: **THOBEKA SIGANGA**

Re: The experiences of trained nurse preceptors regarding their clinical teaching practice in the Western Cape.

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research. Please contact the following people to assist you with any further enquiries in accessing the following sites:

New Somerset	Dr D Stokes	Contact No. 021 402 6408
GF Jooste	Mr R Chuunga	Contact No. 021 690 1031
Worcester Hospital	Ms W Marais	Contact No. 023 348 4637
Paarl Hospital	Dr B Kruger	Contact No. 021 872 1211
Western Cape Rehab Centre	Ms J Hendry	Contact No. 021 370 2313

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final report within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).
3. The reference number above should be quoted in all future correspondence.

Yours sincerely


DR NT Naledi
DIRECTOR: HEALTH IMPACT ASSESSMENT

DATE: 29/7/13
CC **DR L PHILLIPS**

DIRECTOR: CAPE WINELANDS

Appendix H

SCENARIO 3

Interviewer: Alright... Thank you for participating on the preceptorship study. There is no right or wrong answer. It is a reflection. You have attended a preceptorship training program, may you please reflect on your experiences of preceptorship. What is it now that you can do and you know weren't able to do it before the preceptorship training program?

Participant: Mhm... Thobeka, I think this preceptorship training helped me a lot in a way, before I couldn't assist the students but after the preceptorship I managed to know that before you start anything with students you need to know their learning needs and then align them with learning opportunities available in your unit. So it helped me in that way.

Interviewer: Ok...alright... Any other thing which has assisted you with in your practice?

Participant: It helped me a lot because before, we used to use mentor style, the mentor usually didn't base on objectives of the students but mainly on characteristics which means role model, sort of supervising. You must just observe. On a preceptorship, but on a preceptorship you need to engage your students by using even senior people to do spot teaching. You see? And sometimes if there is no learning opportunities according to the objective of the student, then you can take your students, so it means you can take your students to an appropriate place. So it helped me to think critically.

Interviewer: Alright...lovely... Let's talk about motivating and maintaining your students' interest in your unit.

Participant: A lot because, as I aid when mentoring you just supervise and you use that approach of being judgemental like how come the student doesn't know and yet she has done it in class. Without even looking that is there any opportunity for your students to learn, the learning objectives and without even looking what the students need to learn. You just expect your student to work as she is allocated to your unit. Preceptorship changed all those perceptions.

Interviewer: Your perceptions, so you telling that the preceptorship has assisted to do identification of learning opportunities. Ok... let's talk about your teaching approach.

Participant: As I said I check their learning objectives, do direct teaching whereby they sit down and I teach them and also indirect teaching whereby one of the seniors will do the expected task and I give feedback in between and do spot teaching whereby they do a certain task and when I see the gap, I intervene.

Interviewer: Does that mean all these you have learned from preceptorship training program

Participant: (Louder) All those things I had learned from the preceptorship

Interviewer: Ok... you have also covered reflective practice, let's talk about it. Anything you have learned from the preceptorship regarding that, be it reflection by students or practitioners?

Participant: It also helped me because in order to see whether for the students have grasped anything which they have learned on that day, through reflection by preceptorship now I'm able to even, at the end of the day. I am able to recap, identify the gap and give the feedback and see if anything needs clarity and facilitate discussion. I think the preceptorship equipped me to know that it doesn't end just on the doing of the task. Afterwards we are able to speak about it and give feedback

Interviewer: Ok, alright... Let's talk about tailor made programs in your unit. Anything you've learned regarding it?

Participant: I will say yes, (laughing), before the preceptorship I didn't have anything on the wall but after, I let the students to do what you see on the wall and it helps them to learn on their own time and they are able to ask if there is anything that they don't understand.

Interviewer: Eeeh... it is true,(both laughing) even when they have a specific objective, they can research it and do pasting up there.

Participant: That's what we learned from preceptorship that it is not about book, also involve your students, hands on, you involve your students. You end up seeing that there is no time of teacher teaching the students.

Interviewer: Yeah, that's how it is a school and its being avoided. So we agree that learning takes place from the doing?(Participant; yeah...from being involved and as we know nursing is not about theory, it's about the practical and practical is not just observing but being hands on and participation at the end of the day). (Interviewer: Oh, ok...would you recommend preceptorship training program to anybody else?

Participant: You know, currently, I am a training representative and definitely besides that you suppose to have education. I think the preceptorship closes the gap in order to assist students. It closes that gap which makes it very, very important. You don't need to go and have degree or diploma. You can also assist students with experience which you get from the preceptorship training program.

Interviewer: Mhm... Yeah, it's true and does it make it easy for the registered nurse to fulfil her role of teaching?

Participant: Yes, you fulfil the role and also the workload is minimised because you don't fully play that role of being a teacher but through participation by students, you just observe and teach in between if there is anything that the students want to know. Teaching is not separated from your work.

Interviewer: Ok... may you reflect on challenges you are faced with as a preceptor in your unit and how have you solve them?

Participant: The challenges I have is that I am the currently only person on a clinical who has done preceptorship program and our department is very broad. It's not only psych and there are other departments. Those are the challenges. In those departments there is a lack because those

registered nurses are not exposed to preceptorship,(Interviewer: training of students). At the end of the day you find out that students are placed in areas where there are no learning opportunities so those are the challenges.

Interviewer: Ok... and they are sometimes with those nurses who think they have come to work?

Participant: Yeah, without even asking what their learning needs are, they sometimes don't even need to check their books, just asking about their learning needs to let them know what are they here for and see how they can be assisted.

Interviewer: Ok...those are your challenges. What about challenges on one on one when precepting your students? Seeing that you have all levels from undergrad to, post grad level from different institution from different learning approach.

Participant: You know with that I was going to tell the challenge is to be a strategic planner because I am the only one here. Only psych sister which was not gonna be a challenge to me if we were two. I was going to have enough time to see at different year levels from different institution, having one on one teaching.(interviewer, ok basically its shortage of staff). Eeeh ...eeeh, of which it disadvantages the students but positively having post grad you let them teach and you just fill in the gaps.

Interviewer: Ok... and with the management regarding preceptorship of the students? Support wise or you are just thrown in the deep participant.

Participant: You know/ if someone have an insight of what is happening then it wasn't going to be a problem but the managers know nothing when it comes to precepting and training of students.(So what are they thinking why the students are here). Just to come and work and do their practical, that's why I told you that they don't even check their learning needs.(Interviewer; and then what does the word practical mean to them? Because it involves the teaching and learning of students) . I also come from, before when you see a students you think the student suppose to know everything. She must just work and prove that whatever she has been taught in class, she must apply it in practical. That's being judgemental come and you wonder what has been taught if she can't do it. You don't even want to know her capabilities, and how competence she is, is it appropriate for her year level/ you see?

Interviewer: Ok... alright... the information that you are sharing is very useful to me. Finally, you have undergone preceptorship training program for two weeks. May you please share with me your experiences of those two weeks?

Participant: Yooh... (Laughing). I am sure when I look at my certificate now I smile because I wasn't expecting to pass it. It was very challenging, technology, also because everything you must do on the computer and time frame was very, very limited. It was very fruitful but very difficult at the same time.

Interviewer: Ok...in summary, what can you say about the program?

Participant: Preceptorship is eye opening, shifting your mind from the idea you had regarding your students.

Interviewer: Thank you very much I hope that this information will be useful and will suggest with finding of the study. Thank you.

Participant: Thank you Thobeka, the other thing as a training representative and skill development rep, with the knowledge of the preceptorship, I am able to send people9 staff) to appropriate courses, pertaining to their work needs, not just sending a person which is not applicable so it helps the department to look at the skills and what people need to know.

Interviewer: Wow... that's incredible, thank you sister.

