

**EXPERIENCES OF FIRST-YEAR UNIVERSITY OF THE
WESTERN CAPE NURSING STUDENTS DURING FIRST
CLINICAL PLACEMENT IN HOSPITAL**

BY



**A MINI-THESIS SUBMITTED TO THE FACULTY OF HEALTH SCIENCES,
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FULFILLMENT OF THE REQUIREMENT OF THE DEGREE OF MAGISTER
CURATIONIS**

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NOVEMBER, 2010

DECLARATION

I Janiere Abubu, hereby declare that:

Experiences of first-year University of the Western Cape nursing students during first clinical placement in hospital is my own work, all sources that have been used or quoted have been indicated and acknowledged by means of complete reference list, this was not submitted for any other degree at any institution.

Janiere Abubu

Date: 12/11/2010

Signed-----



KEY WORDS

Experiences

First-year nursing student

Clinical placement

Hospitals

Phenomenology



ABBREVIATIONS

UWC: University of the Western Cape

SoN: School of Nursing

SANC: South African Nursing Council

SAQA: South African Qualification Authority

SA: South Africa

UK: United Kingdom

NBT: National Benchmark Test



DEDICATION

This mini –thesis is dedicated to GOD the Father, Son and Holy Spirit who made me as I am and gave me his grace to accomplish this mini-thesis. To my mother Virginie Nyirangirabatware who supported me, to my husband Louis Harindintwali thank you for your prayers and constant support, to my children: Clarisse, Grace, Gloriose and David.

Thank you to June Jeggels my supervisor for your devotion to education, your support and encouragement.



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ABSTRACT

In nursing education the clinical component comprises an important part of the students' training. Clinical teaching and learning happens in simulated as well as real world settings. First-year students spend the first quarter of their first year developing clinical skills in the skills laboratory. In the second-term they are placed in real service settings. This study was aimed at exploring the experiences of first year nursing students of the University of the Western Cape (UWC) during their first clinical placement in the hospital. A qualitative phenomenological exploratory study design was used and a purposive sample of twelve nursing students was selected to participate in the study. The research question was "Describe your experiences during your first placement in hospital?" Written informed consent was given by every participant and ethical approval was obtained from the relevant UWC structures. In-depth, face-to-face interviews were conducted, audio taped and transcribed verbatim. Transcripts were coded and sub-categories, categories, and themes were extracted during the data analysis process. Trustworthiness of the data collection and data analysis processes were ensured. Many of the first year nursing students described their experience in hospital as being stressful. However, the first placement in hospital allowed them to work with real patients and provided them an opportunity to develop a variety of clinical skills. Even though the hospital environment was unfamiliar and the ward staff unwelcoming, the patients' acknowledged and valued their contribution to patient care. Students tend to seek support from family members and lecturers. It is recommended that first year nursing students be prepared adequately for their first placement in hospital as well as to provide practical and emotional support to students during their hospital placement

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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Undergraduate student nurses are trained at the School of Nursing, UWC. The training is aimed at preparing students to provide care to clients from diverse backgrounds. The core competencies of the undergraduate programme include communication, assessment, patient care and professional development.

Student nurses are able to develop these competencies in a simulated environment as well as in the clinical placement settings. The first clinical placement experience is an important determinant for their progression through the programme as well as their future careers.

Students do not drop out from a university because of academic reasons only, but Pitkeithy and Prosser (2001) suggest that many nursing students leave during second and third year because of events that happened during the first year. When student nurses face the negative attitude of staff, their clinical learning is disturbed and their progression and retention in the nursing program blocked (Chan, 2002).

There is limited literature in developing countries about the experiences of first-year nursing students during their first placement. This study will be conducted at UWC, one of the higher education institutions for the training of South African nurses. This study adopted a qualitative approach, using phenomenological research design and has as objectives the exploration of the first clinical placement experiences of nurses during the first hospital placement. Data were collected during in-depth interviews and were analyzed using Colaizzi's (1978) phenomenological data analysis.

1.2 BACKGROUND AND RATIONALE FOR THE STUDY

In this section an overview of the undergraduate nursing program at UWC is presented. The duration of the programme is four years, as is the case in many countries world-wide. The nursing program is accredited by South African Nursing Council and students are placed in accredited hospitals for their clinical placements. The student profile reflects students with an average age of 35 years, from diverse back-grounds, from rural and urban areas in South Africa as well as from elsewhere in Africa.

Admission requirements for the first-year undergraduate program include:

- a. That the students must have the National Senior Certificate for the Bachelor's Degree and a score of no less than 27 points calculated according to the university's approved point system. They must have a level 4 in English (home or first additional language), life sciences and mathematical literacy as well as a level 3 in another language and mathematics.
- b. That student writes National Benchmark Test (NBT).
- c. That student should have proof of prior learning in a nursing program or equivalent of the above requirements.

First-year nursing students are exposed to theoretical and practical knowledge during the first semester of the academic year. They are taught basic theory and are given an opportunity to observe and practice nursing skills in the skills laboratory with simulated patients.

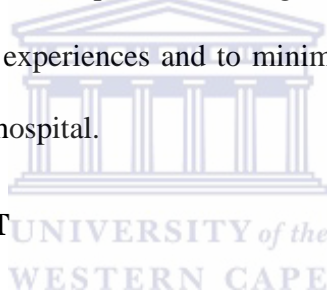
After the first term of the first semester, the nursing students are placed in different hospitals for a period of eight hours per week for seven weeks. In this study the research participants share their experiences related to being placed in three different hospitals.

In the clinical setting, the clinical supervisors facilitate learning and each student is accompanied for a period of 30 minutes a week or one hour over a period of two weeks. This means that for the remainder of the time the students are supervised by the health team in the ward and the registered staff members have to teach and support the students.

The challenge in this situation is that the clinical settings are understaffed and the registered nurses are responsible for other ward duties. It therefore becomes the first-year nursing students' responsibility to integrate themselves into the multidisciplinary health team in order to accomplish the compulsory clinical requirements of the nursing course.

The exploration of first-year clinical experiences will give the School of Nursing an opportunity to enhance the positive clinical experiences and to minimize negative ones in order to improve the learning environment in the hospital.

1.3 PROBLEM STATEMENT



The first clinical placement in hospital for first-year nursing students is an important phenomenon in nursing education. It appears from the literature that students have mixed feelings related to both their positive and negative experiences (Yong, Myrick & Haase 2002).

In South Africa as well as internationally nursing students are placed in clinical placement for the practical part of their training. This forms an important component as it is in real placement settings that students develop their ability to function as professional nurses.

At the School of Nursing (SoN) in UWC no studies have been done to explore the clinical placement of students. It is therefore important to evaluate clinical teaching and learning both in the simulated as well as the real world setting. This study will focus on the experiences of first-year students and may show whether there is a need to expand the study to other year levels.

From my personal experience as a clinical supervisor, the first clinical placement of students in hospital is associated with more negative than positive experiences. In studies done in developed countries students report a mixture of positive and negative experiences.

Most of those studies were descriptive and focused on students' descriptions of clinical education. A few studies explored the first-year nursing students' experiences of their first clinical placement. A comprehensive overview of the above studies is presented in chapter two.

1.4 RESEARCH QUESTION

The main research question is “what is the experiences of first-year UWC, nursing students during their first clinical placement in hospital?”

1.5 SIGNIFICANCE OF THE STUDY

White (1999) related the significance of the clinical placement for first-year nursing students to their commitment or rejection of the nursing profession. With little information available about this relationship in developing countries, the researcher initiated this study to explore the experiences of the first-year nursing students' during their first placement in hospitals.

This will assist SoN to be more focused in the orientation and planning of the first-year nursing program. It will also allow the SoN to provide the relevant support to the students during their clinical placement in the clinical settings.

As an exploratory study, the experiences of first-year UWC nursing students during their first placement in hospital will provide baseline information and it will indicate whether more research is needed to develop a more conducive learning environment for first-year nursing students. The research report will help the School to prepare subsequent groups of first-year nursing students for their first clinical placement in hospital.

1.6 LIMITATION OF THE STUDY

One of the weaknesses of this study is inherent of qualitative studies. One of all qualitative research studies limitation is that one cannot generalise the research study findings to other similar conditions and situations (Holloway & Wheeler, 2002). The qualitative data that were collected for this study was limited to participants from UWC and had their first clinical placements in government hospitals and in general wards. Thus making these research findings to be only applicable to this specific representative sample from which it was taken. The research was limited to one training institution UWC, for this reason the findings of this study cannot be generalised. The experiences of first-year nursing students might be different from other first-year nursing students from other nursing schools who had their first clinical placements in private hospitals and/or specialised wards.

1.7 OPERATIONAL DEFINITION OF KEY TERMS



Experiences

Experience of a first year nursing student refer to all the students perceptions, positive or negative, different challenges and support that the student use to survive during her placement in hospitals (Robert, 2007).

Nursing student

Any female or male enrolled for a nursing degree of four years (Robert, 2007).

Clinical placement

It is the period of time that the first-year nursing students of UWC were placed in a hospital environment to be in contact with the staff and patients in order to learn nursing skills in the ward (Robert, 2007).

Hospitals

It is the second or third level health care facilities that admit patients with health problems for treatment (Robert, 2007).

1.8 DESCRIPTION OF A GENERAL HOSPITAL

Hospital is a general term used for a wide variety of institutions that provide health care services to patients (Benatar, Doherty, Heunis, McIntyre, Ngwena, Pelsler, Pretorius, Redelinghuys & Summerton, 2004). A general hospital offers short-term hospitalisation for a multiplicity of health problems at one site.

A level one (1) general hospital is located at district level. Generalists serve patients referred to them from clinics and family doctors. The level two (2) hospitals are located at regional level and generalists provide specialist services to patients referred from district hospitals. Level three (3) and four hospitals are located at provincial level and provide super-specialist services to patients referred from regional hospitals (Benatar *et al.* 2004).

First-year nursing students are placed in all the levels of general hospitals during their undergraduate programme. In this study, students were placed in different hospitals which will be referred as hospitals X, Y, Z and W.

In South African hospitals as well as in many other countries, patient care is the responsibility of a health care team: doctors, nurses, physiotherapists, psychologists, nutritionists and social workers.

The registered nurse or the sister-in-charge of the ward is the coordinator of the team. In addition to the coordination function this person also has the responsibility of providing individualized patient care, attending to the clinical training needs of student nurses and managing the nursing unit (Benatar *et al.* 2004).

1.9 THE STUDY CONTEXT

This section includes the description of the nursing profession in South Africa to allow the reader to conceptualize the teaching-learning environment that the participants are exposed to.

1.9.1 Nursing profession in SA

Several milestones mark the development of nursing and the nursing profession in SA. Rudimentary nursing was provided to patients during the SA settlement period. The first nurses were midwives. At the start of the 19th century, SA was one of the first countries to register professional nurses (Benatar *et al.* 2004).

The South Africa Nursing Council (SANC) is the body entrusted to set and maintain the standards of nursing education and practice in SA. In 2000, SANC was accredited as an Education and Training Quality Assurance body of the South African Qualification Authority (SAQA) (Nursing Act, 2005).

Since 1986 nurse training entailed a four year program. According to the provincial nursing strategy in the Western Cape (2005) the nursing profession faces challenges ranging from education and training to clinical practice. These challenges include, amongst others, a shortage

of nurses, high attrition rate, migration, and inadequate remuneration, a poor image of nursing in society and an increasing burden of disease. Nurses constitute more than 50% of the health profession and assume more of 80% of the care provided to the community (Nursing strategies, 2008).

1.9.2 Bachelor of nursing program at UWC

Undergraduate nurse training started in 1972 with 14 students. Currently UWC has an enrolment of more than 1000 undergraduate students. The large student numbers places an increased burden on the SoN to provide students with a quality clinical training programme.

Student nurses are exposed to skills training in the skills laboratory, where first to fourth year nursing students get to practice nursing skills under supervision. Using simulated patients, student nurses are able to practice with real people in the skills laboratory. From the second semester of the first-year student nurses are placed in accredited facilities in the general hospitals and they rotate within different general wards.

The learning in the placement settings is facilitated by nurses in the ward for most of the time and by clinical supervisors who are registered nurses employed by UWC. Each and every student is seen by clinical supervisor every second week in the settings.

1.10 AIM AND OBJECTIVE OF THE STUDY

1.10.1 Aim

The aim of this study is to explore the experiences of first-year UWC nursing students during their first clinical placement in hospital.

1.10.2 Objective:

To describe the experiences of first-year nursing students during their first clinical placement in hospital.

1.11 RESEARCH METHODOLOGY

The research methodology for this study is described in detail in chapter three of this thesis. The study followed a qualitative approach as it has to explore the experiences of first-year nursing students during their first clinical placement in general hospitals.

The researcher finds the qualitative approach suitable for this study because it allows the research to go deeper into the participants' lived experiences as each and every participant relates their stories. The study used an exploratory and descriptive design to be able to get explicit details and descriptions of the student nurses' experiences during the first clinical placement in general hospitals. Phenomenology was used as a preferred method to collect and analyse qualitative data.

1.12 ETHICAL CONSIDERATION

Ethics is a set of accepted moral principles that directs the use of human subjects as research participants. This is particularly true in the case of qualitative studies (Helen & Dona, 2007: 56). However, it may become challenging to respect participants' rights, given the method of qualitative data collection and the relationship that develops between the researcher and the participants (Cutliffe & Ramcharan, 2002).

The common ethical aspects to be observed are the following: do no harm to the participants, obtain informed consent from the participant and respect human dignity (De Vos *et al.* 2007).

1.12.1 Beneficence

Participants were protected from harm during data collection, data analysis and report writing. They were given information about the aim and objectives of the study as well as what the expectations were should they chose to participate in the research process.

This was to allow first-year nursing students to make a voluntary decision to participate or not. Participants were informed about the option to withdraw from the research process at any time and how the findings will be disseminated once the study is completed.

1.12.2 Respect for human dignity

Participants' rights were observed during the study and they were treated with respect and dignity during the data collection phase. Confidentiality was maintained during and after the study (Polit & Beck, 2004). The participants' privacy and right to anonymity was respected. In-depth interviews were done in private and the audio-tapes were numbered and kept in locked cupboards to ensure anonymity.

The researcher respected her responsibility of operating as a data collection instrument in her relationship with participants. Sensitive issues were raised with the necessary level of caution.

During the data collection phase, none of the participants needed referral to the university counselling service for debriefing sessions (Beauchamp & Childress, 2001).

1.12.3 Informed consent

After a full explanation of the research process, those first year nursing students who choose to participate were give a consent form to complete and sign before interviews were conducted. This ensured that the researcher obtained written permission from the participants prior to the commencement of the study.

1.13 ETHICAL CLEARANCE

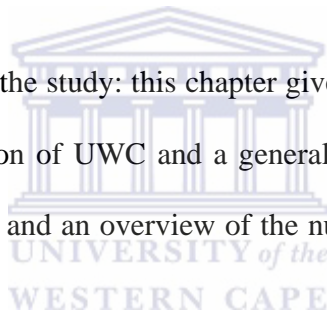
Ethical clearance was granted by UWC Higher Degrees Committee as the research process respected the institutional guidelines related to the acceptance of proposals and registration of projects. The permission to conduct the study with UWC students was granted by the relevant authorities.

1.14 OUTLINE OF THE STUDY

The study is organized as follow:

Chapter 1

Introduction and background to the study: this chapter gives an introduction to all the chapters in the study. A detailed description of UWC and a general hospital setting as the study site was given. The purpose of the study and an overview of the nursing profession in South Africa were provided.



Chapter 2

Literature review: this chapter consists of a discussion of findings from other studies done on the experiences of nursing students, clinical facilitation, the first clinical placement of students and the support systems available to students in clinical placement settings.

Chapter 3

In this chapter the research methodology was discussed. The reason for using a qualitative approach was described and the limitations of using this approach were highlighted. The phenomenological research design was used to explore the lived experiences of the student

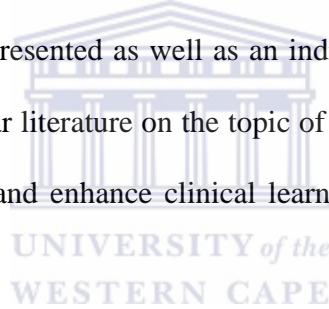
nurses. Details of the study design, sampling, data collection and data analysis is presented and the measures to ensure trustworthiness of the research is described.

Chapter 4

The research findings is presented and discussed. The participants' demographic data as well as a summary of themes that emerged from the research is presented. The four themes is discussed in detail and anecdotes from the transcripts included to give a voice to the participants.

Chapter 5

The conclusion, recommendations and suggestions for further research is discussed in this chapter. A study summary is presented as well as an indication of the relationship between the findings of this study and similar literature on the topic of clinical placement of nursing students. Recommendations to improve and enhance clinical learning of nursing students in placements were proposed.



1.15 CONCLUSION

This chapter introduced the background to the study and the UWC as the research site. The research method to explore and to describe first-years UWC nursing students experiences during their first placement in general hospital was briefly discussed and the ethical consideration described. An overview of the content of the thesis chapters was given.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

Literature review is an essential part in qualitative research. Some authors prefer to start with a limited review of the literature as mean of orientation to the study (Creswell, 2003: 30) and others prefer to not do the literature review before the study to minimize bias during the data collection and analysis phase (Creswell, 2003: 33). In this study the researcher did a limited literature review before the study to be able to focus the study and to get an orientation to the methodology as she is a junior researcher in qualitative research and phenomenology (Creswell, 2003). The researcher recognised the possibility of bias during data collection and analysis and according to the philosophical guidelines of phenomenology; she had to bracket all previous information and prejudices (Helen & Dona, 2007). An extensive literature review was done after the data analysis phase and it was presented in chapter five during the discussion of the study findings.

In this chapter the researcher presents a review of literature related to clinical placement, the first clinical placement of students and the support systems in clinical placement. Studies that have explored the clinical placement experiences of nursing students show that they have both positive and negative experiences (Kleehammer, Hart & Keck,1990; Meisenhelder, 1987) and that placement challenges for student nurses is experienced as being a dominant component (Bashford, 2002; Chanell, 2002; Chapman & Orb, 2000).

The first clinical placement is often associated with stress and challenges for the nurses (Pagana, 1998) and they generally adapt to the placements when they remain there for longer periods of time (Chesser –Smyth, 2005).

The clinical training of undergraduate nursing students is generally done in the simulated setting of the skills laboratory and /or in the real world settings of the clinical units. It is important for students to be placed in the clinical setting to develop their nursing skills in a real world context (Chan 2002; Cope, Cuthbertson & Stoddart 2000).

From the first to the fourth-year of the undergraduate program at UWC, student nurses are placed in general hospitals, psychiatric, maternity and community health care settings. Throughout their entire placement period students learn clinical skills, and develop their interpersonal skills to become competent professionals (Donna 2006).

2.2. CLINICAL PLACEMENT

Nursing is a practice-based profession that requires student nurses to be placed in clinical settings to develop their clinical competencies (Peyrovi, Yadavar-Nikraves & Oskouie, 2005). The aim of nursing education is to train nurses to provide competent nursing care to clients in the clinical settings (Chapman & Orb, 2000).

Dunn and Burnett (2000) describe the clinical learning placement as an interaction of different forces that influences the student's clinical learning outcomes such as the student and ward staff relationships, patient relationships, ward management skills and professional hierarchy and ritual.

Students consider the clinical setting as a place where they learn how to become a nurse (Elliot, 2002) and they are able to develop their attitudes, competency, interpersonal and communication skills, critical thinking and clinical problem-solving abilities (Dunn & Hansford, 1997).

The quality of the student nurses' clinical experience is determined by the quality of their training program (Nepthine, 1996). A study done by Spouse (2001) to assess the acquisition of clinical knowledge by student nurses showed a big concern about the lack of social support that students

receive during clinical placements. Support was regarded as an important factor to promote student learning in clinical settings.

In a qualitative study done using structured interviews with Australian and United Kingdom nursing students, Levett-Jones (2006) explored the factors associated to belongingness during clinical placements. Nursing staff that welcome, accepts and support students, were seen to be enhancing clinical learning and positively influencing the students' career decisions. However, unreceptive staff and an unwelcoming clinical environment resulted in the students experiencing distress and detachment. In the latter case the students' clinical learning was impacted negatively and they felt alienated (Levett-Jones, 2006).

Many studies showed the important role played by ward managers in the students' clinical learning. The managers bring a positive element to creating group cohesion, fostering mutual trust and respect and creating a positive team spirit (Chan, & Morrison, 2000; Welsh, & Swann, 2002).

A qualitative phenomenological study on the factors influencing pre-registration nursing student's acquisition of professional knowledge in clinical placement in the United Kingdom (UK) was done by Spouse (2001). The study used multi-methods for data collection in which individual interviews was the main method. Data were analysed using constant comparative method followed by cross case analysis. Seven themes emerged from the study findings: relating to patients and their relatives, developing clinical knowledge, learning to bundle activities of nursing together, developing craft knowledge, relating to and functioning within a clinical team, managing feelings and emotions and developing the essence of nursing which promote therapeutic action. The fundamental influences to promote all these were found to be effective mentorship, peer support, student's concept of nursing and the nature of clinical activities (Spouse, 2001).

2.3 THE FIRST CLINICAL PLACEMENT

Nursing students have identified the initial clinical placement to be the most anxiety-producing aspect of their clinical experience (Boychuk-Duchscher, 2001; Chesser-Smyth, 2005).

In a phenomenological study on the first clinical placement of first-year nursing students at an Iranian university, the following themes emerged: the students developed caring-orientated relationships, they discovered themselves in the clinical milieu and they found themselves being supportive towards their classmates (Peyrovi *et al.* 2005).

In a study done after the first-year of an undergraduate nursing program at the Glasgow Caledonian University on the transition from theoretical learning to clinical skills development, 76% of the students reported that they were excited to start their first clinical placement. They stated that after three weeks of clinical placement they understood nursing terminology, the clinical learning outcomes, the nature of evidence to be collected for the clinical module as well as the role of the new nurse and the mentor (Nicole, Claire & Terry, 2009). In these two studies the students shared mainly positive experiences.

In a qualitative study conducted on the nursing students perceptions of clinical learning at University of Canberra in Australia, 25 students participated in focus group discussions. Students reported that they were welcomed and accepted in the clinical settings, senior students were supportive to junior students and reciprocity occurred. However, in some cases students felt unwelcome, the ward staff was very quick to comment about their performance and some wards were not organized. Clinical learning in the real setting helped students to understand what was taught in class and they felt responsible to care for the patients allocated to them (Grealish & Rance, 2006).

At a state university in the South Eastern United States of America, a phenomenological study was conducted using 18 undergraduate nursing students, after their first placement in a local community hospital. Written descriptions were analysed using Colaizzi's method and the following statements were extracted: pervading anxiety, envisioning self as incompetent, feeling abandoned, encountering reality shock, doubting choices, and uplifting consequences (Beck & Srivastava, 1991). In these studies there were mixed responses of both positive and negative experiences.

In a phenomenological study done at Hull University in the United Kingdom, 12 first-year nursing students were interviewed using semi-structured questions to explore their lived experience after four weeks of clinical placement. The results suggested that the student nurses were disillusioned with the reality of clinical nursing and that their expectations of nursing were not realized. They perceived that paperwork, completing tasks and meeting targets were dominant features of nursing work at the expense of patient contact and communication. A majority of the students indicated that nursing was not as caring as they expected and vowed to hold on to their personal values of caring about patients and forming interpersonal relationships with them (Patricia & Draper, 2008). In this instance students reported mainly negative experiences.

In a phenomenological study on the lived experiences of student nurses during their first clinical placement, in an Irish School of Nursing, nine female and one male participated. Data were collected using in-depth interviews and analysed using Colaizzi's framework. The following themes emerged; self-awareness, confidence, anxiety, facilitation and professional issues (Chesser-Smyth, 2005).

In regard to stress and coping strategies of nursing students, a study done by Boychuk - Duchscher (2001) found that new students experience a high level of stress during clinical placement. Other external factors such as financial difficulties, availability or lack of support, personal and family problems increase stress.

In a phenomenological study done by Payrovi *et al.* (2005) on Iranian student nurse experiences on clinical placement, the following themes emerged; caring orientated relationship because students saw and considered patients as people. New experiences and learning situations were attractive aspects of clinical placement. Students were encouraged to stay in the clinical milieu by staff and classmates.

2.4 FACILITATION DURING CLINICAL PLACEMENTS

Clinical facilitation has been explored in many research studies. Mentors, clinical supervisors, preceptors, clinical facilitators, ward staff and colleagues are different professional groups that are involved in facilitating clinical training of student nurses.

The term facilitation has been defined by Ewan & White (1991) as guiding and developing the student nurse's skills of critical thinking and self-directed learning by constantly challenging their knowledge. It includes their ability to identify learning needs and to assess their own performances. Clinical facilitation aims to develop a competent nurse practitioner by assisting the student in learning nursing skills, to promote professional socialisation and to maintain professional competence (Mongwe, 2001).

A qualitative study was done in South Africa to explore the perception of registered nurses with regard to facilitating learning of student nurses during their clinical placement. The study sample of fifteen registered nurses participated in focus groups discussion. The study findings revealed that registered nurses suggest that clinical facilitation of nursing students is achieved through

guidance, involvement, assisting and supervising students (Mongwe, 2001). The obstacles identified by participants related to an increased workload, being understaffed and managing underequipped wards as well as having inadequate knowledge. Other factors include a lack of interest displayed by students and the poor relationship between nursing students and the ward staff. The clinical placement setting provides students with an opportunity to make links between theory and practice. Supporting the mentors and the students in the clinical practice setting is essential if educators want to deliver programs fit for purpose and train competent professionals who are able to function in an ever-changing environment (Van Yim & Shung Kit Chan, 2005).

A survey was done in Hong-Kong with 234 nursing students with regard to their perception of clinical learning after one term of clinical placement. The responses revealed that there was no link between the students' theoretical learning and clinical placement. Students stated that they needed more support during their clinical placements, and that academic staff should have a closer collaboration with their clinical mentors (Van Yim & Shung Kit Chan, 2005).

Inadequate support for the students during clinical placement has been identified by Cahill (1996). Ewan & White (1986) and Cahil (1996) suggested that the unwelcoming and unsupportive clinical environment were the main stressors for the student nurses during their clinical placement.

2.5 CONCLUSION

The literature on clinical learning in nursing programmes reveals that clinical placements form a compulsory part in the training of competent professional nurses. The first clinical placement experiences have generally been portrayed as challenging for the student nurses. However, it presents them with the first glimpse of their chosen profession. The literature suggests that clinical support is of value to facilitate the connection between the learned theory and clinical practice.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter gives an account of the research method used in this study. The study used a qualitative research approach, exploratory design and phenomenological method to explore and to describe the experiences of first-year nursing students of UWC during their first clinical placement in hospital.

It is through the use of a qualitative research methodology that the researcher can discover the insider viewpoints of the participants. Given the research question which consists of one open-ended question, the researcher attempts to get the participants into a story telling mode.

It is anticipated that through narration the researcher will uncover the lived experiences of the participants. Phenomenology will be described as the most appropriate method to obtain rich information. Further, the population and sampling method, data collection and data analysis will be discussed.

3.2 RESEARCH DESIGN

The study used a qualitative research approach, and phenomenological design to explore and describe experiences of first year nursing students during their first placement in hospital. A detail description of the research method and design used in this study is given bellow.

3.2.1 Qualitative research approach

Qualitative approach is used in social studies and it takes its departure point as the insider perspective on social action (De Vos *et al.* 2007).

The tradition arose because the aspects of human values, culture and relationships could not be quantified. The early philosophers argued that human phenomena could not and should not be reduced to mathematical formula (Kasner, 2000). The practice of qualitative research has expanded to clinical settings because some empirical approaches have proven to be of limited value in answering several of the challenging and pressing clinical questions, especially where human subjectivity and interpretation are involved (Thorne, 1997).

Since 1995, nurses adopted qualitative research approaches to generate new knowledge in nursing from sociologist and psychologist research perspectives. The qualitative research methods have been used by nurses in an attempt to describe and interpret difficult human phenomenon as nurses increasingly wanted to investigate the lived experiences of their clients (Helen & Dona, 2007).

The researcher used a qualitative approach to find out the insider views of the participants, which in this study involve their lived experiences during their first placement in a general hospital. The richness and depth of the findings of a qualitative approach provides a unique appreciation of the reality of the experience of the participant (Morse & Field, 1996).

The inductive nature of qualitative studies allows for moving from the detail of a phenomenon as experienced by the participant to the formulation of a general picture of a phenomenon (Liehr & Smith, 2002). An in-depth exploration of a limited number of participants' experiences will present an account of the first-year nursing students' life experiences in their clinical placement.

Some of the qualitative approach limitations are that it generates subjective data with neutrality being somewhat impossible (Helen & Dona, 2007). During the study process the researcher recognizes her own bias as she once was a first-year student in the same institution and had been placed in the same hospitals as the participants in this study. Participant's reproductions of their

own experiences during clinical placement cannot be tested or verified thus increasing subjectivity of the findings (Helen & Dona, 2007).

3.2.2 Phenomenology

Creswell (1998) defines design in qualitative studies as the entire process of research from the conceptualization of the problem to the writing of the report. Many methods are used to generate data for qualitative studies and in this study phenomenology will be used to explore and to describe the lived experience of first year nursing student during their first clinical placement (Denzin & Lincoln, 1994).

Husserl and Hiedegger are recognized to be the first phenomenologist and they believe that knowledge and understanding are embedded in our everyday world and experiences (De Vos *et al.* 2007). Phenomenology was initially viewed as a philosophy. However, Spiegelberg (1975) in De Vos *et al.* (2007) define phenomenology as a philosophical movement to explore and describe the phenomena as consciously experienced by the participant. Phenomenology, in their opinion represents a method that is literally taking the hidden out of its hiding, and of detecting it as being unhidden.

Moran (2002) defines phenomenology as a way of seeing, “the unprejudiced, descriptive study of whatever appears to consciousness, precisely in the manner in which it so appear”. The early phenomenologist believed only the perceived phenomena as a reality, even if perception is not objective, it is a way of observing and processing things that are present to the self within the context of one’s lived experience (Helen & Dona, 2007).

Phenomenology was recognised as a research method by Giorgi (1985), Spiegelberg (1976) and Van Manen (1990) in Brink, they state that phenomenological research is the rigorous, critical and systematic investigation of a phenomenon. Spiegelberg spelled out different forms of

phenomenological enquiry; descriptive phenomenology, the phenomenology of essences, of appearances, constitutive and reductive phenomenology (Spiegelberg, 1975). This study used descriptive phenomenology which consists of direct exploration, analysis and description of particular phenomena without any pre-conceptions but maximizing intuitive presentation of personal experiences (Streubert-Speziale & Carpenter, 2007).

Lived experience is the central focus of phenomenology and is concerned about how the individual views the world and lives his or her life from the inside (Helen & Dona, 2007). Each and every participant's lived experience during the first clinical placement was valued as unique and relevant.

Phenomenological studies consider induction and bracketing to be very important to be able to generate the truth or knowledge from one's experience (Helen & Dona, 2007). By induction the researcher is looking to explore and to describe the phenomena which in this study is the first-year nursing student life in a hospital placement from the verbalizations of a small sample of first-year nursing students to the emergence of themes from cross-case analysis. The researcher achieved bracketing by identifying and putting aside preconceived ideas about the experiences of nursing students during their placement (Moran, 2000; 2002).

3.2.3 Exploratory design

The study is exploratory because it had to describe and provide initial information about the experiences of the first-year nursing students during the first clinical placement at UWC. This study has not been done at this particular research site before. Exploratory studies are used to gain an insight into a situation or individual when there is a lack of the basic information on an area of interest (Bless & Higson-Smith, 1995). The researcher chose the exploratory design to

gain detailed information on UWC first-year nursing students' experiences during their clinical placement.

3.3 RESEARCH PROCESS

In this section the research process will be discussed, namely: the population, sampling method, exploratory interviews, data collection method and data analysis process.

3.3.1 Population

Population refers to the totality of persons with which the research problem is concerned (De Vos *et al.* 2007). In this study all the first year nursing students of 2009 at UWC was qualified as the study population. Permission to use UWC students was granted by the relevant university structures. The first year-nursing lecturers were approached by the researcher to get access to the students in the class rooms. All the first year nursing students were given information regarding the study, its objectives and purpose. Students were encouraged to participate if they felt to do so. The researcher's cell-phone number and e-mail address were given to the students to contact her if they wanted to participate.

The researcher did not receive any responses during the week following the information session as students had school work to do. Another information session was arranged between the lecturers and the researcher. Students were given the information sheet again and after the second session the students responded. A list of the names of the volunteers and their contact details was compiled in the researcher's note book.

3.3.2 Sampling method

In this study individuals who provide information to the researcher about their experiences are called participants throughout the study (Polit, Beck & Hungler, 2001). Purposive sampling refers

to the selection of participants for the purpose of describing an experience in which they participated (Lincoln & Guba, 1985).

In this study the researcher selected a number of appropriate participants who were able to give rich and convenient information about their experiences (Silverman, 2000). The researcher explained the aims and objectives of the study, the research method and what was expected from students who chose to participate. According to the inclusive and exclusive criteria (Patton, 1990; Silverman, 2000), twelve participants (four males and eight females) were found.

Participant selections criteria were the following:

- The students have had to be registered as first year-nursing students at UWC.
- The students should have completed a six months placement in hospital.
- Students should have had no previous nursing experience.
- Students have had to be willing to participate in the study.

In qualitative studies the number of participants depends on what you want to know, the purpose of the study, what is useful and credible as well as be aligned with the availability of time and resources (Patton, 1990). Sarantakos (1998) describe sampling in qualitative research as being limited, not representative and based on the saturation of information which was reached after interviewing the ninth participant. Seidman (1998) defined saturation as the point in the study where the researcher begins to hear the same information repeatedly.

Each volunteer was contacted and given more information regarding the study. Participants were reassured via telephone calls that the process will be confidential and that they were allowed to withdraw from the study at any time.

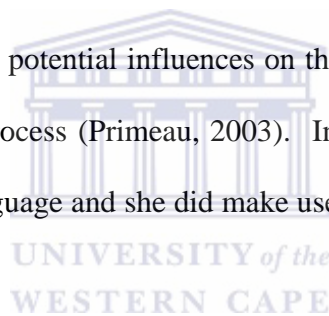
3.3.3 Data collection

Data collection method

In-depth interview is a conversation with the purpose to get answers to questions and not to evaluate or to test hypotheses (De Vos *et al.* 2007). In this study the researcher had a conversation with participants about their first clinical placement experiences in hospitals.

The root of an in-depth interview is an interest in understanding the experience of other people and the meaning they make of that experience. According to Robinson (1991), interviews are the mainstay of qualitative data collection.

Researchers must examine their potential influences on the study by doing self-reflection during all the stages of the research process (Primeau, 2003). In this study, the researcher did bear in mind that English is not her language and she did make use of repetition as necessary to make the interview understandable.



Appointments were arranged with the students on the day prior to interview day. The interview venue was arranged at UWC in private room and communicated to the participants. Each interview lasted between 40-60 minutes. A tape recorder was used during the interview and separate notes were taken to capture important points. Audio-tapes were numbered (Resp: 01) to ensure the anonymity of the data, i.e. that the data could not be traced to the name of the student.

Collection process

In-depth, exploratory interviews were conducted over a two month period. Participants were encouraged to express and to describe their experiences during their first clinical placement in hospitals.

One open-ended question and several probing questions were designed to help participants to remember and share in a narrative way, how they experienced their first placement in the hospital. Phenomenological data collection requires the researcher to guide participants into the expression of their own experiences (Crotty, 1996).

Participants were asked one question” what were your experiences during your first clinical placement in hospital” and more probing questions like, how did you feel, what did you think, tell me more about that ... all these were used to clarify and to increase understanding of the meaning of the phenomenon (Beck, 2003).

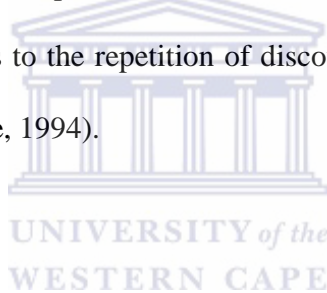
The in-depth interviews with participants continued until saturation of information was reached (Morse, 1994). Saturation refers to the repetition of discovered information and confirmation of previously collected data (Morse, 1994).

Exploratory interview

The first participant’s interview was used by the researcher to become familiar with the interview process (Royse, 1995). The participant could give an account of what she experienced during her first placement in hospitals. However, her responses were focused on the learning experiences and learning opportunities. The participant was also very concerned about the other nursing students who could not cope with clinical placement challenges.

She shared issues like:

“...It was very hard for the student who did not get enough practice in the skills lab to know what to do in the ward...for me I did enough practice in the skills lab and it was easier for me...”



This exploratory interview assisted with the researcher's familiarization with the probe questions and to gain confidence in the interviewing process.

3.4 DATA ANALYSIS PROCESS

Data analysis in qualitative research constitutes an extensive work. It has as an objective to give meaning to the verbally transcribed notes and draw conclusions about the phenomenon (Helen & Dona, 2007). In qualitative research, data analysis goes hand in hand with data collection.

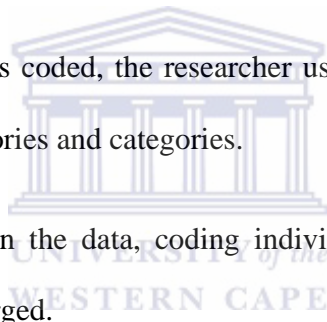
Using field notes and participant to participant data analysis, the researcher constantly was guided to conduct the next interview either to confirm or to explore more, the information obtained from the previous interview (Holloway & Wheller, 2002).

In phenomenology this data analysis has to respect and retain the originality of the experience as lived by the participant while giving a proper understanding of the phenomena under investigation (Banonis, 1989).

The researcher used the Colaizzi's (1978) in De Vos *et al.* (2007) method of phenomenological data analysis. The following steps were used during data analysis:

- One in-depth interview was conducted and recorded on a tape recorder with nine participants, and each tape was allocated a number to maintain participant confidentiality.
- Recorded data were transcribed verbatim and these copies were given to the relevant participants to verify if it corresponds with their experiences.
- The researcher listened to the tape recordings again to verify the accuracy of the transcripts and to make minor corrections if necessary.

- The researcher read each and every participant transcripts three or more times referring to the research objectives and question, to take note of the participant experiences.
- The written transcripts were coded line-by-line.
- This process was done by the researcher and the first two interviews were co-coded by the research supervisor.
- After consent on the relevant participant experiences between the researcher and her supervisor, appropriate words or short phrases describing the participant experiences were written in the margin.
- After each transcript was coded, the researcher used a cut-and-paste technique to group the codes into sub-categories and categories.
- By immersing oneself in the data, coding individual cases and then doing cross-case analysis the themes emerged.
- After all the transcripts were coded and grouped according the participant experiences, an extensive description was done.
- The sub-categories, categories and themes that were extracted from the data analysis process are then described in detail.
- An audit trail was maintained throughout the study by keeping all the raw data and providing a detailed description of the data analysis process.



3.5 TRUSTWORTHINESS

Rigor is about presenting, managing and analyzing data accurately as it is experienced by participants (Edmen & Sandelowski 1999). Lincoln & Guba (1985) describe credibility, dependability, confirmability and transferability to address qualitative rigor.

All studies into the human condition must respect the above criteria to maintain truth-value. In quantitative inquiries rigour is ensured through attending to internal validity, external validity, reliability and objectivity. In this study trustworthiness was maintained by using the concepts described by Lincoln & Guba (1985).

3.5.1 Credibility

It is used to demonstrate that the inquiry was conducted in such manner as to ensure that the subjects was accurately identified and described. Self awareness is an important aspect for the researcher, to understand her history and situation. The researcher kept a journal of her own reflection during the data analysis process to minimise her own biases.

She engaged in the exploration of first year nursing students' experiences in the clinical placement after she had passed through the experiences herself during her first year of study. She is at the moment engaged with clinical facilitation and she is familiar with the research site (Lincoln & Guba, 1994).

First-year students who participated in the study were placed in clinical placement for minimum of a six month period. As first-year students they could remember and verbalise what happen during their first placements.

A tape recorder was used during the interview and those tapes of the participants' original interviews were transcribed and the researcher compared the recorded interviews and transcripts and necessary corrections were done to match what was recorded and what was on the transcript.

That was also done to familiarize the researcher with the data. She has had a prolonged involvement and engagement with the data which in turn facilitated the researcher to make informed interpretation of the collected data increasing its validity (Helen & Dona 2007).

Written transcripts were given to the relevant participants for them to check if the transcripts they reflect their experiences. No changes were made by the participants (Lincoln & Guba 1985).

The coding of data was done by the researcher and her supervisor; consensus was reached with relation to the naming of categories and themes to ensure credibility of the research findings (De Vos *et al.* 2007).



3.5.2 Transferability

As an aspect of trustworthiness, transferability refers to the applicability of the study to other similar contexts outside the study situation (Lincoln & Guba, 1985). Qualitative research findings may not necessarily be applicable to similar contexts (De Vos *et al.* 2007).

In this research, phenomenology was the method of inquiry and thus refers to the lived experience of the participant (UWC first-year nursing students) in a particular situation (in general hospital placement). All this may be different for another subject in another hospital.

The researcher ensured a thick description of the phenomenon by respecting the phenomenological research method (Lincoln & Guba, 1985; Helen & Dona, 2007). A description of both the study site, UWC and the general hospital were done to facilitate the reader to make a

judgement. In qualitative study transferability may be problematic and it was seen as a weakness for traditional researchers (De Vos *et al.* 2007).

3.5.3 Dependability

For a study to be accurate Lincoln & Guba (1985) suggests that an audit trail should be kept. Another researcher should find the same results if given the same data and using a similar decision trail (Sandelowski, 1986). In this study the co-coding of data from the transcripts was done by the researcher and her supervisor to minimise bias during the data analysis process.

3.6 CONCLUSION

In the above chapter the research methodology was described. A qualitative approach was used to investigate the lived experiences of the participants using in-depth interviews to give each and every participant the opportunity to share their experiences.

Phenomenological method was the best to investigate the participants' lived experiences and phenomenological data analysis using Colaizzi's method guided the research process. Rigor was ensured by applying the principles of trustworthiness throughout the study.

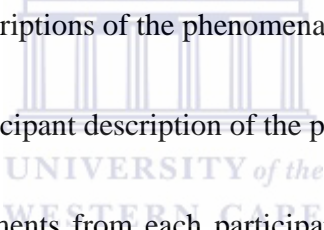
CHAPTER FOUR

DATA ANALYSIS

4.1 INTRODUCTION

In this chapter the process of qualitative data analysis using Colaizzi's method is described. This is followed by an overview of the context in which the first clinical placement of student nurses occurs and an extensive description of the data analysis process.

The researcher used the Colaizzi's method of phenomenological data analysis which includes the following steps (in Helen & Dona, 2007).

- 
- Collect participant's descriptions of the phenomena.
 - Read and re-read all participant description of the phenomena under study.
 - Extract significant statements from each participant prescription that directly pertain to the phenomenon under study.
 - Try to spell out the meaning of each significant statement.
 - Organize the meanings into clusters of themes.
 - Integrate the results of data analysis into a description of the phenomenon under study.
 - Return the results to the participant prescription for validation.
 - Incorporate any new relevant data into the fundamental structure of the phenomenon during writing of an extensive description.

4.2 FIRST CLINICAL EXPERIENCE IN HOSPITAL

First year nursing students of UWC are placed in level one, two and three hospitals. The difference in these levels relate to the severity and acuity of the condition of the patients. In government hospitals, wards generally have full bed occupancy, are understaffed and ill-equipped (Benatar *et al.* 2004).

Students from different institutions and various fields of study i.e. medical, physiotherapy, occupational therapy and social work are allocated to these hospitals every ward has a sister-in-charge (senior professional nurse), professional nurses, enrolled nurses and auxiliary nurses. These categories of nurses have different scopes of practice.

First-year nursing students are placed in general wards where they have the opportunity to learn and to practice basic nursing skills. These students are introduced to clinical skills development in a simulated setting, i.e. a fully equipped skill laboratory, prior to being placed in the hospital settings. In the hospital settings students may experience challenges related to the differences between the skill laboratory environment and the real-world setting. First-year nursing students may consequently have difficulties during their first clinical placement. However, all the clinical experiences in the placement setting contribute to the clinical learning process of the students.

4.3 DEMOGRAPHIC PROFILE OF PARTICIPANTS

Twelve participants were purposefully selected and saturation was achieved with the sixth participant. The data collected from one participant during an exploratory interview was included in the analysis. One was found to have had nursing background and was subsequently excluded. Two of the participants withdrew before their scheduled interview.

Nine participants were eventually included in the study, two males and seven females. None of them were English first-language speakers. They all spoke English as a second or third language.

Seven students were South Africans representing most of the social groupings and two were Refugees from African countries. All the participants were from different backgrounds but none of them had any nursing experience.

Table 4.1 Demographic profile of participants

Number	Age	Gender	Nationality	Language
1	32	male	refugee	Kirundi
2	35	female	South African	isiXhosa
3	26	female	South African	Sesotho
4	24	female	South African	isiXhosa
5	28	male	South African	Afrikaans
6	28	female	Refugee	Kinyarwanda
7	45	female	South African	Afrikaans
8	20	female	South African	Afrikaans
9	23	female	South African	Zulu

4.4 PRESENTATION OF RESEARCH FINDINGS

In-depth interviews, the main data collection tool, were described in chapter three. Nine in-depth interviews were conducted and transcribed. The transcripts were read and re-read by the researcher who immersed herself in the data.

The transcribed interviews were coded by the researcher and the first two were co-coded by the research supervisor. Coded data were grouped into sub-categories, categories and themes.

Content analysis was done according to Colaizzi's phenomenological data analysis (Colaizzi, 1978). In phenomenological studies participants share the unique experience of a phenomenon. Participants shared their experiences about their first clinical placement in hospitals in a unique and special way. Different quotes from the participants' transcripts were cited in this chapter to give meaning to the reader and to enhance the credibility of the findings.

The following four themes emerged from the study finding.

4.4.1 First impressions about nursing.

4.4.2 Positive experiences.

4.4.3 Negative experiences.

4.4.4 Seeking support.



The themes with relevant categories will be presented in details in this chapter.

Table 4.2 Summary themes, sub-categories and categories

Themes	Categories	Sub-categories
First impression about nursing	Encounter with profession career choice	Being a patient /Nursing first choice/ not first choice
Positive experiences	Valuing the real life learning Affirming career choice Taking ownership	Developing clinical skills/ Interpersonal skills Being acknowledged/Professional role models Attaining job satisfaction/Accepting role of nurse
Negative experiences	Unpreparedness Unprofessional conduct	Unfamiliar environment/Clinical incompetence /Physiological and emotional responses Poor patient care/ Attitude of staff/ Racism / Sexism
Seeking support	Practical support Emotional support	Staff support (clinical facilitators, ward staff, senior students) Family support/Academic support (Lecturers)

4.4.1 First impression about nursing

During all of the interviews participants mentioned their first impressions of nursing. Participants' past experiences motivated or discouraged them to choose nursing as a career.

Encounter with Profession

Being a patient

One of the participants expressed her rejection of the nursing profession because of her previous encounter with nurses. As a child, she was admitted to a general hospital and had a bad experience with the nurses. They did not explain what they were going to do or why they were going to do certain procedures. She subsequently described qualified nurses as unprofessional and she felt that she could not do nursing because she might become like those uncaring nurses.

Part 04: "I no gonna lie...I never thought that I will end up in nursing... because I never wanted it from the first place... since ... you see I was a patient ... and that was never such a great experience for me... in a way that nurses treat patients ... So... from that day onward I told myself that... you know what... I never gonna come to the School of Nursing..."

Career choice

Nursing first choice

A participant planned to become a nurse all along. She was pleased to do the nursing course and welcomed a placement in the real clinical settings where she could experience the reality of being a nurse. She was ready to continue with her career irrespective of the challenges that she encountered during her first placement in hospital.

Part 07: “I don’t know...what drives them... I don’t know...no... not that to stop nursing...nursing have been my dream for many many years...I can’t stop nursing.”

Nursing not the first choice

Most of the participants did not choose nursing as their first career choice, because they did not want to do nursing. After being rejected for other programs, participants’ settled for their second career option.

Part 04: “First of all nursing was never my first option... I wanted to do biomedical... at the same time when I couldn’t get place at school B... I came here at UWC and they offered me a space in nursing...”

Another participant entered nursing because of the parental coercion. The letter of acceptance to the nursing programme was received earlier than those from the other institutions. The participant’s parents did not allow her to wait for correspondence from the other universities. After she started the course she was not able to discontinue her studies because of a decision made by her parents.

Part 06:” my first choice was agriculture; I did apply for it... I don’t know ...I did apply on-line in Cape Town and at the University of Eastern Cape...I waited until they didn’t respond in January... and UWC called me... that I have a space to study... and my father refused me to wait for agriculture... and he said I must come ...”

A participant did not choose to do nursing at UWC but due to a rejection from another university the participant made a last-minute application to enrol for the nursing program. The reason for the application was because the participant did not want to stay at home for a year.

Part 08:” I didn’t apply at UWC ...I applied for a medical on the road at University A, I wanted to be a paramedic...I went there and they didn’t have my name on the system...and I come here to Miss X... and she accepted me... I applied and she took me and I am here...”

4.4.2 Positive experiences

All the participants were grateful to be placed in the hospital settings. They recognised that a placement in the real world setting would add value to their clinical learning experiences. They were able to participate in communication, interpersonal skills, assessment and patient care activities.

Participants used all the opportunities that presented themselves to grow and develop as nurses. Good role models and positive acknowledgement by patients affirmed the students’ career choices. They felt worthy of becoming professional nurses as they developed their clinical competence and increasingly experienced job satisfaction.

Valuing real life learning

Developing clinical skills

Participants recognized that they possessed inadequate nursing skills. They valued the placement in the hospital to develop their clinical knowledge and skills. Participants were equipped with a few basic nursing skills acquired in the skill lab such as bed baths, bed making and the provision of bed-pans to patients.

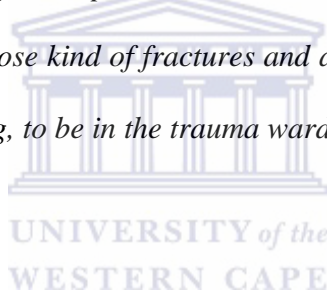
Participants viewed this knowledge as insufficient and some were not interested to provide basic nursing care. Participants enjoyed viewing the advanced nursing skills and felt motivated to learn the more advanced skills rather than those located within their prescribed scope of practice.

Part 06: “I enjoyed the learning especially the practical one, the one that they demonstrated to us and that I am competent in it, mobilising the patient, cleaning the wound and to maintain the hygiene of the patient...”

Participants were interested to acquire new knowledge in the clinical placement setting. During their first placement in the wards each and everything that happened presented a good learning opportunity to them.

Part 04: “While I was working there it was such a great experience to work in hospital A, because I learnt a lot of things, I never worked in the trauma ward before... from on my first year, it was such a great experience to know all those kind and different injuries that people come with and those kind of fractures and all the complications that they come up with, it was so interesting, to be in the trauma ward.”

Developing interpersonal skills



During their first clinical placement in the hospital, participants inevitably had to develop their interpersonal skills. Students realized that good communication was important to strengthen interpersonal relationships between themselves and their patients. They also realized that they had to develop good interpersonal skills to be able to learn from the ward staff and/or patients.

Part 04: “I enjoyed the company, I was actually connecting with my patient...and they were also loving my company, and the way that I usually have conversation with them, talk to them if may be there is problems, because in fact there is some patient who would like to have someone to talk to... So I work there and... I had to ask... I ask a lot...like asking a lot of questions, when they doing procedures...ok! Fine! Now what you doing now? And how you gonna do it? And why we are doing it? So what are we gonna tell our patient.”

A male participant had to develop interpersonal skill to be able to adapt to the clinical placement environment as female patients were not comfortable to be helped by a male nurse. To gain their trust and to be able to do his nursing procedures the participant had to provide detailed explanations to the patients.

Part 05: “You explain to her that there is no problem... is different because what we did here at school... We use dolls, they don’t talk, in hospitals it was easy as I could tell the patient to get up... to move to the side, as they can follow instructions, and it was easy to wash them”

Affirming career choice

All participants were eager to become nurses, whether their first clinical placement experiences were positive or negative, or whether nursing was their first career option or not. During their clinical placement they became comfortable within the nursing profession. Participants were encouraged by the patient’s appreciation of their role. One of the participants was inspired by one of the unit manager who was a good role model.

Being acknowledged

Participants were encouraged to provide nursing care to patients when they felt appreciated. Being acknowledged by patients was a valuable source of affirmation of their role as nurses.

Part 05: “Most of the time when I take care of somebody, I try to take care of them as much as I can, and after the procedure they came back to say:” thank you” and this encouraged me very much... and make her clean, after that, she said thank you very much...”

Part 08: “when you nice to a patient... and the person whose compliment you...thank you for taking your time... thank you for this... thank you for that...”

One of the participants found herself immersed in the patient life during her placement in the ward. She became very close to the patient, brought food from home for the patient and was introduced to the patient’s family. The participant concluded that the nurse-patient relationship can go beyond the professional limits.

Part 07: “You know what ...that what also I thought... sometimes you can get too attached to this patients because some of them...like the one the guy that I told you that he had ... just imagine... you have just a picture of someone who didn’t eat for almost two days...because I said ...ok I will try and bring you something when I’m coming back... may be tomorrow or other day... and when I came back... I bring him some things... because I made extra lunch to him...extra meal... he even introduced me to his mother ...then I met his mother...his mother was so pleased ...”

Professional role models

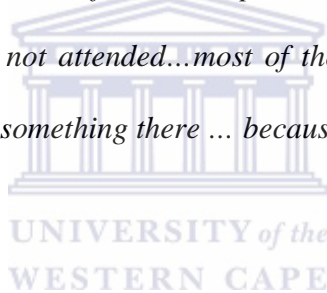
Some participants were encouraged by professional nurses who were providing quality patient care. These professional nurses took their clinical teaching responsibility very seriously. One participant enjoyed her clinical placement in Hospital Z because the sister-in charge was always coaching the students. Students were allowed to ask questions and get clinical demonstrations from this sister who inspired her to continue with nursing as a profession of choice.

Part 07: “Yes I did learn a lot... as days go by... it was much in Hospital Z...but what I found out... it’s easy to learn in Hospital Z ... there was a sister I could not say a sister ... it’s a unit manager... that one she was so good...she was so brilliant, she knew how to treat students ...I remember what makes me to do nursing...the way she accommodated

us...she told us nursing is not... people don't come in nursing as they are coming... nursing is not about money... nursing is not about... this is a career that you need to achieve.”

In Hospital A, the participant was very impressed by the quality of patient care provided by the professional nurses who encouraged her to remain in the nursing profession.

Part 07: “But what I can say... what I can say in Hospital A... they take good care of the patients they don't scare the patient or what...they always look out for the patients. I don't know may be is a big hospital or they are scared of the doctors or what I don't know...but patients they comes first in Hospital A ...that what I noticed...there was not even patient one that is not attended...most of them and even ... there was not even a patient that is asking for something there ... because they were well taken of...”



Taking ownership

Participants expressed their enjoyment during the early stages of their journey to become professional nurses. They felt that nursing was a physical and emotionally satisfying career choice. They also became aware that they had to endure the hard times in the clinical placement setting as this was the only way to arrive at their destination.

Attaining job satisfaction

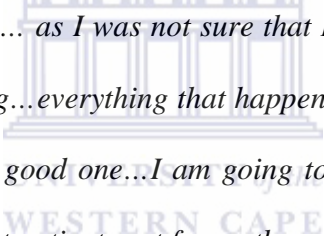
Participants appeared to be satisfied by being able to provide basic nursing care to patients in the service units. This increased their confidence and they felt that their contribution was valued by the patients in their care.

Part 04: “Well first of all, being in a nursing field is all about helping people, and helping people it makes me to have good feelings about myself ... and also to know that I

make a difference out there, even if I am the only person... I will go out there and talk to those patients and also give the best care that they can get, I can make a difference just as one person out there..."

Accepting the role of nurse

Most of the participants realized that to improve the image of the nurse in the hospital they needed to aspire to provide quality patient care. They acknowledged that some nurses engage in unprofessional behaviour and that it was their responsibility to intervene on behalf of the patients. Participants stated that they had to accept the advocacy role to bring about a change in the attitude of staff towards their patients.



Part 06: "To be a nurse... as I was not sure that I am going to be a nurse or what...but ...at the end of everything...everything that happened to me ...I realise that I am going to be a nurse and the very good one...I am going to change things that are happening in hospital...the attitude that patients get from other nurses...I will try all means to not to do the same thing that are happening there..."

4.4.3 Negative experiences

All the participants had negative experiences during their first clinical placement in the general hospitals. In this study students were overwhelmed by their first day in hospital environment. Unpreparedness, unprofessionalism of staff and the poor quality of patient care increased their levels of stress and insecurity.

Unpreparedness

The first clinical placement was a new experience for all the participants. They felt unprepared because the setting was strange, the routine was unfamiliar and they did not know what to expect

from the patients and the staff. They lacked information about the hospital which increased their stress levels and some of them experienced physiological symptoms such as headache and sleeping disturbances. Participants felt insecure in the presence of patients with infectious diseases like tuberculosis as they had inadequate knowledge about infection control techniques.

The following factors seemed to trigger the participants' emotional stress and physiological reactions: the unfamiliar hospital environment and them being clinically incompetent.

Unfamiliar environment

Some of the participants have never set foot in a hospital prior to their first clinical placement and subsequently everything was new to them i.e. the patients, the hospital, the ward routine and surgical instruments. They did not know where to go or what to do.

Part 03: "It was actually the first time I went to that hospital, I've never been to hospitals before, and I've been to clinics..."

Part 06: "Before I started nursing, I never visited the hospital before...it was my first time to be in hospital... I never knew that there are people who are bedridden...who cannot do anything for themselves...so it was not easy for me to just understand that ..."

Participants experienced difficulty to identify the various clinical instruments used in the ward or to know where equipment was stored. A participant spent some time to find out what he was supposed to fetch from the instrument cupboard and as a university student he found this experience embracing.

Part 08: "Because you go around ...and they say " go fetch this "...and you standing there... and you don't know which room you are, you standing, looking in all those fancy

cupboard and staff...and I'm serious you stand there and you stand there ...you don't know what you looking for..."

Clinical incompetence

Participants felt that they were thrown into the deep end. They did not know what to do during their first days in the clinical placements setting. The prescribed eight hours appeared long when they had limited knowledge and were only able to perform basic nursing procedures.

The following participants expressed their anxiety because of an inability to perform basic nursing tasks in an unfamiliar environment.

Part 08: "I think from personal point of view... we were thrown in the deepest...we were thrown in the deepest right! And it wasn't, what can I say... I enjoy working with the people but ...I think they should prepare us more...can I say mentally or physically or we can get more to know what it is...because we were thrown there... they say "do this, do that..."

Part 03: "I think they didn't teach us enough because we ended up with not knowing what to do. Although we knew this... is how the procedure is done but we don't know when to do the procedure... So actually I didn't know what to do..."

Part 04: "So we didn't, they didn't even give us orientation to the ward...we didn't know what to do... So we just stood by the corridors we didn't know what to do..."

Besides doing full washes and making beds one of the participants did not know what else she could do to pass the time as she was not yet competent to perform other nursing tasks.

Part 06: "I didn't know what to do, when we just arrive in the ward, I didn't know what to do... I only knew that I we must do full washing for the patient who can't wash

themselves...I didn't know anything about patients ...so it was very hard for me to just go around in the ward till four o'clock doing, only knowing that you must do full wash of the patient, the other thing like...we were not yet competent to do observation that time..."

Physiological and emotional responses

Emotional stresses from the new experiences caused physiological reactions such as loss of sleep. Some of the first-year students displayed avoidance behaviour. They would disappear from the wards and engage in activities that were unrelated to patient care.

Part 06: "First of all, tell me... it was my first day to be in hospital! To see that people can't wash themselves can't eat by themselves... and I was so scarred... Even at night I couldn't sleep..."

Part 07: "they always disappear, disappear all the time you never saw them...Some of them they do disappear, that what I am saying... some are spreading the bad name for us... because some of them they do disappear... some of them they don't want to do anything... they are playing with their phones.....so they go to mixing..."

Participants expressed a variety of emotional responses during their first clinical placement. One participant was emotionally hurt and cried when she experienced the death of a patient for the first time. It was prohibited in her culture that children see the dead. Another participant was very scared to carry out nursing procedures on an adult patient in addition to being afraid of the clinical facilitator.

Part 06: "And I was crying...asking why ...why...he died after all these? And they said when the patient want to... when it is time for him to...when they are about to die they usually empty their bladders...I never knew about that. And I was emotionally not good... When I had to go to hospital I was getting hurt and every thing..."

Part 03: “And then we did not know whether we should start doing what that first day in hospital... it was not easy, more than it was ... scary... Because I was scared of what other person was going to feel when this child... a student.... to start washing them...

Part 03: So my supervisor... that was actually the first time I was scared. Seeing my supervisor...”

Unprofessional conduct

The attitude of the nursing staff toward students or patients influenced the student nurses' experiences during the first clinical placement in hospital. Some participants regarded the staffs' attitude toward students as appalling. They perceived the staff to be uncaring and stated that the staff expected them to become competent without providing any professional guidance. Racism, sexism and other types of unprofessional conduct were experienced by the participants.

Poor quality patient care

Participants observed poor patient care which motivated them to engage more with patients. They felt ashamed and sorry for the patients. The attitude of the nursing staff, the shortage of staff in the busy hospital wards were seen to contribute to the poor quality of patient care. Two of the participants witnessed that patients were not given food for a number of days.

Part 03: “So he asked me how we do things in the ward... And I was like’ what do you mean’? And he said... that the thing is that I haven’t eaten... since when I came here because I came here on Wednesday... I mean Monday. So it’s Friday...So he said he has not eaten at all... since the start of that week and the day was Friday...”

Participants were unhappy by the fact that the staff did not apply the aseptic principles during wound dressings. They thought that the nurses did not respect the lives of the patients. A student

was concerned about the unsafe nursing practice that she witnessed. However, the student was unable to intervene as she was worried about the possible repercussions to any of her comments, seeing that she was a junior student.

Part 04: “the procedure that they uses is never sterile...they just open up the sterile field, make it all... you know...they just open up their packs and they glove and they don’t even throw on the sterile field...I was very sad...and angry at the same time...because I was thinking... what if that was my mother, what if that was my sister? Or... whichever family members... which I have... I wouldn’t really like them to be treated that way...and also I couldn’t ask the person that was doing the procedures that... would you really like this... if this was you family members... to be treated this way? Because you are actually putting the patient life at risk...So basically I didn’t feel good about it... and I didn’t feel confident to confront that nurse... and ask... then why you not doing it?... You know that you are putting patient life at risk?”

The poor patient care was observed by the other participants as well. A male participant had the experience that, because of their weight or odour, some of the patients were not washed for a number of days. Participants were instructed by the staff to do bed baths without offering any assistance.

Part 08: “you must clean this two guys you... because this two guys...you can smell ugly...so I said OK ... is my job I must do it...but now is two guys... and I go and I report... can I get some help please? Because it was a lot of students...and it was like magic everybody is just missing... I think the right to do... is to go and to do my job...because is my job....and I went ... and I must forget about help...none wants to help.”

Part 05: “By the time that I was doing my evaluation on bed bath they gave me a lady who for a long time didn’t bath ... all nurses refused to help me ...When I was in Hospital A...it was a very fat lady from ward H, that lady was ... and she was very heavy, the sister wanted to send her back toward H because she was also dirty...”

Participants were very concerned about the poor quality of patient care provided by staff relating to both the physical and emotional needs of the patients. This factor inspired some of them to remain in the profession in order to bring about change and improve the quality of patient care delivery.

A participant was very disappointed by the way the nurses would not respect and follow the medical instructions. The instructions were written on the patient’s information board placed at the top of the patient bed. She described the nursing care as being inhuman and was distressed by the effect that the unprofessional conduct had on the patients.

Part 07: “Then there was a note on the board ... the communicating board...right on top of his bed... there was a note there that says... do not remove the patient let him lay...from the doctors...then doctor sign...and it was the time for washes...and the other nurse said...no no no this one must not lie here for now ... then I said... I’m looking on the board... then she said...”this one can wash himself” ...but I said I am looking on the note doctor say “he must lie on his back...he must not move”...then she said...”no!!! This doctors they write every thing ...they just write the thing... you just stand up and go... and wash” then I said to this nurse...no! I don’t think that is right... I will help him to wash...just don’t worry... you will not wash him... I will wash him... Then I found out from this guy... that she did not eat...because there was something that was written also there” liver diet”... and the sister said I actually forgot... just phone now...because that guy didn’t eat from yesterday.”

Part 07: "...when we were leaving you could see from the patients the sorrow in their eyes...because they said the staff is not treating them well...and all those things...even the staff... if may be you are washing the patient... you are rubbing this patient who is going to do it... you are massaging them ... who is going to do these things... and you can see the patients is short of breath how can you send a patient who is short of breath to go to shower... what if he can fall or something might happen there because you are not there...you said ok...go to shower! What if he can fall..."

Attitude of staff

For all participants the nursing staff members were unwelcoming. In this study the participants were disappointed by the attitude of the staff and described them as being unsupportive and unwelcoming. Some of the participants did not want to go back to their clinical placement setting because of the attitude of the nursing staff. Participants were not welcomed by the nursing staff thus making their first clinical placement experiences negative.

Part 4: "There comes a nurse and said" I am gonna tell your supervisor that you just come to... hospital to just stand in the corridors and do nothing"... And we may... like... we don't know what to do! Ok fine...First of all I will tell you supervisor that just you lazing around... you don't do your work and you don't do your job..."

Some participants stated that the ward staff took advantage of them by sending them to do non-nursing activities or reserving the meaningless chores for the new students.

Part 03: "And if that nurse is telling you to do that... then you must do that. So in a way... others they took advantage of us and others helped not ...it was like at the end of the day we were going to be paid of whatever ...because the nurses were competing with us... like they were sending us around to do everything."

Part 05: “They didn’t do anything because in hospital you find that nurses don’t like to give bedpan, or to empty them, their always reserve this for students...”

Some participants felt as if they were not part of the nursing team. They did not feel accepted by the staff and this resulted in them taking strain and perceiving some of the hospitals as unwelcoming working spaces.

Part 07: “the welcoming from the nurses it was horrible that all I can say... it was so horrible like in way they did ignore us ...they said no...there was a certain staff nurse that said no... I don’t care about students they always come around here and they go... they don’t want to do anything...all those sort of... so it was quite horrible because we felt we are like...we are just...just... like sheep that are thrown in a field without a shepherd...that imagine eight hours you are with someone that you know that she doesn’t like or just doesn’t... just ignores you for the hall eight hours? Is straining a lot... then I said” oh! May be what if I can change, may be to another hospital...may be I go to other hospital it will be better...I will met other people... all those things”

Part 03: “So it was not the happiest environment to work in... because we ended up not finishing our hours because ...(another training institution) were competing with us... like they were sending us around to do everything.”

Racism

Participants expressed a concern about being labelled as a certain race-group. A participant could not follow instructions during the hand-over period and a request to use English was ignored. The participant felt excluded from the team and this impacted negatively on her clinical learning in the ward. The student expressed a concern that the other student from UWC of a different race group was accommodated by the nursing staff.

Part 3: “There were three of us... all students from UWC... So there were two of us who were black and one coloured... So what happened was when the one was asked to do something... they tell her to tell us to do certain things... Let’s say that we must go to the pharmacy... or if they tell the other girl to go to the pharmacy... she’s gonna tell us to go to the pharmacy instead of her going to the pharmacy...So these nurses, instead of trying to teach us they concentrated more on her... I thought that I was a student and a student who happened to be a black.”

Sexism

During the first clinical placement one of the male participants felt stigmatized because he was enrolled for a nursing course. He experienced it as hurtful that people would make assumptions about him simply because he was interested in becoming a professional nurse. However he managed to deal with the sexism that he experienced during his first clinical placement in the hospital.

Part 08: “In the same time people will laugh at you, people call you names, people thinking you are something else...How can you be a male doing a female thing? That was even harder for me...that was harder for me... and you suffer of may be you are a guy or what and I was hurt.”

4.4.4 Seeking support

Participants were obliged to look for support during their first clinical placement in the hospital. They indicated that the practical and emotional support that they received from various sources allowed them to adapt to their placement in the hospital. It allowed them to endure the difficult times and develop clinical skills in the real world setting.

Seeking practical support

Staff support

Participants recognized the importance of the support offered by the staff in the skill lab. It assisted them to practice their basic nursing procedures during skill lab periods. Most of the participants found that it was easier to do the procedures with the real patients. They could communicate with the patient, while in the skills lab the models could not respond. Participants stated that even if they develop their clinical skills in the simulated setting they generally had to adapt to the conditions in the hospital.

Part 10: “What I learn in the skills lab it gives the courage to do ... in the skill lab we practice and then in the hospital we put... I apply the practice with real people ... what we were taught to do in the skill lab we do it in the other way around in hospital...Is not enough practice in the skills lab... so you must also practice in hospital with a patient so that you can apply it next time.”

Participants found the facilitation by the clinical supervisors very important during their orientation for their first day in the hospital. Students were reassured and coached by the clinical supervisors during guided practice sessions or during formative assessments in the hospital. All the participants valued the work done by the clinical supervisors in skills lab as well as in the hospital.

Part 06: “I wasn’t competent in the first term... as time goes the clinical supervisors demonstrated to us some procedures...mobilisation, urinalysis, the wound care ...and they told us to do at the hospitals the things that ...they demonstrated to us and the once that we are competent to practice.”

Students appreciated the firm character of some of the clinical supervisors as they were inclined to teach the students to do nursing procedures correctly. Participants were also grateful that some clinical supervisors did clinical demonstrations and gave the students time to practice before they would do the clinical evaluations.

Part 07: “Very much...She was a good lady, she was really teaching, before she can do evaluation she will do with you the guided practice, is what I like because in those guided practice you will learn, she will tell you after you have done...you missed that and that and you will know when you are doing the evaluation...ok! This is what I missed now I have to do more there. She doesn’t come in just for evaluation, no she comes in then teach you something , she ask what do you need to know? What can I do?”

Some of the participants were afraid of their clinical supervisors and were nervous about the first student-supervisor encounter.

Part 03: “So my supervisor, that was actually the first time I was scared... Seeing my supervisor because she was this strict woman who... She always like ... said you must be quick when you are doing something you must always be certain... whatever... So the only thing I was scared of was the patients... because the patients were going to see us shouted at, so maybe they gonna take advantage of that... shouting in front of them.”

Nursing staff

Participants appreciated the support displayed by the ward staff in the hospitals. Lower ranking nurses provided the most support to the students during their first clinical placements. Generally the registered nurses were unavailable to help students because of their professional responsibility in the busy general wards. Participants observed and learned clinical skills from

fellow nurses and they could reflect on these clinical learning experiences during their classroom contact sessions.

Part 08: “She was quite nice, and the sister have a lot of trust and faith on her, because she was on the wounds care...and she was ... when the students come she would show us and it was, it was I mean how she clean the wound and later onward ...when we did our wound care... I should actually picture her... doing it, when she showed us these things.”

One of the participants recognized the important role played by the sister-in-charge. She would call on all the students in her ward to give them dedicated teaching sessions. Students were allowed time to ask questions related to the procedures that were demonstrated.

Part 07: “She would may be call us when she’s doing some thing “come closer” and where ever she knows we’ve idea, she’s asking questions ... what is to follow ...what must I do next, although she’s doing the procedures she’s asking... Why am I doing this ... give me the rationale?”

Senior student nurses

Senior student nurses played an important role to show the first-year nursing students what to do. All participants found that senior student nurses were able to help them after they completed their allocated tasks. Some procedures such as patient admissions and the general ward routine were learned from senior nursing students who worked with them.

Part 05: “like when I was in Hospital Y ... it was a third year students of School B ... and when we were asking them to help us because we were many first year nursing students , they were telling us that they will help us after they finish with their duty ... or if they were not busy they teach us like admission, to handle patient properties, and more

information that we didn't know on the patient folder we asked them how it must be done and they explained to us."

Emotional support

Family members support

Participants were supported by close family members during the difficult times. Given that most of the participants had negative experiences during the clinical placement in hospital, family members encouraged them to persevere and survive the difficult periods.

Part 03: "It was very hard to be a nurse...I started doubting that...am I in the right profession...I called my mother and told her that ...things that are really happening are not really good... I told my mother... Am I in the right profession? I did talk to my mom...my mom is the only person that I tell things that are happening here. And I told her that ...the thing that I am exposed to...to see a dead person doesn't really keep me..."

Academic staff

Participants were obliged to seek emotional support from their lecturers because of the difficulties that they experienced in the hospitals. Academic staff members were able to guide them in terms of their scope of practice to ensure that the first-year students attend to the patients' basic needs. A participant was encouraged by her lecturer to continue with her clinical training even though it was very difficult for the participant.

Part 07: "I don't think like going back again...I even told my lecturer...it was so horrible I didn't think like going back again...and she said no! You must get use...because it has been for many years...they have the attitude for the students that are at university... Just go to work ... just do what you know...then forget about what you don't know...if you

don't know , you don't know...because if you keep on doing something that you don't know and you are not sure of...then there... is patient life that is at risk...because a patient might ...might die or the condition may deteriorate... because you have done something wrong... or instead of writing or recording the right vital signs...you record the wrong one...then they think that the patient is in stable condition while the patient is not fine... then she said no..just stick to what you know...what you suppose to do...because for now...you are just doing the basic nursing care... you are just assisting... there is nothing that they can ask you to do...just stick on the basic nursing care...”

4.5 CONCLUSION

This study explored and described the experiences of first- year UWC nursing students during their first placement in hospital. Through phenomenological data analysis, four themes emerged from the narratives, i.e. first impressions, positive and negative experiences and seeking support. For most of the participants the first placement in hospital was full of physical and emotional challenges due to their unpreparedness, the attitude of the nursing staff and poor patient care. However, they eventually took ownership and accepted their role as a novice in the nursing profession.

CHAPTER FIVE

DISCUSSION, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

In this chapter the study summary is offered as well as a discussion of the study finding in relation to literature on the experiences of nurses in the clinical setting. The implications of the research findings on nursing education at UWC are discussed and recommendations made for further research on the topic.

5.2 SUMMARY

The study summary includes a review of the content of the previous chapters. The purpose of this study was to explore and to describe the experiences of first-year UWC nursing students during their first clinical placement in hospital.

In chapter one the rationale for the study was described. It was intended to assist SoN to be able to prepare first-year nursing students for their first hospital placement. The research question and significance of the study was presented.

The limitations of the study and operational definitions of key terms were given. To increase the reader's understanding of the study context the following were discussed; a general hospital in South African, the nursing profession in SA, UWC as the study setting and the undergraduate nursing program at UWC.

In the second chapter the literature review on the experiences of nursing students in clinical placements were discussed.

The following topics were described; clinical education in the undergraduate nursing program which included the vital contribution of clinical placement in the learning process of student nurses, the positive and negative experiences related to the first clinical placements and all the support systems available to assist nursing students during their clinical placements.

Chapter three described the theoretical foundation of the study. The qualitative approach was adopted, the phenomenological method guided data collection and analysis, an exploratory design allowed the researcher to use in-depth interviews to obtain rich data on first-years students nurses' experiences in hospital placement.

A purposive sampling method was used to select participants according to inclusion and exclusion criteria. Data were collected using one main question and several other probing questions. The question, "what were your experiences during your first placement in hospital" was used during this exploratory study. Data were analysed using Colaizzi's phenomenological data analysis method and trustworthiness was ensured throughout the study.

Data analysis was explained in chapter four. Interviews were recorded and then transcribed verbatim. The researcher immersed herself in the collected data. Coding and co-coding was done by the researcher and her supervisor. Sub-categories, categories and themes emerged from participants' experiences during their hospital placements, namely: previous life experience, positive experiences, negative experiences and seeking support. Each and every participant experience was valued and anecdotes from the participants' stories were cited to support the data analysis process.

5.3 DISCUSSION OF FINDINGS

In this section the themes will be discussed in relation to the existing literature. Some of the literature was presented in chapter two but a detailed discussion of how the literature relates to

the findings will be presented in this chapter. The purpose of using literature in the discussion of qualitative findings is to indicate how the findings fit into what is already known about the phenomena. It is not to confirm or to argue existing findings (Helen and Dona, 2007). A similar study was conducted by Chapman & Orb (2000) in Australia on “the nursing student lived experience of clinical practice”. Three themes emerged, i.e. clinical practice as the real world, enhancement of learning and hindrance.

In an exploratory-phenomenological study done by Grealish & Ranse (2009) on first-year nursing students’ learning in the clinical workplace, three triggers were identified, i.e. participation or observation of a task or procedure, recognizing challenging situations as the best learning opportunities and building self image from observing different role models.

These findings are similar to the findings of first year nursing students’ experiences at UWC where participants recognised the real clinical placement setting as best opportunity to learn about nursing procedures and the nursing profession despite the barriers and challenges in clinical environment.

The following themes regarding the experiences of first-year UWC nursing students during their first placement will now be discussed.

First impressions of nursing

Previous life experience shaped the perceptions of first-year nursing students during their first placement in hospital. Student nurses’ views of nursing before their first clinical placement influenced them to choose or to not choose nursing as their future profession. A student had a negative image of nurses after being exposed to poor patient-care during her stay in hospital as a patient, thus influencing her view of the profession prior to the first clinical placement in hospital.

One student chose the nursing as her first career choice because of a perceived calling and love for nursing. Most of the participants were enrolled in the nursing course against their will as they had to commence the course for a variety of reasons.

These findings relate to a longitudinal study done at a Higher Education Institution in Ireland on the “impression of nursing before exposure to the field”. In the Irish study data were collected through two focus groups with 23 participants registered in the undergraduate program prior to their first clinical placement.

All participants understanding of nursing was that it has a caring profession. This impression was common for those who had /or had not selected nursing as their first career choice (O’Brien, Mooney & Glacken, 2007).

Preconceived expectations and beliefs of nursing and nurses as being nurturing, humorous and compassionate was also confirmed by other studies (Manninen, 1998; While & Blackman, 1998; Spouse, 2000). In this study, as well in the literature, nursing students change this image of nurses during their first placement in hospital depending of the quality of support received (Spouse, 2000).

It is suggested that the real image of nursing should be addressed during the recruitment of the younger generation wishing to have nursing as their career of choice. Student nurses should be prepared before their first clinical placement about the reality of the nursing profession in a real world setting to correct their illusions about nursing as a profession.

Historically the nursing profession was considered as a female job (Manninen, 1998). Gender bias influences males not to choose nursing as their career in fear of the society’s viewpoints about the profession being female dominated (Bush, 1986; London, 1987; Koeg & O’Lynn, 2006).

Gender issues were raised by a male participant in this study when confronted by the challenges related to the perceptions about the sexual orientation of male nurses. This was also found to be a theme in a study on the impression of nursing before exposure to the nursing field (O'Brien *et al.* 2007).

Male participants refused to do the nursing course because of the community's view that real males do not do nursing. In this study male nurses expressed their concern about the negative connotations attached to male nurses as being guys. These viewpoints were shared, not only by fellow nursing student nurses or staff but also by the general community and family members (Evans, 2004; O'Brien *et al.* 2007).

Positive experiences

The clinical placement has been associated with positive experiences for nursing students. In this study all the students appreciated the real clinical placement in the hospitals. It allowed them to practice clinical skills, to learn new nursing skills, to experience the reality of nursing as a profession.

Students were encouraged by the gratitude expressed by patients, the good role modelling by professional nursing staff and they realized the significance of real clinical placements (Spouse, 2000). Students valued and learned from each and every experience, positive or negative, as these experiences assisted them to accept nursing as their career (Cheetman & Chivers, 2001).

All participants were determined to stay in the profession even though many of them initially considered nursing as an alternative career. These findings are similar to a number of other studies where nursing students, like other learners were active constructors of knowledge (Wegner, 1998; Billet, 2000).

Participation in every day ward activities, involvement in the patient workload, working alongside other nurses and having challenging tasks constitute very important learning opportunities for the student nurse during their placement (Eraut, 2004). This finding was also proved in an exploratory study done on Italian nursing students on their perception of their learning clinical environment were 94% of senior students were extremely satisfied with activities done in the ward, 88% of junior were less satisfied and 99% of all nursing students agreed that practical experience was important and not a waste of time (Perli & Brugnolli, 2009).

The first-year UWC nursing students witnessed intensive learning opportunities which encouraged them to improve their skills. Once the nursing students learn new skills, their anxiety levels are reduced and their confidence is enhanced (Chesser-Symth, 2005). Student nurses get used to real clinical placements and become comfortable in the profession because they are supported by the government during their training and are generally guaranteed employment opportunities after graduation (Cope *et al.* 2000).

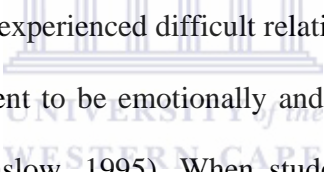
Negative experiences

This theme was seen to be dominant in this study. First-year student nurses experienced various challenges in this study, amongst others, unpreparedness, unprofessionalism of staff and poor patient care delivery. The literature reveals that clinical placement experiences of nursing students are complex and stressful and that all problems surrounding clinical placement are not well explored (Timmins & Kaliszer, 2002).

In regard to the unpreparedness, unprofessionalism of staff and poor patient care emotional stress and physiological responses were prevalent in some of the students. Some even chose to abscond from the clinical unit before completing the allocated clinical hours. Boychuk-Duchsh (2001)

reported that new student nurses experienced high levels of stress at their clinical placement because of a lack of nursing experience, the unfamiliar ward environment, the fear of physicians and worries about making mistakes.

In this study, some of the participants decided to stay in the nursing profession in order to bring about changes and provide better patient care. This followed on their encounters with unfriendly and unwelcoming staff members in the service unit. A welcoming environment and positive attitude toward students in clinical placement has been explored in many studies. An important finding that emerged from a study done by Levett-Jones, Lathlean, Higgins & McMilan (2007) was the concept of belongingness.



All the participants in this study experienced difficult relationships with the nursing staff and thus made their first clinical placement to be emotionally and physically stressful. The need to feel welcomed is a basic need (Maslow, 1995). When students are exposed to an unwelcoming clinical environment they tend to experience anxiety, stress, depression, diminished self – esteem with pathological consequences (Cahill, 1996; Cope *et al.* 2000; Randle, 2001; Levett-Jones, 2006).

In the presence of poor quality patient care participants felt emotionally hurt and their clinical learning processes were generally inhibited. They felt that nurses were not professionally responsible and some displayed unethical behaviour while providing patient care. This finding is similar to an extensive mixed method study done by Brodie , Andrews, Thomas, Wong & Rixon, (2005) on the complex matrix of experiences and perceptions that influences students' choice of employer once qualified. Brodie *et al.* (2005) suggests that an environment where poor patient

care is perceived generally influences participants negatively. This impairs their desire to become team members and is often associated with a shortage of ward staff.

Seeking support

The study findings revealed that students were assisted during their first clinical placement difficulties by professionals in skills lab, the clinical facilitators, ward staff and senior students. Practical support received in the skills lab helped students to perform some of the basic nursing care such as full wash and bed making. During the clinical placement period student learned more nursing skills and were obliged to seek help from nursing staff by asking questions or by observing patient care.

These results were similar to those of a phenomenological study done on Iranian students to investigate how the clinical laboratory helped first-year nursing students to integrate their learning in clinical placement settings. Participants identified that the basic nursing skills learned in the laboratory was useful and helped them to integrate theory and practice during clinical placements (Morgan, 2006).

In the UWC study the clinical supervisors are the university employees who teach and guide students in the skills lab and as well as in the clinical placement setting. Students regarded the clinical supervisors' role as very important in both the simulated as well as the real world settings. Clinical supervisors performed the role of formative assessors and reassured participants that they are doing procedures in a correct way.

Rowntree (1977) found that assessments help and encourages the student to recognise their strengths and weaknesses related to the development of clinical skills. The clinical supervisors' role has been explored by many researchers (Chan, 2002; Suen & Chow, 2001). These researchers identified role modelling, bridging the gap between theory and practice and the

facilitation of students' learning in the clinical placement area as being the key responsibilities of the clinical supervisors.

The ward staff played a pivotal role to teach the student nurses during first clinical placement. Using questions, observation of procedures and demonstrations, student nurses learned new nursing skills. This was recognised by few participants because the ward staffs were observed as being very busy and they did not have much time to assist the students.

In studies that explored the ward staffs' role in the learning process of student nurses, Show & Suen (2001) and Levett-Jones *et al.* (2006) found that a positive relationship between staff and student nurses lead to a good learning environment.

Participants in this study appreciated the help from senior students, with regard to their clinical skills development. Senior students were able to teach and to demonstrate what was expected of them. This aspect of peer support in clinical nurse training has also been investigated elsewhere. In a study done by Larrivee, Campbell, Field, Day & Reutter (1994) it was found that students assist each other through co-operation and by providing emotional support in order to achieve independence in the clinical placement setting. Peyrovi *et al.* (2005) identified the sources of support to student nurses as: appreciating inputs from their classmates in learning about patient care, recognizing incorrect activities, developing collaborative relationships and being an advocate for each other.

In this study family members and lecturers were also recognized as a source of emotional support for the participants during their clinical placement. It is the opinion of the researcher that the emotional needs and the need for the support of student nurses in clinical placement areas is an under-researched area in nursing education.

5. 4. RECOMMENDATIONS

The first clinical placement for first year nursing student is an important phenomenon to determine student nurses progress in their journey toward future professional nurses.

This study revealed that first-year UWC student nurses had a variety of experiences during their first placement in hospital. The researcher's recommendations are based on the scientific finding of this study. These recommendations are addressed to the School of Nursing at UWC to assist the school to develop guidelines to support the first-year nursing students during their first placement in the hospital. It is assumed that such guidelines will reduce the students' anxiety and stress during the placement and will improve the quality of clinical teaching and learning.

Student nurses held a skewed image of nursing and identified that they were not well prepared for the first clinical placement and that the hospital environment (ward staff) was unwelcoming.

It is recommended that first-year nursing students should be given a general orientation to the nursing profession to correct the wrong impressions that students hold of nursing. They must also be made aware of the problems facing the nursing profession at present. This can be included in the first-year nursing program to help prepare first-year nursing students for their first hospital placement.

This study results highlighted the consequences of student unpreparedness and the unprofessionalism conduct of nurses in hospital placements and that this was the cause of the stress experienced by first year nursing students during clinical placement. The clinical environment posed a barrier to clinical learning and the development of professionalism in nursing.

It is recommended that first-year nursing student need to be well prepared for their clinical placement. They need to have a physical orientation to the hospital as well as be given an

orientation with regard to hospital routine. In addition they should be encouraged to make use of the opportunities to practice basic nursing skills prior to their placement in the hospital.

Participants identified the real hospital placement setting as an important component of clinical learning.

Despite the many difficulties, they found the hospital environment to be conducive to developing real world nursing skills. The study revealed that first-year student nursing students were eager to seek practical and emotional support. In the skill lab and the clinical placement setting, professional nurses and senior students were their mentors.

It is recommended that an effective support system needs to be put in place to provide emotional and practical support to students, e.g. Preceptor programmes. They must be informed about the availability of these support systems and be encouraged to use them effectively.

Debriefing sessions should also be encouraged between students, supervisors and other professionals to change the first-year students' negative clinical experiences. The UWC needs to put a collaborative system in place, to reinforce service-based professional nurses' responsibility to accompany students, facilitate clinical learning and resume the role of role model to nursing students in clinical placement settings.

Lastly, further research needs to be conducted in other institutions and using other research methods to include much more participants to provide more information on the clinical placement of nursing students and to assist nursing institutions to prepare students through organised placement programs.

5.5 CONCLUSION

In this chapter the research findings were presented and it showed that these findings are similar to other studies done in institutions both locally as well as internationally. The research literature as well as the findings from this study shows that first-year nursing students' experiences are more negative than positive but that the clinical placement is the best learning environment for student nurses. Recommendations to improve the first placement for nursing students were discussed and suggestions for a further research on the topic presented.



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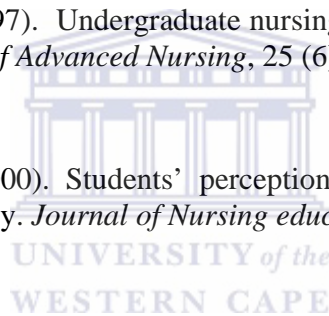
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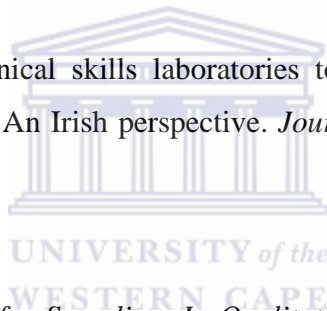
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APPENDICES

APPENDIX A

RESEARCH QUESTION

During the in -depth interview one open question was asked to the participant.

“What were your experiences during your first clinical placement?”

To gain more information or to clarify the participant’s ideas more probing questions were asked if necessary.

The following questions were used:

Can you explain more?

Can you tell me about that?

Why did you do/feel like that?

When did you go/fell like that?



APPENDIX B

INFORMATION SHEET



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959, Fax: 27 21-959

INFORMATION SHEET

Experiences of first-year University of the Western Cape nursing students during first clinical placement in hospital.

What is this study about?



This is a research project being conducted by Abubu Janiere, a second year masters student in Nursing Education, School of Nursing at the University of the Western Cape. We are inviting you to participate in this research project because you had completed your first semester in a clinical placement in hospital and you are a first year student at UWC.

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

You will be asked to contact the researcher by cell phone message requesting her to call you on her number 0837165908, or sending an e-mail on jabubu@uwc.ac.za or 2409075@uwc.ac.za. The researcher will contact you and arrange appointment date and time to meet you at UWC, where you will be asked to sign a consent form after been given additional information. A tape recorder will be used to store and to keep information during interview which is expected to last about one hour.

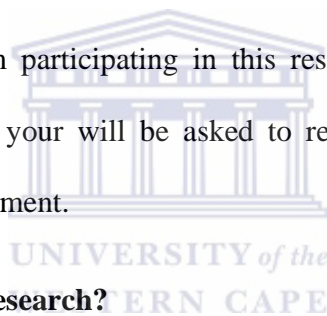
Would my participation in this study be kept confidential?

We will do our best to keep your personal information confidential. To help protect your confidentiality: interview date, time and venue are confidential, consent forms, tape and transcript will be kept in a locked cupboard, your name will not be included on the transcript and other collected data; a code will be placed on the tape, transcript and other collected data.

If we write a report or article about this research study, your identity will be protected to the maximum extent as possible. In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning potential harm to you or others.

What are the risks of this research?

There may be some risks from participating in this research study such as psychological or emotional experiences because you will be asked to remember and to describe your passed experiences in the hospital placement.



What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about first year nursing student's experiences in their first clinical placement in hospital. We hope that, in the future, other people might benefit from this study through improved understanding of what can be done to facilitate learning during the first clinical placement in hospital for first year nursing student at UWC.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify

Is any assistance available if I am negatively affected by participating in this study?

If participant is emotionally or psychologically affected by the interview process, he/she will be referred to the UWC counselling service or a debriefing session will be arranged.

What if I have questions?

This research is being conducted by Janiere Abubu, second year masters student in Nursing Education, School of Nursing at the University of the Western Cape. If you have any questions about the research study itself, please contact Janiere Abubu , at: 0837165908, E-mail: jabubu@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:

Head of Department:

Dean of the Faculty of Community and Health Sciences:

University of the Western Cape

Private Bag X17

Bellville 7535



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

APPENDIX C
CONSENT FORM



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959, Fax: 27 21-959

CONSENT FORM

Experiences of first-year University of the Western Cape nursing students during first clinical placement in hospital.

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

Fax: (021)959-2679

Email: jjeggels@uwc.ac.za

APPENDIX D

LETTER TO REQUEST PERMISSION TO CONDUCT RESEARCH

THIS LETTER WILL BE USED TO OBTAIN ETHICAL APPROVAL FROM THE FOLLOWING PERSONS AT THE UNIVERSITY OF THE WESTERN CAPE. THEY ARE AS FOLLOWS: DEPUTY VICE-CHANCELLOR (STUDENT DEVELOPMENT AND SUPPORT).

UNIVERSITY OF THE WESTERN CAPE

Private Bag x17, Bellville 7535, South Africa

The Registrar

University of the Western Cape

09 November 2009

SIR/MADAM



re: REQUEST PERMISSION TO CONDUCT RESEARCH

I am at present a Student in the Masters program at the School of Nursing, Faculty of Health Sciences at the University of the Western Cape.

I am currently conducting research for the mini-thesis, for the completion of the Masters Degree in Nursing Education. The title of my research is: **Experiences of first-year University of the Western Cape nursing students during first clinical placement in hospital.**

I hereby request your permission to conduct interviews on the student nurse population at the School of Nursing, University of the Western Cape.

Thank you for your time and assistance

Yours sincerely

Researcher: Abubu Janiere

Telephone: (021)7614497 Cell: Facsimile: (021) 959-2679

E-mail address: 2409075@uwc.ac.za. or jabubu@uwc.ac.za.

Study Coordinator's Name: Dr. June Jeggels

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: (021)959-2278

Fax: (021)959-2679

Email: jjeggels@uwc.ac.za



APPENDIX E

PARTICIPANT INTERVIEW

Participant

Inter: interviewer

Resp: respondent

Inter: Me... I am not looking for the first day, because sometime you can get lost ... or get whatever because your just on your first day. Yes your first day, you will include it... say, you will try to... to record what was your experiences... how you did live,.. I say experiences, the one that you did live in...

Resp 4: I would like if you ask me questions because just to not let me talk and talk...

Inter: no, I will not let you just talk and talk, I will try to guide you, and to ask you .. but still in your mind like when you can record this to someone who is asking you... I am going to apply for nursing, now how I am I going to behave? What happen in your first clinical placement... You know some students are having like other mind, may be they thinking about this and that.. and it is not there. What can you tell them?

Resp 4: ok!

First of all nursing was nevermy first option... I wanted to do biomedical... at the same time when I couldn't get school at school B, I came here at UWC and they offered me a space in nursing, I no gona lie...I never though that I will end up in nursing... because I never wanted it from the first place... since you see I was a patient ...I was involved in a motor vehicle accident

in 2003 I had a fracture on my right wrist and they operated me and put key wires, and that was never such a great experience for me..

in a way that nurses treat patients.... especially if you are a child and you come about and ask questions... what you gona do now ? Because a lot of nurses, they don't explain procedures before they do them... So I would ask, what you gona do in my arm, what is this? Because I had clips, they stitched me with clips.

When they were about to remove those clips I asked them...they brought with this other solutions and they told me that we gona take out this things in your arm... So I asked them: ok fine is this things gona be sore or what? And they said shut up you just a patient... you don't ask any questions.

So is like okeeee! I don't have right as a patient...

So... from that day onward I told myself that you know what... I never gona come to the school of nursing... because If I do nursing I can turn out to be like them... But as time went on... I saw that on my first day at work it was never such a great experience, because I was working in Hospital G, that time on second floor, so we arrive there and it was this patient who came back for the operation...I think it was an appendicectomy, he was ...and he start having complications and he was short of breath... and then everyone was rushing, call the doctors so everything.

So we didn't, they didn't even give us orientation to the ward...we didn't know what to do... So we just stood by the corridors... we didn't know what to do... There comes a nurse and said : I am gona tell your supervisor that you just come to hospital G to just stand in the corridors and do nothing... And we may like we don't know what to do! Where we gona start? Because is our first day at work and we don't know what to do from here? And she said, ok fine, I will help you... wait for me here... We just stand like a bunch or something...

So..., she come back and told us, ok fine ...first of all I will tell you supervisor that just you raising around...you don't do your work... and you don't do your job... But we gona tell her as well... our side of the story any way if you go first to her she no gona believe us any way,.. because they always believe we were lazy at some point ...and everything as they have this things about UWC students that they are always lazy.. , they don't know what to do...they never experienced and everything. .. And as time went on I went to...and also for the vac I worked in hospital Z... while I was working there... it was such a great experience to work in hospital Z... because I leant a lot of things... I never worked to the trauma ward before from on my first year, it was such a great experience to knowing all those kind and different of injuries... that people come with and those kind of fractures and all the complications that they come up with... it was so interesting, to be in the trauma ward.

So I worked to the trauma ward... in a surgery, and medical ...and but the most interesting of them all was... when I was working in the oncology department, because , first year there is nothing that they tell us about cancer... and that really helped me a lot... I was doing the test that you have to undergo when you have ca colon, so ok this really gona help me out to know in the near future to be here in the oncology department... so I work there...and we I had to ask... I ask a lot... and sometimes they get irritated for me... like asking a lot of questions, when they doing procedures... ok! Fine! Now what you doing now, and how you gona do it and why we are doing it, so what are we gona tell our patient and all those kind of things?

so... like get irritated but for me it was such a great opportunity for me to be in department.

Research: so if I can stay by hospital Z I will go back to... you said it was a great experience... what was good...if you can tell me more about it?

Resp 4: more about

Inter: it was trauma first...second it was oncology?

Resp 4: ok.. firstly...in trauma I never been exposed to ECGs... and also while I was working in trauma... I was never exposed to ECGs and I've never seen urinary catheters being inserted and also blood transfusions... I already seen a few and also complicated wounds, and some of the wounds..because we were not doing wounds that time and also wounds and all those different types of things that patients they come up with, and also aaam.... the traumas that they have, the chest traumas that they get , and also the penetrating traumas, penetrating injuries and also the blood injuries that they come up with.

Inter: I see all those, but which way of learning did you use there, because you were not doing that?

Resp 4: yes, I was not doing that but, I was observing them and asking questions... like how they do their procedures... also why they do those procedures...they do to patients like for instance that are suctioning... because there is a lot of suctioning that they do, those patient they have got aaa... what they call this thing they put in the patient?

Inter: tracheotomy

Resp 4: the tracheotomy, so they unable to breathe on their own, so suction, they suctioning... all those things

Inter: what did you do then?

Resp 4: aaa

Inter: what was your job?

Resp 4: My ok my scope of practice, may be... what I was doing there... I was in charge of patient hygiene, oral hygiene as well and also changing their beds... was doing their input and output and giving them fluids and also emptying their catheters because mostly in trauma is catheters and also observations... I was also doing observations that time although we were not really doing... because it was not part of our scope of practice...that time to do observations, because observations we do them in the second semester, and I only work there in the first semester.

Oh yes...I was there in the first semester, so we doing blood and also there is only two that I didn't do which was the visidex and HB.

Inter: Soo....like to make, to make beds...I you did learn it to the skills lab, beside that until you come back to the skills lab, did you learn new procedures from the nursing staff in hospitals?

Resp 4: Yes I did. It was the wound cares because it was a lot of wounds there, and we've got simple wounds... and it was complicated wounds at the same time, so I learned a lot about the wound care, and the also the ECG machines.

Inter: did you do ECG?

Resp 4: I did not do ECG, I observed.

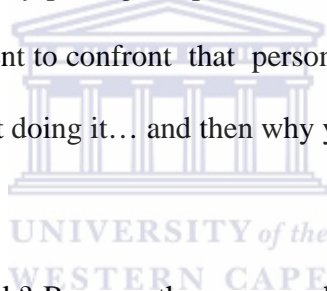
Inter: in that case you did you wound care there, and you did come to your lab, to the skills lab, did you find the same?

Resp 4: no, it was never the same...Because What I will be honestly saying to you... is that when you go to hospital, the procedure that they uses never sterile...they just open up the sterile field, make it all... you know it becomes all funny and everything... and they just tell you; this is supposed to be sterile... so when you go to school they will tell you that is a sterile

procedure...they just open up their packs and they glove and don't even throw on the sterile field, they just open their gloves, put it on and take the solution.

Reach: how did you feel about it because you were a patient before, now you are a nurse now... how did you feel? How was inside your heart now...

Resp 4: I was very sad... angry at the same time...because I was thinking, what if that was my mother, what if that was my sister? or whichever family members which I have would I really like them to be treated that way...and also I couldn't ask the person that was doing the procedures that... would you really like this... if this was you family members... to be treated this way? Because you are actually putting the patient life at risk. So basically I didn't feel good about it and I didn't feel confident to confront that person... that ok fine... you told me that this is a sterile procedure but you not doing it... and then why you not doing it, you know that you are putting patient life at risk.



Inter: ok ...so what do you think? Because those ones who are doing so are trained nurses and qualified ones?

Resp 4: yes I know.

Inter: Those were taught... as us...to be so what do you think?

Resp 4: at firstly I am... as you go around the ward, may be...when you come in the morning they allocate you right...and you find that today...I am allocated in dressing... I got about ten patients to go through...so doing that could be a bit tiring for some people that worked may be for tree times a week or even two consecutive times in a week... Like two days following each you know you got already tired... So I think for that... it's a Mather of and also of because if you are patient for what you doing and also you love what you are doing... than you will be patient...

getting from this patient to that patient in the correct manner... and also taking that personnel... if it was me I would like to be treated that way?

Inter: how did you see you and your patient because, when you were there they think they are in good hands with you, how did you behave with your patient?

Resp 4: oh well, I am not a patient person, to...

Inter: consider that it was not your first choice, how did you feel?

Resp 4: what I saw... was that...I was actually connected with my patients and they were also loving my company... and the way I usually have conversation with them...talk to them... if may be they have problems because in fact there are some patient that who would like to have someone to talk to... as sometimes you find that you don't have much to do in the ward... like working in trauma, you don't really have much to do and some hours in the ward. So you just go about your patient and you ask them are you feeling good? Are you fine? Ok! They will start talking ... if they see that oh! There is someone who is interested in talking to me! and then you talk to them, you find out how they feeling; and everything. And then from that I saw that I was a bit in denial that I don't love nursing.

Inter: ok

Resp 4: ok, fine now I am in denial,

Inter: so you end up by seeing that you saw that your love your patients?

So why did you love them? Because sometimes you can talk to people but still you don't love them.

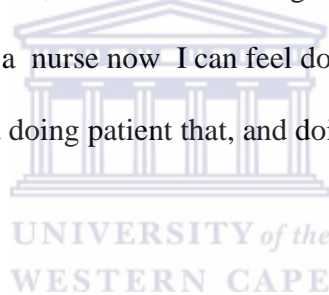
Why did you feel that you love your patient and for nursing also?

Resp 4: well first of all, being in nursing field is all about helping people, and helping people... it makes me to have good feelings about myself. And also to know that I make a difference out there, even if I am only person that is gona go out there and talk to those patients and also give the best care that they can get ,I can make a different just as one person out there.

Inter: ok, good ... So you and your clinical skills now how did you see, our clinical skills learning, what did you learn there? How did you learn?

Resp 4: ok... Ok...well um in the skills lab after the first semester...going to... we learned observations ,blood pressure, respiration and also pulse and also we also did the urine analysis, and also we did sample wound care, the most interesting skill of them was wound care, because I actuary felt like, yes I am really a nurse now I can feel doing it ether than doing all those sample procedures like observation, and doing patient that, and doing the intake and output,..

Research: so you did enjoy it?



Resp 4: Yes I did

Inter: A little bit complicated.

Resp 4: Yaa.. because, I love challenges... I really loved it

Inter: And your supervisor there at clinical placement, and, and here?

Resp 4: Ok! My supervisors

Inter: How did you feel, not to say they were quiet, how did you feel about them?

Resp 4: Ok ...fine... is so good to be under supervision, because you know actually what you doing right and what you doing wrong... because at some point you will find that your

supervisors will tell you that different things because they have got their different way to lecturer.

Ok... fine she taught this... now I am going to hospital and then you do it the way that she taught you... and the one supervising you in hospital will tell you no... do it actual these way... she told me to do this ...that way ...but to be under supervision is actually... a great feeling.



Participant 7

Inter: Tell me is about your experiences ...how you did behave when you were there in the placement...how were you doing? is like your life in clinical settings, in hospital

Don't worry, this radio is a recorder ...is registering, because after these I will have to write it ...ok... I do not use your name...nothing ...I use a number...I do use a number... so it is confidential ...whatever you say, with this tap only I will listen to it and my supervisor will see a written thing...no name ...

Resp 7: ok..not a problem...

Inter: and you know my name. my name is Abubu

Resp 7: yes I do Abubu!...I know...at the time you did introduce yourself in class...

Ok...for the first time I was placed in Y hospital ...huuu...the first day we have to do orientation ... the half day we went to the wards around about one o'clock...aaa...the welcoming from the nurses it was horrible that all I can say...aaa... it was so horrible like in way they did ignore us ...they said... no no no no... there was a certain staff nurse that said... no I don't care about students they always come around here and they go... they don't want to do anything... all those sort of so it was quit horrible because we felt we are like...we are... we are just...just.. like a sheep that are thrown in a field without a shepherd...

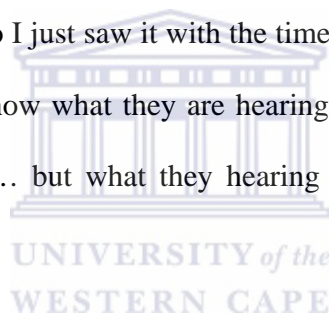
because what happened late around... I think it was around about two o'clock ...sister, a unit manager came in... it was when the time... when she ask about us and we tell her that we are coming from UWC then she said ok...what is happen... what is happening from this ward... how thing are done...but other than that, even the sister that was there that time, that was managing the ward that time... they did ignored us, they did not even, if may be they did ask us...ok...do

that temperature, and or that thing... or may be do the BP...at that time we were not even taught about how to do the BP.

Inter: wawu!

Resp 7: Because we were only taught about bed pans, and then bed making...and all those things...and just imagine I have never ever been exposed into nursing before...so...aaa I couldn't take blood pressure , I couldn't take uuuu...eeee...eeee a temperature! yaaa ...I couldn't take a temperature!

Because I don't know!...what... what, what I will look for in blood pressure and all those thing...so it was my first time to I just saw it with the time I'm sick I go to the clinic and take my blood pressure... but I don't know what they are hearing or what they doing...I just know that they doing the blood pressure... but what they hearing for...I don't know exactly what they hearing there...



they hear if is high or low... I don't know if they hear it from there or from what ...because I didn't know...now...we, I said I don't know how to do blood pressure. You your are university student but you don't know how to do it...I said no...I haven't done it yet...ooh! what is this university good for?

Inter: ok! So they were thinking you know it already.

Resp 7: yaa...they thought we know already...but they have got this nasty comments about university students that...they think they don't know to work...they said we are cremoras...that how they call us...they say you see coffee and cremora and then a cremora is sitting on top... is this emblems that we are proud of...nothing more...there is nothing...there is nothing that that we do...there is that we know for that matter... is just the emblems... just cremoras...

Yaa...so we are just cremora that what they say they make a joke look at the cremoras

So university students are called cremoras...and just there they are students from B university... that are there most of the time...they are the one that are favoured ate at the time...because they would ask them...do that then they know what to do...do that then they know what to do...because they are there, I think for two months in hospital...

so they were the favourites because we only come once in hospital...only come on Wednesdays then we are gone...and we come back other day...so, for that first day it was not good...I don't wish like going back again...I even told my lecturer...it was so horrible I didn't think like going back again...and she said no! you must get use...because it has been for many years...they have the attitude at the students that are at university...

Just go to work just do what you know...then forget about what you don't know...if you don't know , you don't know...because if you keep on doing something that you don't know and you are not sure of...then there is patient life that is at risk there...because a patient might ...might die or the condition may deteriorate... because you have done something wrong... or instead of write recording the right vital signs...you record the wrong one...then they think that the patient is in stable condition while the patient is not fine...

then she said no..just stick to what you know...what you suppose to do...because for now...you are just doing the basic nursing care... you are just assisting...you are just what you call you are just assisting up...there is nothing measure that ask you to do...just... just too to t skick on the basic nursing care... and that was fine.

Then we went the following week... then I decided to take the plane of my lecturer...just to stick on what I know...

Then there was a case where by it was a guy... that was admitted there admitted there a a with liver problems... hepatitis...although I was not sure whether if it was hepatitis B or what but it was written diagnosis hepatitis...liver problems...and then this guy... he was laying there ...then there was a note on the board if you still see the board there in hospitals... the communicating board...right on top of his bed.. there was a note there that says... do not remove the patient let him lie...from the doctors...then doctor sign...and it was the time for washes...and the other nurse said...no no no this one must not lie here for now ... then I said... I'm looking on the board... then she said .."this one can wash himself"...but I said I am looking on the note doctor say he must lie on his back...he must not move...then she said..."no no no these doctors they write everything ...they just write the thing.. you just stand up and go and wash" then I said to this nurse...noo I don't think that is right.. I will help him to wash...just don't worry.. you will not wash him.. I will wash him...

Then I found out from this guy... that she did not eat...because there was something that was written also there aa aaa liver diet...so he said to me he did not eat last night because they say they were ordering but there was nothing... nothing come up...and the morning that was the breakfast, I notify the sister " ok..look at that patient that one needs a, a liver diet...she said ok "I will order from the kitchen" up until eleven o'clock the guy hasn't eaten again.

Inter: wow!

Resp 7: ok... then I went back to him...ask did you manage too, to eat and he said no! ...and you can see now he has this white saliva coming out...I will try and get something for you to eat...Then I went back to the sister... and the sister said I actually forgot...ok!

What I can do I will phone to the kitchen...just give me five minutes...and I said no no I'm no giving you five minutes...just phone now...because that guy didn't eat from yesterday ...ok then

the sister was cooperative and she manage to phone the kitchen... then I have to go and fetch the food for that guy...

Then we were there for ...I think for the vacation...the time that we spend most and we were there for almost every day up until the that seven day was finish...so when we were living you could see from the patients the sorrow in their eyes...because they said the staff is not treating them well...and all those things...even the staff if may be you are maybe you washing the patient... you are rubbing this patient who is going to do... you are massaging them... who is going to do these things... and you can see the patients is short of breath how can you send a patient who is short of breath to go to shower... what if he can fall or something might happen there because you are not there...you said okee...go to shower! ...what if he can fall?

Then that what I said there is a lot that needs to be done here...specially when we were introducing to ...then I said ok my goodness...I wish they can come back here... and then be introduced to ...they don't have a clue of what... what must be done with a patient... just imagine a patient, a person he is sick already just when you are sick... I mean you lose hope... just imagine if the person that is treating you... or that is looking after you doesn't give a time about you... so you don't feel good because of so ever because you suppose to relay to this person and you know this person doesn't even care about you!.. Then you even drown more deeper ...I think that is killing patient more and more...they just drown in their sorrows...oh...I'm worthy nothing...the better of me is just die...I think that that what is causing them to die...

Inter: to die!! And what did you think about it? Like, because when you were there it was a hard time for you...

Resp 7: it was a hard time...

Inter: when you spent more time it was hard for the patient... What do you think?

Resp 7: you know what ...that what also I thought... sometimes you can get too attached to this patients because some of them...like the one the guy that I told you that he had liver problems... just imagine you have just a picture of someone who didn't eat for almost two days...because I said ...ok I will try and bring you something when I'm coming back... to may be to tomorrow or other day... and when I came back... I bring him some things... because I made extra lunch to him...extra meal...Then the other sister such and such is it fine? And she said no is fine as long as and I brought him back... he even introduce me to his mother ...then I met his mother...his mother was so pleased... pleasedpleased...because my son there is no care in this ward... but I said I'm leaving tomorrow...is my last day....that why you could see that really... really people are suffering... there is no one to take care

Inter: according to you

Resp 7: aaa

Inter: because those nurses they are educated...they were had training as you getting training...why do you think they behaving like that?

Resp 7: Most people they come to nursing for money and jobs...that the main think...they don't come in nursing as a calling...they just come in for money and they didn't come in for their carriers...They just come in because they know...will pay for us... and we will find jobs after that...we won't be running around without jobs...so I think that what happen.

and I believing in the olden days...there was age that was restricting people to come to nursing...I believe that was a good thing...if you can watch these sisters... I think some of them they are twenty-one years old...they are chatting around and screaming in the ward right inside there are patients they are laying...just imagine there is a sick patient and you are making noise



as a sister in the ward...that noises is affecting the patient...and especially in night time they are making noise. All those things...those people they are trying to sleep they are in pain and you are trying to make noise.

Inter: Trying to make noise! So...so do you think there is a way to stop... but any way these things? I don't know what you thinking because these people...they are educated...these sisters and nurses no one get there without education...still they do that.

Resp 7: what I would like to know what drives a person to treat another...sick person like that...I would like a motive ? What is happening? What is happening? For example just a patient is asking for water...they say no no you have been asking a lot to day... I don't know what is happening inside?

Inter: of that person who refuse to give water...

Resp 7: Just plain water!!

Inter: Plain water!!!

Resp 7: I don't know...I really I really want to know what is the motive that is driving them to do those things...the horrible things that are being done but...what drives them... I don't know.

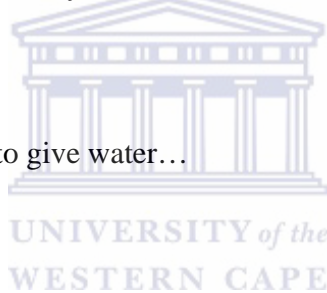
Inter: ok...so you said some way that you have had hard time until you wanted to stop nursing or to think about nursing.

Resp 7: No, not that to stop nursing...nursing have been my dream for many many years...

Inter: ok

Resp 7: aaa I can't stop nursing.

Inter: beautiful so what did you think before...because you said you went to lecturer...



Resp 7: because I told no... I can't take these...this thing you go to work is like you go to work there because I'm spending most of the time there...because at that time? We were doing eight hours...that imagine eight hours you are with someone that know that doesn't like or just doesn't just ignores you for the hall ...eight hours? Is straining a lot then I said" oh! May be what if I can change may be to another hospital...may be I go to other hospital it will be better...I will met other people all those things"...but I don't know.

Inter: do you think there is a raison that they were doing so for the students...they were ignoring students... not helping the students why?

Resp 7: it's because it come out of their mouth...they said these university students...I thought it was the sake of being in university

Inter: ok

Resp 7: that what happen...because I couldn't find anything more! Because they only say, and they were treating school B student nicely than the other one that were in colleges... they say this university and the other ones that was in collage...but then they all those university that's nurses are cremora... then I call care, I found out ... ok this is not about anything about university

Inter: ok

Resp 7: that's all I found out it's just its all about university... because they did not go to university... now they are treating university students badly.

Inter: So it's jealousy.

Resp 7: I could say so... I could say so!

Inter: And ummmm... you didn't know what to do for your first days you said so...so how did you cope with the coming days? Did you stay do not know what to do? Or...

Resp 7: no the following day was much better... as I told you... in the first day we didn't go straight to the wards... we went for orientations... we were told about the hospital procedures and everything...we went to the auditorium wall... so we couldn't go in... so we didn't see when they did the washing sand all those things... we came in round about eleven o'clock... so it was already day... so we didn't see the morning what is happening in the morning when you come in and all those...even do we were told in the auditorium ...when you come in first thing you do the washes ...then they will tell you which patient have been washed by the night staff and which patients are for the day staff...Then after that there is breakfast and we assist patient ,so we were told in the auditorium... what to do... .But we were not there to see what is exactly done... and they did tell us about the observations and all the things...but we didn't know I didn't know how to write a nursing process... a report... then I had to ask what is that you write about...

Inter: Ok!

Resp 7: Because they said let's do the day report and I don't know what a day report is... and you have to ask what a day report is... then they try to explain ...ok ,it's the conditions of the patient how you see the patient.

Inter: And aaa...did you really stay with the washing... because you knew only to do the washing... or did you learn other procedures.

Resp 7: Yes I did learn a lot... as days go by... it was March in hospital Y...but what I found out... it's easy to learn in Y...because...aaa thereeee was a sister I could not say a sister it's a unite manager... that one she was so good...she was so brilliant, she knew how to treat students she would maybe... call us when she's doing something...then come closer and where ever she

know we've difficult she is asking questions... what is to following next? What must I do next?
Although she's doing the procedures, she is asking why am I doing this? give me the rational?
And she was so good, she was so good.

Inter: So after hospital Y... did you find the same experience in other hospitals?

Resp 7: I went to hospital Z...after hospital Y... in hospital there is less work there because it's too advanced... the thermometers it's not the one that you need to shake the one that just press...the three bawonometers and those one the stethoscope the baonometer so I find there less work there...in in hospital Z.... But most thing in hospital Z ... they don't entertain us to that demonstrations...there was a demonstration time in Y hospital at two o'clock... and when the visitors are talking to the patients up until they call that unit manager will call the students to the demonstrating room...it was room...then she will ask us what we want to do for the day... and on the other day... the discharges and the admissions... what to follow... what to do everything...That was nice...every two o'clock... ok two o'clock we were meeting for the demonstrations.

She will be demonstrating for whatever....and we ask questions...and it was nice because she was doing something ... we ask from then and she ask us from what she will be doing...

Inter: Ok!!!

Resp 7: it was good... we were like we are in class!!!

Inter: Ok...so hospital Z you were just enjoying the modernity.

Resp 7: Just modernity... nothing much...just input and output.

Inter: and what about the patient ...anything that you did learn from the patients or anything that you remember of?

Resp 7: But what I can say... what I can say in hospital Z they take good care of the patients they don't scare the patient or what...they always look out for the patients I don't know may be is a big hospital or they are scared of the doctors or what I don't know...but patients they comes first in hospital Z ...that what I notice...there was not even patient one that is not attended...most of them and even there was not even a patient that is asking for something there because they were well taken of.

Inter: so they don't even

Resp 7: no they don't have...no in hospital Z everything was fine.

Inter: so beside what that sister did teach you in in eee in hospital Y...and whatever you did learn there... can you tell me you still remember ...say in me first year these people were so helpful to teach me in first year?

Resp 7: haaa...I will go for hospital Y.... hospital Y sister, the unite manger in room three was such sister

She over done herself, she over done herself...she accommodated us in a way that haaaa ...what can I say? haaa um...I remember what make me to do nursing...the way she accommodated us...she told us nursing not, people don't come in as they are coming nursing is not about money... nursing is not about... this is a carrier that you need to achieve

Inter: Ok!!

Resp 7: Not because you are there, you want money ...you need work...you need to go overseas getting more money is about your carrier you can do more...you can go in places.

Inter: what can you tell to someone coming for nursing course, on how was your experiences like? Just to open up for her?

Resp 7: Just to have patience... as time goes on this things works out...she must just I know on the first day is not easy...those people they don't accommodate you on your first day ...Even in hospital Z... we got problem because that why I say is university students... they call us names...we have got names they call us... I am so amazed of university students that is staying here up until four o'clock...they always disappear, disappear all the time you never saw them.

Inter: they do disappear or they lying?

Resp 7: Some of them they do disappear, that what I am saying... some are spending the bad name for us... because some of them they do disappear... some of them they don't want to do anything... they are playing with their phones....so they go to mixing they are giving the bad name...you think they are not watching, they are washing

Inter: why do you think they disappear and go to do mixing while others are in the ward?

Resp 7: because, they are just there to be there.

Inter: just to be there! They are not interested.

Resp 7: They are just there to be here...not that they are there to do the work...to experience what they learn in class...they are just there because they have to be there.

Inter: That interesting may be I will be watching them

Resp 7: yaa...They are there , you can just watch them...or just walk in and sit near... to the patient just walk in as a visitor you will see them... playing with their cell phone and when the cell phone rings they answer their cell phone when we are told here we were no suppose to answer our cell phone in front of our patients...And other one day we were busy a colleague of mine... we turning a patient...and a cell phone rings I couldn't believe she left the patient... and

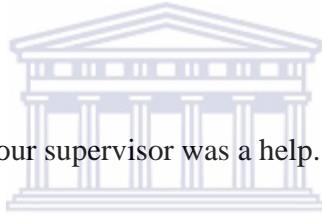
then answer the phone...then said oh my goodness, what if this patient can fall because now I am on my own... I am on the opposite side she can just roll over.

Inter: I understand your worries. Any question that you think is remaining, that you can really know about the first year experiences for you?

Resp 7: sorry?

Inter: anything that you think you left, behind... that you can think I can't miss to tell you this and that?

Resp 7: no there is nothing much...but is that ...what I can say is that I enjoyed it...I enjoyed it! I enjoyed first year!!



Inter: ok...that beautiful...and your supervisor was a help.

Resp 7: too much...haaa that she was a good lady ..she was really teaching me...because before she can do evaluation she would do with you the guided practice... that what I like..because in those guided practice you will learn...she will tell you after...she gives you the feedback...after that she say: "Ok...you missed that and you miss that...you will know when you are doing the evaluation ...ok... this is what I'm missed and this is what...now I have to do more there and there....she just doesn't come in for evaluation, no she comes in then teaches you something then she ask what do you need to know? What can I do? "

Inter: And what you did in the skills lab was it enough for you too, to be in the hospitals?

Resp 7: what I saw...what can I say... is that when you are...one...one, think that they can't teach us everything at the same time...that what I learn...but at the time that I was at hospital ...I felt oho...they didn't teach us much... because now I can't do blood pressure...I am not of help and all those things...they have to go and ask people to help out that later...but when I later when

we later do all those things I find out Ok...you don't just do blood because you have to do blood pressure you need to know more!! Then I said " Ok...that why they start with basics... you need to know more...what if is like this...and...there is a lot of things...I felt like it was too much

Inter: that was correct.

Resp 7: yaaa... with blood pressure you just don't do blood pressure because you have to do blood pressure that what I learned I said Ok I was so comfortable.

Inter: you did understand the point behind to not teach you so quickly the practical

Resp 7: Yes, I did understand very much I did get it because now I could find even in one of the nurse that was doing...just doing the procedure because they have to do the blood pressure....they don't know the importance of it... if may be they say four hourly they ignore it... they don't know why the doctor say four hourly...they don't know the importance of that thing...so I felt ok !!! They are just doing because they said vital signs for six or for eight hourly...they just do it and whatever...sometimes you see that they are faking it... if may be they are still busy in hospital Y because there is only one stethoscope...that why in one o'clock it was...the systolic was one twenty...ok four o'clock is one twenty again... they don't know if they are told that thing... ok now I can see why they didn't teach us in the beginning.

Inter: Ok... that beautiful that you did understand now...

Resp 7: ok

Inter: it was very nice to chat with you... I think I did learn a lot from what you are telling me...it is very beautiful that you did participate in this research...may be what you telling us gona help somewhere...and I'm happy that you are not a fake nurse...you are a nurse from the

heart...because you are a nurse from the heart you will be interested of other nurses to be built and to be comfortable...when they are doing their first year.

Thank you very much!!

Resp 7: ok ...Thank you

Inter: I understand now.



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HIGHER DEGREES COMMITTEE

1 March 2010

TO WHOM IT MAY CONCERN

Dear Sir/Madam

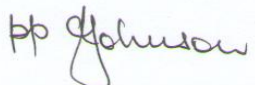
Research Project of MS JANIERE ABUBU (Student Number: 2409075)

This letter confirms that Ms Abubu is a registered student in the Faculty of Community and Health Sciences at the University of the Western Cape.

Her research proposal entitled "*Experiences of first-year University of the Western Cape nursing students during first clinical placement in hospitals*" submitted in fulfilment of the requirements for Magister Curationis (M. Cur) degree has been examined by the Higher Degrees Committee and found to be of high scientific value, methodologically sound and ethical.

We fully support the research and kindly request that you allow her access to your organization.

Sincerely



DR GAVIN REAGON
Chairperson: Higher Degrees Committee



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