



University of the Western Cape

Patients' experiences of being nursed by student nurses at a
teaching hospital in the Western Cape

UNIVERSITY *of the*
WESTERN CAPE


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Faculty of Community and Health Sciences

**Patients' experiences of being nursed by student nurses
at a teaching hospital in the Western Cape**



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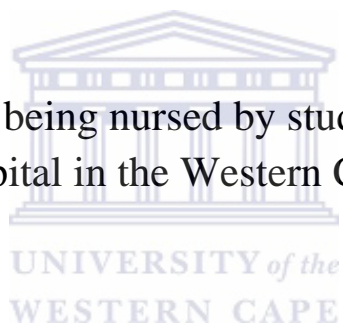
A mini thesis submitted in partial fulfilment of the requirement for a
degree Nursing Education in the School of Nursing, Faculty of
Community and Health Sciences,

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Supervisor: Professor Oluyinka Adejumo

November 2013

Patients' experiences of being nursed by student nurses at a teaching
hospital in the Western Cape



DECLARATION

I, Chemungha Ferdinand Mukumbang declare that this mini-thesis and the work '*Patients' experiences of being nursed by student nurses at a teaching hospital in the Western Cape*' is my own and has been generated by me as the result of my own original research.

I confirm that:

- This work was done wholly or mainly while in candidature for a Master's degree at the University of the Western Cape;
- Where I have consulted the published work of others, I have clearly attributed;
- Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
- I have acknowledged all main sources of help;
- None of this work, either in whole or parts, has been published before submission.

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Date:

DEDICATION

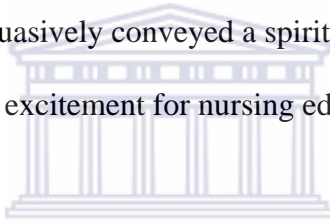
I would like to thank all my family and friends for their never waiving support during my studies and in the writing of this mini-thesis. I will like to dedicate this work to my wife Patricia Mukumbang, my two sons Jayden and Ferdie Mukumbang for standing by me through my studies. Also to my parents Mr and Mrs Mukumbang and Uncle Hans Neba Wanchia for their moral support and encouragement during the writing of this thesis. I am also thinking of my friends Leka Alindekane, Hariet Ekole-Chabanga and Belinda Beyers and Anita Dartey for their contributions towards my completion.



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Finally, I wish to thank to CENTALS for their financial support granted through a study scholarship.

LIST OF ABBREVIATION

PCC	-	Patient Centred Care
NHS	-	National Health Services
HeBE	-	Health Board Executive
DoH	-	Department of Health
NEI	-	Nursing Education Institution
TCA	-	Thematic Content Analysis



ABSTRACT

Background: Teaching hospitals are always inundated with trainees of various health professions as these hospitals are created with the intention of providing these would-be professionals first-hand experience of what to expect when they become professionals. This is thus the place where most nursing institutions provide their students with practical nursing experiences. Although the focus of care is the patient, attention is sometimes focused more on the nursing students rather than on the patients who are undergoing care in the hands of both the nursing professionals and students. However, proper nursing care should also take into account the experiences of the patients during the care process in the health facilities.

Objectives: The study had three objectives: to describe the experiences of patients nursed by student nurses in a Teaching Hospital in the Western Cape, to identify patterns in the experiences of patients in care of student nurses and to analyse aspects of the experiences that may need further attention for the training of student nurses.

Method: The descriptive phenomenological approach was used to explore the experiences of the patients nursed by student nurses. Participant selection was done purposively from different wards of the teaching hospital and thematic saturation was achieved at 10 participants. The data were collected through in-depth interviews and analysed using the thematic content analysis (TCA) method.

Results: Three main themes were discovered after the data analysis; methods of identification of student-nurses by patients; positive perceptions of student-nurses by patients and the negative perceptions of student-nurses by the patients.

Conclusion: Patients' experiences with student nurses in their roles during their practicum vary considerably. Some patients reported that the students were very good to them, friendly; making conversations with them that would lighten up their moods. They asserted also that they felt comfortable with the technique and execution of the nursing care process by the student nurses, confirming that they see nothing wrong with them. Conversely, other patients did not hold the student nurses in high esteem and said that they were not very good with discharging their nursing duties and were sometimes found wanting in the execution of certain nursing procedures. Consequently, their experiences were not so good ranging from boredom to extreme pain during the nursing care from students. Emanating from the bad experiences that these patients have had with student nurses, they have become sceptical when it comes to receiving nursing care from student nurses and would refuse should they have the opportunity to decide.

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CHAPTER ONE

FOCUS OF THE RESEARCH

1.1 INTRODUCTION

Complimentary and contemporary care in nursing sciences is the goal of every nursing professional. However, it has been misconceived that complimentary health care is simply a combination of science and technology deployed by professionals to address health problems (Bradley, Frizelle & Johnson, 2010). In-as-much as science and technology play a pertinent role in nursing care, a significant aspect in the development of contemporary nursing care is involving the patients in the management of their care and treatment (Health Board Executive, 2003). This notion is termed Patient Centred Care (PCC) and entails prioritising the patient and their experience “through communication, discussion of treatment options, potential outcomes and possible psychological effects” (Royal College of Nursing, 2013, p. 1). PCC, therefore, forms the basis of effective nursing care as it takes into consideration the patients’ perspective of care. According to the Saskatchewan Ministry of Health (2009), PCC respects the dignity and value of each person, making it appropriate and valuable that the experiences of the patients in healthcare should be incorporated in their care process.

With growing consumer orientation in healthcare (Andersson, Tritter & Wilson , 2006), the drive to investigate patients’ experiences in the health care system is more prominent with

the assumption that health care providers would be prone to align care to the consumers' expectations (Morgan & Jones, 2009). Effective nursing care should, therefore, take into account the experiences of the patients during the care process in the health facilities. In the light of this, the intention of the investigator in carrying out this study was to explore the experiences of the patients nursed by nursing students.

This chapter provides a general overview and foundation for the study, thus, setting the stage for the thesis. It is discussed under the following outline; the background of the study, its problem statement, the aim (purpose) of the study, the objectives to be attained in the study, the research question, the significance of the study, the assumptions made while conducting the study, the scope and delineation of the study.

1.2 BACKGROUND

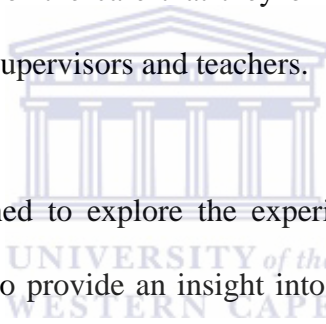
When people get admitted at medical facilities in general, it is usually because for one reason or another, they find themselves on the sickness side of the health continuum, tilting towards the death end if nothing is done to interrupt the continuum. This progressive shift to the death end of the health continuum is because, not only are the patients being worn down by the disease or infirmity, but their emotional and mental states have also being overwhelmed, making them feel vulnerable and requiring of the assistance of others to make a recovery. Consequently, they adopt an illness behaviour which is seen in the context of patient help-seeking behaviour (McQueen, 2002). This compromised health state

is usually the nature of the patients that the nursing student meets during their nursing practice in the hospital as part of their preparation for a career in the nursing profession.

The mandate of Nursing Education Institutions (NEIs) is to prepare and produce nurses capable of rendering nursing care that is appropriate for the health needs of the society. Nonetheless, students aiming to become professional nurses will be entering into a profession that is very demanding; emotionally, physically as well as technically. To achieve their ultimate goal, one of their objectives of NEIs is to adequately prepare the student nurses to withstand the insurmountable pressure, long working hours, and relentless emotional and physical strain, resulting from the constant encounter with suffering, disease and death (Rosenberg, 2009). In order to be sufficiently prepared for such a demanding profession, the student nurses require, apart from the classroom theory-based preparation, clinical laboratory skills exposure for the technical component of their training, as well as real life exposure training in teaching hospitals for their emotional stamina and comprehensiveness of training. To achieve the aforementioned objective, it is required that part of the nursing training should take place in a hospital setting and more precisely at the bedside of patients.

The need for hospital-based exposure for nursing students have driven Nursing Education Institutions and relevant stakeholders to set aside some specialised hospitals (Teaching Hospitals) for clinical practice. The patients undergoing treatment in such health care facilities are more often than not, aware of the institution's status as a training centre or hospitals and clinics - where student nurses undergo clinical training on patients for a better

learning experience than the virtual learning on dummies. When these nursing students nurse patients, there is an instant and inevitable student nurse–patient relationship that is being formed which is viewed as the essence of nursing care (Moley, 2003). The development and nature of this relationship are determined by a combination of several factors which cause the relationship to vary considerably producing various experiences. According to Suikkala, Leino-Kilpi and Katajisto (2009), the relationship between the nursing student and patient essentially differs from that of a qualified nurse and patient. They asserted that, the difference is rooted in the fact that students do not have any responsibility for the outcomes of the care that they offer to patients as a result of their close association to the clinical supervisors and teachers.

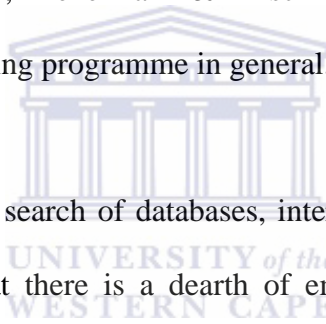


This study is, therefore, designed to explore the experiences of the patients nursed by student nurses. It is conceived to provide an insight into the thoughts of the patient, how they feel and what they do while undergoing nursing care provided by student nurses during their clinical placements. This research is intended to reveal in-depth findings that will contribute to the practice of clinical supervision, providing evidence to guide the role and duties of clinical supervisors and nursing students during their hospital-based clinical practice.

1.3 PROBLEM STATEMENT

When nursing students perform nursing duties and roles in patient care during their clinical placements, a student nurse-patient interpersonal relationship is formed during the process.

This relationship offers both parties valuable experiences of the caring process, especially in situations where they both act together to solve the patient's problems (Suikkala & Leino-Kilpi, 2001). Factors such as students' and patients' mutual prejudices and attitudes have been found to influence the student nurse-patient relationship (Suikkala & Leino-kilpi, 2005), however, many recent studies conducted around this relationship mostly focus on the experiences of students (Cassidy, 2006; Morris & Turnbull, 2006; McBride & Murphy 2007; Skaalvic, Normann & Henriksen, 2010; Warne et al., 2010), their perceptions (Doucette et al., 2011; Sharif & Masoumi, 2005), feelings (Sadala, 1999; Parry, 2011), and adaptations (Ironside, Diekelmann & Hirschmann, 2005) towards the patients, clinical placements and the nursing programme in general.



It was found after an extensive search of databases, internet search engines, journals and interlibrary online journals, that there is a dearth of empirical studies that explore the experiences of the patients upon whom the student nurses perform their nursing practices. This is confirmed by the Saskatchewan Ministry of Health (2009) that observed that “there is very little research that examines health care integration from the patient perspective” (p. 3), furthermore, literature indicates that many patients do not believe that professionals understand their feelings and perspective (Lauder et al., 2002). Although some studies do focus on patients, even these do not provide specific information on the patients' experiences (Suikkala & Leino-Kilpi, 2001) of nursing care offered by student nurses during their clinical placements.

Not only has little attention been paid to the patients' experiences globally, nothing likewise was found at the level of the local setting in the Western Cape. The investigator, therefore, thought that it would be important to explore the experiences of the patients on whom student nurses have performed a nursing procedure either in the capacity of practice or during an evaluation exercise during their clinical practice. Although there is some literature on the relationship that is developed between the patients and the students, very few studies were found that focus on empirical exploration of the experiences of the patients in the student nursing care emanating from the patient-student relationship.

1.4 RESEARCH AIM

The aim of this study is to explore the experiences of patients being nursed by student nurses at a Teaching Hospital in the Western Cape.



1.5 RESEARCH OBJECTIVES

To achieve the abovementioned aim, the study was designed to meet the following research objectives:

1. To describe the experiences of patients nursed by student nurses in a Teaching Hospital in the Western Cape.
2. To identify patterns in the experiences of patients involved in patient care with student nurses.
3. To analyse aspects of the experiences that may need further attention for the training of student nurses.

1.6 RESEARCH QUESTION

What are the experiences of patients when nursed by student nurses at a Teaching Hospital in the Western Cape?

1.7 RESEARCH SETTING

This research was designed to take place in a Teaching Hospital environment. “A Teaching Hospital is a hospital that provides clinical education and training to doctors, nurses, and other health professionals, in addition to delivering medical care” (Rani, 2012, p 1). Therefore, the term ‘Teaching Hospital’ is used to describe hospitals that have missions beyond just patient care (Duke Hospital, 2007). According to the University of Florida and Shanks (2012) teaching hospitals are the backbone health care systems, offering specialised surgeries, lifesaving care and complex treatments. This is where medical knowledge continuously evolves and new cures and treatments are found. Teaching hospitals provide a host of other unique advantages to patients, including:

- Improved quality of care
- New cures and treatment therapies
- State-of-the-art technologies
- Shorter length of stay for major illnesses
- Superior outcomes and survival rates
- Specialized surgeries and experimental medical procedures
- The expertise of an accomplished faculty of physicians and surgeons available 24 hours a day

Though Teaching Hospitals offer these specialised care, their primary mission is to support the clinical teaching programmes for medical, nursing, pharmacy and other healthcare programmes (Dowshen, 2010). Most teaching hospitals, therefore, pursue three related enterprises;

Teaching: Training medical, nursing, dentistry students and resident physicians.

Research: Conducting both basic science and clinical investigation

Patient care: Delivering health care services through a network that may include one or more hospitals, satellite clinics, using advanced technology and ground breaking procedure.

Possessing the fundamental activities of teaching, research and patient care, teaching hospitals make a preferable choice over every other possible research setting for this investigation. The specific teaching hospital used for this study is chosen because it is one of the hospitals accredited for student practice with many nursing education institutions in the Western Cape.

1.8 RESEARCH PROCESS

The investigator employed the phenomenological research design to explore the phenomenon. “The aim of phenomenology is the return of the concrete” (Greonewald, 2004 p.19) captured by the slogan ‘Back to the things themselves’ (Moustakas, 1994, p.24). The phenomenological methodology tries to describe the behaviour, thoughts, feelings, and meaning of people. It also explores how they experience life when characterised by the

presence of a specific condition (Dierckx de Casterlé et al., 2011). The condition in this case is the student nurse-patient relationship as well as the nursing care provided by the students to meet the needs of the patients. The descriptive phenomenological research method which entails gathering comprehensive descriptions of the participants was employed in this investigation. The patients' descriptions provided the basis for a reflective structural analysis to portray the essence of the experience.

1.9 SIGNIFICANCE OF THE STUDY

“Every relationship between a nurse and her patients – or between her and any other person in the school or hospital situation – involves a learning experience (Peplau, 1951, p. 722).” According to Rycroft-Malone et al. (2004), the experiences and preferences of the patients should be the central components in the practice of evidence-based health care. The findings of this study could, consequently, contribute to enhancing patient care especially those nursed by nursing students during clinical training of nursing students both in non-teaching hospitals as well as in teaching hospitals.

Second, its implications for clinical learning is that it could go a long way to inform the clinical supervisors and nursing educators in general of the possible experiences of the patients nursed by student nurses in the course of nursing student training and assessments, hence they can plan for better training strategies and procedures. This could in turn contribute to students' progress towards individual-oriented nursing care. This point is further corroborated by Lauder et al. (2002) as they stated that a positive predisposition to

work from the patients' perspective provides educators with an important foundation on which to develop the skills and refine the personalities necessary for effective nursing care. Third, according to Dierckx de Casterlé et al. (2011), responsibility comes about through student nurses' connected to the patients. Taking up the responsibility to nurse patients requires that the student nurses become aware of what patient's responsibility means to the patients themselves. The clearer the patients' understand, the better the students can know what their responsibility entails. This study, therefore, could create a better understanding of student-nurses' role and responsibilities towards the patients by exploring the experiences and preferences of patients.

Finally, this study lays the foundation for the development of further studies on patients' experiences and perspectives in the clinical practice setting and possibly serving as a platform on which, theories and models on the experiences of patient with student-nurse's care can be formed. This might lead to continuous development in nursing education as it promotes an awareness of the diversity that exists in the experiences of patients in student nursing care. A critical look at the myriad of the possible benefits that this study could produce made it even more worthwhile to carry out the research.

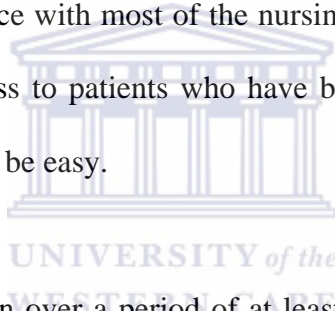
1.10 ASSUMPTIONS

In conducting this study, it was assumed that the patients selected as participants for the study were good informants on the subject matter (Coyne, 1997). By this it was assumed that the respondents provided information that reflected the actual experience that they had

and not because they were being coerced, threatened, bribed or rewarded in any way for the responses they provided in the study.

1.11 SCOPE AND DELIMITATION

This study was designed to take place in a Teaching Hospital in the Western Cape. In line with the study setting being designed to take place in a teaching hospital, the Western Cape was found suitable because it has many Teaching Hospitals, thus, proximity and easy access to the investigator was not an issue anymore. Secondly, because teaching hospitals are accredited for student practice with most of the nursing education institutions (NEI) in the Western Cape, having access to patients who have been nursed by a nursing student during practical exposure would be easy.



The study was estimated to span over a period of at least 12 months. The reason for this was because it was carried out within the frame of a Structured Nursing Education programme. Also, because the Ethical clearance from the University of Cape Town was only obtained in February 2013, the intended date for submitting the thesis was estimated at November 2013.

1.12 OPERATIONAL TERMS

Assessment: The act of judging or forming an opinion on the clinical performance of nursing students in the hospital.

Experience: This refers to the feelings, thoughts and knowledge shared by patients that influence the way they react, think or behave.

Interpersonal relation: This is a formed relationship between people. For the purposes of this study, the student nurse-patient relationship is the focus and is described as a professional relationship established to meet the needs of both the student and patient.

Nurse: The act of taking care of someone who is ill or injured with the goal of making them feel well and fulfilled.

Nursing Education: It is a branch of nursing dealing with the training of students who desire to become nurses.

Nursing Student: A nursing student is someone who is undergoing education and training to become a professional nurse and care giver. It will be used interchangeably with the student-nurse to mean the same thing.

Patients: This refers to people admitted in the hospital because they are not well or have ailments, injuries or are suffering from a medical condition that requires medical and nursing interventions.

Practice: The act of doing something or performing an action so as to achieve competence and perfection.

Student-Patient: This is the association that is formed between the nursing student and the patient when they come in contact with each other in a therapeutic environment and as they help each other to attain their set goals.

Teaching hospital: A hospital where medical and nursing students receive practical exposure.

1.13 CONCLUSION

This chapter provided a description of the focus of the thesis and its motivation. It articulated the main research problem and the research question that the research seeks to answer. It also touched on the research methodology, including the significance of the study, the assumption on which the study is based, scope and delimitation of the study, not excepting of the definitions of the operative terms.



CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

This chapter explores relevant literature to generate background information. This creates a context to explore the experiences of the patients who undergo nursing care in the hands of nursing students. The purpose of the literature review, therefore, is to place the study findings within a contextual framework of what is already known about the experiences of patients when nursed by student-nurses and what the study aims to add. For this reason, the literature review for this study includes applicable, current studies that summarise what is known around the phenomenon under consideration.

The chapter is organized under the following headings;

- The concept of patient care in clinical practice
- Therapeutic Relationships in nursing-student care
- “Patient’s experiences” in nursing care
- Theoretical framework
- Conceptual framework
- Contributions of related studies.

2.2 THE CONCEPT OF PATIENT CARE IN CLINICAL PRACTICE

Hitherto now, nursing training programmes were principally hospital-based (Morgan-Eason, 2009). As the years progressed, most nursing training programmes were transferred to nursing educational institutions; either as separate entities (nursing college) or attached to a tertiary institution such as a university. It is envisaged, that access to a university education for all nurses would provide an unprecedented opportunity to succeed in leading nursing back to the future of person centred caring (Calpin-Davies, 2003). Consequently, the nursing institution based education curriculum was given two major components; the classroom phase for theoretical work and the clinical practice phase for hands-on practice.

The aim of every nursing programme is to design a curriculum and select the appropriate learning competencies and experiences for students in an effort to train and graduate competent and effective nurses who will in their practice provide safe patient care (Durham & Alden, 2008). Even though nursing students may effectively grasp the nursing concepts and theories, it remains another matter to apply these nursing concepts with the appropriate skills and judgment in a particular set of practical circumstances (Calpin-Davies, 2003). Therefore, in the era of an obsolete occupational-based (hospital based) training system, the clinical practice was instituted to provide practical exposure to the students and equally link theory to practice (Andrea-Eason, 2009) to enable the nursing students to provide high quality care (Haidar, 2009).

Suikkala and Lieno-Kilppi (2005) reported that at the very beginning of the student clinical practice, the students struggle on developing the skills required for the various tasks assigned to them. Consequently, they find it difficult to engage in a therapeutic relationship and ultimately providing individualised care for patients. Nevertheless, according to an observation made by Rosenberg (2009), the students become more confident with establishing a therapeutic student nurse-patient relationship, performing their bedside care and generally become more cooperative with more contacts with the patients.

The involvement of 'real' patients during clinical practice in the curriculum has been encouraged and it is thought that their comprehensive involvement in all phases of the nursing training programme implementation is imperative (Çakmak, 2009). One of the reasons for this is that patients can also have a real 'voice' in influencing the direction of the programmes and consequently the deliverance of nursing care in the future (Le Var, 2002). The benefit of acquiring information about patient experience during clinical practice whether advertently or inadvertently participating in student nurse education is, thus, strongly associated with enhanced quality care, by broadening the implementation for the major benefits of influencing the attitudes and approaches of students (Le Var, 2002).

2.3 STUDENT NURSE-PATIENT THERAPEUTIC RELATIONSHIPS

According to Lego (1999) the relationship formed between a nurse and a patient is for the purpose of brief counselling, crisis intervention and/or individual psychotherapy. In this relationship, each participant's being is wholly revealed to the other, making it possible to

establish the therapeutic relationship (Sadala, 1999). In a properly functioning therapeutic relationship, the patients are expected to communicate their experiences, thoughts and feelings with the nurse who is responsible for providing a holistic care (Rosenberg, 2009). An important consideration in a therapeutic nurse-patient relationship is the nature and quality of the interaction between the nurse and the patient, who may be from different backgrounds (Ku & Minas, 2010). Even so, the nurse is responsible for establishing and maintaining this relationship with the help of nursing knowledge, skills, as well as applying caring attitudes and behaviours (College of Nurses of Ontario, 2009).

At the initial encounter, the care provider and the patient have separate goals and interests, having their own preconceptions of the meaning of the situation and the roles of each other. As the relationship progresses, the care provider is required to show empathy while at the same time the patients reveal information that is important to their holistic care (Mok & Chui, 2004). According to the College of nurses of Ontario (2009) trust is critical at this stage in the relationship. The patient needs to trust the nurse's competence and personality meanwhile the nurse has to trust that the patient's competence and ability to express their needs (Trojan & Yonge, 1993).

In a phenomenological study conducted to explore the different aspects of the nurse-patient relationship in palliative nursing care, Mok and Chui (2004) developed a model of the nurse-patient relationship that emerged after the data were analysed and this model of the nurse-patient relationship is diagrammatically represented below.

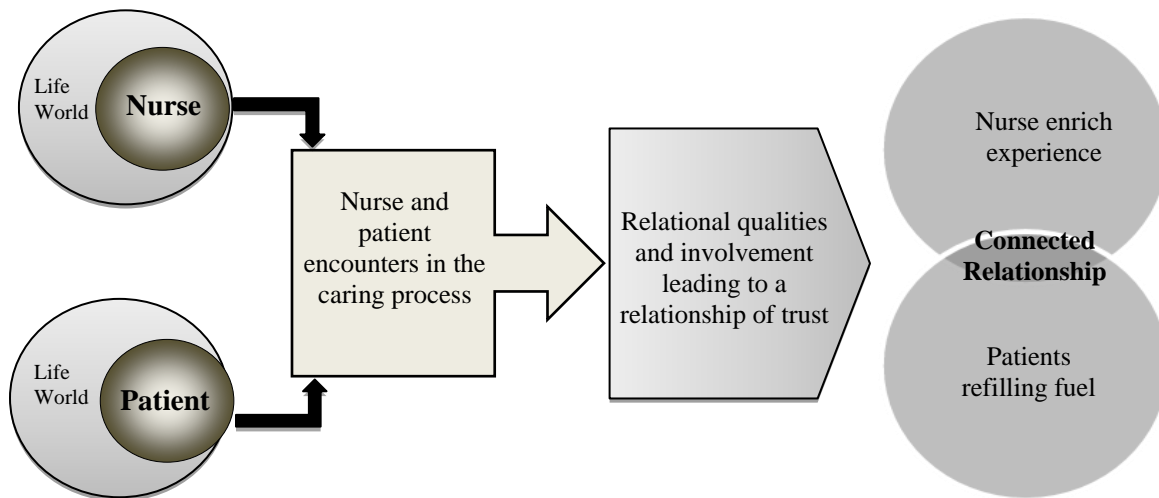


Figure 1: Phenomenological model of the nurse-patient relationship (Mok & Chui, 2004)

The model above illustrates the process by which a nurse-patient therapeutic relationship is formed. The relationship starts with the separate worlds of both the nurse and the patient before they meet in a therapeutic environment. As they meet for the first time in the nursing care process, through mutual understanding, they develop some trust for each other during the early stages of the therapeutic encounter. As this trust grows stronger, the separate worlds of the nurse and the patient become intertwined forming a stabilised nurse-patient therapeutic relationship. This model can equally be applied in the development of the relationship that is formed between the student nurse and the patient. This is because the fundamental aspect of the student nurse-patient relationship is the provision of nursing care as is the case of the nurse-patient relationship.

Even though the therapeutic relationship developed between a nurse and patient is in many ways similar to that formed between a nursing student and the patient, there are some

aspects of the student nurse-patient relationship that differ from the nurse-patient relationship. An intricate part of the student nurse-patient relationship that accounts for the differences in care provided by a qualified nurse and that provided by a student nurse is related to the nature of the student nurse-patient relationship. In a study conducted by Suikkala and Lieno-Kilpi (2005) to provide insight into the nature of the nursing student-patient relationships, they discovered that the relationship is of three principal varieties namely; mechanistic, authoritative, and facilitative. They also noticed that the different natures were influenced by the interplay between student-related factors and patients related factors with the preconceptions of both parties on the other playing a major role. According to Dierckx de Casterlé et al. (2011), the type or quality of the relationship established determines the quality of care received by the patient. Hence, the nature of the student nurse-patient relationship is a major contributing factor to the experiences of the patients towards student administered nursing care. Thus the aim of the study: to explore the experiences of the patients nursed by nursing students.

2.4 'PATIENT'S EXPERIENCE' OF NURSING CARE

Many hospitals recognise that excellent medical and nursing care is the least a healthcare organisation should provide and have broadened their focus to encompass 'the patient's experience' (Robison, 2010). In recent times, many healthcare organizations are trying to make patients' experiences their main focus rather than just an excellent health care. This assertion is confirmed by a study that was conducted by the *HealthLeaders Media* (2009) known as Patient Experience Leadership Survey from the USA, comprising of more than

200 healthcare CEOs, CFOs, COOs, CNOs, directors, senior vice presidents, and other high-ranking healthcare officials. The survey revealed that 33.5% of respondents said that patient experience is their "top priority," and 54.5% said it's "among their top five priorities." Also, most thought it would be a priority in the future as well. About 45% said it would be their top priority in their next five-year plan. More than half (50.5%) said it would be in their top five priorities. Based on the above responses, one might think that health care providers could agree on what exactly makes up the 'patient experience'. Nonetheless, the survey also exposed that when it comes to defining 'patient experience', there are widely divergent views within the healthcare industry: 34.5% agreed that the patient experience means "patient-centred care," 29% agreed it was "an orchestrated set of activities that is meaningfully customized for each patient," and 23% said it involved "providing excellent customer service." The rest agreed that the patient experience meant "creating a healing environment," that was "consistent with what's measured by HCAHPS," or was something "other" than the options provided in the survey.

Owing to the disparity of what 'patient experience' represents to the different health managers, an attempt to contextualise its meaning is, therefore, valuable to the study as "experience is rarely defined in a systematic way..." (Bate & Robert, 2007, p. 37). They explained that, "all our judgments, attitudes, sentiments, feelings, sensations, opinions, memories, actions and reactions are coloured and shaped by our experience" (p. 37). They expatiated further that these components give rise to our judgment of the happenings around us and these happenings internalised, reflected upon, related to general patterns and synthesised, become experiences. These happenings are usually reflected upon and related

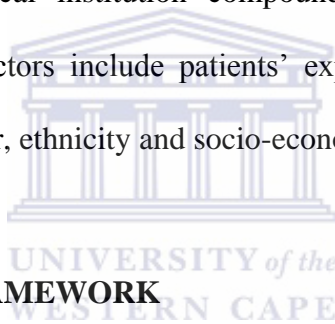
to the culture, values, spiritual beliefs, social factors of the patients, including practical aspects such as finance and housing (Bradley, Frizelle & Johnson, 2010). For this reason, it is impossible for an individual to personally experience the entire range of human experience with respect to a particular phenomenon, which explains why the ability to identify and understand another person's feelings and perspective is important.

The paucity of knowledge of the experiences of patients during health care makes it difficult for carers to meet the patient's goals, allow the patients to take part in the problem solving, or result in more favourable health outcomes (Lauder et al., 2002). Worse still, cumulative evidence in the literature indicates that many patients do not believe that professionals understand their feelings and perspectives (Lauder et al., 2002). This is supported by a study conducted by The Beryl Institute (2011) on the state of patient experience in American hospitals in which it was shown that only 27% of hospitals across the US have defined patient experience, talk less of actually finding out the experiences of the patients during health care.

The Beryl Institute's (2010) definition of patient experience provides a comprehensive platform on the debacle on patient experience. It states that "patient experience is the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of health." The Department of Health of the UK, meanwhile, focused on better patient experience and they defined it as "getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way, having information to

make choices, to feel confident and to feel in control, being talked to and listened to as an equal and being treated with honesty, respect and dignity” (Department of Health, 2007).

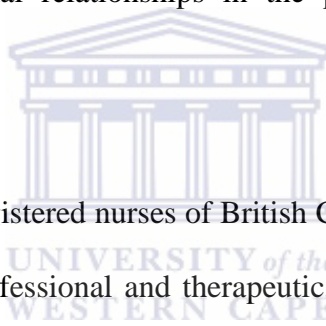
The expectations of the patients are that the care providers meet not only their physical needs but their emotional ones as well (Department of Health, 2007). There is evidence of a link between consumer experience and participation in decision making in individual care which leads to improvements in health outcomes and stronger therapeutic alliances (HeBE, HSNPF & ISQSH, 2003). Nonetheless, there are some other factors associated to the practitioner, patient and medical institution compounding to influence the patient’s experiences. Some of these factors include patients’ expectations, age, disease gravity, prior patient experiences, gender, ethnicity and socio-economic status.



2.5 THEORETICAL FRAMEWORK

Theoretical framework can be viewed as a collection of interrelated concepts to illustrate an idea or a relationship. It is used in this study to identify the theoretical foundation of the research problem while establishing the goal which the study must achieve. The theoretical framework determines and defines the goal and the focus of the research problem. Apart from making the research findings meaningful, the theoretical framework will help stimulate further research and the extension of knowledge by providing both direction and impetus.

Contacts with patients represent a very important nursing function for nursing students (Granum, 2004), and the exposure to the suffering of the patients naturally gives rise to the student-patient relationship (Kulkarni, 2009). According to Koloroutis (2004), the care provider-patient relationship provides the foundation for the care experience. Accordingly, the inevitable student nurse-patient relationship is deemed to form the basis of the experiences of the patients when nursed by a student nurse. As a result of the fundamental nature of the student nurse-patient relationship to the experiences of the patients, the theoretical framework of this study is based on the work of Hildegard E. Peplau who has extensively studied interpersonal relationships in the professional practice of nursing (Lakeman, 1999).



According to the College of Registered nurses of British Columbia (2006), even though the nurse-patient relationship is professional and therapeutic, it is always the nurses who are responsible for establishing and maintaining boundaries with the patients, regardless of how the patient behaves. Student nurses are, therefore, during their nursing training required to acquire the skills of successfully managing and directing the relationship with the patients. By establishing a bond with patients in a student nurse - patient relationship, the “students gain a clearer insight into their personal strengths and limitations, learn to understand the situation of patients from the patients point of view, develop a favourable attitude towards patients, as well as learn communication and other clinical skills that are needed to provide good nursing care” (Suikkala & Leino-Kilpi, 2008 p.540).

Therapeutic relationships are said to be the cornerstone of nursing practice with people who are experiencing hospitalization (Lauder, Reynolds, Smith & Sharkey, 2002). Peplau (1952) accentuated on this pertinent role of therapeutic relationships when she describes nursing as “a significant, therapeutic, interpersonal process....” According to her, at the core of nursing, lies the therapeutic nurse-patient relationship in which the nurse establishes and maintains this key relationship by making use of their nursing knowledge and skills, as well as applying caring attitudes and behaviours (College of Nurses of Ontario, 2009).

The nature and content of the nursing student-patient relationship has been examined in a number of studies. One of such studies conducted by Suikkala and Leino-Kilpi (2005) revealed that the nature of the relationship established between student nurses and patients are of three kinds: mechanistic relationship, authoritative relationship and facilitative relationship (discussed extensively in the Conceptual Framework). Depending on which of the above relationship is established between the student and the patient, the experiences of the patient during the therapeutic encounter may vary.

2.6 CONCEPTUAL FRAMEWORK

The conceptual framework is an intangible structure that will guide the research work, providing a brief description of the concepts, or portions of a theory to be tested in the research project. Having grounded the study in the theory of interpersonal relationship developed by Hildegard E. Peplau (1952), the conceptual framework is constructed based on key concepts related to student nurse practice and the factors that interplay in the

formation of the student nurse-patient relationship. In this way, the conceptual framework will put the findings of the study into perspective, relating the relevant concepts to the results obtained from the study. The different concepts forming the foundation in the logical and sequential design of the conceptual framework include;

- The nursing curriculum
- The nature of student nurse-patient relationship
- Patient experience as responsiveness for student nursing care

The Nursing Curriculum

The paradigm shift of patient care to patient-centred nursing is fundamentally embedded in the functionality and active participation of the patient in the practitioner-patient relationship (Rycroft-Malone et al., 2003). For nursing students in a practical setting to successfully carry out the duties of a carer, they need to primarily grasp the concepts that surround the practitioner-patient relationship. One way of developing the concept of patient-centred care amongst nursing student according to Shattell (2007), is to engage both the students and the nursing training institutions in the personal and collective experiences of others most especially the experiences of patients. This can be done by incorporating these activities into the nursing curriculum thus making it official.

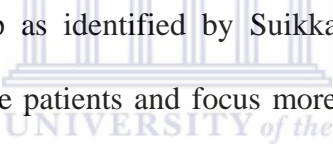
“The purpose of nursing education is to provide reality-based preparation for safe practice founded on a sound knowledge of the physical, life, social and nursing sciences, critical thinking, caring, ethical/legal principles, and technical skills” (Grays Harbor College

Nursing Program, 2002, p. 2). The reality-based preparation can be achieved more appropriately through the clinical practice arm of the nursing training programme. This explains why the “clinical experiences are regarded as the heart of nursing education, providing students with the opportunity to apply classroom learning to real situations, and to develop core competencies needed to make the transition from the classroom to the workplace” (Morgan-Eason, 2009, p. 80).

Nursing being a practice-based discipline makes clinical practice to be considered an integral part of nursing education. In spite of this, the combination of the humanistic aspects of nursing, with the scientific knowledge and philosophical background needed to provide professional and competent nursing care offer a challenging curriculum to learn and internalize (Thistlethwaite, 2011). Although most nursing programmes today are part of higher education institutions, it must ensure providence for hands-on training in the hospital through clinical experiences (Morgan-Eason, 2009). According to Warne et al, (2010), clinical practice provides up to half of the educational experience for nursing student. This undoubtedly implies that the clinical environment must play a leading role in the outcomes of nursing students (Gleeson, 2008). Student nurses need information from nursing practice, nursing theory and other sciences to apply to individual care situations (Simpson & Courtney, n.d.) thus the importance of a complementary nursing curriculum.

The nature of student nurse-patient relationship

In a study conducted in Finland by Suikkala and Leino-Kilpi (2005), to determine the experiences of nursing students and patients in a nursing student-patient relationship. In the mechanistic relationship, Suikkala and Leino-Kilpi (2005) observed that in this type of relationship, the student nurses pay more attention on their own learning needs and their goal is to acquire knowledge and skills. They adopt the role of active trainees of technical skills, concentrating on performing single tasks or sets of tasks as directed either by the nurses' order of the nursing plan of the patients. Meanwhile, conversely, the patients here are passive, benefitting from the activity as the students practice technical skills.

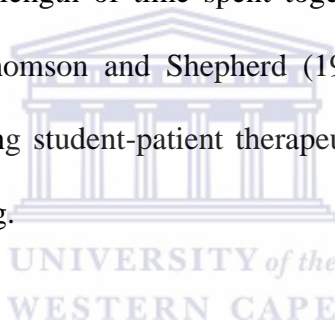


In the authoritative relationship as identified by Suikkala and Leino-Kilpi (2005), the students act in the interest of the patients and focus more on what they assume to be the best for the patient. Even though it is possible for patients to make decisions, participate and direct care, the relationship is governed by the students' initiative and their perception and knowledge of patients' needs. In this type of relationship, therefore, the students act in a patient-oriented way, helping patients to meet their needs and teaching them to solve problems by giving information, advice and answers to their questions.

In the final type of relationship identified by Suikkala and Leino-Kilpi (2005), the facilitative relationship, there are elements of mutuality with both student and patient focusing on the common good for both students and patients. In this type of relationship, students take the role of listeners and advocates who show genuine interest in and

understanding of patients' welfare. The students support the patients, empathically and give comfort and encouragement when the need arises.

A range of factors has been identified to influence effective therapeutic relationships (Lauder, Reynolds, Smith & Sharkey, 2002). According to Morin et al. (1999), factors such as students and patients' mutual prejudices and attitudes influence the relationship. Suikkala and Leino-Kilpi (2005) categorised the factors influencing the formation of a well-functioning nursing student-patient therapeutic relationship into student-related factors, patient-related factors, length of time spent together and the atmosphere during activity. Whittaker, Davies, Thomson and Shepherd (1996) added another category of factors that influence the nursing student-patient therapeutic relationship; the practitioner (nurse) within the clinical setting.



Factors associated to the formation of nursing student–patient relationships

Student-Related Factors

The factors identified as relating to the students in the nursing student-patient therapeutic interpersonal relationship includes personality traits, theoretical/practical knowledge and skills or their intellectual and interpersonal competence in general. According to Suikkala and Leino-Kilpi (2001), students need to become aware of their own self and their own feelings and reaction when they are in a new or challenging situation. They remarked that open and active students who express genuine interest in the patient reduce the patient's anxiety and break barriers hindering the establishment of the student-patient relationship.

Furthermore, students' desire to learn and to provide good nursing care has been found to promote the relationship (Patterson & Morin, 2002). It was discovered by Rogers (1986), that students' empathy levels were influenced by their general competence and their ability to listen attentively to the patients and these aspects seemed to have an effect on the client care (Suikkala & Leino-Kilpi, 2001).

Patient-Related Factors

Suikkala and Leino-Kilpi (2001) observed that students experience their relationships with different patients in a diverse manner. This could be attributed to the fact that the age, personality trait of the patient and their frame of mind all contribute in the formation of the student-patient therapeutic relationship. Supplementary to the above mentioned factors are the illness state of the patient or the kind of disease/condition that the patient is suffering from and as well as the demography of the patient. The social class and family related characteristics of the patient according to Ganong et al. (2007) may also affect students' perceptions, thus influencing the student-patient relationship. In a study carried out by Morgan and Sannaran (1997), they found out that most patients belief to be contributing to students' learning by being sociable and through sharing their knowledge and understanding of their illness conditions, all the while teaching the students how to deal with situations.

Length of Time together

The duration of clinical placement appears to influence the bonding process between the student nurse and patient (Warne et al. 2010). According to Lauder et al. (2002), short period of time spent with the patient by the student nurse as a result of short clinical placements may adversely influence their ability to develop therapeutic relationships. This point is confirmed by Suikkala & Leino-Kilpi (2005), when they discovered in a study that long clinical placement and long stays of patients in the hospital offered the chance for both students and patients to spend more time together and hence develop a good therapeutic relationship and vice versa.



Atmosphere during Activity

According to McKay et al. (1990), barriers to the therapeutic relationship may also exist in clinical environments and that a major contributor lies within the organisation of the nursing work tasks. Lauder et al. (2002) pointed out that a lack of support from unsympathetic colleagues can possibly place a constraint on the ability of a student nurse to relate to a patient through a therapeutic relationship. According to Rosenberg (2009), factors such as inadequate support, unavailability of supplies, malfunctioning machines and the competing demands of patients and families, clinical supervisors and doctors, may affect the formation of therapeutic relationships with patients. All these components are controlled by the ward manager who according to Warne et al. (2010) is most responsible for promoting a particular approach of the nurse students' learning. So, a 'normal' student-patient relationship can be affected by the management style adopted by the ward manager.

Nursing Student-Clinical Supervisor Relationship

So much importance is attributed to clinical supervisors by the students during their clinical placements (Whittaker et al., 1997). This may cause a problem in the student nurse-patient relationship formation because in assessments, the emphasis is often on the student nurse-mentor relationship, rather than the student nurse-patient relationship (Lauder et al., 2002). Supportive supervision and encouraging feedback are identified as preconditions for successful student-patient relationship (Suikkala & Leino-Kilpi, 2005). Receiving positive feedback, learning from the clinical supervisor and experiencing success can make students feel good and allow them to experience themselves as real nurses (King et al., 2006). The table on page 43 summarises the different factors affecting the interpersonal relationship between student nurses and patients.



Patient experience as responsiveness for student nursing care

At the beginning of their clinical practice, nursing students are still working on developing the skills required for the various tasks stated in the learning objectives. As a result, they find it difficult to provide individualised care for patients (Suikkala & Leino-Kilpi, 2005). Even though students rehearse interpersonal skills in the classroom environment, entering into clinical practice is often a daunting experience for them as they have to learn how to manage strong feelings and adopt a professional approach to their patients while developing personal relationships simultaneously (Suikkala & Leino-Kilpi, 2008). No matter how overwhelming the experience might be, the students' desire to learn and to provide good nursing care have been found to promote the student nurse-patient

relationship (Patterson & Morin, 2002). According to Rosenberg (2009), nursing students are usually aware of what to expect and what to do when they step into the hospitals for clinical practice. They also know that patients sometimes must make life-altering decisions and will often lean on them for support and that they will have to express confidence and be able to motivate the patients to cooperate with the nursing plan.

Table 1: Factors affecting therapeutic student nurse-patient relationship

Factor Category	Characteristics
Student-Related Factors	<ul style="list-style-type: none"> - Personality of student - Educational expectations - Intellectual and interpersonal competence
Patient-Related Factors	<ul style="list-style-type: none"> - Personality trait and state of mind - Demographic and diagnostic characteristics - Expectations and attitudes
Length of stay together	<ul style="list-style-type: none"> - Patient's length of stay - Student's length of clinical practice in the unit - Number of patients under student's care
Atmosphere during Activity	<ul style="list-style-type: none"> - Nature of leadership from ward nurse - Availability of resources - Relationship with other colleagues - Work load and pressure
Student nurse-clinical supervisor relationship	<ul style="list-style-type: none"> - The nature of the student-supervisor relation - The lesson objective and assessments. - Personality trait and state of mind

Patients and their families count on nurses to keep them informed, to connect them to their physicians and other caregivers, to listen to them, to ease their anxiety, and to protect and watch over them during their healthcare experience. Owing to these high expectations of the nurses, the effectiveness of the nurses' performance, and more specifically, the nurse patient relationship, play a pivotal role in the patients' satisfaction and the quality of their experience (Leebov, 2011). Patients' perceptions about the student's role in the practicum can vary considerably as some see students as practitioners whilst others feel that students have little or nothing to offer to patients (Twinn, 1995). Thus, irrespective of the patient's perception of the student's role, the quality of care, which is a reflection of the type of relationship that is developed with the patient, may provoke responsiveness from the patients. The various aspects of the student-nurse therapeutic relationship discussed above is represented below in a diagrammatic flow, showing the gap that this study is expected to fill for the conceptual framework to be completed.

The conceptual framework below (page 45) condenses in a logical outline the three principal concepts (the nursing curriculum, the nature of student nurse-patient relationship, and patient experience as responsiveness for student nursing care) that build up the framework upon which the experiences of the patients when nursed by student nurse proceeds. Having established that the nature of the relationship may evoke different experiences, the nursing student-patient relationship is considered the independent variable and the patient experience the dependent variable.

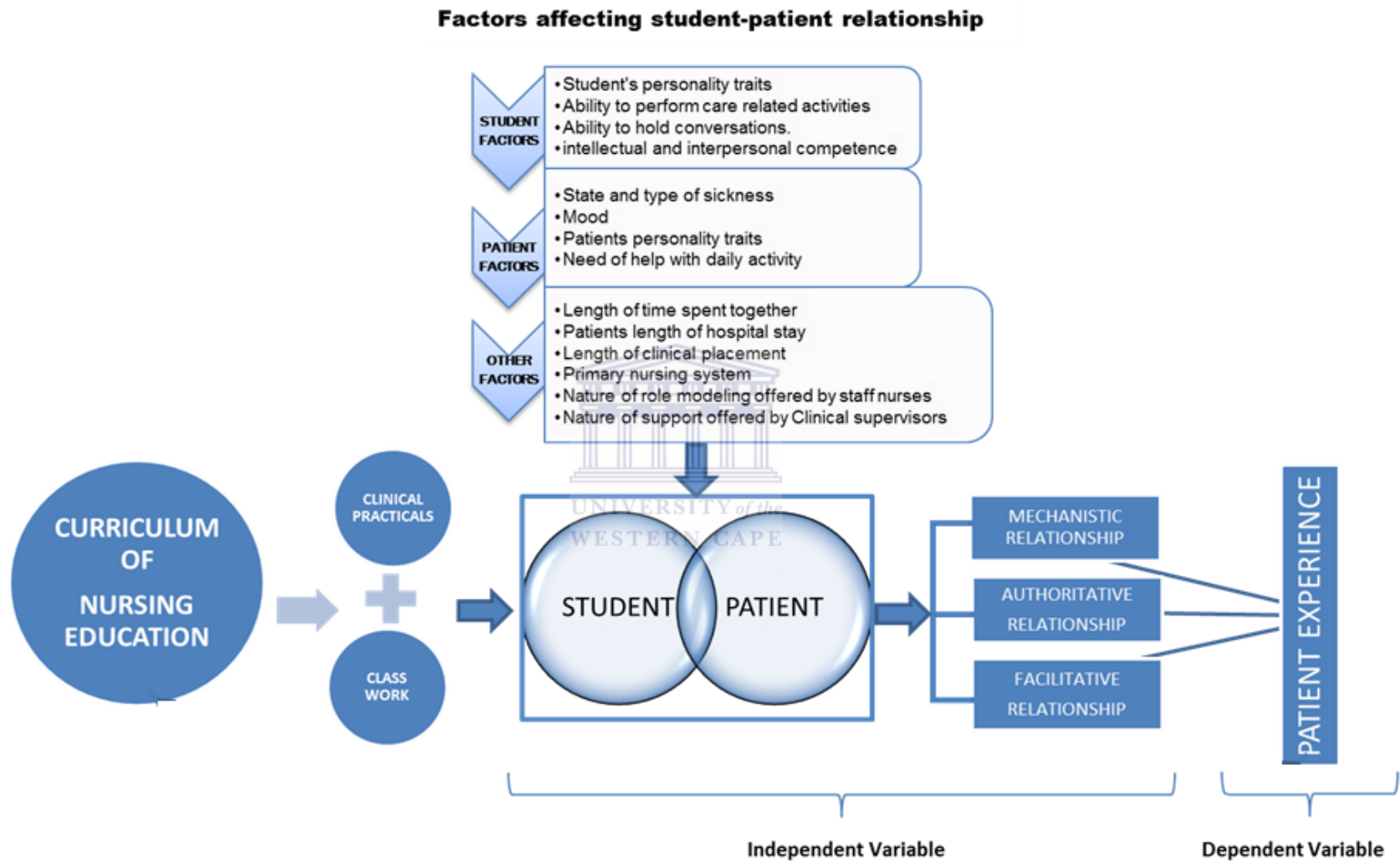


Figure 2: Diagrammatic representation of the Conceptual framework

2.7 CONTRIBUTIONS OF RELATED STUDIES

This section explores past studies that were done on and around patient experiences in relation to nursing student-patient care during clinical practices of undergraduate nursing students, highlighting methodological and/or theoretical developments, areas of agreements, contentious areas, as well as sound theories. The focus here will be on examining and evaluating what has been previously done around the topic while establishing the relevance of this information to the study under investigation.

While patients might not complain of being used in clinical practices to enhance students' learning in Teaching Hospitals, they nonetheless have their perceptions on the quality of care provided by the student nurses. This is usually as a result of the anxiety associated with trying to apply theoretical notions in a practice environment, while dealing with the lack of familiarity of the hospital environment. In a study conducted by Sharif and Masoumi (2005) in Iran to assess the student nurses' experiences during clinical practice, a qualitative research design was used to investigate the nursing student's view about the clinical practice through organized focus group discussions. It was concluded from four identified themes that students were not satisfied with the clinical component of their education. The four themes of concern for students that were identified were; 'initial clinical anxiety', 'theory-practice gap', 'clinical supervision', and 'professional role'. According to the students, initial clinical experience was the most anxiety producing part of their clinical experience. They also indicated that, fear of making mistakes (fear of failure) and being evaluated by clinical supervisors were also anxiety-producing situations in their

initial clinical experience. Furthermore, the majority of students had the perception that their clinical supervisors had more of an evaluative role than a teaching role which further made them anxious and prone to making mistakes. This anxiety and errors from the student nurses affect the ability of the nursing students to form therapeutic student nurse-patient relationship.

In support of the findings of Sharif and Masoumi (2005), Suikkala and Lieno-Kilppi (2001), while reviewing the literature to examine the existing studies on the nursing student-patient relationship between 1984 and 1998, found out after reviewing over 484 articles obtained from the phrases ‘nurse-patient relations’, ‘nursing students’ and ‘student-patient relationships’ from MEDLINE and CINAHL CD-ROM databases that “although students do approach the beginning of their work in clinical setting with eagerness and desire to learn and grow, they also commonly felt tension and anxiety, especially as regards new or challenging interpersonal relations” (p.232). Listening to lived experiences of student nurses and other health care providers can help us to understand what it means to provide care in a specific situation or under particular conditions (Dierckx de Casterlé et al., 2011), thereby, suggesting variations in patient experiences during health care provision.

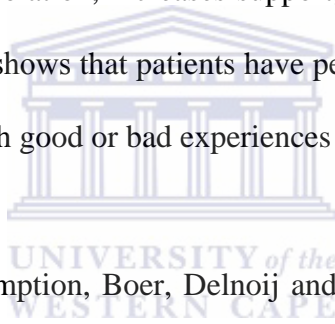
In another study carried out by Reid-Searl, Moxham and Happell (2010), to explore the effects of student nurses’ anxiety on patient care during clinical practice, they studied the effects of clinical practice anxiety on medication administration. Using the grounded theory approach, in-depth semi-structured interviews were conducted with undergraduate nursing

students based in a university in Queensland to explore their experiences of administering medication in a clinical setting. The investigators found that almost a third of the participants reported making an actual medication error or a near miss. They concluded, therefore, that medication errors by nursing students have the potential to impact significantly on patients' safety, quality of health care, and on nursing students' perceptions of their professional competence. Based on the findings of this study, there is valid reason to investigate the actual experiences of the patients during the student nursing care.

In order to further explore the idea that patients do develop some experiences during the nursing care process, a study carried out in Australia by Patak, et al. (2004) is highlighted. They designed a descriptive study using a mixed method of both the qualitative and quantitative research techniques including a sample of 29 critically ill patients intubated over a period of 72 hours. Subjects participated in an average 30-minute audiotape interview session consisting of questions pertinent to their perceived level of frustration in communicating and the intervention practitioners used to meet their communication needs. They came to the conclusion that mechanically ventilated patients experience a high level of frustration when communicating their needs, and health care providers have a significant impact on the mechanically ventilated patient's experience. This study is relevant in that it demonstrates that the patients also formulate their own experiences when they are undergoing nursing care. This study took the communication aspect into consideration with qualified and experienced nursing care providers, supporting the proposed study by portraying that patients formulate various impressions and experiences while undergoing

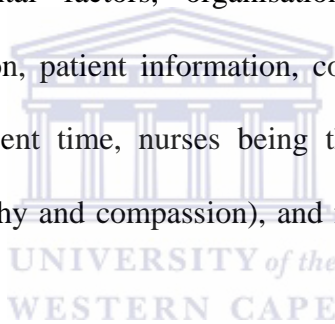
nursing care in the hands of qualified nurses. With this in mind, the question is: What would, consequently, be the experiences of patients when nursed by student nurses?

Having established that patients do develop an experience during the practitioner-patient rapport, it is worthwhile to look into those aspects of care that are important to the care process as seen by patients. One of such investigations was conducted by Bradley, Frizelle and Johnson (2010) to evaluate the literature on what patients perceived as good nursing care from online databases for relevant articles, they found that “patients value a person-centred approach that reduces isolation, increases support, encourages communication and provides activities.” This study shows that patients have perceptions and their preference of the aspects of care would unearth good or bad experiences of the caring process.



To further investigate this assumption, Boer, Delnoij and Rademaker (2010) conducted a quantitative study with patients suffering with malignant breast cancer, hip/knee surgery, cataract surgery, rheumatoid arthritis, and diabetes. The aim of the study was to identify patient priorities regarding elements of care for the sampled disease conditions. With the use of a five consumer quality index survey-disease-specific questionnaires, the data were collected and analysed. They concluded that patient priorities varied between patient groups. This finding goes to show that there is no direct causal relationship between nursing care and the experiences of patients. This suggests, therefore, that there are other factors that play important roles in the patient experiences in the nursing care process.

To ascertain the fact that a patient's experience is shaped by more than good nursing care, but also with the contributions of other intervening factors, using the grounded theory methodology Irurita (1999), sought to discover the factors perceived by patients to influence the delivery of high quality nursing care. The findings revealed that patients perceived different levels of nursing care, in terms of quality of the care delivered. The level of quality of care was found to depend on certain contexts and intervening conditions pertaining to the broader environment, the organisation and personal factors relating to the nurse and patient. The factors outlined as either inhibiting or enhancing the quality of nursing care are environmental factors, organisational factors, type of hospital, coordination and communication, patient information, consistency of care-givers, nurse-patient relationship and sufficient time, nurses being there when needed, personality/attitude of nurse, caring (empathy and compassion), and finally the technical skills of the nurse.



Of all the factors outlined above, the personal attributes of patients were not taken into consideration. To assess the extent to which racial/ethnic differences contributes to the patient experiences in health care, Weinick, Elliott, Volandes, Lopez, Burkhart, and Schlesinger (2011), administered questions on expectations of care to the White, African Americans and Latino respondents and they found out that patients from different racial and ethnic groups report differing experiences of health care. Understanding these findings could help in describing the role(s) that race and ethnicity play in mediating practitioner-patient interactions.

2.8 CONCLUSION

The discussions, studies, theoretical and conceptual frameworks outlined in this chapter, set the stage and provide the basis for the proposed study. After establishing through the related research studies that students do not feel fully equipped and confident during the clinical practices, and that they get nervous when being supervised leading to mistakes, added to the fact that experience are always created when patients undergo nursing care in the hands of the nursing staff, the investigator desires to explore through this study the experiences of patients when they are undergoing nursing care in the hands of student nurses. This is in the framework of different interpersonal therapeutic relationships that is formed between the student nurse and the patient with the aim of offering nursing care to the patient. With the theory of interpersonal relationship developed by Hildegard E. Peplau, a conceptualisation of the study flows from the nursing curriculum advocating for clinical practice with 'real' patients to the formation of a therapeutic relationship between the student nurse and the patient, streaming down to the experiences that the patients get when they are being nursed by these student nurses. The latter of the concepts is thus the focal point of the study.

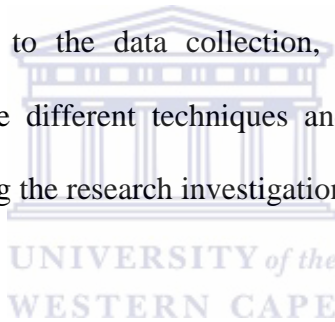
Having focused the study through a review of relevant literature and evidence from other studies, the investigator will continue to the third chapter which involves identifying and justifying the research methodology with respect to the phenomenon under investigation. The research method will in turn determine the sampling method, the data collection tool and method, as well as the technique that will be used for data analysis.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter deals with the research paradigm guiding the overall investigation as well as the research methodology employed in answering the research question. It covers, therefore, the aspects relating to the data collection, data storing and data analysis processes. It also embodies the different techniques and concepts employed to ensure rigour and trustworthiness during the research investigation.



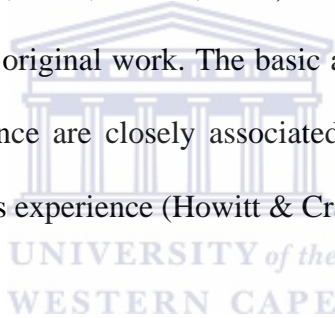
3.2 RESEARCH DESIGN

3.2.1 Phenomenological Paradigm: *The Science of Experience*

The philosophy underpinning qualitative research is interpretive, humanistic and naturalistic (Burns & Grove, 2011). Qualitative epistemologies (naturalist/constructivist) focus on social meanings, and the methodologies utilised, aim to explore these social meanings (Stewart, Gill, Chadwick & Treasure, 2008). Qualitative research, as a result, is characterised by the immense diversity of approaches, in which each different approach has quite a different traditions and procedures. Five research methods (phenomenology, ethnography, grounded theory, narrative analysis and ethnography) are used frequently in

health care research (Priest & Roberts, 2010). Informed by the literature of their epistemological backgrounds, the phenomenological research paradigm was found most appropriate for this study because of its focus on ‘lived experiences’ (Finlay, 2008; 2009; 2013).

‘Experience’ has always been of central interest in philosophy, but phenomenology dwells more on it (Bate & Robert, 2007). Although the origin of phenomenology is traced back to Kant and Hegel, Edmund Husserl (1859 –1938) a German philosopher, receives the credits as its founder (Howitt & Cramer, 2011; Zahavi, 2006). Consequently, most of the work on phenomenology is based on his original work. The basic assumption of phenomenology is that reality and human experience are closely associated and that reality is made up of events as perceived by conscious experience (Howitt & Cramer, 2011).



Edmund Husserl’s goal was to study the experience of things as they present themselves to the observer, without any assumptions, redefinition, interpretation and prejudice about why or how they exist and not study things as they exist objectively out there in the world (Bate & Robert, 2007). Nonetheless, “the core problem in studying experience is that, as an ‘inner’ subjective, immaterial phenomenon, it can never be accessed or observed directly, only indirectly through the words and language people use to describe it when they look back over it and try to describe it and recall it” (Reeder, 2010 p. 11). The words used by the subjects, in this way, put meaning on that experience reflectively and retrospectively and represent what they make of what they have lived through.

Phenomenology is an umbrella term which includes both a philosophical movement and a range of research approaches (Finlay, 2013). According to Carpenter (2005), the philosophical underpinnings of phenomenology are crucial to the discipline and phenomenological research method. The phenomenological philosophy relates to the phenomenological research design in that people construct meaning from phenomena and make constructs which are in turn considered as phenomena by investigators. These phenomena can be investigated through the phenomenological research methodology which involves the cyclical process of silence, reflection, selection, interpretation, construction and verification – a process of grasping the meaning of a phenomenon by understanding the parts and wholes (Finlay, 2008), making it inductive and descriptive (Flood, 2010).



3.2.2 The Phenomenological Research Design

The theoretical perspective of phenomenology supports the philosophical stance underpinning the methodology, and provides a context for the process involved and a basis for its logic and criteria (Flood, 2010). When applied to research, phenomenology is used to study the nature and meanings of a phenomenon (Finlay, 2008). The aim of phenomenology as a research design, therefore, is to “return of the concrete” (Greonewald, 2004, p.19), as it is used to describe the behaviour, thoughts, feelings, meaning of people and how they experience life when characterised by the presence of a specific condition (Dierckx de Casterlé et al., 2011). Meanwhile a narrative study report may focus on the stories of experiences of individuals; a phenomenological study aims to describe the

common meaning of the lived experience of a phenomenon (Creswell, 2013). The investigator in the phenomenological research design, therefore, engages in a process of trying to see the world differently and more actively in the participant's views (Finlay, 2008), allowing the phenomenon to present itself to the investigator.

Numerous distinct methodologies have evolved from the stem phenomenology. Some of these variations include descriptive phenomenology, hermeneutic phenomenology, the life-world approaches, interpretative phenomenological analysis (IPA), and the dialogue approach, to name a few. However, according to Flood (2010), there are two main phenomenological approaches: descriptive (eidetic) and interpretive (hermeneutic), differing in how the findings are generated and used to contribute to professional knowledge. Husserl's (1970) philosophical ideas that gave rise to the descriptive phenomenological approach of inquiry is based on the notion that investigators should shed all prior personal knowledge (bracketing) to prevent their biases and preconceptions from influencing the study of the lived experience of others. In the interpretive phenomenological approach (hermeneutics) on the other hand, Heidegger suggested that instead of focusing on people or the phenomena, the focus should be on the exploration of the lived experiences (Flood, 2010).

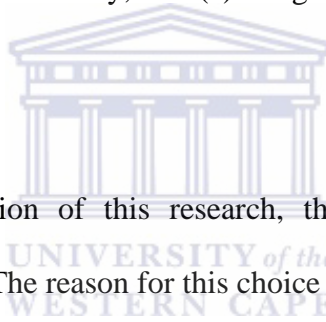
3.2.3 The phenomenological Research Method

According to Christensen, Johnson and Turner (2011), "the term research design refers to the outline, plan, or strategy that satisfies the procedure to be used in seeking an answer to

your investigator question(s) (p. 232).” In the phenomenological research, the investigator aims to understand the cognitive subjective perspective of the individual who has the experience and the effect that perspective has on the lived experience (Flood, 2010). The fundamental goal of the phenomenological research method is to reduce the participants’ experiences with a phenomenon to a description of the universal essence (Creswell, 2013). Consequently, the purpose of the phenomenological approach is to return to embodied, experiential meanings aiming for a fresh, complex, rich description of a phenomenon as it is concretely lived (Finlay, 2013).

According to Caelli (2000) as cited in Norlyk & Harder (2010), there is considerable variety, and about 18 different forms of phenomenology currently identified. Irrespective of the wide range of phenomenological research variations, Giorgi (1989) identified four core characteristics common to these variations. He identified that all the phenomenological research forms are “rigorously *descriptive*, uses the phenomenological *reductions*, explores the *intentional* relationship between persons and situations, and discloses the *essences*, or structures, of meaning immanent in human experiences through the use of imaginative variation” (Finlay, 2009). According to Finlay, (2008), Giorgi’s aimed to develop a rigorous descriptive empirical phenomenological research method inspired by Husserlian ideas where ‘essential structures’ or ‘essences’ of phenomena will be explored. This study seeks to illuminate the experiences of patients *nursed by student nurses* (phenomena), thus, the descriptive phenomenological research design fits in appropriately for the study.

Whilst there are a number of schools of phenomenology sharing some common features, they also differ in aspects such as purposes and approaches to data analysis. This diversity according to Norlyk and Harder (2010), has caused inconsistencies to methodological clarity and rigour amongst nurse investigators. To rid of this muddle, Finlay (2013) clarifies that for a study to be considered phenomenological; there are five traits that must be considered irrespective of the phenomenological methodology used. These conditions include (a) embracing the phenomenological attitude, (b) entering the lifeworld (through descriptions of experiences), (c) focus on implicit meanings, (d) explicating the phenomenon holistically and dialectically, and (e) integrating frames of reference (Finlay, 2013).



To answer the research question of this research, the descriptive phenomenological research design was employed. The reason for this choice include its relative power to draw the reader into the investigator's discoveries allowing the reader to see the worlds of others in new and deeper ways (Finlay, 2008). This advantage was further explored by Polkinghorne (1983) who states that descriptive phenomenological accounts offer four qualities that shows its power and trustworthiness; vividness, accuracy, richness and elegance. Its vivid quality generates a sense of reality drawing the reader into the phenomena. The accuracy quality allows readers to be able to recognise the phenomenon from their own experience. In terms of richness, it allows the readers to enter the account emotionally and finally, the phenomenon can be described in a graceful, clear, poignant way. Pratt (2012) views the phenomenological perspective as being of great value in

nursing research and practice because it enables investigators to understand the life experiences of others in relation to health and quality of life.

3.2.4 Research Methodology

The aim of an investigator in carrying out a research endeavour is to describe as appropriately as possible the phenomenon, refraining from any available framework, but making use of the presenting facts (Groenewald, 2004). Research methodology is the sum total of all research methods, techniques and procedures such as study design, study population, sample and sampling, data collection and data analysis to be used in the research in the form of a plan. The investigator, in choosing the research method for this study, identified from literature that qualitative research can allow investigators to identify and describe phenomena on which little is known, as well as explore and explain the scope and meaning of such phenomena (Priest & Roberts, 2010). For these reasons, the qualitative research paradigm was identified as appropriate for the study.

The qualitative research methodology is believed to evolve from behavioural and social sciences as the social scientists sought for ways to understand the unique, dynamic and holistic nature of humans (Burns & Grove, 2011). Qualitative research is defined by Al-Busaidi (2008) “as an umbrella term covering an array of interpretative techniques which seek to describe, decode, translate and otherwise come to terms with the meaning ... of certain more or less naturally occurring phenomena in the social world” (p. 11). Burns and Grove (2011) concur with this definition as they describe it as “a systemic, subjective

approach used to describe life experiences and give them meaning” (p.73). As a research methodology, phenomenology involves the collection, analysis, and interpretation of data that are not easily reduced to numbers (Anderson, 2010), thus, assisting investigators to explore, describe, and interpret human social events with a focus on interactions (Kanji, 2012). The qualitative approach can, therefore, help health professionals better appreciate why people behave the way they do, which could play a vital role when planning for the nursing care of patients.

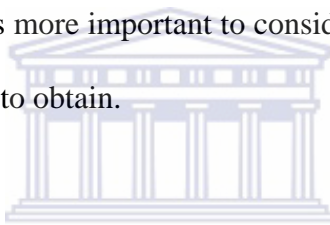
3.3 POPULATION AND SAMPLE

3.3.1 The Study Population

Burns and Grove (2011) describe a research population as all elements/subjects that meet the criteria for inclusion in a study. Also known as the target population, it can as well be described as the group or individuals to whom the research applies (Kitchenham & Pfleeger, 2002). These are therefore, the groups or individuals who are in a position to answer the questions and to whom the results of the research apply and thus could be used to make inferences (Lavraska, 2013). The research population for this study included the patients who were admitted in a teaching hospital and had experienced being nursed by a student nurse.

3.3.2 Sample and Sampling Methods

Samples of potential participants represent the target population of interest where the sample frame is comprised of the population from which the sample is drawn. Due to the fact that samples for qualitative studies are generally much smaller than those used in quantitative studies for reasons that there is a point of diminishing returns to a qualitative sample (Mason, 2010), it becomes imperative that selecting the sample and sampling method should be done with a sound judgment (Tongco, 2007). According to Priest and Roberts (2010), phenomenological studies generally require between six and ten participants. They argue that it is more important to consider the richness and quality of the data that the investigator wishes to obtain.



In phenomenological studies, purposive, convenience, snowball, and theoretical sampling techniques are often used (Green & Thorogood, 2004; 2009). According to Creswell (2007) investigators need to ensure that the sampling method employed should be consistent with the information needed. Variables like the aim of the study, the research method, the length of the data collection session, amongst others also have an important role to play (Rugg & Petre, 2007). Informed by the above guidelines, the purposive sampling method was employed to select the required research participants for the study. Purposive sampling is described by Jupp (2006), as “a form of non-probability sampling in which decisions concerning the individuals to be included in the sample are taken by the investigator, based upon a variety of criteria which may include specialist knowledge of the research issue, or capacity and willingness to participate in the research.” (p. 245).

The logic and power of purposeful sampling lie in selecting information-rich cases for study in depth (Patton, 2002). Information-rich participants, Patton explains, are those from whom the investigator can learn a great deal about issues pertinent to the purpose of the inquiry, hence the term purposeful sampling. Jupp (2006), complemented that the selection decision should also be based on the oral skills of the participants, and their ability to reflect and describe the aspects of their lives, and experience relating to the research question.

According to Creswell (2007, 2013), investigators could sample at the site level (Hospital), at the event or process level (wards) and at the participant level (patients). Using the tool of purposive sampling, the investigator selected the research site (Teaching Hospital in the Western Cape) and individuals for the study because they can purposefully inform the understanding of the research problem and central phenomenon in the study (Creswell, 2007; 2013). Firstly, the sample selection for this study was carried out in a Western Cape teaching hospital in collaboration with the working nursing staff and the clinical supervisors who were familiar with the functioning of the hospital systems and various wards.

Secondly, the wards where the nursing students are allowed to practise were identified. These wards include the Medical, Surgical, Orthopaedic, Urology, Trauma, Gynaecological, Neurology, Dermatology, Cardiology, Theatre and ICU. However, for various reasons, some of these wards were not considered during the sample selection process. The Neurology wards were excluded because of the variations of the state of

consciousness of the patients. The theatre was not included because most of the students are not allowed the chance to participate in the care process and the Dermatology ward was excluded for reasons that there is usually limited care to be offered to the patients admitted there. Even though the Gynaecological ward was included the maternity ward for postpartum patients were not considered. Of the 11 wards potential wards identified, six were purposefully sampled for inclusion into the studies.

Finally, at the patient level, the investigator selected participants on the basis of the inclusion criteria identified below. However, there were some technicalities that disqualified others such as their mobility state, their medical and nursing care schedules and of course their willingness to participate in the study. For some level of homogeneity in the sample population, the investigator recruited participants from all the six (6) wards that were purposefully selected ensuring that both the male and female wards were included. The investigator, therefore, aimed at having at least a patient from each ward giving a rough estimate of twelve (12) patients at the base level.

Inclusion criteria:

Although the people who have been nursed by student nurses is identified as the population of the study, the investigator considered the following criteria to guide the inclusion of participants into the study;

- Patient must be 18 years of age and above
- The patient should be able to understand and express his or herself in English language due to potential loss of meaning through the translation process.

- Patient must be admitted the selected Teaching Hospital in the Western Cape.
- Must have been admitted for 2 days or more.
- Patient must have experienced being nursed by a student nurse.

While there are no straightforward answers as to how to determine the sample size in qualitative research, one possibility is to gather sufficient depth of information that can permit a full description of the phenomenon being studied (Becker, 2012). Therefore, for this study, the investigator recruited participants from the target population until the study reached saturation (Bryman, 2013; O'Reilly & Nicola, 2012); a situation in data collection in which the participants' description become repetitive and confirm previously collected data (Gills & Jackson, 2002). Suri (2011) describes it as the stage when a further collection of evidence provides little in terms of further themes, insights, perspectives or information in a qualitative research and is dependent on the nature of the data and research question. The concept of saturation is important because qualitative research is concerned with meaning and not making generalised hypothesis statements. In this sense, then generalisation was not the ultimate concern of the investigator so the focus was less on sample size and more on sample adequacy (O'Reilly & Nicola, 2012). While saturation determines the majority of qualitative sample size, other factors such as the research aim, the scope of the study, the nature of the topic, the quality of the data, and the study design also plays a part in determining the sample size. These were, therefore, the judging criteria that led to 10 participants finally included into the study.

3.4 DATA COLLECTION

3.4.1 Data collection instrument

The interview is the most widely used instrument for data collection in qualitative health research. According to Green and Thorogood (2009), ‘an interview is a conversation that is directed towards the investigator’s particular needs for data’ (p. 93), therefore, the aim of conducting interviews is to gain information on the perspectives, understandings and meanings constructed by people regarding the events and experiences of their lives (Creswell, 2007, 2013). Qualitative interviews have been categorised as unstructured, semi-structured and structured (Gill et al., 2008), but because structured interviews often produce quantitative data (DiCicco-Bloom & Crabtree, 2006), the investigator employed the in-depth interview method to obtain the required information. This is because the unstructured interviews do not reflect any preconceived theories or ideas and are performed with little or no formal organisation (Gill et al., 2008).

According to DiCicco-Bloom and Crabtree (2006, p. 315), “the in-depth interview is meant to be a personal and intimate encounter in which open, direct, verbal questions are used to elicit detailed narratives and stories”. They are meant to provide a ‘deeper’ understanding of social phenomena than would be obtained from purely quantitative methods, such as questionnaires (Gill et al., 2008). Consequently, individual in-depth interviews are widely used by health care investigators to generate meaning with interviewees by reconstructing perceptions of events and experiences related to health and health care delivery (Turner, 2010). Additionally, interviews are also most appropriate where little is already known

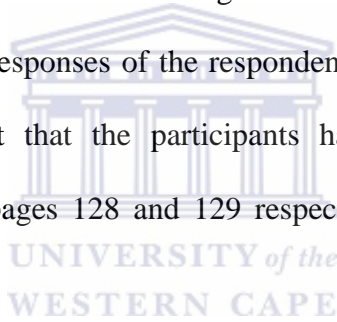
about the study phenomenon or where detailed insights are required from individual participants; hence, the choice of this data collection tool for the study.

3.4.2 Data collection process

3.4.2.1 The participant selection process

Purposeful sampling as described above requires access to key informants in the field who are information-rich cases (Suri, 2011), therefore, the investigator ensured that the participants having the desired experience were recruited (O'reilly, 2005) with the aid of nurses and clinical supervisors. Prior to the process of recruiting the participants into the study, the investigator had a fifteen minute debriefing with the nurses and the clinical supervisors involved in the data collection process to inform them about the study and the intended method of data collection. This was to bridge the gap between the theoretical knowledge of the approach of the investigator and also to obtain practical knowledge on how it would be plausible to collect the data from the practitioners' points of view. The gap that exists between the investigator's theory-based methods and the realities faced in practice by the practitioners is described as the investigator-practitioner divide (Anderson, 2007; Fitzgerald, 2003). As such, constructive discussions and briefings between the investigator and the practitioners cleared out the differences and provided a clearer plan on how to proceed with the participant selection process. According to Anderson (2007) such discussions are a very necessary climate for fundamental advances in both research and practise in any science-based professional discipline as the nursing field.

After the investigator identified a potential research participant from the general study population from the Teaching Hospital, the names and addresses of the potential participants were obtained from the potential participants and they were contacted directly with the proposition to participate in the study. After obtaining the consent from the participants to participate in the study, the investigator made an appointment with the participant for an interview session to take place either at the hospital or at the home of the research participant. The choice of the place of the interview was made by the research participant to ensure that they were most at ease during the interview process. The consent forms also requested the use of a voice recording device during the interviewing exercise so as to capture first-hand the responses of the respondents. This consent was attached to the research information sheet that the participants had to read before agreeing to participate in the study. (See pages 128 and 129 respectively for the consent form and research information sheet).



3.4.2.2 The Interview Process

It is expedient that the interviewer rapidly develops a positive relationship during in-depth interviews. The idea of establishing a rapport is an essential component of the interview process. Essentially, such rapports involve trust and a respect for the interviewee and the information he or she shares (DiCicco-Bloom & Crabtree, 2006). It is also a means of establishing a safe and comfortable environment for sharing the interviewee's personal experiences and attitudes as they actually occurred. According to Das (2010), the process of conducting enquires based on relationships introduces issues of power dynamics, and

literature acknowledges that the bias in terms of power favours the investigator over the researched in the research relationship. Creswell (2013) states that the very nature of the interview sets up an unequal power dynamic as the interview seeks to provide information for the research and are based on the investigator's agenda.

This power dynamic is described as power imbalance or power asymmetry (Kvale, 2006), which is to a greater extent affected by the interview location "as the interview site itself embodies and constitute multiple scales of spatial relations and meaning" (Elwood & Martin, 2000). Therefore, it is important for ethical reasons, to develop processes to protect the researched, not only through providing information and transparency with regards to the purpose and intended outcomes of the research, putting procedures in place to protect the anonymity and confidentiality of participants, clearly communicating to participants the risks or benefits of the research, but also conducting the interview session in a place where the research participants will feel safe and comfortable. Meanwhile the question of power dynamics of the interviewer-interviewee relationship cannot be resolved easily with pragmatic decisions, the challenges surrounding the concept of power dynamics in qualitative interviewing needs to be anticipated (Creswell, 2013).

According to Gill et al. (2008), wherever possible, interviews should be conducted in areas free from distractions and at times and locations that are most suitable for participants. Part of establishing this safe and comfortable environment for the interviewee was to allow the research participant to choose the interview place between the hospital and the homes of the interviewees were they would feel much safer and more comfortable. For the decision

to be made, the participants were informed of the content of the interview, so that they may select a place where they felt comfortable to speak freely (Kanji, 2012) and do not feel restricted or uncomfortable to share information (Turner, 2010). This would also give a balance to the interview power dynamics between the interviewer and the interviewee as observed by Elwood and Martin (2000) that participants who are given a choice about where they will be interviewed may feel more empowered in their interaction with the investigator.

3.4.2.3 The interview proper

- **Interview Briefing**

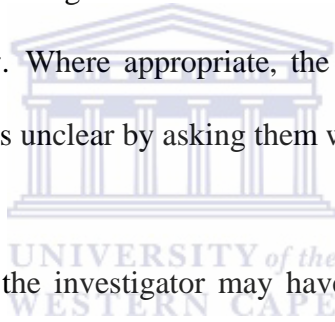
Before an interview takes place, respondents should be informed about the study details and given assurances about ethical principles, such as anonymity and confidentiality (Gill et al., 2008). When designing an interview schedule it is most appropriate to ask questions that are probable to yield as much information about the study phenomenon as possible and also be able to address the aims and objectives of the research (Gill et al., 2008). The first thing that the investigator did during an interview schedule was to make it clear to the respondents what the task entailed, and what the viewpoint is from which the investigator wanted them to report (Rugg & Petre, 2007). The investigator reconfirmed the willingness of the participants to participate in the interview session and reminded the participants of their rights to withdraw from the interview at any point they felt uncomfortable or reluctant to continue their participation.

During this phase, the investigator along with the respondents decided before the main data collection (interview) on some codes that would be used during the interview process. For example to allow the respondent five seconds to be silent before using a standard probe on them to instigate further discussion. Before starting the interviewing process, the investigator reminded the participants of willingness to and the importance of audio-recording the interview session and checked if the participants had any objection to the interviewing session being recorded.

The initial apprehension phase, usually characterised by uncertainty stemming from the strangeness of a context in which the interviewer and interviewee are new, was broken with the interviewer asking the interviewee questions they can answer easily such as to identify the kind of procedure that the student nurse performed. This helps put respondents at ease, build up confidence and rapport and often generates rich data that subsequently develops the interview further. This also helped with establishing the main question with the hope that the respondent became engaged in her/his narrative and almost forget about the interviewer (Lindseth & Norberg, 2004).

Descriptive questions were used to obtain information from the participants. These questions are aimed to provide an extensive response based on the interviewee's expert knowledge of the particular subject, area or experience. A standardised open-ended question that was structured in terms of the wording (Turner, 2010) was used during the interview: *Could you please describe your experience when the student nurse was performing the injection administration on you (depending on the nursing care*

identified)? This gave the respondents the chance to explain how they experienced care that was being provided to them by student nurses, exactly the way they perceived it. Respondents vary widely in how much they say and in how comprehensible they are; meanwhile some respondents talk continuously, others say hardly anything unless prompted (probed). Therefore, the investigator used different probing questions to extract as much information as possible from the different respondents. Some of the probing questions used are listed in appendix 3. Other important skills that the investigator used during the interview process included adopting open and emotionally neutral body language, nodding, smiling, looking interested and making encouraging noises (e.g, ‘Mmmm’) during the interview. Where appropriate, the investigator sought clarification from respondents if anything was unclear by asking them what they meant.



Literature reveals that because the investigator may have shared with respondents some experiences within the ambit of the research aim, it might be of significance to the data collection and interpretation processes of the research process. To avoid the voices of subjectivity from interfering with the authenticity of what the research respondents essentially mean in their personal accounts during the interview session, the investigator used the process of phenomenological reduction to engage in the rapport of interviewing. Phenomenological reduction as described by Priest and Roberts (2010) is the deliberate suspension of judgement, commonly held beliefs and presupposition about a particular phenomenon, in order to investigate it from a new and neutral perspective. In simpler terms, each experience is considered in and of itself. Phenomenological reduction requires stepwise implementation of bracketing or *epoché*. According to Finlay (2013), the

investigator needs to be fully and continuously engaged in managing intrusions of pre-understandings throughout the research. Therefore, *epoché* was not a once off process that the investigator did at the beginning of the research, but it was done throughout the research process.

The interview sessions were recorded on a voice recorder and were later transcribed word verbatim and printed out. Each interview session took an average of 15 minutes and was organised in a quiet, well lit room and the investigator made sure of the availability of water in case the interviewee required it.

3.4.3 Data Storing Methods

The primary goal of storing data used in research is to protect the anonymity of the research participants. Data storing, therefore, refers to the various methods employed by the investigator to prevent access to the research data from persons other than those directly involved in the research. To ensure anonymity of the participants (Creswell, 2007), their names in the voice-recorded data were masked by assigning codes (Groenewald, 2004). A matrix system was designed using a coding system known only by the investigator. The code '*Participant X; date*' was ascribed to each interview that was conducted. Where X represents the participant's number and the date represents the date the interview was carried out.

A digital audio-recorder was used in the interview process; owing to this, each interview was immediately transferred to the investigator's personal laptop and ascribed the different codes described above. As a result of the recent widespread use of computers in research, attention was paid towards how the data was organised and stored (Creswell, 2013). These interview recordings were all saved in a password encrypted folder only accessible to the research investigator. As for the hard copies of the research-related data, the investigator also opened a file with divisions for the various interviews and filed the following hard copy documentation (Groenewald, 2004):

- The informed consent agreement.
- Notes made during the interview.
- Any notes made during the 'data analysis' process, e.g. grouping of units of meaning into themes.
- The draft 'transcription' and 'analyses of the interview that the investigator presented to the participants for validation.
- The confirmation of correctness and/or commentary by the participant about the 'transcript' and 'analyses' of the interview.

This file was kept in a filing cabinet with a locking system, and the keys to this filing cabinet were at the reach of the research investigator alone.

3.5 DATA ANALYSIS

The process of retrieving meaningful information from a copious amount of information is called data analysis. Data analysis is considered by Hatch (2002) as a systematic search for

meaning. Essentially, it is considered as one of the most important steps in the research process (Leech & Onwuegbuzie, 2007). Consequently, at the heart of qualitative data analysis is the task of discovering themes without which investigators have ‘nothing to describe, nothing to compare, and nothing to explain’ (Ryan & Bernard, 2003, p. 86). This section dwells on the process of data analysis, exploring the thematic content analysis method as employed in this study, its appropriateness to the study and the different steps that were employed by the investigator in the analysis process. This includes the pawning process for the identification of codes, the initial coding process for the winnowing of themes to a manageable few, building hierarchies of themes and finally linking these themes into meaningful findings.



3.5.1 Analysing Qualitative Data

There are two fundamental approaches to performing thematic content analysis; the deductive (i.e. pre-structured themes) and inductive (i.e. themes directly generated from the data) approaches (Burnard et al., 2008). The deductive approach is useful if the general aim was to test a previous theory in a different situation or to compare categories at different time periods. Fundamentally, in the deductive approach, the investigator imposes their own structure or theories on the data and then uses these to analyse the interview transcripts (Burnard et al., 2008). Conversely, the inductive content analysis is used in cases where there are no previous studies dealing with the phenomenon or when there is little or no predetermined theory or framework and uses the actual data itself to derive the structure of analysis. According to Thomas (2006), “the primary purpose of the inductive approach is

to allow research findings to emerge from the frequent, dominant, or significant themes inherent in raw data, without the restraints imposed by structured methodologies” (p. 238).

Whilst a variety of inductive approaches to analysing qualitative data are available, the method of analysis utilised in this thesis is the Thematic Content Analysis (TCA), and is, perhaps, the most common method of data analysis used in qualitative studies. According to Anderson (2007) TCA is the most foundational of qualitative analytic procedures, and describes it as ‘a descriptive presentation of qualitative data.’ Thematic analyses seek to unearth the themes salient in a text at different levels (Attride-Stirling, 2001). Therefore, thematic analyses move beyond counting explicit words or phrases and focus on identifying and describing both implicit and explicit ideas within the data.



3.5.2 Preliminary Analysis

Generally, in qualitative research, data analysis often begins during, or immediately after, the first data are collected (Burnard et al., 2008). A preliminary data analysis was carried out when the first three interview sessions were completed and transcribed. This helped identify gaps in the interview process with respect to the responses it elicited from the pilot interviewees. For example, interview schedules were slightly modified in light of emerging findings; where additional clarification on the term experience was required. Furthermore, it helped envisage when utilizing various concepts and frames whether they shed further light on the issue being identified in relation to the researched topic (Grbich, 1999). When the respective adjustments were made following the preliminary analysis, further two

interviews were done to ascertain that everything was on the right track. The data collection process was continued until saturation.

3.5.3 Preparing for Analysis

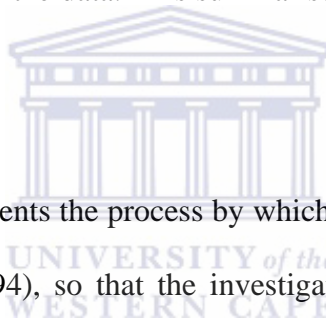
3.5.3.1 Transcription of Data

After obtaining recordings of the interview sessions, they were transcribed. This step involved the careful listening to the recorded interview and typing out the recorded interview without altering a word or sentence, nor correcting any grammatical errors. Thus, swear words, ungrammatical bits, pauses (one dot per second of pause) and so forth were all included in the transcriptions of the interview sessions. The investigator also took note of any significant non-verbal and para-linguistic communications made by the interviewees (Hycner, 1985). The data were transcribed by the investigator as Balls (2009) believes that it allows them to familiarise themselves with it. Meanwhile Rugg and Petre (2007), agree to the idea of the investigator transcribing the data themselves, they explained that other people will misunderstand what they hear in the interview tape, because they are not having the detailed knowledge of the topic that the investigator is investigating. During the transcription, the investigator allowed a large margin to the left of the transcriptions so that he would later be able to make notes on this margin while studying the transcriptions.

3.5.3.2 Data Reduction

The investigator listened to the recordings immediately after each was recorded according to the recommendations by Burns and Grove (2013). Before beginning a Thematic Content

Analysis (TCA) process, the investigator made multiple copies of the interview transcripts. Reading through the transcripts, the investigator began to examine what is right there on the surface, while considering the several meanings that are inherent in the text. This stage of analysis basically involved total immersion in order to ensure both a pure and a thorough grasp of the phenomenon. By reading through all the collected information the investigator was able to attain an overall sense of the data. However, it is a very laborious process to analyse the data directly from the obtained transcripts, thus, the initial efforts at analysing data in qualitative analysis is focused on reducing the volume of the data so that the investigator could easily manage the data. This summarised the raw data and conveyed key themes and information.



Data reduction, therefore, represents the process by which data are summarised and broken down (Huberman & Miles, 1994), so that the investigator can more effectively explore them (Burns & Grove, 2011). During this process, the investigator began to tentatively attach meaning to elements in the data while shedding off the dross. When this step was completed, the investigator proceeded to the TCA.

3.6 THEMATIC CONTENT ANALYSIS

Thematic analysis is fairly popular amongst qualitative studies in the nursing field and its popularity has grown over the last two decades. This growth is attributed to the fact that thematic analysis allows the investigator to test theoretical issues and also that it enhances understanding of the data (Elo & Kyngäs, 2007). They indicated that through thematic

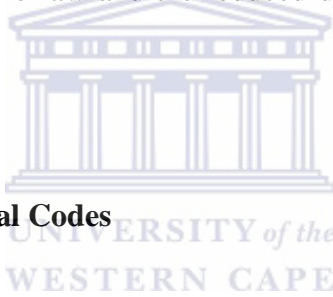
analysis, it is possible to distil words into fewer content related categories with the assumption that when classified into the same categories, words, phrases and the like share the same meaning. This is important as the list of common themes give expression to the commonality of voices across the participants (Anderson, 2007). For this reason, thematic analysis is the method of choice when the investigator wants to answer general or overarching questions of the data (Leech & Onwuegbuzie, 2007).

Braun and Clarke (2006) define thematic analysis as ‘a method for identifying, analysing and reporting patterns (themes) within the data.’ Meanwhile some qualitative analysis methods are oriented toward finding patterns and commonalities within human experience, TCA seeks to discover some of the underlying structure or essence of that experience through the intensive study of individual cases. It also explicitly avoids cross comparisons and is oriented toward the depth and detail that can be appreciated only through an exhaustive, systematic, and reflective study of experiences as they are lived. It is, therefore, a very flexible method of data analysis (Braun & Clarke, 2006), applicable in a wide range of qualitative studies. For these reasons, the TCA method of data analysis was found suitable for this study.

The process of organizing data obtained from the data collection process under different themes/sub-themes after scrupulously going through them is known as the thematic classification of data (Uprety, 2007). The TCA process has been structured by Braun and Clarke (2006) within four steps; (1) familiarising with the data; (2) generating initial codes; (3) categorising codes and searching for themes (4) defining and naming themes.

3.6.1 Familiarisation with the Data

Literature recommends that when an investigator is about to engage in a qualitative data analysis process, the investigator should immerse himself in the data so as to be adequately familiar with the data. Braun and Clarke (2006) suggest that the investigator should become familiar with both the depth and the breadth of the collected data. The investigator repeatedly read through the data in an active way, trying to identify patterns, meanings, and variations. Actively reading through the transcripts helped to identify both the latent and the semantic themes that could be identified at face value. After the investigator familiarised himself with both the raw and the reduced data, the next phase initiated was generating the initial codes.

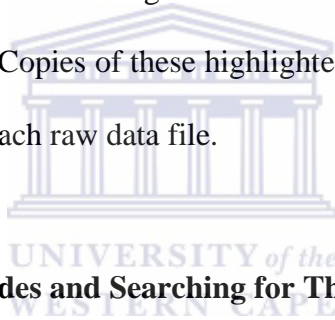


3.6.2 Generating Initial Codes

The process of generating initial codes is described by Klienman (2004, p. 7) as “the process of going through the data ‘with a fine tooth comb’ looking for themes, ideas and categories and then noting similar parts in the text and giving them a ‘code label.’ The generation of codes actually started during the familiarisation process and proceeded until all the relevant statements, phrases and paragraphs were coded with repeated reading sessions. It is very difficult to demarcate where the familiarisation phase stopped and the initial coding phase started. While reading through the texts the investigator made notes on the margins of the transcripts using words, theories or short phrases that summed up what is being said in the text. This was done by marking with a highlighter, all descriptions that were relevant to the identification of student nurses, the kind of nursing services offered by

the nursing students to the patients and the experiences of the patients when nursed by student nurses.

By classifying the responses using descriptive words, the investigator identified and defined the units or codes. The different units were identified from actual phrases of the respondents and from meanings in specific text segments (Thomas, 2006), thus the codes were obtained inductively. The portions of where each code was obtained were highlighted with highlighters throughout all the different interviews. Each distinct unit of meaning was marked by assigning the highlighted text segments to relevant codes on the large margin of the transcriptions with a pencil. Copies of these highlighted transcripts were then made and locked in a safe as a backup of each raw data file.



3.6.3 Categorising Codes and Searching for Themes

Once the various codes to the different words, sentences and phrases were obtained, the initial coding process was sent to an independent coder for a first check. When an agreement was reached on the identified codes, a shorter list of categories was compiled. In this categorisation phase, the investigator collected together all of the words and phrases from all of the interviews onto new pages. He went further and looked for overlapping or similar codes, crossing out any duplication in the process and placing them in their respective related categories, thereby eliminating redundancy. This task entailed noting the actual number of times a unit of relevant meaning was listed and only recording it once in the relevant categories. Informed by the analytical and theoretical ideas developed during

the research planning, these categories were further refined and reduced in number by grouping them together.

The investigator then determined which of the initial codes or units possess relevant meaning that can be naturally linked, classifying these in the same group. Thereafter, the investigator went through the entire initial coding framework, identifying distinct units, grouping and regrouping similar and dissimilar units, and re-labelling categories as he went along. This clustering or categorisation process was once again controlled by an experienced independent coder.

3.6.4 Defining and Naming Themes

A theme according to Braun and Clarke (2006) represents something important revealed in the data, related to the research question. This phase allows the investigator to group information that he considers to express the essence of each cluster and was important for the purpose of the research. The groupings are based on "pools of meaning" (Tesch, 1990) that the investigator identified with the themes developed from the codes (Burn & Grove, 2011). This classification phase is about building up new information based on a conscious re-arrangement of the data, thus, creating new meaning beyond what was previously there and is infused with the objectives and intents of the investigator (Kleiman, 2004).

To obtain the final themes that are displayed in table 3 below, the investigator utilised the process of 'constant comparison' when analysing the data. Then the investigator re-labelled

all the categories to obtain final themes. After a few days, the investigator reread the original interview transcript or text without looking at the units or categories to ensure that the developed categories tally with the original texts.

Table 3: Development of themes

CENTRAL THEMES	CATEGORIES
Identification of student-nurses by patients	<ul style="list-style-type: none"> - Self-introduction - Identification of students by way of dressing - Identification through work competence - Inability to identify student nurses
Positive perceptions of student-nurses	<ul style="list-style-type: none"> - Patients feel comfortable with student nurses and acknowledge their work - Supportive and willingness to be of service to patients - Students show teams and are skilful and competent in their nursing roles
Negative Perceptions of Student-nurses	<ul style="list-style-type: none"> - Lack of competency towards some nursing procedures - Display of poor professional behaviour - Patients experienced feelings of bitterness, frustration and lack of trust in the student nurses

3.7 RIGOUR

Choosing the phenomenological approach requires a lot of precaution owing to the associated methodological strengths, limitations, underlying philosophical assumptions and the dedication required by investigators to work out how to apply specific methods and processes to make sure that their study is valid (Salmon, 2012). One of the biggest challenges confronting qualitative investigators is how to assure the quality and trustworthiness of their research. As a result, the investigator paid close attention to ensuring that flaws in carrying out the methodological processes were avoided or minimised as much as possible. Rigour refers to vigilance about methods and is defined by Kanji (2012) as “strategies used to reduce the potential for bias and enhance the trustworthiness of the research findings” (p. 241). Rigour is of much value to scientific research because it is considered that the findings of a rigorously conducted research are more credible and of greater worth (Burns & Grove, 2011). Rigour in qualitative research is appraised with respect to details in research design, attention to data collection methods and the thoroughness in data analysis.

Meanwhile quantitative investigators place emphasis on validity and reliability, the concerns for a qualitative investigator with respect to rigour as proposed by Lincoln and Guba (1985) is based on the concept of "trustworthiness" (Morse et al. 2002), encompassing the approaches of credibility, dependability, confirmability and transferability (Finlay, 2007; Houghton et al., 2013). Mindful of the fact that these four approaches apply to a range of qualitative research methods, an integrative way of using

this approach that balances methodological and experiential concerns was used by the investigator (Pereira, 2012). The integrative validity was deemed useful and appropriate, because it ensures that the phenomenological assumptions are respected and because it allows knowledge to be generated and academic recognition to be realised. The approach to rigour in this study, therefore, was in conformity to the four approaches proposed by Lincoln and Guba (1985) – credibility, dependability, confirmability and transferability.

3.7.1 Credibility

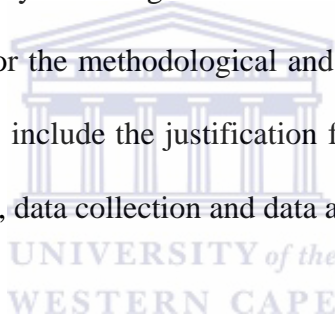
The concept of credibility replaces the notion of internal validity, by which investigators seek to establish confidence in the ‘truth’ of their findings (Finlay, 2006). Credibility relates to the value and believability of the findings and involves two processes: conducting the research in a believable manner and being able to demonstrate credibility (Houghton et al., 2012). It, therefore, addresses how congruent the study findings are with reality (Shenton, 2004). To ensure credibility, the following aspects were taken into consideration while conducting the study.

- ‘Member checks’ as discussed in the data verification was carried out to ensure credibility. Any transcripts of dialogues in which the informants participated was returned to them so that they could read through the transcripts and confirm or refute the information they provided. The emphasis of this exercise was to ascertain whether the informants considered that their words match what they actually meant.

- Prolonged engagement and persistent observation. This allowed the investigator to approach the research findings more objectively, shedding his own preconceived theories and ideas on the phenomenon in question (phenomenological reduction).
- Another way of ensuring the credibility of the study was through the process of triangulation. Although the triangulation process principally entails using more than one method of data collection such as observation and focus group, the investigator used another aspect of triangulation which involves the use of a wide range of informants. By this, the investigator used more than six different wards to collect data from informants.
- As elaborated in the data verification section above, peer review – whereby another qualitative investigator analyses the data independently, was also used to assure the credibility of the research findings.
- Respondent validation: returning to the study participants and asking them to validate analyses – this took place at two points, when the data was transcribed and to confirm or refute interpretation of the data. The respondents were contacted to verify interpretations or meanings (Ali & Yusof, 2011).
- Shenton (2004) suggests that examining previous research findings to assess the degree to which the study's results are congruent with those of past studies should also be carried out to ascertain the credibility of the studies. This was done as could be seen in the fifth chapter of this thesis.

3.7.2 Dependability

This concept replaces the idea of reliability (Finlay, 2006). Fundamentally, dependability relates to the possibility of obtaining similar results with the use of the same research method, context, sample and data analysis method. Shenton (2004) proposed that a more direct manner of addressing dependability is to report the processes within the study in detail. This will enable other researchers to be able to repeat the work, and possibly obtain the same results. To ensure dependability, the investigator kept an audit trail (the documentation of data, methods and decisions about the research). Rigour with respect to dependability can be achieved by outlining the decisions made throughout the research process to provide a rationale for the methodological and interpretative judgements of the investigator. These explanations include the justification for the research design, sampling method to address bias concerns, data collection and data analysis methods.



Firstly, with respect to the research methodology, the investigator ensured methodological coherence to certify congruence between the research question and the components of the method. Secondly, the appropriate sample was selected, consisting of participants who best represented the research interest. This also ensured efficient and effective saturation of categories, with optimal quality data as well as minimised loss (Morse et al., 2002). Thirdly, data collection and analysis was carried out concurrently. The interaction between data and analysis according to Morse et al. (2002) is the essence of attaining reliability and validity.

3.7.3 Confirmability

Confirmability substitutes the concept of objectivity as used in quantitative research studies. Confirmability dictates that investigators must take steps to ensure that the findings and results obtained from the study emerged from the data collected and not of their own predispositions (Shenton, 2004). To ensure that there is dependability in the research, in-depth methodological description was done to allow the study to be repeated. These descriptions are well detailed in chapters three and four of the mini-thesis to allow the possibility of the studies being replicated in a similar setting with objective discoveries made. According to Shenton (2004), critical to ensuing confirmability in a qualitative research design is the process of “audit trail”, which allows any observer to gain a step-by-step insight into the research process through the decisions made and procedures described by the investigators. An audit trail is described as a data-oriented approach, showing how the data were collected and processed during the course a research study, eventually leads to the construction of recommendations.

3.7.4 Transferability

Transferability in qualitative research relates to the concept of external validity in quantitative research (Finlay, 2006). One of the most important aspects of transferability relates to thick descriptions (Houghton et al., 2012; Shenton, 2004). To determine transferability, the original context of the research must be adequately described so that judgements can be made. It is, therefore, the responsibility of the investigator to provide thick descriptions for the reader to make informed decisions about the transferability of the

findings to their specific contexts (Houghton et al. 2012). The investigator provided thick descriptions on every aspect of the research process from the research question to the data coding and interpretation processes so that readers could make informed decisions on the transferability of the studies. These descriptions included the following information;

- the type of organisation taking part in the study and where it is based;
- inclusion criteria of the study participants;
- the number of participants who contributed in the study;
- the data collection tools and methods that were used;
- the number and length of the data collection sessions;
- the time period over which the data was collected.



3.8 ETHICAL CONSIDERATIONS

"Research within any paradigm that includes human participants will inevitably involve choices about how best to satisfy moral obligations to participants while meeting the study requirements" (Ballinger & Wiles, 1996, p. 46). In light of this statement, the investigator ensured that the Declaration of Helsinki that was adopted in 1964 and revised in 2004 was fully respected. In accordance to the declaration, the investigator (1) strived to protect life, health, privacy, and the dignity of the research participants, (2) employed greater care to protect the participants from harm and (3) conducted the research because the importance of the research purpose; to explore the experiences of the patients when nursed by student nurses, outweighs whatever risk that might be attributed to the study either at present or in the future (Burns & Grove, 2011).

With respect to the phenomenological study design that was adopted for this study, the key ethical issues that were addressed included an informed consent, confidentiality and anonymity, data generation, deception and debriefing. To ensure that the above ethical issues were respected, the proposed study was submitted to the Ethics Committee of the Senate of the University of the Western Cape, the Ethical committee of the Department of Health of the University of Cape Town and the Nursing Management Committee of Groote Schuur Hospital. These institutions scrutinized the study for ethical issues and feasibility before the research was carried out.

According to the Social Research Association (2003), an informed consent is ‘a procedure for ensuring that research participants understand what is being done to them, the limits to their participation and awareness of any potential risk they incur’ (p. 28). In other words, an informed consent is making the participant to be fully aware of the risks, and also anything that can influence the individual’s decision to become a part of the research, at the time the research is carried out or in the future. It is the principle that individuals should not be coerced or persuaded, or induced into research ‘against their will’ but that their participation should be based on voluntarism, and on a full understanding of the implications of participation (Green & Thorogood, 2009, p. 68-69). Before a participant was recruited for this study, an information sheet describing the study and the role of the participant and a consent form was sent to the potential participant either through fax, email, and post or handed by the investigator. The investigator allowed at least 6 hours for the potential participant to study and sign it without and coercion, induction or manipulation.

Confidentiality and anonymity are two very important and related aspects of research ethics, given lots of value especially when it comes to phenomenological studies. According to Green & Thorogood (2006) confidentiality means not disclosing information that is acquired from research in other settings. This aspect is particularly important to this study as the data collection involved taped recordings and transcribed copies of the interviews. To ensure that confidentiality of the participants' information is maintained, all the recordings and transcriptions are locked up in a safe drawer during the studies, and when the study is completed. The tapes and transcriptions will be destroyed with the use of flames after a period of three years. On the other hand, anonymity relates to published accounts in which the identity of individuals and places should be protected where possible. Anonymity is said to occur when the investigator avoids liaising or connecting the participants to the data that was collected. In a one-to-one interview "it is impossible to maintain anonymity at all stages; in other words, when using these methods, becoming cognizant of the sources of data is unavoidable" (Speziale & Carpenter, 2003). Nonetheless, the investigator ensured that the promise of confidentiality and anonymity are kept. This was achieved by replacing the actual names of the research participants with code names and numbers and only the investigator could put them together.

Ethical misconduct with respect to data gathering or generation involve the inclusion of investigator's presuppositions and personal biases. This leads the investigator to sometimes impose his logic and values onto the communicated experience of the research participant. In order to avoid ethical misconduct, the investigator applied the concept of bracketing which entails writing down his person feelings in brackets so as to avoid mixing it with the

participant's responses. This process was applied during the interviewing process, during the transcription of the taped interviews and finally during the data analysis phases. Returning final descriptions to participants so that they may validate the authenticity of the interpretation of the interview guarantees the absence of ethical misconduct in the research with respect to data generation. The identification of the different interviews will be done through the coded interviews and transcripts. The interviewees were also given the chance to change their responses or refute the usage of any information they had provided during the original interview process.

3.9 CONCLUSION

In this chapter, the investigator explored the qualitative research methodology and its appropriateness to the study under investigation. Attention was paid to phenomenology both as a philosophy and a research design and how its focus on the lived experiences of individuals made it the most appropriate paradigm and research method for exploring the experience of patients who are being nursed by nursing students. Explications on the study population, data sample and sampling methods, data collection, data storing and rigour are also part of this chapter. It explored the data analysis process from the transcription of the interviews to the identification of the emerging themes. It also reveals the various methods and processes employed by the investigator to ensure rigour during the entire research process especially when handling the data collection, processing and organisation phases. Finally, this chapter addressed the ethical concerns related to the study and what the investigator did to overcome some of the ethical challenges encountered.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 INTRODUCTION

According to Burns and Grove (2011), the processes of identifying themes and writing a description of the lived experiences of the participants mark the beginning of data interpretation in most qualitative studies. In the thesis, the process of identifying emerging themes from the data collected was discussed in chapter four. This chapter covers the second part of the data interpretation: descriptions of the lived experiences. The description of the essential or common characteristics of the experience as identified in the theme identification process is done here to make sense of the data. It also contains a diagrammatic representation of the study findings for easy visualisation and how it fits into the study's conceptual framework.

4.2 FINAL THEMES

At the end of the first part of the data analysis process, three main themes were identified with corresponding categories. These three themes pertaining to the experiences of patients when nursed by student nurses with their corresponding subthemes are further discussed in this section. These themes are;

- Identification of student-nurses by patients
 - Self-introduction
 - Identification of students by way of dressing
 - Identification through work competence
 - Inability to identify student nurses
- Positive perceptions of student-nurses
 - Patients feel comfortable with student nurses and acknowledge their work
 - Supportive and willingness to be of service to patients
 - Students work in teams and are skilful and competent in their nursing roles
- Negative Perceptions of Student-nurses
 - Lack of competency towards some nursing procedures
 - Display of poor professional behaviour and interpersonal skills
 - Negative feelings leading to lack of trust in the student nurses

Each of these themes and their corresponding subthemes will be explored as separate headings in the light of other studies that have been conducted around similar issues and contexts.

4.2.1 Identification of student-nurses by patients

Considering that there are many different kinds of health care professionals who flood the wards of teaching hospitals, coupled with the fact that an inclusion criteria for the study was that the client must have been nursed by a student nurse, it was important to explore

the means by which the patients recognised a student nurse. Four sub-themes stood out in this main category;

- Self-introduction
- Identification of students through their dress code
- Identification through work competence
- Inability to identify student nurses

a. Self-introduction

Self-introduction is the traditional way of introducing oneself before a health provider proceeds to perform any health care related procedures. In the same way, students are taught to introduce themselves to the patients as well as state their status as a student nurse before they can carry on with any nursing care acts that they have planned for the patients. Some patients during the interview process attested to recognising student nurses through the self-introductory process that takes place when the student nurse and the patient meet in the therapeutic process. One participant explained that *'They [nursing student] come and introduce themselves before they examine you and before they talk to you.'* Another participant expressed that should the student nurse of the care provider fail to introduce themselves, he would ask the care provider for a self-introduction. He expressed this in the following words *'I ask, especially the new ones; the new faces. I ask them if they are new a new student and what year.'* These responses from some of the study respondents show that self-introduction by the students prior to performing a nursing procedure is one of the ways by which patients identify student nurses during nursing practice.

b. Identification of students through their dress code

The data obtained indicate that some of the patients in the teaching hospital recognise the nursing students by way of their dressing. The Minister of Health, in terms of section 11 (1) of the Nursing Act, Act 69 of 1957 approved a dress code for student nurses, during their practice in a health facility. According to this act, revised in 2011, the student nurses must put on a plain white top and a pair of navy blue pants or skirt. The identification made by patients was captured by statements they made such as *'They all wear pants but they have a plain white top...'* While the patients identify the student nurses through their dress codes, the data revealed that the dress code is also used as a means of differentiating the student nurses from the qualified nurses employed by the institution. They recognise the fact that qualified nurses do have epaulettes that spell out their different grades and qualification as expressed by one respondent, *'...by their uniform. Some of them have got the blue and the maroon on their shoulders, that is how you will look out who is the nurse and who is the student.'* Part of the dress code of the students stipulates that they should wear their identification badges at all times while on duty. These identification badges are the means by which some of the patients identify the student nurses as stated by a respondent *'Then some people come here like the nurses then you can mos read here (pointing at the breast pocket).'* Student nurse identification by dress code was, therefore, achieved through the student nurses' uniforms, the absence of epaulettes and through the name tags.

c. Identification by services

Meanwhile some patients identify student nurses through their dress code, or self-introduction; others identify and judge the care provider from the competence level

displayed by the care provider. According to some of the study participants, it is only when the student nurses had performed the intended procedure that they were able to identify whether it was a student or a qualified nurse who performed the procedure. For instance, one of the participants stated that *'They [student nurses] don't have so much experience like the professional nurse.'* Others, similarly, identify student nurses by the types of services that they offer to the patients. This is construed from the statement made by one of the informants *'you can see on the works that they do, if you look at the work that they do.'* According to the South African Nursing Council (SANC), nursing students are only allowed to perform controlled acts authorised to nursing students if they (1) have been taught by nursing educators or clinical supervisors at their nursing institutions (2) have the knowledge, skill and judgment to perform them as determined by their clinical supervisors or head nurse or (3) are supervised by a member of the nursing staff or the clinical supervisors. As a result of these precautions, patients could actually distinguish those acts performed by nursing students and also judge their competency levels through the ways that these nursing care acts are performed.

d. Inability to identify student nurses

Although there are many measures that have been put in place to ensure that patients recognise student nurse care providers (dress code, identification badges, self-introduction etc.) before they perform any nursing services on them, there is evidence from the data collected that some patients fail to identify student nurses who provide nursing care for them. During the interview process, a patient indicated that it was only after the procedure (blood sample collection) had been performed that she became aware that it was a student

who provided the care services. This was as a result of the bad experiences that she had during the procedure. In her own words she reported *‘Monday you go they must take blood first and she had to take my blood... I said GEEWES! That person can’t do injection then, they said it was a student. I thought I was gonna die... because it really hurt.’* From the patient’s comments, one can see that the patient failed to identify the care provider as a student prior to the blood sample collection procedure being performed. This means that there are chances that patients may fail to identify the student nurses prior to the nursing care being administered to the patient.

4.2.2 Positive perceptions of student-nurses

Many of the patients who took part in the study described positive experiences with the student nurses, especially with the physical aspects of nursing care they offered. They expressed positive aspects of having a nursing student nurse them while they are receiving treatment at the hospital. They said student nurses were “helpful,” “did a very good job,” “quite excellent,” “caring,” “friendly,” “very good,” and “wonderful.” These feelings and perceptions were classified under the following sub-themes.

- Patients feel comfortable with student nurses and acknowledge their work
- Supportive and willingness to be of service to patients
- Students are skilful and competent in their nursing roles

a. Patients feel comfortable with student nurses and acknowledge their work

The data collected suggests that patients feel comfortable with the student nurses when they provide nursing care for them. According to the data, not only do these patients feel comfortable; they also acknowledge that the students are doing a good job. Some participants were very expressive about how comfortable they felt with the student nurses: *'To tell the truth, most of the time, I feel very comfortable with the procedure and they also help you when you don't understand something, like when they understand something about my body.'* A similar finding was reported by Andresen & McDermott (1992), when they noted that patients tend to be satisfied with students' interpersonal skills and especially with their skills in teaching and listening. Mossop and Wilkinson (2006) also made the same findings when they explored the perceptions of elderly clients of student nurses. They observed that the elderly clients appreciated the efforts of the students to increase their level of comfort during their practicum.

As a result of the fact that student nurses make their patients comfortable, the patients do appreciate the works that the student nurses do. This was expressed by a respondent overtly as he said, *'I do appreciate the work of students. I appreciate it.'* A similar finding was found in a study conducted by Debyser et al. (2011) when they explored the extent to which a client's feedback on the student's work performance is consistent with feedback from the mentor. They discovered that patients do appreciate the students and the work that they do, especially students who are authentic, spontaneous, and sensitive.

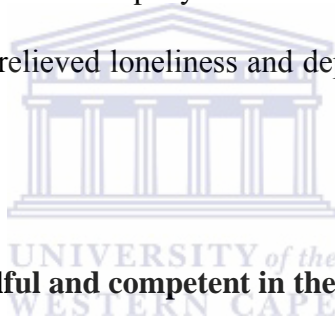
b. Supportive, helpful and willingness to be of service

One of the most outstanding experiences of the patients nursed by student nurses was the supportive and helpful attitude of the student nurses, expressed through their willingness to be of service to the patients. Many of the respondents expressed this experience with very positive words. One respondent said *'She [student nurse] was very good to me and she asked me if I wanted some water, or wanted to pee, what can she do to me? I don't see anything wrong in the student nurse.'* Still to espouse their helpful nature, another respondent explained that *'they're wonderful. They can be busy and you can call them, they'll leave whatever they're doing and they'll come and hear what you want and they see that they help you any way they can. I think they are excellent.'* This respondent gave evidence of the willingness of the student nurses to help the patients they are caring for. Another respondent explained that *'when I ask them do me a favour, open the curtains, close the curtains for me, or they help me go to the toilet,... they help me; they put on my socks, when I don't have my socks on. If I call them they come and ask them they must help me to the toilet, they don't waste time, they do it for me... If I call them from here "come help me" then they come and help me. Sometimes I ask them if you got time please come cut my hair here (touching the hair on her chin) and so when they are free there they come and help me and cut my hair.'* This respondent demonstrated that student nurses are even willing to do anything to make their patients comfortable and more so, indicates their supportive role during nursing care.

Some of the patients considered the student nurses to be so helpful that they are replacing qualified nurses who should have been employed. She pointed out that *'They're very helpful; they help the nurses so a lot because they are short staffed. So they need their input that is why.'* This indicates that the patients find their role as important as the student nurses are making a contribution towards the smooth running of the wards. They have filled in the gap for the professional nurses who are not employed to carry out the nursing duties that need to be carried out. In a study conducted by Mehta and Singh (2005) to assess the perceptions of patients on student nurses, 84.86% of the clients said that the student nurses provide much help in the treatment process. This result aligns with the study findings on the helpful nature of student nurses as experienced by the respondents.

To elaborate on their supportive role, a respondent said that *'they're [Student nurses] very friendly. Some of them can come and sit and have conversation with you also. When they're not busy, they will come and talk to you. Then you don't feel so lonely also. Some of us don't often get visitors, so they come and talk to you, cracking jokes sometimes...They will come and sometimes brighten up your day by cracking a joke.'* Again, another respondent elucidated that *'They [Student nurses] come in, if you can't wash, they will help you wash; that is all positive okay. They will ask you if there is anything you need, tidy your bed, they will chat to you, some of them is quiet, some of them will chat to you. Um.... if you're quiet, they will ask you how are you today good morning, and so on and you feel and if you're not in the conversation, they will just stay back. But if you keep on talking, they keep on talking and that's nice... Since I've been here, no bad. To be quite honest ...not bad.'*

In support of the reports presented above Suikkala and Lieno-Kilpi (2001) found out that patients enjoyed the company of students and found their visits helpful. Debyser et al. (2011) found out in another study that most clients felt students were spending enough time with them, praising the students who did more than what they are strictly required to do. They also thought some students were sensitive to the client as a person by spending more time with them. In a study conducted by Mossop and Wilkinson (2006) to explore what elderly patients think of student-rendered care, the clients expressed that students enhanced the social world of the clients, providing them opportunities to interact socially. Some of the clients said that they enjoyed the company of the nursing students and found that the presence of the student nurses “relieved loneliness and depression” (Mossop & Wilkinson, 2006).



c. Students are skilful and competent in their nursing roles

One of the positive sub-themes that emanated from the data analysis process was related to the skills and competence of the student nurses while carrying out their nursing related tasks. Most of the participants commended the quality of skills display and the high competency level of the student nurses in performing their nursing responsibilities. A respondent expressed his experience in these words *‘the first injection by a student, I told the student you know your work because I didn’t feel nothing. She didn’t inject me here (pointing of the stomach muscles). I didn’t feel nothing at all. Another two students came and gave me two injection in the stomach, she did it so nicely man not in a rough way. I didn’t feel anything... but the student she did a very good job man. I told her you know your job. She said thank you. Honestly, she said thank you. Because she put the needle nicely in*

and she took it nicely out.’ This detailed description of the respondent supports the fact that the respondents think positive about the nursing skills and competence of the student nurses. While the first respondent talked about an invasive procedure, a second respondent described her experience with a student nurse while she performed physical nursing duties. *‘They greet you smiling and they’ll call you by your name. ...I’ve come to take your blood pressure if it’s okay? I’ve come to take your pulse and temperature. And if it is not right, they will ask you if you are warm enough, “are you comfortable because your temperature is not right”. Then they do it again to see if it’s not something wrong with the thermometer and then it comes right (giggles).*’ These two descriptions from the respondents indicate the positive experiences of some of the respondents with respect to the skills display and competencies of the clients. In support of these findings, in the study conducted by Mossop & Wilkinson (2006), they discovered that most of the respondents believed that students were as competent as “other nurses.” They used words such as “efficient,” “thorough,” “very good,” and “they knew what to do” to describe the competency levels and the skilfulness that accompanies the services provided by the student nurses while practicing on patients in the hospital.

4.2.3 Negative perceptions of student-nurses

Although most of the respondents had positive perceptions of the student nurses performing nursing care on them, a few had some negative experiences of their encounters with the student nurses in their therapeutic relationships. These findings concur with the conclusions drawn by Mehta & Singh (2005) stipulating that, while some clients described positive experiences with student’s nursing care, others described negative experiences

related to their interactions with student nurses. In this study, respondents used words such as “it was not nice,” “there are student nurses who are rude,” “that person can’t do injection,” and “it really hurt” to describe some of the experiences with the nursing care provided by some student nurses. The negative experiences have also been further divided into three sub-themes as they were identified from the data coding process. These sub-themes are;

- Lack of competency towards some nursing procedures
- Display of poor professional behaviour and interpersonal skills
- Negative feelings leading to lack of trust in the student nurses

a. Lack of competency towards some nursing procedures

During the interviews with the research participants, some respondents expressed that during their therapeutic encounter with student nurses, they experienced that the student nurses were incompetent or did not perform the required procedure as well as other student nurses or the professional nurses. In one of such interview sessions, a respondent expressed her feelings in these words *‘Oh no, I had [received a drip administration] but it was not nice... he [Student nurse] struggled to put in the needle, he was shivering and it hurt me. So I said to him to go and call the doctor because I was quite sore when he put the drip on and he can’t put the needle in properly.’* Another respondent who experienced a similar situation reported that *‘Monday you go they must take blood first and she [Student nurses] had to take my blood... I said GEEWES! That person can’t do injection then, they said it was a student. I thought I was gonna die... because it really hurt.’* Another respondent

simply said that *'they don't know how to look for the veins and they don't know how to put the needle.'* These respondents described their experiences with student nurses who did not carry out their nursing procedures competently.

Meanwhile the above respondents referred to their experiences with invasive procedures, one respondent recounted an experience with a physical nursing care. She explains *'Today she [student nurse] was busy emptying my bags, and she emptied the one bag and the sister sent her to the chemist. And then she left without telling the sister that she is busy with a patient. And then when she came back she continued with whatever thing that she did. And then I had to call her back to tell her she emptied the one bag what about the stoma, which was swollen as well and then for the second round when they came again around to come do the things, she emptied the stoma but she didn't empty the rest of my bags.'* The recount of these participants reveals that patients do encounter unpleasant experiences with student nurses during their therapeutic encounter. These findings were consistent with a theme that was discovered when Mossop and Wilkinson (2006) explored the experiences of elderly patients when they were nursed by student nurses. They uncovered that some patients did not consider the student nurses as knowledgeable and competent enough to provide nursing care to patients. Similarly, in another study that was conducted by Twinn (1995), he unveiled that some patients thought that student nurses offered no help at all in the therapeutic process of patients.

b. Display of poor professional behaviour and interpersonal skills

The data analysis process also unearthed that the patients experienced some displays of poor professional behaviour and attitude from the student nurses. Poor professional behaviour is related to the way in which the student nurses sometimes responded to the needs of the patients. Their professional attitude relates to the way they spoke and related to the patients during their caring sessions. According to some of the respondents, the students sometimes displayed poor professional behaviour and practice. One of the respondents explained that *'Today she was busy emptying my bags [Urine collector and stoma], and she emptied the one bag and the sister sent her to the chemist. And then she left without telling the sister that she is busy with a patient. And then when she came back she continued with whatever thing that she did.'* This respondent explained a situation where the student nurse interrupted the care of a client to answer a lesser important call that was made by the sister in command. When the student nurse returned from the errand, she completely abandoned the client without completing her caring process which made the client unhappy. The respondent explained that *'...I had to call her back to tell her she emptied the one bag, what about the stoma? Which was swollen as well and then for the second round when they came again around to come do the things, she emptied the stoma but she didn't empty the rest of my bags.'* This respondent described a classic example of an unprofessional behaviour. To elucidate on this point, another respondent explained that while the students came around her bed to perform the vital signs check they are hardly focused on the task at hand, but *'they are busy talking about their stuff. That thing and that thing, and I'm also busy asking the questions... I just lay down like this and think when is*

this people gonna finish or why did I say yes (laughs) I do that. Sometimes I am quite comfortable with the procedure.'

With respect to professional attitudes, a respondent recollected her experiences with some student nurses and explained '*... sometimes in the night, there are student nurses who are rude. I must tell you that. If I tell them "come help me", "no you, your legs is not off," and I can't walk this machine to the toilet [pointing at her dialysis machine]. Then I simply ask them to simply help me to the toilet with the machine, and then they say, "No you must help yourself."*' The report of the respondent outlines an experience of poor display of professional attitude by student nurses working on the night shifts in the hospital wards. To corroborate these findings, in a study designed to obtain the perceptions of the patients on nursing students in a hospital, 25.4% of the patients indicated that the students behaved badly to the patients during their clinical practice (Mehta & Singh, 2005). From the above evidence, it can be observed that negative behaviour towards patients, forms part of the experience of the patients when they are being nursed by student nurses.

c. Negative feelings leading to lack of trust in student nurses

This theme portrays the negative feelings that the patients experienced while they underwent the nursing care provided by student nurses. The following comments describe how some of the respondents felt when they were nursed by student nurses. '*I felt kind of bad because I am also a patient at the end of the day.'* Another respondent said after an injection was administered by a student nurse '*I thought I was gonna die... because it really hurt.'* One other respondent expressed that she thought she was going to die due to the pain

she experienced when a student nurse tried to collect blood sample from her for her cancer check. Another incident recounted by a respondent that occurred while a student nurse collected blood samples from the patient, suggested a similar experience. She expressed that she *'... just lay down like this [demonstrating by lying down on her bed] and think when is this people gonna finish? Or why did I say yes (laughs). I do that.'* These instances cited by the respondents portray experiences that were not positive or desirable. It was observed that these feelings preceded either a poorly executed nursing procedure or a poor display of professional behaviour and interpersonal skills by the student nurses.

As a result of the negative experiences that some of the patients had during their encounters with student nurses, some of them developed mistrust and are apprehensive with the nursing care offered by student nurses, especially when it involved invasive nursing procedures. One respondent explained that *'Even here when I have to get injection I always make sure it is somebody who knows what they are doing...'* One more respondent felt sceptical in their abilities that she judged their competence on the manner in which they approached her. She explained that *'Sometimes my reaction is 'I don't feel like it. I'm feeling tired' but sometime when you approach me nicely with a smile or something, then I say ok fine. It's your attitude, it's your approach that you come to me that I say yes or no.'* She was very clear on her position, admitting that the manner with which the student nurse approaches her determines whether she would allow or refute the student nurse's proposal to carry out invasive nursing care procedures on her. This finding is concurred by conclusions drawn by Morgan & Sanggaran (1997). They observed that although patients

could develop trusting relationships with student nurses, they sometimes feel insecure in such relationships.

4.3 DISCUSSION AND CONTEXTUALISATION OF THEMES

Considering that very little research has been done to explore the experiences of patients when nursed by student nurses in a teaching hospital, the findings of this study will provide added information into the experiences of patients when they are being nursed by student nurses in teaching hospitals. The information gained from the study is added on to the framework that was formulated after the review of literature around the phenomenon. Based on the literature review, the merging of the worlds of the student nurse and the patients in the therapeutic setting was unveiled, and the factors that interplay in the therapeutic nursing process were also explored. However, the literature search did not provide appropriate information on the experiences of the patients during the nursing therapeutic process provided by the nursing students. Based on the objectives of this study to explore these experiences, the study has provided further information to complement the framework that was formed from the review of literature.

Based on the findings of the study, the experiences of the patient vary considerably. While some patients thought that the nursing students are as good as the qualified professional nurses working in the wards others thought that the students had little to offer and should stick to the physical care part of the nursing process, leaving the invasive procedures for the professional nurses. The findings were, therefore, grouped under two principal

headings; positive perceptions of student-nurses and negative perceptions of Student-nurses. Under the positive perceptions of the student nurses, it was revealed that patients feel comfortable with student nurses and acknowledge that they perform commendable nursing services. Other positive experiences the patients had of the student nurses was that the student nurses were very supportive of their patients and are willing to be of service to patients whenever the patients would require of their services. Thirdly, the patients experienced that some of the students were skilful and competent in their nursing roles to the level that they could pass for professional nurses already.

With respect to the negative experiences encountered by the patients during a therapeutic encounter with student nurses in a teaching hospital, it was found out that some of the students who nursed the patients were not very competent with the nursing procedures that they performed. As a result of their incompetence, they left the patients hurt, disappointed and apprehensive of the nursing care provided by student nurses. A second finding that stood out in this category as revealed by the data analysis process was the fact that some patients experienced the display of poor professional behaviour and interpersonal skills by the student nurses. By this, the patients felt that they were not appropriately treated by the student nurses and thus felt neglected or that they were addressed in an inappropriate and unprofessional manner by the student nurses. Finally, due to the experience of incompetent display of nursing skills and poor professional behaviour by some student nurses, some patients developed a lack of trust in the care provided by student nurses and experience an apprehensive reception of the nursing students.

These findings have been represented in the diagram below (page 100), to complement the framework that was designed from the information obtained from the review of literature. The framework commences from the nursing education curriculum having both theoretical and practical components. The diagrammatic flow continues with the practical arm of the curriculum which entails that the student nurses take part in hospital-based training for the application of theoretical principles and a feel of the nursing profession. For this to occur, the student nurses need to bond with the patients on whom they conduct their practical skills. Through literature, the investigator identified three types of student nurse-patient relationship (mechanistic, authoritative and facilitative). While nursing care is conducted within the framework of the various relationship types, the patients gain different types of experiences during their encounters with the student nurses. This is the part that this study has attempted to provide answers to and the various experiences of the patients have been inserted in the conceptual framework to complete hypothesis. A further study that could be conducted from this study is exploring which patient experiences are associated with what nursing student- patient relationship type (mechanistic, authoritative and facilitative).

Factors affecting student-patient relationship

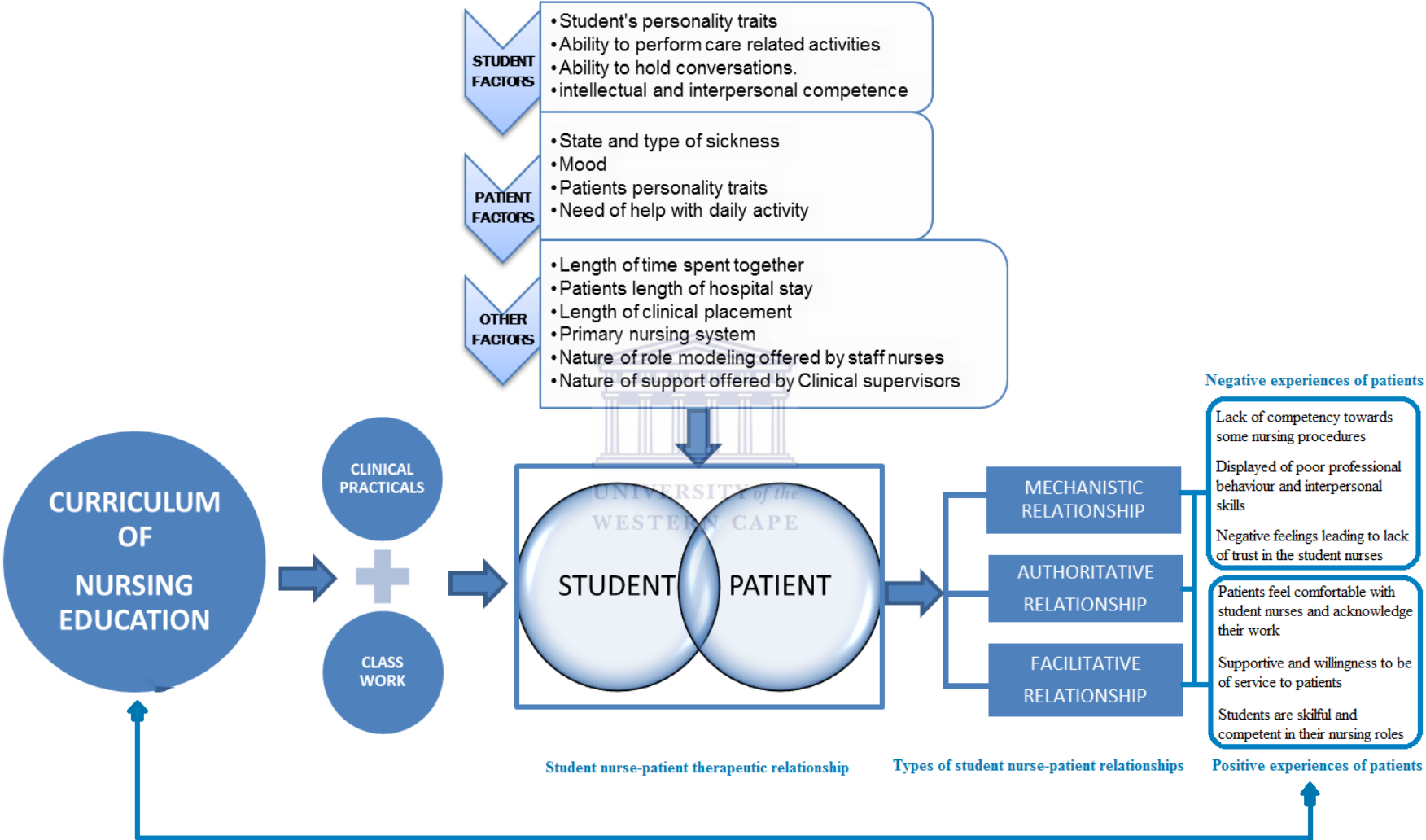


Figure 3: Conceptualization of the study findings

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4.4 LIMITATIONS OF THE STUDY

A study limitation is described as the potential weakness in a study that is usually out of the control of the research investigator(s). According to Hycner (1985), there are quite a number of limitations or criticisms that are relevant to the phenomenological research that uses the interview method of data collection. These limitations are discussed in this section including the different actions taken to minimise their effects on the study.

4.4.1 Randomisation

The lack of randomisation in the process of participant selection represents one of the greatest criticisms that quantitative-oriented investigators always forward to discredit the validity of studies conducted within the qualitative paradigm. It should be noted, however, that the phenomenological investigator is seeking to illuminate human phenomena and not, in the strictest sense, aiming to generalize the findings. Therefore, randomise selection of the participants might produce participants in the sample who are unable to articulate the experience under investigation which might, in fact, keep the investigator from fully investigating the phenomenon in the depth that it requires.

4.4.2 Generalisability

Generalisability is without any doubt one of the most important issues when it comes to quantitative research. It is, therefore, one of the most outstanding criticisms that qualitative investigators receive. In the strictest empirical sense of generalisability, the results obtained from qualitative studies such as this only apply to the participants interviewed. However,

according to Hycner (1985), by investigating the experience of one unique individual much could be learnt about the phenomenology of human being in general. Therefore, even with a limited number of participants, though the results in a strict sense may not be generalisable, they can be phenomenologically informative about human beings in general.

4.4.3 "Accuracy" of descriptions

Two main issues could be raised as criticisms related to the "accuracy" of the descriptions given by the research participants. The first one is connected to the retrospective viewpoint, and the difficulty of verbalising essentially non-verbal experiences and the other one is related to confabulation and psychological defensiveness. The criticism regarding the retrospective viewpoint of the interview participants postulates that a retrospective viewpoint is not exactly the same as getting a description from someone while an experience is actually occurring. These criticisms are based on the fact that a retrospective viewpoint is altered by time and therefore different from the original experience itself, leading to the disadvantage of verbal descriptions not being "accurate" because of distortions arising from the passage of time. This leads to the second aspect of "accuracy" of descriptions known as confabulation.

Confabulation refers to the act of participants filling in gaps in memory according to his/her later subjective viewpoint, or in a manner that he or she believes would please the interviewer. Although it is usually assumed that confabulation is done unconsciously, it always possesses an element of danger to the interview process.

4.4.4 "Subjective" influence of investigator

This is also considered one of the most common shortcomings of phenomenological research. It relates to the fact that the subjective influence of the investigator, in both the interviewing and data analysis phases influences any possibility of the investigator coming up with an objective and therefore usable data (Hycner, 1985). However, this subjective influence could be minimised by the use of the phenomenological reduction process which necessitates the use of *epoché* and bracketing during the entire research process.

4.5 CONCLUSION

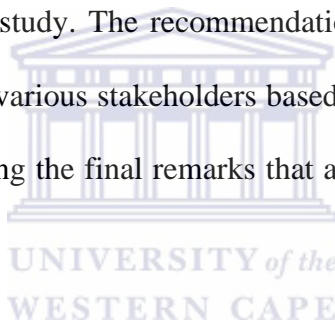
In this fourth chapter, the research findings were explored in details and supported by findings from other studies that were conducted along similar lines. The research findings were also conceptualised into the framework that was formulated from the review of literature. The final part of the chapter looked at some of the shortcomings that the study had and what the investigator did to minimise the way these shortcomings impact on the research findings.

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

This final chapter is divided into three main sections; summary, recommendations and the final conclusion. The summary provides a general idea of what the thesis is all about and the findings obtained from the study. The recommendation provides suggestions that the investigator is proposing to the various stakeholders based on the findings of the study and finally, the conclusion, containing the final remarks that are made by the investigator with respect to the thesis.



5.2 SUMMARY

Patient-centred care in contemporary nursing refers to prioritising the patient and their experience, through the process of ‘communication, discussion of treatment options, potential outcomes and possible psychological effects’ (RCN, 2013, p. 1). These are the expectations of a professional nurse practicing in the 21st century. Therefore, the mandate of Nursing Education Institutions (NEI) is to prepare and produce nurses capable of rendering nursing care that is appropriate for the health needs of the society. In order to better prepare these student nurses, they are exposed to hospital-based training in teaching hospitals for the emotional stamina and comprehensiveness in training. This need for

hospital-based exposure for nursing students in nursing education has driven nursing training institutions and other stakeholders to set aside Teaching Hospitals for clinical practice.

Patient centred care with patient participation has been hailed as the best method of patient care, producing better patient health outcome and patient satisfaction. In teaching hospitals, the nursing team comprises of both the qualified professional nurses and the nursing students who are undergoing training to become qualified professional nurses. Meanwhile a lot of studies have been conducted to explore the experiences of patients when nursed by nurses and patients' satisfaction with health care administered by nurses, very little has been done to explore the experiences of the patients when they are being nursed by nursing students. A review of literature also came up with a plethora of studies that examine the experiences of student nurses during their clinical practice, but failed to identify studies that focus on the patients in the student nurse-patient therapeutic relationship.

As a result of the relative dearth of studies exploring the experiences of patients during the student nurse-patient therapeutic encounters, the aim of the study was to explore the experiences of the patients admitted in a teaching hospital when nursed by student nurses. To achieve this aim, the investigator used the qualitative research paradigm, exploring the lived experiences of the patients through the phenomenological research design. Patients over the age of 18 who have been admitted for over 48 hours and have experienced care in the hands of student nurses were included in the study and were purposefully selected. These participants were interviewed and the interview materials transcribed and analysed.

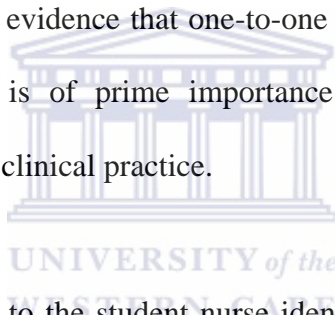
The analysis of the data was done using the thematic content analysis (TCA) which went through the stages of coding, selection of themes and categorisation of the emerging themes. Three main categories emerged after the data analysis process was completed; identification of student nurses by patients, positive perceptions of student-nurses, negative perceptions of student-nurses. Although three main categories emerged at the analysis process, the positive perceptions of student-nurses, and negative perceptions of student-nurses were the two main categories that were related to the second objective of the study; to identify patterns in the experiences of patients involved in patient care with student nurses. The findings revealed that while some patients are quite comfortable with the care provided by nursing students and would love having them around; others thought that they displayed unprofessional behaviour and incompetence thus providing a little contribution to the workforce of the hospital. This study has revealed that the experiences of the patients when nursed by student nurses vary considerably. It was discovered that the patients were pleased with the students when they performed physical nursing tasks. However, most of the negative experiences reported by the patients came when the students performed invasive nursing procedures.

The obtained findings were fitted into the conceptual framework that was designed from the exploration of related literature to obtain a tentative framework on the experiences of patients when used by student nurses. Nonetheless, further exploration is required to determine what experiences are related to which student nurse-patient interpersonal relationship that is formed during the therapeutic process.

To ensure the validity and trustworthiness of the research findings, measures were taken to ensure credibility, dependability, confirmability and transferability of the study and results.

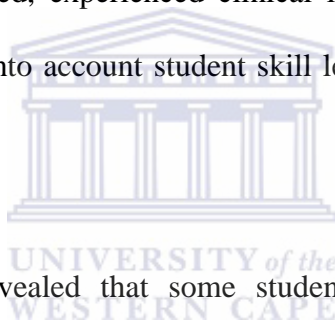
5.3 RECOMMENDATIONS

The third objective related to this study was to analyse aspects of the experiences that may need further attention for the training of student nurses. This analysis stems from the results obtained from the data analysis and interpretation processes. This objective aligns with the recommendations of the study and thus would be discussed as one. According to Warne et al. (2010), there is considerable evidence that one-to-one relationships developed between the students and the patients is of prime importance to the students' learning and professional development in the clinical practice.



From the first category relating to the student nurse identification by patients, one of the themes identified was the lack of student identification by patients. A participant expressed the concerns of only learning the identity of a student nurse after a very bad experience in the therapeutic process. A recommendation, with respect to student nurse identification is that more emphasis should be placed on proper self-introduction by the student nurses before every nursing procedure is performed on a client. Identification though could be done through the student nurse's dressing and the name tag, a more polite and professional means of identification could be done through self-introduction.

The findings of the study indicate that patients being nursed by student nurses sometimes have unpleasant and negative experiences from the therapeutic encounter with student nurses, sometimes as a result of poorly executed nursing procedures. A recommendation that could be made to this effect is that special precautions should be taken to ensure that the student–patient relationship is planned to promote both patient and student safety, especially with the performance of invasive nursing procedures. Patients in teaching hospitals are a diverse group with conditions ranging from little ailments to more complex needs. It is essential that clinical supervisors in the various wards of the teaching hospital setting be educationally prepared, experienced clinical instructors who can monitor the clinical environment and take into account student skill level and patient acuity to ensure safety of patients and students.



The findings of the study revealed that some students did not display appropriate interpersonal skills when communicating with the patients, thus leading to patients reporting instances of unpleasant experiences with the student nurses with respect to their interpersonal skills. As a recommendation, therefore, good communication skills should be emphasised to the nursing students during their nursing training particularly with regards to their interpersonal skills.

Instances of poorly executed nursing intervention procedures were reported by the patients as the origin of their bad experiences with the student nurses. These instances were mostly related to invasive nursing procedures. It is, therefore, important to identify care issues that

would benefit from performance improvement efforts and pay particular attention to them during the training of the student nurses.

5.4 FINAL CONCLUSION

Patients' experiences with student nurses in their roles during their practicum vary considerably. Some patients value the presents of students in the ward and feel that they make great contributions towards the smooth running of the nursing unit as well as towards the well-being of the patients. These were predominantly the patients who had great experience with the student nurses during their nursing care. According to the findings of the studies, the patients report that the students were very good to them, friendly, making conversations with them that would lighten up their moods. They asserted also that they felt comfortable with the technique and execution of the nursing care process by the student nurses, confirming that they see nothing wrong with them.

Conversely, other patients did not hold the student nurses in high esteem and said that they were not very good with discharging their nursing duties and are sometimes found wanting in the execution of certain nursing procedures. Consequently, their experiences are not so good ranging from boredom to extreme pain during the nursing care from students. Emanating from the bad experiences that these patients have had with student nurses, they have become sceptical when it comes to receiving nursing care from student nurses and would refuse should they have they be given the opportunity to decide.

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SAMPLE CONSENT FORM OF PATIENTS

Title:

Patients' experiences of being nursed by student nurses at Teaching Hospital in the Western Cape

I voluntarily consent to participate in the above mentioned research project.

The background, purpose, risks and benefits of the study have been explained to me. I have received an information sheet and understand the contents thereof. I also understand that I may withdraw from the study at any time without prejudice. I understand that my participation in the study will be acknowledged, although my identity and the identity of health facility will be withheld.

This research project involves making audiotapes of you. These audio tapes are important because the investigator might miss out several details during the interviewing process that might be very important. (Please tick \checkmark if you agree)

I agree to be audiotaped during my participation in this study.

I do not agree to be audiotaped during my participation in this study.

(Adapted from a sample provided by UWC, Faculty of Community and Health Science)

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: 0784467987; E-mail: mukumbang@gmail.com

INFORMATION SHEET

Project Title:

Patients' experiences of being nursed by student nurses at Teaching Hospital in the Western Cape

Description of the Research

This is a research project being conducted by Ferdinand C. Mukumbang at the University of the Western Cape. We are inviting you to participate in this research project because you were involved in nursing care offered by a nursing student during your stay in the Groote Schuur Hospital. The purpose of this research project is to contribute to the nursing body of knowledge and consequently improve on patient care when they are being nursed by student nurses.

Responsibilities

Your participation will involve taking part in a private interview for about 15 to 30 minutes. In this interview I wish to talk with you about the experiences that you had of care offered by any student nurse while you were admitted in Groote Schuur Teaching Hospital.

Would my participation in this study be kept confidential?

Everything will be done to ensure that your personal information is kept confidential. To help protect your confidentiality, all the recordings and transcriptions will be locked up in a safe drawer during the studies, and when the study is completed, the tapes as well as the transcriptions will be destroyed with the use of flames. Complete anonymity will be achieved by replacing the actual names of the research participants with code names or numbers and only the investigator could put them together. This will be achieved thus;

1. Your name will not be included on the study and the interview process;
2. A code will be placed on the interview transcripts and recordings

3. Through the use of an identification key, the investigator will be able to link your interview to your identity; and
4. Only the investigator will have access to the identification key.

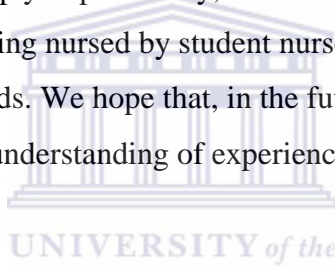
If we write a report or article about this research project, your identity will be completely protected.

Risks of this research

There may be some risks from participating in this research study. Because we are reviewing your experiences, it may bring back memories that were unpleasant or emotionally hurtful. These might include fear, embarrassments, etc.

Benefits of this research

This research is not designed to help you personally, but the results may help the investigator learn more about experiences of being nursed by student nurses so as to make recommendations for better practical exposure methods. We hope that, in the future, other people might benefit from this study through improved understanding of experiences of being involved in clinical practice with student nurses.



Describe the anticipated benefits to science or society expected from the research, if any.

The findings of this study will contribute in enhancing patient care especially those who are being used for clinical training of nursing students both in non-teaching hospitals as well as in teaching hospitals.

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.

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

Yes, assistance in the form of counselling will be available if negatively affected by participating in this study? This assistance will be offered and paid for by the principal investigator and would be a registered psychologist from the Groote Schuur Hospital.

This research is being conducted by Ferdinand C. Mukumbang, School of Nursing, at the University of the Western Cape. If you have any questions about the research study itself, please contact Ferdinand Mukumbang at: mukumbang@gmail.com.

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: Professor Karen Jooste (Acting)

Dean of the Faculty of Community and Health Sciences: Professor Hester Klopper (0219592632)

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 3

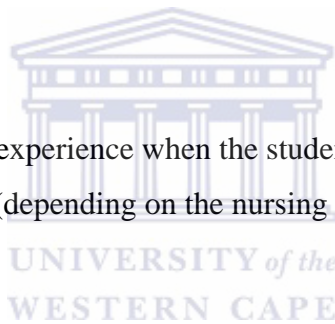
DATA COLLECTION TOOL

Introductory question:

- Have you even been used for student practice and/or evaluation?
- Explain how you could identify that you were being nursed by a student nurse
- Please describe the nature of the procedure that the student performed of you

Main Question:

Could you please describe your experience when the student nurse was performing the injection administration on you (depending on the nursing care identified)?



Probing Question:

These questions will be asked to probe deeper during the interviewing process.

- So what happened?
- What were your thoughts then?
- How did that make you feel?
- What did you decide then?