

**CLINICAL SUPERVISORS' EXPERIENCE OF SUPERVISING
NURSING STUDENTS FROM A HIGHER EDUCATION INSTITUTION
IN THE WESTERN CAPE**

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A mini-thesis submitted in fulfillment of the requirements for
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ABSTRACT

Nursing students' clinical abilities are highly dependent on the quality of the clinical experience obtained, while placed in the clinical environment. The clinical environment has key role players, which include the clinical supervisor. The primary role of the clinical supervisor is to guide nursing students to become best practice nursing professionals. However, globally, literature alludes to the failure of educating institutions to deliver competent nursing professionals, to meet the needs of patients and deliver quality patient care. Anecdotal evidence at the participating university indicated the possibility that various factors such as high student supervisor ratio and increased workload for clinical supervisors may impact on the ability of the supervisors to function effectively in the clinical settings. At the participating university, this may have been due to various factors, such as large student numbers, as well as social and environmental challenges experienced by the clinical supervisors.

The aim of this study was to explore and describe the lived experiences of clinical supervisors, who supervise nursing students at a higher education institution. The study employed a qualitative research approach, utilizing a descriptive phenomenological design. Purposive sampling was used to select eight (8) participants, who were all clinical supervisors of first and second-year nursing students at the HEI (Higher Education Institution) under study. Data was collected by means of in-depth interviews and analysed, using Tesch's method of data analysis.

The five (5) major themes identified, focused on the experiences of clinical supervisors regarding: time as a constraint to job productivity; the impact of the organisational culture on the fluidity of support; limited resources; interpersonal relationships as a dynamic communication process; and impact on the self.

In this study, participants focused on their experience of clinical supervision as it related to time, the organisational culture, resources and the impact of the experience on the self.

The researcher based on the findings concluded that clinical supervisors are generally satisfied with their jobs and they love the teaching role that they portray. They are unhappy

with the circumstances, that they experiencing as challenging in which they must do their clinical supervisor job.

KEY WORDS

Clinical supervision

Clinical supervisors

Clinical placements

Nursing students

Experiences of clinical supervisors



LIST OF ABBREVIATIONS

CHE: Council of Higher Education

HEI: Higher Education Institution

HWA: Health Workforce Australia

NEI: Nursing Education Institution

RN: Registered Nurse

SANC: South African Nursing Council

SCE: Supervisor of Clinical Education

SoN: School of Nursing

UWC: University of the Western Cape

USA: United States of America



DECLARATION

I declare that "*Clinical supervisors' experience of supervising nursing students from a higher education institution in the Western Cape*" is my own work, that it has not been submitted for any other degree or examination at any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

UNIVERSITY of the
WESTERN CAPE

Name: Janine Magerman

Date: November 2015

Signed:



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I want to give all Praise and Thanks to my Heavenly Father. Without Him none of this would have been possible.

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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1. Introduction

Clinical supervision by clinical supervisors forms an integral part of the nursing education process during which clinical accompaniment of students takes place. Effective and efficient clinical accompaniment can be regarded as the means of achieving the aim of integrating theory and practice in nursing education (Beukes & Nolte, 2013). Kaphagawani and Useh (2013) assert that learning in the clinical practice is an important component of nursing education, considering that nursing is a practice-based profession, meaning that nursing is a caring profession that is dependent on expert knowledge and skills.

Clinical experience remains the foundation of practice disciplines, such as nursing (Dutile, Wright & Beauchesne, 2011). The supervision of clinical practice, as part of the educational preparation for nursing registration, is, therefore, a key consideration for nursing programmes (Henderson & Tyler, 2011), as the outcome of a nursing student's clinical abilities is highly dependent on the quality of clinical experience received, while placed in the clinical environment. The relationship between the student and the clinical supervisor is also very important. The role that the clinical supervisor plays in the clinical experience of the nursing student is mainly to guide the nursing student to become a best practice nursing professional.

1.2. Background and rationale for the study

In order to understand the context of nursing in South Africa, the researcher provides a global overview of nurse training, followed by an exposition of nurse training in South Africa.

1.2.1. Nurse training globally

Nursing and midwifery education, globally, is not only offered in university settings, but also in clinical environments (Jeong, Hickey, Hoffman, Norton, Noble, Pich, ... & Davidson, 2013). However, countries differ on the number of study years required to become a registered nurse, as well as on the types of nursing programmes offered.

In Australia, undergraduate nursing education for registered nurses involves three years of full time study in an accredited degree programme. Clinical learning has formed an integral component of nursing programmes since 1985, when the registered nurse education became part of the higher education sector in Australia (Walker, Dwyer, Moxham, Broadbent & Sander, 2013). Prior to the move, nurses in Australia were educated in an apprenticeship-styled nursing training model that was, according to Knight (2012), a combination of paid employment, on the job and institutional training. The history of nurse education is strongly grounded in the apprenticeship-styled training (Jackson, Daly, Mannix, Potgieter & Cleary, 2013).

Ireland, as well as North America, follows a four year degree programme for undergraduate nursing training and education for registered nurses, which comprises both theoretical and clinical components (Spurr, Bally & Ferguson, 2010; Deasy, Doody & Tuohy, 2011). In Europe, the Sweden nursing education became an academic programme in 1993 and involved a three year degree programme, comprising both theoretical and clinical education. Although universities in Sweden are free to decide the specific content of the programme, there are nationally regulated qualification descriptors (Kristofferzon, Mårtensson, Mamhidir & Löfmark, 2013) that regulate and guide the programme. Norway, on the other hand, follows a three year undergraduate nurse education programme and clinical practice constitutes 50 % of the total three year course content. To enhance the nursing education programme in Norway, the student nurses are provided with clinical supervision, which is offered during the clinical part of the student nurses' education, in order to reinforce practical knowledge with the development of critical reflection and problem solving strategies (Severinsson & Sand, 2010).

Nursing education's progression to higher education institutions in many countries, globally, as well as changes in health care delivery, has encouraged a critical review of the way nursing students are prepared to meet contemporary health care challenges (Chuan & Barnett, 2012). Optimising the value of the clinical practicum component of the nursing education programme becomes essential with these shifts in the educational preparation of nursing students (Henderson & Tyler, 2011).

1.2.2. Nurse education and training in South Africa

The training of nursing students, leading to registration as a nurse (general, psychiatric and community) and midwife in South Africa is regulated by the South African Nursing Council (SANC), according to regulation 425 (Council, S. A. N., Regulation 425 of 1985).

Nurse education and training programmes are offered at a University, leading to the attainment of a Baccalaureate degree, and at a College of Nursing, leading to the attainment of a Diploma in Nursing (Martin, 2013). The duration of the nursing programme is four academic years. All nursing education and training programmes in South Africa, together with their curricula, are approved by the SANC. Nurse education and training at higher education institutions must also be approved by the Council of Higher Education (CHE). The accreditation of clinical sites for student nurse training is conducted by the SANC and the CHE.

Clinical practice commences from the first year of the training programme. While higher education institutions may offer degree programmes that total 480 credits or more, 70% of the clinical learning hours have to be supervised and mentored. The period of clinical placement for the degree programme differs from that of the diploma programme in South Africa. Students following the diploma nursing programme, spend a block period in the clinical area, which means that diploma students would be placed at the clinical placement for a certain period of time (e.g. two months) to integrate theory with practice and gain clinical experience. Students following the degree programme are placed in the clinical settings weekly, for one to three days, depending on the year of study. The implications of these differences in the length of placement periods are; diploma students are perceived to be better equipped, in terms of clinical competencies, compared to the degree students, who, in turn, are generally perceived to be theoretically better equipped, than the diploma student. Mtshali and Khanyile (2001) conducted a study in South Africa aimed at establishing how the educational preparation from two different programmes (basic degree and basic diploma) influenced students' ethical development. These authors assert that the students in the diploma programme were based in a hospital throughout their course, and therefore had more time in the ward environment, compared with the degree

students, who had less exposure in the ward environment, due the limited time allocated to degree students for clinical experience .

1.2.3.Nursing degree programme at the selected higher education institution

The competency-based model,in which the core clinical competencies form the main focus,was adopted for the four-year nursing degree programme at the institution under study, and is used for clinical teaching and learning (Bimray,Le Roux & Fakude, 2013). Competency-based education is outcomes-based instruction and it describes the student's ability to apply knowledge, skills and behaviours in situations encountered in everyday life (Harerimana & De Beer, 2013).

During the first year of study, nursing students are taught fundamental knowledge pertaining to nursing. According to Uys (2003), there are certain core nursing activities that remain important, whatever specialisation area a nurse may pursue. Fundamental knowledge refers to a sound understanding of the essence and foundations of nursing (UWC, Nursing course guide, 2015). First year nursing students are expected to demonstrate competence in the following basic needs pertaining to patients: hygiene, nutrition, elimination, internal homeostasis, asepsis and infection, and terminal care. The clinical components pertaining to these basic needs includes: bed-making, positioning of bed-ridden patients, skin care, bed bath or full wash of a patient, measuring intake and output, offering of a bedpan or urinal, measuring body temperature, wound care and taking care of the dying patient.

In the second year of study, the focus is on the acquisition of knowledge, skills and attitude in general nursing, and students should be able to comprehensively manage patients, apply the scientific principles of nursing in the comprehensive management of illness at primary, secondary and tertiary levels. Second year nursing students must also be able to integrate the relevant ethical-legal principles in the management of patients with illness (UWC, Nursing course guide, 2015). The second year of study is a progression from the first year, in the sense that it focuses on actual disease conditions and their management. The clinical component for second year level students include, history taking of patients, administration of medications via different routes, different assessments of illnesses, e.g., neurological assessments and cardiac function. Other

clinical procedures include removal of sutures and clips from patients, as well as applying accurate emergency care in different types of emergency situations.

In the third year of the programme, the focus of training is on midwifery, community nursing and child health nursing, and in the fourth year, the focus is on psychiatric nursing. Throughout the four years of study, student nurses develop competencies, related to the specific specialisations, in a simulated environment, namely, the skills laboratory and the clinical placement setting. The clinical competencies, spread across the four year levels, as part of the Bachelor of nursing degree programme, include communication, assessment and care. These competencies facilitate the integration of knowledge, skills and attitudes/values, needed to effectively function in the clinical environment (Bimray, Le Roux & Fakude, 2013).

The higher education system in South Africa has changed over the last decade, in terms of its size, shape, the nature of the provision of, and the models of the delivery of, nurse education and training (Daniels & Khanyile, 2013). An effect of these changes led to the implementation of a decision made by the Minister of Education at the time, Mr Kader Asmal, that the University of the Western Cape and the Cape Peninsula University of Technology would be the only two institutions offering undergraduate nursing programmes in the Western Cape. This decision resulted in an increase in student numbers, which posed challenges.

These challenges were outlined by Bimray et al. (2013) in a study that explored the challenges posed by the HEI (Higher Education Institution) due to the increased number of nursing students. These challenges included: the need for more clinical learning sites to accommodate the large student numbers; and the need for more clinical supervisors to supervise the students at the clinical learning sites (Bimray et al., 2013). Clinical supervisors were further challenged by having to utilize their own transport in the performance of their duties, to meet students at the clinical settings (UWC, Annual Report, 2014/2015). Clinical supervisors are registered nurses, who obtained qualifications in basic nursing degrees or diplomas, with or without a post graduate degree or post diploma certificate. It is also reported in the 2014/2015 Annual Report of the School of Nursing (UWC, Annual Report, 2014/2015), that clinical supervisors experienced their workload as unmanageable, and were not able to spend enough time

facilitating the teaching of students at the bedside, as a result of the high students-supervisor ratio.

Clinical supervisors are employed by the HEI to assist students in the application of knowledge, skills and attitude in real life situations. The clinical supervisors are assigned to each of the four year-level groups and clinical learning activities are coordinated by a year-level clinical coordinator. The clinical coordinator is a lecturer, whose role it is to oversee and quality assure the smooth running of clinical matters involving each specific group.

As stated in the 2014/2015 Annual Report of the School of Nursing (UWC, 2014/2015), a total of 33 clinical supervisors are employed at the institution. In 2014, a total number of eight hundred and fifty nine (859) undergraduate students were enrolled at the School of Nursing. The total number of undergraduate nursing students, per year level, for the period of 2014 was as follows: in fourth year, 172 students; third year, 161 students; second year, 276 students; and first year, 250 students. The total number of clinical supervisors allocated per year level for 2015 was: seven(7) fourth year level supervisors; nine(9) third year; and thirteen(13) supervisors responsible for supervising both first and second year level students, as the focus of both first and second year is on general nursing competencies. The total number of first and second year students for the year 2014 was 526; therefore, the student-clinical supervisor ratio was, approximately, one (1) clinical supervisor per forty (40) students.

The clinical supervisor's role and function is to ensure that students integrate theory with practice in the clinical setting. They are exclusively allocated to a certain number of nursing students, as per the students' academic timetables, and they are responsible for the daily supervision of bed-side nursing and support the students in practical nursing skills (Fakude, Le Roux, Daniels, & Scheepers, 2014). Clinical supervisors duties include: conducting lectures, demonstrations, facilitating guided practice, assessing and evaluating the competence level of students on clinical skills (Jeggels, Traut & Kwast, 2010).

As previously mentioned, during the first two years of the training course, student nurses are trained in general nursing. In the first year of study, students are taught the

fundamental knowledge relating to nursing (Buthelezi, 2014) and are placed in general medical and surgical hospital wards, one day per week for clinical learning. Second year students are placed in clinical settings for two days per week. The clinical settings include, community health centres, hospital wards, such as medical, surgical, paediatric, urology, orthopaedic and oncology, as well as operating theatres of emergency and trauma units.

First year students complete a compulsory orientation period at the clinical skills laboratory, under the guidance of clinical supervisors, prior to placement in clinical placement sites, which commences in the second term. Clinical supervisors are required to assist the first year nursing students with various nursing procedures, namely, adult and baby bed baths, amongst others, in the clinical skills laboratory. Due to the high student numbers, the clinical supervisors have scheduled sessions with different groups. From the second term on, the first year students are accompanied by the clinical supervisors to the clinical settings. The clinical supervisors supervise the students in the clinical setting on their assigned days.

The second year group of students are divided into two (2) groups, also due to the high number of students. The second year nursing students spend two (days) in the clinical setting and are accompanied by the clinical supervisors. Third and fourth year nursing students are supervised by designated groups of clinical supervisors, who specialise in the specific area of expertise.

When the students are placed in the clinical setting, they are also supervised by the clinical staff employed at the clinical settings, as clinical supervisors are only able to supervise students for a certain allocated amount of time. The reason for this is that clinical supervisors have a number of students, placed in different clinical settings, whom they are required to supervise.

1.3. Job description of clinical supervisors at the institution under study

Jooste (UWC, 2015, The role of the Clinical Sup.), who is also the director of the School of Nursing (UWC), outlined the following as the key functions of clinical supervisors employed at the institution: supervision, accompaniment and clinical teaching of nursing students.

1.3.1. Supervision of students

Clinical supervisors must be able to facilitate clinical learning in simulated, as well as in real service settings. The supervisor should ensure that the student can combine theory with practice. The clinical learning needs of the student have to be identified and addressed, and full record-keeping of all activities should be maintained, to be submitted as required. The clinical supervisor should work as a team member, who may be on different year levels, which may change depending of the needs in the SoN (School of Nursing) and the university.

1.3.2. Accompaniment of students and clinical teaching of nursing students

During clinical supervision, the clinical supervisor should vigilantly identify teachable moments and utilize them optimally, to stimulate critical thinking, while being accessible to the student at all times. Clinical supervisors are also expected to participate in the development of teaching and learning material at the institution, conduct clinical assessments of students, and where expected to, participate in the School of Nursing activities (namely, attend meetings), as well as act as role model to students at all times.

Anecdotal evidence suggests that clinical supervisors are continuously under pressure, completing compulsory procedures, to meet the university's deadlines. The focus, therefore, of clinical supervisors and students, is on completion of the clinical procedure, rather than on the students' ability to master the procedure. A study by Rafiee, Moattari, Nikbakht, Kojuri & Mousavinasab (2014) explored the problems and challenges of clinical supervision, as experienced by nursing students, and concluded in their findings that the clinical instructors, who used most of their time in clinical teaching, complained about the limited time for clinical evaluation. These clinical instructors did not have time to identify the students' clinical competencies. As a result, students appeared to adopt a surface approach to learning and focused mainly on preparing for the assessment itself, instead of becoming competent in mastering the procedure.

At the University of the Western Cape School of Nursing, there has been a gradual increase in the student-supervisor ratio. According to the Annual Report (UWC, Annual Report, 2014/2015), in 2013 the student-supervisor ratio increased to more than 1:35,

from the previous year's 1:30. This increase resulted in clinical supervisors focusing primarily on completing formative clinical assessments, rather than providing clinical skills development support to students. Clinical supervisors reported experiencing their workload as being less manageable and that they were unable to spend time facilitating learning at the bedside(UWC,Annual Report, 2014/15).

The researcher was a clinical supervisor,for a period of three years,at the institution under study, prior to her resignation. She experienced challenges relating to her work environment, which resonated with those of her colleagues, who reported similar experiences. These challenges had a direct impact on her work as a clinical supervisor. Some of the challenges identified in the working environment included, but are not limited to: the salary was not competitive with the rest of the health sector; clinical supervisors were expected to travel far distancesbetween health facilities in the Metropole regionto supervise students, using their own transport with no compensation for their travels; clinical supervisors were not based at the university and were, therefore, not allocated office space to complete administrative tasks, when they conducted skills laboratory sessions with students on the university campus; most clinical supervisors were employed in contract posts and, therefore, did not experience job security; advertisements for clinical supervisors attracted staff, who were retired or were motivated to study, therefore, acceptance of job offersmay have been based on their own needs and not the desire to work as a supervisor. This situation resulted in a rapid turnover of staff and vacant posts were either not filled, or eliminated, which is reflected in the Annual Report (UWC, Annual Report, 2014/2015) by the following statement: *“Five (5) less clinical supervisors were in the staffing pool from the previous year of thirty eight³⁸, indicating a decrease in these posts over the last two years. In the past, the norm of the number of clinical supervisors in the School has been forty (40)”* The student load, therefore, had to be dispersed among the remaining staff.

Prevailing clinical supervisors were orientating new staff members on a monthly basis and there was no continuity of teaching. Negative attitudes and behaviours of students further compounded the clinical supervisors' distress, as nursing is a profession that is dominated by a hierarchical system. Students were perceived as disrespectful when they asserted themselves or questioned authority. These challenges experienced by

clinical supervisors may also have had a direct effect on the student's clinical learning process.

While there is a support service at the HEI, these support services are for the student population. Quarterly clinical meetings are held at the School of Nursing, where clinical supervisors could address their challenges experienced. Board meetings are also held quarterly, but few clinical supervisors attend those meetings, as they have students to attend to in the clinical settings.

A study by Donough (2014) focused on the students' experiences of clinical supervision at the selected university and recommended, based on the findings, the need to explore the clinical supervisors' experience of supervision.

1.4. Problem Statement

Clinical supervision has been identified as important in nurse education and training, to ensure that the integration of theory and practice takes place, in order to produce competent nurses. However, the high student/clinical supervisor ratio, as well as anecdotal evidence regarding the challenges experienced by clinical supervisors at the institution under study, could lead to clinical supervisors experiencing burn out, which could, in turn, compromise the productivity of clinical supervisors. These challenges experienced by clinical supervisors in this context, together with empirical recommendations made, suggest that it is imperative to study the experiences of supervisors, who supervise nursing students in a clinical setting

1.5. Aim

The aim of the study is to explore the experiences of clinical supervisors, who supervise nursing students from a higher education institution.

1.6. Significance of the study

This study may serve as baseline data to understanding the experiences of clinical supervisors, who supervise nursing students at a higher education institution. Once these experiences are understood, it may be possible to develop strategies to ensure that clinical supervisors be supported in overcoming challenges, which may negatively affect their clinical supervision experience. The study is significant, as it may enhance the clinical experience of supervisors working at the educational institutions, by addressing and possibly ensuring

positive resolutions to the challenges currently experienced by clinical supervisors. It may benefit the clinical supervisors (possibly ensuring good supervisory roles), as well as the nursing student, who will receive quality clinical accompaniment. It may also, possibly, enhance a positive learning environment for students in the clinical learning environment.

Exploring the clinical supervisor's experiences, with regards to the clinical supervision of undergraduate nursing students, may influence policy around effective clinical supervision. Having policies to adhere to, may encourage clinical supervisors to render appropriate and holistic clinical supervision, to assist undergraduate nursing students to accomplish their clinical competencies and become skilful professionals.

1.7.Operational Definitions

For the purposes of this study, the following terms are used as defined below:

Clinical supervision: means assistance, support and guidance, extended to nursing students in the clinical setting, by a professional nurse or midwife, employed by the higher educational institution (S. A.Nursing Act No. 33, 2005). In this study, clinical supervision means assistance, support and guidance extended to first and second year nursing students, in the clinical setting by a professional nurse or midwife, employed by the Higher Education Institution.

Clinical supervisor: is a professional nurse, who is qualified and competent to independently practise comprehensive nursing, in the manner and to the level prescribed, who is capable of assuming responsibility and accountability for such practice (S. A.Nursing Act 33, 2005), and who is employed to mentor, monitor, teach, provide feedback and assess nursing students, during clinical placement (Trede, McEwen, Kenny & O'Meara, 2013). In this study, a clinical supervisor is a professional nurse (as defined by the SANC) who is employed by the HEI to teach and supervise first and second-year-level nursing students during clinical placement.

Nursing student: is a person, who is registered, in terms of section 32 of the Nursing Act of The South African Nursing Council, at a higher education institution, where the study will take place towards a four year Bachelor of Nursing Degree (S. A. Nursing Act No. 33, 2005). In this study a 'nursing student' refers to first and second year nursing students,

registered at the Higher Education Institution, who are conducting practical training in the clinical setting towards the completion of the Bachelor of Nursing degree.

Clinical placement: means the period spent by a learner in clinical and other experiential learning sites to ensure that the purpose of the programme is achieved (S. A. Nursing Act 33, 2005). In this study 'clinical placement' refers to the specified general hospital, clinic or Community Health Centre where students are placed to obtain the clinical learning requirements for the Bachelor of Nursing programme.

Experience: refers to knowledge or skill gained through being involved in or exposed to something over a period of time (Dictionary, O. E., 2012). In this study experience refers to all factors (physical, social and psychological) experienced by clinical supervisors, who supervise first and second year nursing students at the institution under study.

Clinical skills laboratory: is a well-equipped simulated nursing environment for learners of health care professions, where the use of equipment, similar to a hospital environment (with beds, technical apparatus, audio-visual learning equipment) and computer-aided instruction are employed for learners to learn nursing skills by practising on one another or on mannequins (Callara & Callara, 2008). In this study the clinical skills laboratory is a safe, simulated setting, similar to a hospital setting that is situated on the premises of the institution under study, where nursing students can practice and acquire the necessary clinical skills.

Higher Education Institution: is also known as a university. A university is described as an institution that provides higher education on a full-time, part time or distance basis, which has been merged, established, declared or registered as a higher education institution under the Higher Education Act (South Africa, 1997). In this study this refers to the participating University in the Western Cape of South Africa, which offers the Nursing Degree for nurse education and training on a full time basis.

1.8. Research design and methodology

The study employed a qualitative approach, utilizing the descriptive phenomenological design, to explore the clinical supervisor's experiences of supervising nursing students. The purpose of the phenomenological design in this study was to identify the experiences of the clinical supervisors, in supervising nursing students. The research design and methodology for this study is explained, in detail, in Chapter Three of this thesis.

1.9.Data analysis

Data, obtained for the use of this study, was analysed using Tesch's method of data analysis. A more detailed description of the data analysis process is outlined in Chapter Four of this thesis.

1.10.Outline of the study

The chapter sequence of this thesis is as follows:

Chapter One gives an introduction to all the chapters in the study. A detailed description of the Research site, as well as the objects of the study is given. The purpose of the study and an overview of the nursing education and training globally and nationally is provided.

Chapter Two discusses empirical and theoretical literature of concepts related to clinical supervision of nursing students in the clinical setting. It also discusses the role of clinical supervisors, and the experiences of clinical supervisors, who supervise nursing students in the clinical settings.

Chapter Three introduces the research approach and methodology to achieve the aim of this research study. Details of the study design, sampling method, data collection method, and data analysis is presented, as well as a description of the measures to be taken to ensure the trustworthiness of the research.

Chapter Four presents and discusses the research findings of this research study. A summary of the themes that emerged from the data analysis is presented in this chapter.

Chapter Five provides the conclusion of this research study, the researcher's recommendations and suggestions for further research.

1.11. Conclusion

This chapter outlined the background to, as well as the aim and the significance of the study. Key concepts relating to this study were described and defined. The research methodology and design of this thesis was briefly presented.

Chapter Two discusses the literature review on the experiences of clinical supervision by clinical supervisors.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter is a review of the empirical and theoretical literature on the concepts of the experiences of clinical supervisors, who supervise nursing students, as well as a discussion on the findings of similar studies that were conducted. While there is a substantial body of literature regarding the nursing students' experiences of clinical supervision, there is, on the other hand, a paucity of literature that discusses the experiences of clinical supervisors, who supervise nursing students.

At the institution under study, no study has yet been done, solely, on the experiences of clinical supervisors, who supervise nursing students. Two studies that were conducted, at the institution under study, by Daniels, Linda, Bimray and Sharps (2014) and Fakude et al. (2014), inadvertently reported some of the experiences of clinical supervisors, however, from a different perspective. Daniels et al. (2014) aimed to determine the effect of the increase in nursing student enrolment on health care service delivery in the Western Cape of South Africa, while Fakude et al. (2014) aimed to explore the experiences of the lecturers, clinical supervisors and students, regarding teaching and learning in large classes. Both of these studies conclude by indicating that the increased student numbers at the higher education institution had some indirect and direct adverse effects on service delivery, in terms of the undergraduate nursing student. These adverse effects included the observations of clinical supervisors that the increased number of students resulted in insufficient learning space and opportunities for the students, meaning that the placement of large numbers of students at clinical facilities prevented them from having enough opportunities to learn, during their clinical placement.

The literature search included the following computer-assisted data-based bibliographies: Google Scholar, PubMed, Ebscohost, CINAHL (Cumulative Index to Nursing and Allied Health Literature), MEDLINE (Medical Literature Online). Periodicals, journals and different monographs (pamphlets and books) were also reviewed. Both South African and international

publications were searched and the key words included: Clinical supervision, clinical supervisors, clinical placements, nursing students and experiences of clinical supervisors.

The literature review revealed a considerable amount of literature on the above-mentioned concepts. Most of the studies found were on the student's experience of the clinical learning environment, the different models of clinical supervision, the clinical learning environment and how to promote learning in the clinical learning environment.

2.2. Clinical supervision of nursing students in the clinical setting

In this section clinical supervision will be clarified and other concepts, namely mentoring, preceptorship, clinical accompaniment and clinical facilitation will be defined to give clarity to their conceptualisation within the role of the clinical supervisor in the clinical setting. The differences and similarities between these concepts and clinical supervision will be alluded to.

2.2.1. The concept of clinical supervision

Lyth (2000) conducted a conceptual analysis of the concept of clinical supervision in the United Kingdom. This researcher concluded that clinical supervision could be defined as a support mechanism for practising professionals, in which they can share clinical, organizational, developmental and emotional experiences with another professional in a secure environment, to enhance knowledge and skills. Sanderson and Lea, (2012) described clinical supervision as the process of providing support and teaching for nursing students, who are generally scattered in 3-4 clinical areas in the hospital, and who are partnered alongside a registered nurse in the ward. Both these authors allude to the role of the registered nurse in a supportive environment.

The form and function of clinical supervision was defined by Milne (2007), cited in Pearce, Phillips, Dawson & Leggat (2013), as the formal provision, by senior/qualified health practitioners, of intensive relationship-based education training that is case-focused and supports, directs and guides the work of colleagues-supervisees. This training should also address the supervision functions of quality control, maintain and facilitate the supervisee's competence and capability, and help supervisees to work effectively. It is important understand the key role of the clinical supervisors that is

portrayed in this definition, as it defines the form and function of clinical supervision. Brown, Stevens and Kermode (2012), conducted a study in Australia, with the aim to develop an understanding of the role of clinical supervisors/teachers, in the process of professional socialisation of student nurses, as expressed/perceived by clinical teachers and newly graduated registered nurses. They state as part of their conclusion that the clinical teachers/supervisors are instrumental in the socialisation of student nurses and also act as significant role models for student nurses.

The benefits of clinical supervision include: human to human interaction between (as in the case of the nursing profession) a novice and an expert; communication, which is a vital aspect to initiate learning among individuals and enables the third benefit; role modelling, which is also a vital aspect in the process of teaching and learning.

Clinical supervision can, therefore, be defined as a process involving the exchange of knowledge and skill between the clinical supervisor, who is the expert, and the supervisee (nursing student), who is the novice. This is accomplished by means of consistent and constructive guidance, support, role modelling and facilitation of the skills and knowledge pertaining to the field of practice by the supervisor/expert. The ultimate aim would be, to enable the novice to become a competent and effective professional.

2.3. Clinical supervision and related concepts

Clinical supervision is not the only approach to nursing training; however, it offers an orientation to competence, as well as an approach to training that clearly focuses on competence development, and offers processes to support growth throughout professional development (Falender & Shafranske, 2012). It is important to realise that, although clinical learning is comprised of many elements (such as the clinical learning environment, as well as the different teaching models and strategies used) supervision is indeed a very important factor in clinical learning for nursing students, as it helps them to bridge the information received in the class room and in the clinical environment.

Many different concepts have been used to describe clinical supervision; therefore, the following concepts will be defined to depict the similarities and differences in relation to clinical supervision.

2.3.1. Mentoring

Mentoring, as asserted by Grossman (2013), is a relationship between an experienced and less experienced individual. This author further elaborates that the mentoring process is generally thought of as a relationship of two people; one the mentee, who is an inexperienced person, and the other, the mentor, who is a successful leader in the mentee's professional area. According to Grossman (2013), the role of the mentor, in relation to the mentee, includes: advising, teaching, coaching, role modelling and connecting the mentee to significant networks.

Jokelainen, Turunen, Tossavainen, Jamookeah and Coco (2011) conducted a systematic review study in Europe. The purpose of their study was to develop and provide a unified understanding of student mentoring, in the context of clinical nursing placements, implemented by nursing professionals. They presented their findings in two themes, namely, i) facilitating students learning in clinical placements, and ii) strengthening students' professionalism. Mentoring, according to these authors, was perceived as the work of a mentor-clinical nurse, who supervises, teaches and assesses student nurses in placements, during their clinical practice period.

It could, therefore, be concluded that mentorship is a system of practical training and guidance, provided by competent mentors, with the aim to develop mentees, capable of delivering high quality clinical care.

2.3.2. Preceptorship

Preceptorship refers to 'an individualized period of support under guidance of an experienced clinical practitioner which attempts to ease transition into professional practice or socialization into a new role' (United Kingdom Department of Health, 2009). According to Happel (2009) and Yonge, Billay, Myrick & Luhanga (2007), preceptorship is defined as the teaching-learning relationship between the skilled professional and the student nurse to improve the professional development of the student nurse. Preceptorship is also described as a formal one-to-one relationship

between a nursing student and a registered nurse that extends over a pre-determined length of time (Sedgwick & Harris, 2012).

Preceptorship can, therefore, be defined as the professional relationship between a skilled professional and a student, with the role of the skilled professional being, to role-model and act the skilled and ethically correct behaviour, related to the particular profession, to the student, during the assigned period.

2.3.3. Clinical accompaniment

Clinical accompaniment, according to SANC (2012), is a structured process offered by a nursing education institution to facilitate, assist and support student nurse education in a clinical facility.

2.3.4. Clinical facilitation

Schweer (1972), cited in White and Ewan (2013), asserts that clinical facilitation is the vehicle that provides students with the opportunity to translate basic theoretical knowledge into the learning of a variety of intellectual and psychomotor skills, needed to provide patient centred quality nursing care. Sanderson and Lea (2012), on the other hand, describes clinical facilitation as providing support and teaching for nursing students, who are generally scattered in 3-4 clinical areas in the hospital, and who are partnered alongside a registered nurse in the ward. A clinical facilitator can be defined as a registered nurse clinician, employed on a sessional basis, by the university or seconded from a health care agency for the duration of the student's clinical placement on a ratio of 1:8 (Sanderson & Lea, 2012).

Lambert and Glacken (2005) conducted a literature review study in Ireland, with the aim to present a broad overview of former and existing clinical support personnel, to explore the concept of facilitation, and examine what is known about the role of the clinical education facilitator. These authors assert that the concept of clinical facilitation appears abstract, and that different interpretations of the concept embrace elements, such as teaching, supervision, empowering, self-direction, enabling, resource provision, critical reflection, goal attainment, quality, research, change, empathy, respect, trust, negotiation and participation. According to Lambert and Glacken (2005), clinical facilitation is, predominately, portrayed as a process.

2.3.5. Coaching

Coaching can be defined as the interactive, interpersonal processes that involve the acquisition of appropriate skills, actions and abilities that form the basis of professional practice (Morton-Cooper & Palmer, 1993). The coach is described as someone who assists the student with personal progress in the clinical placement/setting and provides a safe environment for student learning (Laurie Grealish, 2000).

Hawkins (2013) developed a five-stage CLEAR Model of coaching. These five stages include: contract, listen, explore, action and review. To describe the concept of coaching, Hawkins (2013) describes the five stages as follows:

- The first step is to establish a *contract* between the coach and the client, with regard to the client's desired outcomes;
- The coach then makes use of active *listening* skills and catalytic interventions in order to help the client to develop his/her own understanding of the situation, in which they want to affect a difference;
- Next the coach *explores* with the client to create different options for handling the situation;
- Action is taken when the client chooses a way forward and agrees to the initial steps; and
- Finally, the actions that have been agreed upon and the processes involved to get to the actions are *reviewed*.

2.3.6. Synopses of the different terms and clinical supervision

The similarities among these terms that discuss the accompaniment of nursing students include:

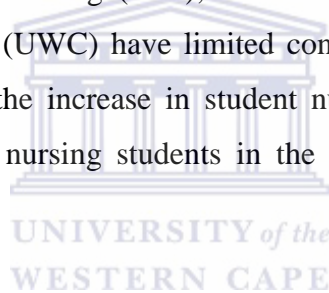
- there is a relationship between two or more people;
- there is a process to follow;
- there is a focus on the development of a skilled professional, who will be able to significantly contribute towards the health working system of a given country, using the skills obtained, while still a novice;

- there is human-to-human interaction and not computerised interaction, for example; and
- they all function under the role of a registered professional nurse, and not, for example, a student that is on a higher level (year level).

This last similarity was one of the reasons that the researcher chose to use the term, clinical supervision, for the purpose of this research study, as clinical supervision, at the institution under study, functions under, and with, the direct guidance of a registered professional nurse. Clinical supervision is the term commonly used to describe the accompaniment of undergraduate students at the institution under study.

2.4. Role of clinical supervisors

Clinical supervision represents an important aspect in the development of nursing students' clinical skills. At the School of Nursing (SoN), the clinical supervisors employed by the University of the Western Cape (UWC) have limited contact sessions with students in the clinical setting. However, with the increase in student numbers, a need was identified to strengthen the support given to nursing students in the service setting (Jeggels, Traut & Africa, 2013).



According to the South African Nursing Act No. 33 (2005), nurses and midwives with clinical expertise in the content area being taught, are designated to supervise and teach students in that specific clinical practice area. The role of the clinical supervisor (referred to as a facilitator by SANC), as outlined by the South African Nursing Act No. 33 (2005), is mainly to:

- Inspire;
- Support;
- role model behaviour;
- be accessible to students;
- facilitate higher order thinking;
- monitor the practice and progress of students;
- link theory with practice; and

- participate in the assessment of students.

Beukes and Nolte (2013) conducted a study, at a higher education institution in South Africa, on the experiences of nursing students regarding value-sensitive clinical accompaniment in community nursing. These authors assert that effective and efficient clinical accompaniment can be regarded as the means to achieve the aim of integrating theory and practice. The purpose of effective clinical supervision is for the clinical supervisor to provide the necessary guidance and support to the student, in order for that student to become a competent professional.

A study conducted by Newton, Jolly, Ockerby and Cross (2012) in Australia, which focused on examining how nursing students learn in clinical placements, found that clinical staff in nurse education were influential in creating a positive learning environment. This is further emphasized by Jeong et al. (2013), who reported on a project aimed at establishing a culture that promotes clinical supervision as a valued activity. They assert that the degree of support and acceptance extended by the clinical supervisor toward the nursing student is undoubtedly the key factor, influencing the clinical experiences of novices. Severinsson and Sand (2010), who conducted a study in Norway, on the evaluation of the clinical supervision and professional development of undergraduate student nurses, also reported that clinical supervision is offered during the clinical part of the student nurse's education, in order to support practical knowledge with the development of critical reflection and problem-solving strategies. It is important to realise that the errors made by any healthcare professional, including the student nurse, could cause the death of a patient.

Clinical supervision forms an integral part of the training (not only the clinical training part, but the entire training journey) of nursing education. Clinical supervisors form the basis of clinical practice, and play an important role in clinical teaching and learning at the institution of nursing education (Bimray et al., 2013). Their input is significant in bridging the gap between theory and practice for the nursing student. Clinical supervisors are responsible for mentoring students, and clinical mentorship in nursing is, therefore, aimed at improving the skills and knowledge of nurses. Warne, Johansson, Papastavrou, Tichelaar, Tomietto, Van den Bossche, Moreno & Saarikoski (2010) concluded from their study, conducted in nine (9) European countries, that the relationship between the nursing student and the clinical supervisor was an important element in the students' total satisfaction. The researchers

further state that in an individual supervising relationship, the experience can be more uniquely tailored to reflect the students learning needs, as such relationships can help students in their professional development, as well as in the recognition of his/her professional and personal self.

The relationship between the clinical supervisor and the nursing student can, therefore, be regarded as a core element of professional development in nursing as a practice, as well as the nursing student as a professional. The clinical nurse educator's role is to enhance learning through the provision of opportunities for learning. However, a study by Kaphagawani and Useh (2013) in South Africa, on the analysis of nursing students learning experiences in the clinical practice, reported on the opinions of students that the above-mentioned role was not being fulfilled, as the clinical nurse educator took on more of an evaluator's role, rather than supervisor, meaning that the clinical supervisor tended to focus more on the completion of assessment procedures, instead of on other opportunities to enhance learning for nursing students.

It is important to realise that improvements in global health can only be realized through the development of a workforce that has been educated to promote health and to care for those with illnesses (Gruppen, Mangrulkar & Kolars, 2012). The role of the clinical supervisor, or facilitator, who supervises the undergraduate nursing student, therefore, becomes imperative in order to action these improvements, globally.

2.5.Challenges faced by clinical supervisors in the clinical setting

Trede et al. (2013) conducted a scoping review that yielded five articles from four countries, namely, Sweden, Belgium, Malaysia and Australia. Its aim was to identify what was known about nursing and paramedic clinical supervisors' experiences of their supervision practices, in rural settings. In these five articles, the researchers identified some challenges often experienced by clinical supervisors. In their scoping review, clinical supervisors reported that the inadequate amount of time available to spend with each student, as a result of the high student to supervisor ratio, was a key barrier for effective supervision (Trede et al., 2013). Their heavy workload was a second barrier. Henderson and Tyler (2011) conducted a study in Australia with the aim to assess the contribution of a supervisor of clinical education (SCE) employed to assist Registered Nurses (RN's) to partner with students and facilitate their

learning, during the clinical practicum. These authors also reported that demanding workloads, together with additional time required for students to actively participate, makes time for teaching a challenge for supervisors (Henderson & Tyler, 2011). It appears, therefore, that the challenges faced by clinical supervisors are the high number of students per supervisor, as well as the inadequate time allocated per student for supervision, which does not allow the supervisor enough time to teach, allow students to actively participate and perform administrative tasks.

2.6. Different models of clinical supervision

There is an array of clinical supervision models described in nursing literature. Franklin (2013) presents five clinical supervision models as follows: preceptor model, facilitation/supervision model, facilitation/preceptor model, dedicated education unit model and the mentor model.

2.6.1. Preceptor Model

This is the most commonly used clinical supervision model, in which a student is assigned to a registered nurse, who is known as the 'preceptor'. On a day-to-day basis, the student works alongside a preceptor, who provides direct and indirect supervision and undertakes formative and summative assessments.

2.6.2. Facilitation/supervision Model

In this model, a registered nurse directly and indirectly supervises a group of students. Facilitators are either university employed, or hospital employed, staff and undertake both summative and formative assessments.

2.6.3. Facilitation/preceptor Model

This is a combination of the Preceptor and Facilitation/supervision Model, in which a student is allocated (otherwise labelled as 'buddied') to a registered nurse for preceptoring and a facilitator undertakes group supervision 1:8 students or more.

2.6.4. Dedicated education unit Model

This is a combined model of the Preceptor and Facilitator Models, with the added component that there is a partnership between the health service and university. In this

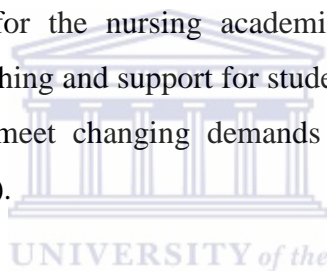
model a student is allocated ('buddied') to a registered nurse for preceptoring, a facilitator undertakes group supervision 1:8 students or more and there is Clinical Liaison Nurse, more commonly entitled 'Nurse Educator' that provides the link to the university.

2.6.5. Mentor Model

The Mentor Model is similar to the Preceptor Model, but is less commonly used in undergraduate clinical education, as the clinical supervision is, more often than not, indirect. The mentor model involves a longer term relationship between the student and the registered nurse.

2.7. Different Clinical supervision Models used in different countries

In Australia, the universities use various models for the clinical education of undergraduate student nurses. The challenge for the nursing academics and faculty is to employ an appropriate model of clinical teaching and support for students, during the clinical experience component of their course, to meet changing demands of the health system and fiscal pressure (Sanderson & Lea, 2012).



The model adopted in Norway allows for supervision by both preceptors and university teachers to teach and train undergraduate nursing students (Löfmark, Thorkildsen, Råholm and Natvig, 2012). According to the authors, the important components of this model are support of, and co-operation for, the students' professional development. The preceptors and teachers meet about three or four times during the clinical period of eight weeks to clarify the objectives and learning outcomes, as well as discuss the students' development and progress (Lambert & Glacken, 2005, cited in Löfmark, Thorkildsen, Råholm & Natvig, 2012), in order to comply with this component of the model. In a literature review study, conducted in Australia by Pitt, Powis, Levett-Jones and Hunter (2012), aimed at identifying factors that influence academic performance, clinical performance and attrition in nursing education, the authors reported in their findings that students, who received support from their families, friends and the university, appeared to demonstrate a positive progression, as well as attrition rate, in their programme of study (Löfmark et al., 2012). This support is imperative for nursing students, who may face additional challenges associated with simultaneously learning and 'working' (Watts & Robertson, 2011).

The need of support for student nurses is further emphasized by Potgieter (2012), who wrote an article entitled, 'Clinical teaching: developing critical thinking in student nurses', states that students need support, especially, once they are introduced to the clinical setting, when they often experience high anxiety levels.

Nursing training in Cyprus has followed the apprenticeship model for many years, which enabled nurses to learn their trade, on the job, as the school of nursing was attached to the hospital, and provided the professional education, necessary to support healthcare needs (Papastavrou, Lambrinou, Tsangari, Saarikoski and Leino-Kilpi, 2010). The apprenticeship model provided a practice-based workforce (Papastavrou et al., 2010). Many countries followed the apprenticeship model; however, after the transfer of nursing education to universities, the students' learning time in the clinical setting decreased in many Western Countries. The main reason for this was that clinical supervision, to a great extent, had become the responsibility of clinical nurses, who, due to their heavy workload, often left students by themselves in the clinical placements (Hall-Lord, Theander & Athlin, 2013).

Bimray et al. (2013) conducted a study at a Higher Education Institution in South Africa to discuss the response to the challenges posed by the increase in numbers of nursing students in the degree programme by using innovative teaching strategies to enhance learning. The authors state that competency-based education is always outcome oriented, with its main goal being to evaluate performance for the effective application of knowledge and skill in the practice setting. They further assert that the involvement of clinical supervisors, as facilitators, helps the nursing students to link information from nursing science, basic sciences and clinical practice (Bimray et al., 2013).

Harerimana and De Beer (2013) conducted a quantitative, non-experimental, descriptive study in the Republic of Rwanda to explore the perceptions and knowledge of the nurse educators, concerning the competency-based approach in nursing and midwifery education, in order to enhance the implementation of the approach. They reported, as part of their findings, that the nurse educators in Rwanda had positive perceptions about the competency-based education approach; however, nurse educators faced some challenges, such as coping with an increased workload, incurred by using active strategies, and the lack of continuous training on the use of different teaching strategies (Harerimana et al., 2013). Traditional education models tend to focus more on what, or how, students are taught, and less on

whether, or not, they can use their learning to solve problems, perform procedures, communicate effectively or make good clinical decisions. However, competency-based education provides a significant shift in what educators and policy makers seek when judging the effectiveness of educational programmes (Gruppen et al., 2012).

2.8. The Clinical setting

The clinical setting is defined as the venue where skills, knowledge and attitudes, developed in the theoretical part of the curriculum, are applied, developed and integrated (Newton et al., 2012; Bjørk, Berntsen, Brynildsen & Hestetun, 2013). A clinical learning environment is defined by Tomietto, Saiani, Palese, Cunico, Cicolini, Watson and Saarikoski (2012) as an interactive network of forces within the clinical setting that influences the students' learning outcomes.

The effectiveness of the clinical education programme of nursing students is highly dependent on the clinical placement setting, where student nurses are placed for learning purposes. Henderson and Tyler (2011) conducted a study to assess the contribution of a supervisor of clinical education, employed to assist registered nurses to partner with students, as well as facilitate their learning, during the clinical practicum. The authors state that the relationship between the registered nurse and the student is a crucial factor in student learning during clinical placements. The building of functioning relationships is, therefore, fundamental in ensuring that learning takes place effectively for student nurses, during their period of clinical placement (Hallin & Danielson, 2010).

Nielsen, Noone, Voss and Mathews (2013), conducted a study to provide an overview of a clinical education model, developed in Oregon, USA, with the emphasis on case-based, concept based and integrative clinical experiences. The authors state that the clinical environment is one place where nursing students learn nursing practice in action; however, the lack of quality clinical sites, as well as the availability of these sites, has been identified as significant barriers to nursing education.

Numerous studies have explored nursing students' experience of the learning environment during clinical practice (Bjørk et al., 2013), but there is a lack of literature regarding the experience of clinical supervisors. Skaalvic, Normann and Henriksen (2011) conducted a

Norwegian study to measure nursing students' experiences and satisfaction with their clinical learning environment. The study's primary focus was to compare the results between students placed in nursing homes and those placed in hospital wards. The findings of their study revealed that feeling welcomed had an impact on how students experienced the atmosphere in the clinical setting. An unwelcoming environment, according to these researchers, would not support learning and would cause the students to focus on being accepted, rather than on learning. The findings in this study also confirm the importance of a pedagogical atmosphere, characterised by positive engagement and supervision, in a supporting and trusting atmosphere (Skaalvic et al., 2011). Chaun and Barnett (2012) conducted an exploratory study in Malaysia to describe, and compare, student nurses, staff nurses and nurse tutors perceptions of the clinical learning environment. They state, as part of their conclusions, that the goal of nursing education is the preparation of students, who are able to enter the workforce and function safely as new graduates. They further assert that the ability to fulfil this function is dependent on a clinical learning environment that is supportive of student learning.

As a result of the limited number of clinical sites available to accommodate nursing students, globally, most educational institutions, that offer qualifications in health related professions, opted to make use of clinical skills laboratories. These laboratories resemble real clinical facilities, in which students are able to acquire clinical skills, through simulation (Jeggels, Traut & Kwast, 2010). Jeggels et al. (2010) conducted a study in South Africa to share their experiences of the revitalization of skills training, by introducing the skills lab method at the School of Nursing (SoN), University of the Western Cape (UWC). Their findings reveal that the skills lab method, successfully introduced at the School of Nursing (UWC), facilitated the development of excellence in clinical skills development, despite the increase of student numbers, the limited clinical learning opportunities and the inadequate clinical skills development support in the service settings. The authors also emphasise the importance of the role of clinical supervisors, who participate in most phases of the skills lab method, when they state the following: "It is important to draw on the clinical supervisors' clinical experiences, especially during the preparation of learning material and the planning and execution of assessments" (Jeggels et al., 2010).

Sanderson and Lea (2012) conducted a qualitative study, utilising a phenomenological approach, at a rural university in Australia, to explore the clinical facilitation model of

undergraduate nursing education from a rural perspective. The study's particular emphasis was on how the clinical facilitators enacted their role within this rural environment. According to the findings of this research study, clinical facilitators play a vital role in promoting a favourable learning environment for students, and building partnerships within the clinical setting (Sanderson & Lea, 2012).

2.9. The Nursing student

Papastavrou et al. (2009) conducted a study in Cyprus to explore the students' experiences of the clinical environment and supervision of the hospital-based system of education. The authors reported that the students evaluated their clinical learning environment and supervision as good, and, therefore, according to the results of this study, the most satisfied students were the ones with a successful mentor relationship, and the most unsatisfied students, were the ones with a failed supervisory experience (Lambrino, Leino-Kilpi, Papastavrou & Saarikoski, 2010). The findings further suggest that the role of the mentor needs to be reformed, strengthened and supported, and new roles need to be explored, as well as other pedagogical approaches within the clinical practice, in order to decrease the gap that exists between the academic and the clinical component of nursing education.

2.10. Clinical supervisors experience of supervising nursing students

Andrews and Ford (2013) conducted an interpretive and participatory study in Tasmania to increase the understanding of the experiences of clinical supervisors (referred to by these researchers as facilitators) and their professional learning. The clinical facilitators, who participated in this research study, were employed, on a contractual basis, by a Tasmanian university, in its clinical units. Each clinical facilitator had the responsibility of overseeing aspects of clinical placement for up to twelve (12) different undergraduate students. The results of this study identified that facilitators felt overwhelmed, worried and figuratively 'thrown in at the deep end' due to the ill-preparedness for their role. The results further highlighted the facilitators' need to be valued by the university, and the hospital, for their contribution to the education of undergraduate nursing students (Andrews & Ford, 2013).

Forber, DiGiacomo, Davidson, Carter and Jackson (2015) conducted a literature review study, utilising a discursive exploration method, to identify the influences and challenges of providing nurses' clinical education in the undergraduate setting and to illustrate emerging

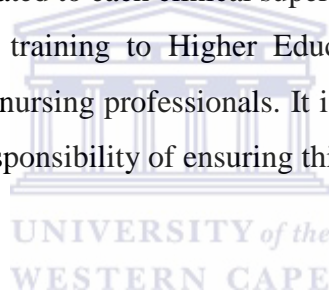
solutions. The authors state that in models of student supervision, in which the education institution provides the students' supervisor, both the clinical supervisor and student are regarded as 'guests' in the clinical facility, which creates a challenge for clinical supervisors who, besides all their other responsibilities and given their 'guest' status, still need to develop alliances to identify learning opportunities and engage facility staff in student support.

Fakude et al. (2014) conducted a qualitative, exploratory, descriptive and contextual design study to gain insight into the experiences of lecturers, clinical supervisors and student nurses in an undergraduate nursing programme, at the School of Nursing, at a HEI in the Western Cape of South Africa. Their findings, obtained through information received from clinical supervisors, who participated in the study, reveal that clinical supervisors raised a concern about the quality of nursing graduates produced at the institution. Their concern was based on the insufficient time spent by clinical supervisors with students in the clinical facilities, due to the high number of students allocated to each clinical supervisor. It is important to realise that the decision to transfer nurse's training to Higher Education Institutions, was aimed at training competent and qualified nursing professionals. It is, therefore, important that Higher Education Institutions take the responsibility of ensuring this quality education and training.

2.11. Conclusion

This chapter presented a review of aspects related to clinical supervision. The term Clinical Supervision was defined and a discussion on topics that relate to clinical supervision was provided.

The next chapter focusses on the research methodology adopted to perform this current study. A description of the research design, methodology, data collection, data analysis, trustworthiness and Ethics consideration are discussed in Chapter Three (3).



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter provides an account of the research design and methodology used in this study. In order to understand the clinical supervisor's experiences of supervising nursing students in clinical settings, a qualitative research approach, utilizing a phenomenological design was conducted. It is through the use of a qualitative research methodology that the researcher can explore a problem or issue pertaining to a particular group or population, of which the variables cannot be easily measured (Creswell, 2013).

Given the research question that consisted of one open-ended question, the researcher attempted to guide the participants into a story telling mode. It was anticipated that through narration, the researcher would uncover the lived experiences of the participants. Phenomenology will be described as the most appropriate method of obtaining rich information. In addition, the population and sampling method, data collection and data analysis will be discussed.

3.1. Qualitative Research Approach

According to Creswell (2013), a qualitative study is defined as an enquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting. Researchers choose a qualitative approach to emphasize the researcher's role as an active learner, who tells the story from the participants view, rather than as an 'expert', who passes judgement on participants. Qualitative research can further be defined as a form of research, in which the researcher collects and interprets data, making the researcher as much a part of the research process as the participants and the data they provide (Corbin & Strauss, 2014).

Some of the core characteristics that define qualitative research, according to Creswell (2013), are:

- qualitative researchers tend to collect data in a natural setting. This implies that the researcher interacts face-to-face with the participants, talking to them and observing how they behave in their context;
- the researcher in qualitative research is a key instrument, as the researcher is usually the one, who actually gathers the information. Data collected for this study was collected by the researcher;
- the qualitative researcher, typically, gathers multiple forms of data, such as interviews, observation, documentation and audio visual information, instead of relying on a single data source. In this study, the researcher gathered data by conducting individual in-depth interviews with the participants, while observing the participants for non-verbal communication shared. The interviews were audio recorded, while the researcher made copious notes during the interviews. The researcher also copied thorough notes into a personal journal, as soon as was possible, after each interview was conducted;
- qualitative researchers do inductive, as well as deductive analysis, by building their patterns, categories and themes from the bottom up, organising the data into increasingly more abstract units of information. The inductive process is demonstrated, when the researcher works back and forth between the themes and the database, until s/he has established a comprehensive set of themes. The deductive process is demonstrated, when the researcher looks back at the data from the themes, to determine whether more evidence can support each theme;
- emphasis in qualitative research is totally focussed on the participants' conception of the problem or issue, and not focussed on the interpretation provided by literature or the researcher's opinion;
- the research process for qualitative research is emergent, as the key behind qualitative research is to learn about the problem or issue from participants, and to explore the research to obtain the information;
- in qualitative research, the inquirer (researcher) reflects on their role in the study and their personal background - this is referred to as reflexivity; and
- qualitative researchers maintain a holistic account, by generally sketching the larger picture that emerges.

The researcher used a qualitative approach to unearth the insider views of the participants, which, in this study, involved their lived experiences of supervising nursing students at a Higher Education Institution. The research type, chosen by the researcher for the purpose of this thesis, was phenomenology.

3.2. Phenomenology

According to Christensen, Johnson and Turner (2010) the primary objective of a phenomenological study is to explicate the meaning, structure and essence of the lived experiences of a person, or a group of people, around a specific phenomenon. A phenomenological study describes the common meaning, for several individuals, of their lived experiences of a concept or a phenomenon (Creswell, 2013). It is important to note that the researcher could make use of two types of phenomenological approaches; one being descriptive phenomenology and the other interpretive phenomenology. Descriptive phenomenology, where every day conscious experiences are described, while preconceived opinions is set aside or bracketed, was developed by Edmund Husserl, a German mathematician (Gina, 2012). Interpretive phenomenology (the philosophy of interpretation) was developed by Martin Heidegger, a student of Husserl, who believed, in contrast with his teacher, that the researcher cannot bracket, or set aside, his/her prior engagement with the question under study (Gina, 2012).

According to Penner and McClement (2008), a phenomenological analysis does not aim to explain or discover causes; instead, its goal is to clarify the meanings of phenomena from lived experiences. Therefore, the goal of phenomenological research is not to describe, or ground theory, or develop a model, but to describe, accurately, a person's 'lived' experience, in relation to what is being studied (Balls, 2009).

For the purpose of this thesis, the researcher chose to use descriptive phenomenology, as opposed to interpretive phenomenology, as the researcher wanted to describe the phenomena under study, from the participant's point of view only, while putting aside, or bracketing, her own biases with regard to the phenomena under study. The researcher wanted to explore and describe the experiences of clinical supervisors, supervising undergraduate nursing students at a HEI, from the participant's insider point of view.

Descriptive phenomenology, which is attributed to Husserl (1931; original work in 1913; translated in 1962), attempted to make phenomenology a rigorous science within the tradition of its time, and used the concept of bracketing to maintain objectivity (Penner & McClement, 2008). Phenomenological studies consider induction and bracketing to be very important. Bracketing involves putting aside what the researcher already knows about the experience being investigated and approaching the data with no preconceptions about the phenomenon (Dowling, 2004; Lopez & Willis, 2004). Induction means that the researcher allows the data to be self-explanatory, and that the researcher does not influence the data with any preconceived ideas and assumptions.

The researcher achieved bracketing, as Hamill and Sinclair (2010) suggested, by delaying the literature review until after the data collection and data analysis processes. This was done in order for the researcher to refrain from phrasing questions or analysing data with a preconceived aim, for example, to seek for themes that are evident in the literature. Identifying and putting aside preconceived ideas about the experiences of clinical supervisors, who supervise nursing students at a higher education institution (Moran, 2000; 2002), also assisted the researcher with achieving bracketing.

The researcher, formerly employed as a clinical supervisor at the institution under study, supervising first and second year undergraduate nursing students, admits that it was not an easy task to achieve bracketing. The fact that the researcher is no longer employed as a clinical supervisor, assisted with bracketing. During the interview process, the researcher continuously sought clarity from participants, when they would use terms as “*as you know*” or “*and then we must go to the skills lab*”. When participants made use of such phrases the researcher would say; “*no I don’t know, can you (participant) perhaps explain to me what you mean by that*” or the researcher would ask: “*can you (participant), please give me an explanation of what the skills lab meant?*”. The researcher, during the interview process, had to constantly be aware of not expressing an understanding of the phenomena under study, as it was from the participants’ point of view that the phenomena had to be explored. The researcher also had to consciously put aside all biases pertaining to the phenomena under study. However, acknowledging an understanding of the process of clinical supervision and what it involved assisted the researcher with bracketing, setting aside personal views and listening to the participants’ accounts of their experience. During the analysing phase of the data, the researcher was also constantly aware that only the experiences of the participants

were being explored, especially when the experiences mentioned, evoked familiar feelings. To ensure that bracketing was maintained, the researcher was totally immersed in the data obtained from the participants, concentrating solely on the participants' experiences as presented through the audiotapes and transcripts.

Lived experience is the central focus of phenomenology and is concerned about how the individual views the world and lives his/her own life from the inside (Helen & Dona, 2007). Each participant's lived experience of supervising nursing students at a higher education institution was valued as unique and relevant.

3.3. Research methodology

Research methodology, as summarised by Mouton (2011), focusses on the research process, as well as the types of tools and procedures to be used. Additionally, it focusses on the individual steps in the research process and the most unbiased procedures to be employed. In this section, the population, sampling method, interviews, data collection method, and data analysis process will be discussed.

3.3.1. Research setting

The research setting refers to the place where the data is collected (Grove, Burns & Gray, 2012). This study was conducted at a nursing school of a university in the Western Cape. This university is one of four universities in the Western Cape, and one of two that offer a four year baccalaureate degree programme in nursing science. It is the largest nursing school in the Western Cape Province, which had a total of 859 students enrolled in 2014, for the 4 year B Nursing programme. The totals of 859 students enrolled included, first year with a total of 250 students, second year with 276 students, and third year with 161 students, while in fourth year there are 172 students (UWC, 2014/2015).

The staffing complement is 91, of which 33 are academics, 33 clinical supervisors, 10 administrative support members' and 15 technical support members. The total number of clinical supervisors allocated per year level for 2015 was: seven (7) fourth year level supervisors; nine (9) third year; and thirteen (13) supervisors responsible for supervising

both first and second year level students. The clinical supervisor/student ratio is approximately 1:35 (UWC, 2014/2014).

Clinical supervisors must be able to facilitate learning in simulated, as well as in real life settings. In the real life settings, meaning, the hospital and clinics, the clinical supervisors devote an estimated time of one hour to each nursing student for practical assessment, as well as assessing their level of integration of theory into practice. Clinical supervisors are also tasked with accompanying students in the clinical skills laboratory, which is a safe setting, where students can practice and acquire the necessary clinical skills (Donough, 2014). A detailed definition of the clinical skills laboratory is defined in Chapter One, section 1.7 of this thesis. In the clinical skills laboratory, clinical supervisors are each assigned groups of students, with whom they conduct clinical skills demonstrations, as well as facilitate guided practices. Each session usually continues for about 2 hours at designated times. The reason for choosing this site as a research setting was due to anecdotal evidence, experienced by the researcher, regarding challenges faced by clinical supervisors at the institution under study.

3.3.2. Population

According to Roscoe (1969, cited in Mouton, 2002), a population is a collection of objects, events or individuals, having common characteristics that the researcher is interested in studying. In this study, all the clinical supervisors, who supervise first and second year nursing students, at the institution under study, were qualified as the study population. Permission to conduct interviews with the clinical supervisors, employed at the institution under study, was granted by the relevant university structures. The coordinator of the clinical supervisors was approached by the researcher to obtain access to the clinical supervisors.

3.3.3. Sampling

Purposive sampling was used in this study. Purposive sampling means that the inquirer selects individuals and sites for the study because they can purposefully inform an understanding of the research problem and central phenomenon in the study (Creswell, 2013). Purposive sampling refers to the selection of participants for the purpose of describing an experience in which they had participated (Lincoln & Guba, 1985).

In this study, individuals, who provide information to the researcher about their experiences, are called participants throughout the study (Polit, Beck & Hungler, 2001). The researcher selected a number of appropriate participants, who were able to give rich and convenient information about their experiences (Silverman, 2000). The participants, who were purposefully selected by the researcher to participate in this study, were clinical supervisors, who met the inclusion criteria.

3.3.4. Inclusion criteria

- The participants had to be employed at the institution under study as a clinical supervisor.
- The participants had to be supervising first and second-year level nursing students at the institution under study, regardless of their age, gender, years of experience as a professional nurse, or as a clinical supervisor, or the period employed as a clinical supervisor at the institution under study.

3.3.5. Exclusion criteria

- All clinical supervisors, who supervise third and fourth-year level nursing students at the institution under study.
- All clinical supervisors not employed at the institution under study.

3.3.6. Sample size

In qualitative studies, the number of participants depends on what information is required, the purpose of the study, what is useful and credible, as well as the availability of time and resources (Patton, 1990). One general consideration for sample size in qualitative research is to study a few individuals and collect extensive detail about each individual studied (Creswell, 2013) until data saturation is reached. Seidman (1998) defined saturation as the point in the study when the researcher begins to hear the same information repeatedly. The sample size for this study comprised of thirteen (13) participants, as there were thirteen (13) clinical supervisors conducting clinical supervision with first and second year nursing students.

3.3.7. Data Collection method

The data for the purpose of this study was collected through the use of in-depth interviews. An in-depth interview is a conversation with the intent to obtain answers to questions and not to evaluate or to test hypotheses (De Vos, Strydom, Fouche & Delport, 2007). The basis of an in-depth interview is an interest in understanding the experiences of other people and the meaning they attach to those experiences (Abubu, 2010). Appointments were arranged with the participants prior to the interview day. The interview venue was arranged, in a private room, at the University of the Western Cape, which information was communicated to the participants prior to the interview day.

3.3.8. Data collection process

Permission to interview the clinical supervisors, employed at the institution under study, was granted by the relevant university structures. The coordinator of the clinical supervisors was approached by the researcher to gain access to the clinical supervisors. The researcher was informed, by the coordinator, of an appropriate date and time, when all the clinical supervisors will be together at the School of Nursing for a meeting. The researcher requested permission to be granted half an hour, during this meeting, to address the clinical supervisors and to inform them about the study. Permission was granted by the coordinator, allowing the researcher to join the meeting, half an hour before the end of the meeting. At this meeting the clinical supervisors were given information regarding the research study, its aim and purpose.

The researcher distributed printed copies of the information sheet, pertaining to the research study, to all clinical supervisors present. The researcher's contact numbers and email address were printed on the information sheet, in order that the clinical supervisors could contact the researcher, should they decide to participate in the study. The researcher also accessed a printed copy of the names and contact details of all the clinical supervisors from the coordinator, in order for the researcher to contact the clinical supervisors, should the need arise.

The researcher received the first response from a clinical supervisor, one day after the meeting. An appointment for an interview with this participant was arranged for the following day. A list of the names of the volunteers and their contact details was

compiled in the Researchers note book. These names were ticked off in the note book, by the researcher, after each volunteer's interview.

3.3.9.Data Collection

Data collection by means of in-depth interviews (Appendix attached) was conducted by the researcher. Collecting the data personally, allowed the researcher to gain first-hand knowledge of the experiences shared by the participants, regarding the studied phenomena. Conducting the in-depth interviews personally, also allowed the researcher to gain an insider perspective into the life and world experienced by each participant, as they shared during the interviews. The researcher also used the opportunity to observe the participants, during the course of the interview process, for non-verbal communication. Saturation of data was reached after eight interviews were conducted.

3.4.Pilot interviews

The first and second interviews were utilised by the researcher as pilot interviews. The purpose of the pilot interviews was merely to test the ability of the researcher, in order to conduct an accurate in-depth interview with the sample of participants, who was purposefully selected to participate in the research study.

During the first interview with participant 001, about ten (minutes) into the interview, the researcher noted that the audio recording device was no longer functioning. The researcher proceeded with the interview anyway, but made short notes in between the conversation. At the end of the interview, the researcher asked the participant whether another interview could be scheduled, if needed, and after the researcher had listened to the audio recording of the conducted interview, for any further information that might be required. The participant agreed and the researcher contacted the participant a few days after. Another date and time was scheduled for a second interview to be conducted with this participant.

The valuable lesson learnt from this experience was, to make sure that all devices were in a working condition, prior to all interview sessions. The researcher also made sure to familiarise herself with the functioning mechanisms of all devices needed during the interviews.

When the interview was scheduled with the second participant, 002, the researcher inquired from the participant, whether the researcher's supervisor could be present during the interview. The reason for the request was that the researcher was seeking the opinion of an expert on interviewing techniques, as the researcher was a novice in conducting in-depth interviews. The participant refused the request. The researcher reassured the participant that her decision was valued and honoured and the interview was conducted, as agreed, at the scheduled date and time.

In consultation with the researcher's supervisors, the researcher agreed to send the audio recordings, obtained from the two pilot interviews, to them for quality assurance purposes. The researcher's supervisors provided the necessary feedback, after listening to the recordings, assuring the researcher that the recordings were conducted in an accurate manner, and that the researcher was quite capable of conducting the in-depth interviews with the participants.

3.5. Conducting of in-depth interviews

The in-depth interviews were conducted at a date, time and venue convenient to the participants. Each interview lasted between 30-60 minutes. All the participants regarded the venues, situated at the institution under study, as convenient. All interviews, but two, were conducted at the researcher's office, situated at the institution under study. One participant requested for the interview to be conducted somewhere else, as s/he did not consider the office space as conducive for an interview. This participant and the researcher agreed, after discussion, to conduct the interview in the research library, at the unit where the researcher was employed, which was also situated on the premises of the institution under study. Another participant requested for the interview to be conducted in a private room at the skills laboratory, at the School of Nursing of the institution under study, as this was the most convenient space for this particular participant to do the interview. The researcher respected the request of this participant and conducted the interview as pre-arranged, in a private room at the skills laboratory. All interviews with the participants were conducted in English, as English is used as a medium of instruction at the institution under study.

One question – What is your experience as a clinical supervisor, who supervises nursing students? – was asked to all participants at the start of the interview. This one open-ended

question, as well as several other probing questions, such as –How did you feel; Tell me more about that... – were utilised by the researcher during the interview process to help participants to share how they were experiencing the supervision of nursing students. The in-depth interviews with the participants continued until saturation of data was reached.

An audio tape recorder was used to record the interview and separate notes were taken by the researcher to capture important details. Audio tapes were number coded to ensure the anonymity of the data – the data could not be traced back to the name of the clinical supervisor.

Reflective notes regarding each interview conducted was recorded by the researcher, directly, or as soon as was possible after each interview, in a personal reflective diary of the researcher. The researcher recorded these reflective notes in order to ensure that every detail regarding the interviews was captured accurately, and also to ensure that an audit trail of each interview was captured.

A total of nine (9) in depth-interviews were conducted with eight (8) participants, who willingly agreed to participate in the research study. The interviews were conducted between 05 February 2015 and 06 March 2015.

3.6.Data Analysis Process

Analysing data usually involves two steps: first step, reduce the wealth of data collected or available, into manageable proportions; and second, identify patterns and themes in the data (Mouton, 2002). The process of data analysis in qualitative research, according to Creswell (2013), involves organising the data, conducting a preliminary read-through of the data base, coding and organising themes, representing the data, and forming an interpretation of them. The researcher used Tesch's (1990, cited in Babbie & Mouton, 2014) method of phenomenological data analysis. While there is no neat and tidy approach to qualitative data analysis, nor even one approach to each specific type of qualitative data analysis, Tesch's method does provide a particular useful structure, through which some order of qualitative data analysis types may be created (Babbie & Mouton, 2014).

According to Tesch (1990, cited in Babbie & Mouton, 2014), the following research interests exists:

- the characteristics of language;
- the discovery of regularities;
- the comprehension of the meaning of text or action; and
- reflection.

The characteristics of language are as follows: it communicates the content, as well as the process; and mirrors culture in terms of cognitive structure and the interactive process. The discovery of regularities refers to identifying categories of elements and establishing their connections, as well as identifying patterns. The comprehension of meaning of text and action through the discovery of themes, and through interpretation, and the last research interest referred to as reflection (Tesch, 1990).

The researcher first listened to the audio-recordings of the in-depth interviews. The first audio recording was transcribed by the researcher, but all the other recordings were sent to a professional Independent Language Specialist, who specialises in transcription, translation, proof-reading and editing, and who transcribed the remainder of the recordings. All the recordings were transcribed verbatim, meaning, word by word. The transcripts were then handed back to the participants (the researcher handed each participant's transcript back individually, in her personal capacity), in order for them to verify that what was said in the interviews, had been accurately reflected.

The first transcript was analysed by both the researcher and the researcher's supervisor, in order for the researcher to gain an understanding of the analysis process of qualitative data. The entire analysing process was done by the researcher in constant and continuous consultation with the researcher's supervisor. The researcher started analysing the data, by carefully reading through all the transcriptions, in order to gain a sense of the whole. The transcripts were then organised into a pile (the first interview transcript on top of the pile and the last one, at the bottom). The researcher then took the first transcript, read through it, while asking the question; What is this about? The researcher tried not to think about the substance of the information, while reading through the transcript, but focussed on the underlying, embedded meaning in the information. Jotting down emerging thoughts in the margin of the transcript paper, while reading through the transcript, assisted the researcher to find meaning

in the information read. This process was repeated until all the transcripts were meaningfully read by the researcher.

A list of all topics derived from the information in the transcripts was compiled and similar topics were clustered together. The topics were formulated into a list of columns and taken back to the transcripts. The topics were abbreviated as codes, which were written next to the appropriate segment in the text. This was done for the researcher to explore whether new categories and themes might emerge from the data. The researcher then endeavoured to find the most descriptive wording for all the topics, which were converted into categories. This was a very lengthy process, as the researcher read the complete list of categories, as well the transcripts, several times again, in order to group topics that related to each other. This process was specifically done in consultation with the supervisor. A final decision on the abbreviation for each category was made by the researcher and the researcher's supervisor. All data material belonging to each category was organised into one place and a preliminary analysis was performed.



3.7. Reflexivity

It is important for qualitative researchers to realise the importance of positioning themselves in their writings. This is the concept of reflexivity, in which the researcher is conscious of the biases, values and experiences that s/he brings to a qualitative research study (Creswell, 2013). Researchers must examine their potential influences on the study by doing self-reflection during all the stages of the research process (Primeau, 2003).

In this study, the researcher had experience as a clinical supervisor. The researcher, however, made use of clarifying questions when the participants mentioned information, they assumed the researcher should know; for example, when the participants mentioned their duties in the skills lab, the researcher would ask the participants to elaborate on these duties, and explain what exactly a skills lab was. This was done in order to emphasize the researcher's role as an active learner, rather than an expert.

The researcher also took into consideration that all the participants were known to the researcher and, therefore, maintained a professional relationship with them, focussing on the research objective and aim. However, when the researcher stopped the recording device

after the interview, the participants engaged in further dialogue and appeared to be more relaxed. The first interview was transcribed by the researcher and thereafter enlisted the services of a professional Independent Language Specialist to transcribe the remainder of the transcripts. The researcher did, however, listen to every audio recording prior to having it transcribed, as well as after receiving each transcript, in order to ensure that transcripts were transcribed correctly and accurately.

3.8.Trustworthiness

According to Lincoln and Guba (1985,in Babbie & Mouton, 2014), the key criterion, or principle of good qualitative research, is found in the notion of trustworthiness: neutrality of its findings and decisions. Quantitative studies cannot be considered valid unless it is reliable, similarly, qualitative studies cannot be called transferable, or deemed credible unless it is dependable (Babbie & Mouton, 2014). Trustworthiness in this study involved credibility, transferability, dependability and conformability.

3.8.1.Credibility

When checking for credibility, the researcher asks the following: Is there compatibility between the constructed realities that exist in the minds of the participants and those that are attributed to them (Babbie & Mouton, 2014)? Self-awareness is an important aspect for the researcher to understand his/her history and situation. The researcher kept a journal of reflection cross reference during the data analysis process to minimise personal biases. The researcher engaged in the exploration of the clinical supervisor's experiences of supervising nursing students, after personally enduring similar experiences, while employed as a clinical supervisor at the institution under study. At the time of this study, the researcher was no longer employed as a clinical supervisor, but was familiar with most of the clinical supervisors, and in the light of this, had to be aware to consistently pursue interpretations in different ways, in conjunction with a process of constant and tentative analysis (Babbie & Mouton, 2014).

Credibility was established through triangulation, as the researcher made use of different data collection techniques (interview, audio-visual, documentation as well as observation) during the data collection process. Member-checking was done by the

researcher, by giving all the transcripts back to the participants, to ensure that what they shared during the interviews was accurately reflected in the transcripts.

3.8.2. Transferability

Transferability refers to the extent to which the findings could be applied in other contexts or with other respondents (Babbie & Mouton, 2014). In this research study, phenomenology was the method of inquiry into the lived experiences of the participant (a clinical supervisor, who supervises first and second-year level nursing students in a particular situation – one single higher education institution). The findings of this study might be experienced differently by another subject at another higher education institution. The researcher established transferability by providing the reader with a thick description of the research study and what it entailed. A detailed description of the study was given to ensure that the reader is familiar with the context of the study.

3.8.3. Dependability

For a study to be accurate, Lincoln and Guba (1985) suggest that an audit trail be kept. An inquiry must also provide its audiences with evidence that if it were to be repeated with the same or similar respondents (subjects), in the same (or a similar) context, its findings would be similar (Babbie & Mouton, 2014).

In this study, the co-coding was done by the researcher and the supervisor in order to minimise bias during the data analysis process. The researcher made use of field notes during the interview process, and specifically recorded entries, based on the interviews, in a reflective journal, as soon as was possible after the conduction of each interview.

3.8.4. Conformability

Conformability was established through triangulation, keeping an audit trail, as well as reflexivity.

3.9. Ethics

Ethics approval was obtained from the University of the Western Cape (UWC) Research Ethics Committee. Permission for the clinical supervisors to participate in this research study was obtained from the Head of the Department (HOD), School of Nursing (SoN), UWC. In

this study the researcher respected the rights and protection of the participants by adhering to the following:

- **Confidentiality and Anonymity:** The researcher ensured that the information pertaining to this study, discussed with the participants, was not disclosed to anyone else (except with the researcher's supervisor). To further ensure confidentiality, all audio tape recordings, transcripts, the researcher's reflective journal notes and all written notes pertaining to this research study, were locked in a cupboard for the duration of the study, and will be securely stored for five years, after which it will be destroyed. The researcher made use of study codes for each participant, to protect the anonymity of participants. The study codes were also used as identification tools on the audio recording tapes, as well as the transcripts. The researcher also ensured that all identifiable information was removed from the transcripts.
- **Autonomy:** The participants were clearly informed by the researcher of their right to withdraw at any time from participating in the research study, without prejudice.
- **Justice:** The participants, who participated in this study, all met the criteria for inclusion in this study.
- **Consent:** Adequate information about the research was shared with the participants by the researcher to ensure that they understood that they had the right to consent or decline participation, voluntarily.
- **Privacy:** The researcher advised the participants that they could determine when and where the data should be collected.
- **Risk:** In this study, there were potential risks for the participants, although the risks were minimal. Since the research explored personal experiences during the in-depth interview sessions, some experiences might have affected the participants emotionally. The researcher, therefore, informed the participants that, should they experience the need for counselling as a result of the in-depth interviews, they should inform the researcher, and a counsellor would be made available. The participants could also experience fear, which could affect them emotionally, due to factors, such as being victimised at the School of Nursing, as a result of information revealed during the in-depth interview sessions. The researcher ensured the participants that the value of confidentiality and anonymity was a personal matter. No reward was offered or paid to the participants for participation in this research study.

3.10. Conclusion

In this chapter the research methodology was described. A qualitative approach, with a descriptive phenomenological research type, was employed to investigate the lived experiences of the participants, using in-depth interviews to give each participant an opportunity to share their experiences. The results obtained from the research study will be discussed in Chapter Four.



CHAPTER FOUR

RESULTS AND DISCUSSION OF FINDINGS

4.1. Introduction

This chapter presents the results of the analysed data collected from the participants, who were all clinical supervisors from the Higher Education Institution under study. In-depth interviews were conducted with the participants to explore and describe the lived experiences of clinical supervisors, who supervise nursing students at a Higher Education Institution. The results are a discussion of the findings, in conjunction with, the literature control, which serves to recontextualize the findings. This chapter is organised as follows:

- Section A provides the demographic details of the study participants; and
- Section B, the themes and categories that emerged inductively during data analysis.

4.2. Data Analysis process followed

From eight (8) verbatim transcripts, significant statements were extracted. Meanings were formulated from the statements which resulted in five (5) themes and sixteen (16) categories. A summary of the themes and categories of all the participants is depicted in Table 1.

4.2.1. Section A: Biographical Data

The participants' ages ranged between 29 and 52 years old. All the participants were female. The participant's work experience at the HEI under study, supervising student nurses in the clinical settings, ranged from two to ten years.

4.2.2. Section B: Results of in-depth interviews

The participants' responses were unique and verbatim quotes were used to illustrate the meanings that they ascribed to their experience of supervising students from a Higher Education Institution, who were placed in the clinical settings. The results are presented as themes and their related categories, as they represent the meanings the participants attached to their experiences. The participants' experiences ranged from an

organisational perspective to the experiences on the self, as a clinical supervisor, as outlined in Table 1:

Table 1: Clinical supervisors experience of clinical supervision

Theme	Categories
1. Time as a constraint to job productivity.	A discrepancy between the job expectations and the workload of clinical supervisors impacted on the time they spent with students.
	Lack of time prevented clinical supervisors from planning their work.
	Time constraints influenced clinical supervisors' need to render patient care.
	Time spent with students was negatively affected by students' perceived lack of work ethic.
	Limited time spent with students in the clinical setting was perceived to be detrimental to the students' learning process.
2. The organisational culture impacted on the fluidity of support.	Clinical staff were perceived to be accommodating of students in some instances, while the converse was true for others, which impacted negatively on the clinical supervisors' experience of the clinical setting.
	Participants reported receiving support from peers to cope with the clinical supervision experience.
3. Limited resources	Limited human, financial resources and physical space impacted on the participants' ability to carry out their tasks in the clinical setting.
	Scarce medical supplies to demonstrate procedures, adversely affected participants' ability to conduct their work
4. Interpersonal relationships as a dynamic communication process.	Constant assertion of boundaries on students impacted negatively on the supervisor/student relationship.
	Different clinical skills teaching methods amongst clinical supervisors resulted in negative student behaviour, which adversely affected the supervisors' relationships with each other.
	Lack of communication between the HEI and clinical facilities resulted in interpersonal conflict between the clinical supervisors, students and clinical staff.
	A positive resolution to conflict resulted in a better working relationship with the clinical staff.
5. Impact on the Self	Psychophysiological signs and symptoms, which impacted negatively on the quality of service provided to students, were perceived as a result of the unrealistic work expectations.
	Clinical supervision was experienced as a self-fulfilling learning experience, as it resulted from a passion to teach students.
	Feelings of not belonging, being devalued and overwhelmed were

	experienced by the clinical supervisors.
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4.3. Theme 1: Time as a constraint to job productivity

Focusing on the negative consequences the lack or limited amount of time had on their work and productivity was the pervading issue mentioned by all participants. The participants spoke spontaneously about the challenges experienced as a result of time constraints. Some of the constraints experienced by the clinical supervisors were, a discrepancy between their job expectation and the workload, with time playing a pivotal role in how they attempted to synchronise what was expected of them, with the actual work they did.

A participant spoke dispassionately about what was expected of her as a clinical supervisor and her actual work load. The lack of time appeared to be a major stumbling block in getting her work done, so that she could still take care of her own needs. The following quotation refers:

“So, in the morning you go to...area X and afterwards you go to area Y, you, spend time with five students there and after that you must come to the skills lab and there’s no time for lunch. So you have to drive and two o’clock you must be in time for the skills lab. So that’s what I’m talking about time. There’s not enough time”(P 003).

The participants described the effect on time that tasks, such as student accompaniment for procedures, had on their own work planning. The following quotation refers:

...they are sent out from the ward to accompany a patient to a certain department, which makes time management really bad”(P007).

The participants’ planning was also affected by the general tardiness of students in the clinical setting. Students’ behaviour regarding their lack of work ethic impacted on the clinical supervisors’ workload and work schedule. Students were unprepared; some arrived late for planned assessments, which affected the participants’ planning, especially as they had many students to supervise. The following quotations refer:

“...some students are not prepared for procedures, not punctual...” (P 005).

“We have this challenge that most of our time is spent with the student. You may find that you must wait for the student...you must come back for the student... you must wait for the student to prepare” (P 002).

Due to the large numbers of students, a minimal period of time was spent supervising students, which negatively affected the learning process. The SANC stipulates that each student nurse should be supervised for a period of two (2) hours every alternate week, to ensure that learning takes place. The limited period of time was perceived to affect the quality of the education and training that was delivered, as the supervisors work schedule was structured to accommodate assessments, as opposed to teaching, guiding and supporting the students to become experienced in nursing. The following quotation refers:

“There’s no quality time that you can spend with the students, like doing extra things like bedside teaching...you won’t be able to even practice with students...so you actually just assess the students”(P 003).

The work load, in terms of high student numbers and assessments, which needed to be completed within a specific time period, resulted in the clinical supervisors being unable to plan their work. The participants reported the process in a step-by-step linear fashion, which appeared to be tasks that included assessments, which needed to be completed within a specific time period. They appeared to be overwhelmed by this process as they struggled to cope with the large amount of students allocated to them, as well as the limited time to complete the required steps to follow method in the skills laboratory. In an attempt to cope, a participant assigned blame to the ‘they’ for adopting the skills teaching method, which added to their workload. When asked to clarify who ‘they’ were, the participant referred to the management team of the School of Nursing. The following quotation refers:

“I don’t know how they [Management at the School of Nursing] came up with this programme; they have rules that a student must be shown a procedure. You must demonstrate a procedure and then you must demonstrate again in the hospital (or other clinical placement facility), and then you must do (a) guided practice. I don’t know how many guided practices you must do, and then you must evaluate the student. There is not even enough time to do all those things” (P 004).

While the limited amount or the lack of time played an important role in how the clinical supervisors managed their work load and the students’ behaviour, it also affected how they related to patients in the clinical setting. Although they were aware of patients’ needs, the participants thought that meeting the students’ learning outcomes and completing job requirements, took precedence over providing nursing care to patients. A participant

attributed her actions to the large number of students to supervise and too little time to care. The following quotation refers:

“When it comes to the patient, I can say that we do not have so much contact with the patient, but we find how much some nursing care is not done. Like when you’re passing, you feel like you should act as a nurse and spend time with this patient; if this patient needs a wash, you should wash him. This patient is complaining of pain, you should go and search for pain medication. But because of our big numbers, we cannot do that. And from that we cannot also teach our students like occasionally, on the spot teaching because we were rushing because of the time” (P 002).

4.4. Theme 2: The organisational culture impacted on the fluidity of support

Organisational culture refers to all values held and all duties performed by staff in the clinical settings think, do or make. This includes the ideas, morals, languages, attitudes and feelings shared by the staff, consciously or unconsciously passed on to the clinical supervisors and students (Silove, 2004). The clinical supervisors witnessed and, on occasion, experienced how students were treated in the clinical setting. Support was perceived to be fluid in clinical settings where the clinical staff appeared accommodating of both clinical supervisors and students; however, in some settings the students and supervisors were unwelcomed. The clinical supervisors adopted an advocacy role and endeavoured to support the students to cope in the clinical setting, which was perceived to be unwelcoming. The following quotation refers:

“... there are certain units in certain facilities where the shift leader or unit manager ... is not welcoming, is giving students a hard time. Is not professional at all...you just have to coach the students and tell them this is what they going to experience...” (P 004)

While the clinical supervisors were rendering support to the students to cope in hostile clinical environments, they reported receiving support from their peers at the higher education institution. As there were a few clinical supervisors working together, they supported each other in adversity; however, sometimes the support was misconstrued. The following quotation refers:

“...sometimes colleagues can make the world difficult for you but... we have our little debriefing sessions...and that is also the time when you feel that you don’t get the

cooperation from that person. So that makes your task a bit difficult...because sometimes people feel that you're targeting [them] ... we are too little to target one another” (P 001).

The same participant alluded to the support she received from older colleagues, who orientated her to her role and expectations of clinical supervision. The following quotation refers:

“I was quite nervous the first time because I did not know what to expect... I must say that the older supervisors, who were with me at that point, they really showed me and taught me a lot on how to do it” (P 001)

4.5. Theme 3: Limited Resources

Limited resources refer to external factors such as human, financial and supplies that were perceived to be limited, which, therefore, impacted on the participants' experience of the clinical setting. The participants reported that there were too many students, relative to the few clinical supervisors (see background on page 6) who had to supervise them. The following quotations refer:

“...so my experience here ...there are too many students and too little [few] of us ...so there are difficulties in doing this job as clinical supervisor...” (P 003)

“We have a large amount [numbers] of students...so we are a few facilitators for a lot of students” (P 005).

In addition, limited financial resources, such as being paid low salaries, and having to use personal vehicles to deliver a service to the students, without being reimbursed, had an impact on the participants' job motivation. The following quotations refer:

“...our salary is very low...so the money with the low salary it's like most of the interest is gone...” (P 002)

“...we utilise our own cars. You must throw in your own petrol and then you drive from one clinic to another ...so no reimbursement for petrol...” (P 003)

The participants also reported that they did not have offices at the institution, nor at the clinical facilities, where they conducted clinical supervision. As a result, they used their private vehicles as a tea-room. The following quotations refer:

“...as a supervisor we don’t have offices at the institution, especially [hospital X]; I’m working there at the moment... So there are difficulties in doing this job as a clinical supervisor” (P 003).

“...this is what we do;we sit in the car and eat...” (P 008)

Lack of supplies from both the higher education institution and the clinical setting was perceived as a challenge, as it impacted on the participants’ experience of clinical supervision. Clinical supervisors disclosed that they were expected to purchase these supplies themselves in order to perform their duties. The following quotation refers:

“...there are challenges ..., because you don’t have tools. There’s no books...they expect you to buy every little thing; even assessment sheets for the students, you have to pay for that. So you have to make photocopies yourself. And it is from your salary” (P 004).

Nursing students are placed in the clinical settings to gain experience and develop nursing skills. However, the participants reported that there was a scarcity of medical supplies at the various clinical sites, where students are placed to learn clinical procedures. The following quotation refers:

“And what we find in the hospitals, in some of the CHC’s [Community Health Centres], they don’t have sterile equipment for the student to render or to do a sterile procedure, which means you have to bring all your sterile equipment, like sterile gloves for a simple wound dressing. Sometimes a plain, basic tray for a dressing, you must bring it from the skills lab or your institution” (Participant 007).

Another participant reported on the unsuitability of the clinical equipment, for example, dolls that were meant to be used for clinical demonstrations at the higher education institution’s skills laboratories, but could not be used. The following quotations refer:

“...sometimes the dolls, they are not proper for demonstration of skills, for example, if we have to demonstrate injection administration, the gluteus muscle, the buttock muscle, it is not well structure on the dolls. So we cannot really tell the student this is the part because it doesn’t reflect like the real buttock....also we have to restrict students from doing certain things, for example, a student pulls up the medication to inject, the student cannot inject the fluid because the dolls going to get spoiled. So how will a student know that I have to inject it?” (P 004)

4.6. Theme 4: Interpersonal relationships as a dynamic communication process

This theme focuses on the interpersonal relationships among participants, clinical staff, academics at the higher education institution and the students. A participant reported the importance of preparing the students for work in the clinical setting, which could result in positive working relationships between the participants and the students. The following quotation refers:

“I never had any problems with them because when I get the students, the first day that I go to them, let’s say each and every term we get new students, so I do give them expectation and they must also give me their expectation and then also I explain everything...with that relationship, with that good relationship I never experienced any problem so far with the students. And I noticed that it depends on how you speak with the students. We cannot expect them to be professional while we are not” (P 006).

However, some participants reported that they had to constantly impose boundaries on students, who displayed inappropriate behaviour. This impacted on the supervisor/student relationship. The participants raised issues, such as students’ unpreparedness for clinical procedures, absenteeism, late arrivals and, of a more serious nature, students forging supervisor’s signatures on assessment tools and others on work time sheets. The relationship was further challenged, when clinical supervisors were tasked with constructively addressing these issues with the students. The following quotation refers:

“...late coming of students, specifically with regards to appointments,...they are not sometimes prepared...So you have to reschedule the student and highlight it once again how important it is to stuck [stick] to their appointments...” (P 007)

The imposing of boundaries also influenced how the participants experienced first and second year nursing students in the facilities. Students in their second year of study were perceived to be disobedient, as they did not adhere to the rules of the higher education institution and clinical setting. The following quotation refers:

“...first years they would go straight to their institution where they supposed to [go]...But in second year, now they just do whatever they want (to do)... you will find second year students who are not placed in a [clinical placement] setting, ...they just go to that specific institution...because they know they don’t have money to go where they are supposed to go...even if you chase them, the next week you will find the students and then there’s a problem between you...” (P 006)

Some participants provided reasons for the need to impose boundaries on some students because of their inappropriate behaviour. The reasons included: some students assumed that they were on an equal standing to the participants; and some students missed their appointments as reported by the following quotations:

“...some of the students.... think that they are on your level and then you must just put your foot down and explain... listen I am here, still your superior” (P 003).

“...sometimes you do get those students who stay absent and then...on the last day they come to you and now they say; Miss, but I don't have this assessment and I don't have that assessment...and sometimes I do reprimand them because they could have told me long time ago” (P 001).

The participants also reported that the manner, in which they taught clinical skills in the clinical setting, influenced how students perceived them. When students were unhappy with a participant's teaching style, they would display negative behaviour, such as gossiping about the participants. The participants expressed the need for a uniform method of teaching clinical skills. The following quotation illustrates how the lack of uniformity in teaching methods among supervisors, impacted on the behaviour of students:

“...so this one [clinical supervisor] teaches the student this way and that one teaches the student that way And if I meet a student who was taught in a different way... then the student starts talking about supervisors and so on...and I think that time should be created for workshops so that supervisors can agree on one method of procedure demonstration” (P 004).

There appeared to be a variance in how students perceived the clinical supervisors' teaching of clinical skills. These differences, according to the participants, appeared to be due to the need for all clinical supervisors, appointed at the university, to at least possess a basic degree in nursing. It would appear that the limited formal qualifications were linked to clinical supervisors being perceived as “not vocal enough”. The following quotation refers:

“...I think for me it would be better if the university can say that all their clinical supervisors must have at least a degree..., and then the Masters [Degree] at least.... because there are students who would complain and say; So-and-so is not vocal enough...so that the students don't run around when they see a certain supervisor and then they are like they would prefer someone else” (P 006).

However, another participant described the need for all participants to be in possession of a qualification in nursing education, which is a SANC requirement for a nurse to teach nursing students at a higher education institution or a nursing college. The participant further expounded that the additional qualification was necessary as, from her personal experience, her own views and teaching methods changed, following the attainment of the additional qualification. The following quotation refers:

“I must say I think we all need to have an education, either a diploma or your Masters...after my diploma in education, I must say my view changed and my method of teaching changed” (P 008).

In addition, due to the lack of communication between the HEI and the clinical facilities, the participants experienced interpersonal conflict between themselves and the clinical staff of the clinical settings, which they perceived to be a challenge. The lack of communication referred to issues like student names not being disseminated to the clinical facilities, which resulted in clinical staff not being aware of student placements at various facilities. However, it appeared that the participants also did not know at which facilities students were placed. This affected planning at the clinical facilities, as students from various institutions were placed at these facilities, to obtain clinical experience. This process needed to be coordinated, to ensure that the students learning needs were met. The following quotations refer:

“There are times when we start working and there is no student list and we have to pop in the hospital and we ask in the unit; I’m Ms So-and so and I’m from this institution, the sister will ask you, which students are you looking for? What are the names of those students? You [participant] cannot say, because you don’t even know who you’re going to see because there is no list. I really feel that people should rehearse [practice] their management skills” (P 004).

“...because sometimes they [clinical staff] will tell you that they didn’t get the list, from the placement officer at the University...it affects you in many ways because when you go there, the nursing manager of the institution won’t be happy because they don’t just take nursing students from UWC[University of the Western Cape]. They take different students from different institutions” (P 006).

While challenges were experienced due to the lack of communication from the higher education institution, the participants reported that the clinical staff also displayed negative

attitudes towards the students, as the students were, at times, not permitted to observe some nursing procedures, or participate in tasks, which would have aided their clinical learning. The following quotation refers:

“Sometimes you get staff members who don’t want to assist you or don’t want to set the students free for that specific period...the students explain that the sisters don’t want them to at least shadow them when they hand out meds...And then you go to the sister and tell her according to the Western Cape Governments policy the students are allowed...” (P 007)

In the above instance, the participant had to advocate on behalf of the student, to ensure that the students’ clinical learning needs were met. However, the participants reported that they resolved conflict in a positive manner, when they fostered a better working relationship with the clinical staff, which included the staff being aware of their work time table. The following quotation refers:

“...Sisters[Professional nurses]... would start asking questions, like... where are your clinical supervisors? ...and I had to explain...so I told them I have two clinics I had to attend too. So it all depends on how you approach your sisters. If you go in there with a fighting spirit you obviously will...” (P 003)

In addition, the participants reported that by following the chain of command at the various institutions, positive interpersonal relationships were fostered. The following quotation refers:

“So I went to the operational manager and I explained to her that this is what happened and the student has told me this and she must please tell her staff that my students must not give any medication now...so the operational manager, she was quite happy and she agreed with me...” (P 004).

The importance of knowing, and having contact with, the key people in the clinical setting, were perceived to be essential in relationship building. The following quotation refers:

“It’s good to build a relationship with the hospital managers because they need to know the person who supervise the students, should there be any problems in future or injuries, etc., they will be able to discuss with the specific person[clinical supervisor]” (P 006).

4.7. Theme 5: Impact on the self

This theme relates to the impact that the clinical experience had on the self, which ranged from psychological and emotional responses relating to their experience and physiological effects on the body. The psychophysiological signs and symptoms that participants experienced were related to the perceived unrealistic work expectation. The following quotation refers:

“It’s very difficult for me because... there was a time when I was working alone and I had quite a high number of first years, and second years; especially first years. And it was the ratio, if I can give you numbers, it was about 22:1 for one given day only...I really felt that I burned myself out...” (P 001)

The participant describes the feelings of ‘*burned myself out*’ to depict the impact created by having a large number of students to supervise, as well as experiencing the difficulties of coping with the workload.

However, the participants alluded to the mixed emotions they experienced, when they failed students, knowing that they (participants) had not spent enough time with the students, practicing clinical skills, as is illustrated by the following excerpt:

“...Students are entitled to have a proper demonstration, proper guided practices and assessments. ...You have feelings of guilt because sometimes you fail a student knowing you didn’t spend enough time practicing” (P 005).

The amount of time spent with students was perceived to equate to the quality of education. More time spent with students in the clinical setting meant better quality of education, in terms of skills teaching. However, the participants expressed that, due to the workload, they would rush clinical supervision, which adversely affected the quality of the education that students received. The following quotation refers:

“...sometimes the workload is straining...because sometimes you become stressed ...we speak about qualitative education [education inclusive of clinical supervisors being able to apply a structured monitoring and evaluation system as part of the students clinical supervision experience]...it would be better if we got more time with them, so that we can give them qualitative education...but sometimes we end up rushing ...” (P 006).

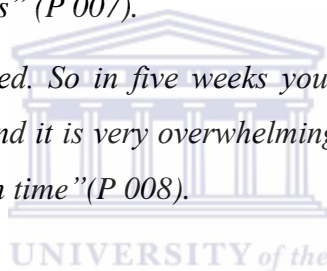
Moreover, some participants alluded to the lack of job satisfaction that they experienced as a result of the high student/clinical supervisor ratio. The following quotation refers:

“That’s also not nice for us. If we should have a reasonable number and because of that big number you would find that sometimes our [job] satisfaction is not there...” (P 002)

This lack of job satisfaction manifested itself in a myriad of emotions that the participants expressed to depict their negative psychological state. The emotions ranged from feeling drained, frustrated, stressed, overwhelmed and devalued as described by the following quotations:

“...So most of the time you don’t get a break...you try to rush and to finish students...but at the end of the day you drained. You are frustrated, you are so stressed and most of the time I try to keep myself calm, so that I don’t transfer my negative attitude towards my students” (P 007).

“...You do feel overwhelmed. So in five weeks you need to assess, guided practice, formative and re-assess...and it is very overwhelming...because I think it is because of our time, there’s not enough time” (P 008).



The participants also reported the psychophysiological signs and symptoms, such as agitated feelings, physical tiredness, confusion and disorientation that they experienced as a result of the unrealistic expectations. Participants described their experience of clinical supervision as *“...it is very hectic many times”* as illustrated by the following quotation:

“...it is very hectic many times because you have in ration[ratio] so many students... to one supervisor... It’s very difficult for me... I was agitated and I felt physically tired...” (P 001)

Besides the psychophysiological effects experienced, a participant mentioned the impact that the workload had on their personal lives. This participant compared the impact to *“not living a good life”*, alluding to the spill-over of work demands on their personal lives. The following quotation refers:

“The workload is too much in relation to one’s life activities. It is basically you are not living a good life doing this supervision” (P 004).

According to the participants, blame must also be assigned to the type of student that was allowed into the Bachelor of Nursing programme, to which they, as clinical supervisors, provided no input. This resulted in the participants having to waste time, explaining basic information to students, which was frustrating. The following quotation refers:

So, I get frustrated because now I have to start linking the knowledge to make the student understand something...” (P 004)

The consequence of the recruitment process was exacerbated by the fact that the participants conducted clinical supervision across two year levels (namely, first and second year general nursing science students). The participants reported that they were often tired because of having to rush in order to complete their duties. This resulted in them not having any patience with the students, whom they were supervising. The following quotations refer:

“...the workload is straining because... you’ve got students maybe 10-12 per day...and then you’ve got your second year students...you become stressed...we end up rushing because of the number of students we have”

“It is really tiresome...because we’re tired... and we don’t have patience with our students...”(P005).

The negative emotions experienced by the participants conjured up thoughts of being perceived as “*the moaning lot*” by the School of Nursing management. In order to be vindicated, participants invited management’s presence at the clinical facilities, to witness first hand their experiences of clinical supervision. The following quotation refers:

“...if you sit with 40-50 students, it does have an impact on your clinical teaching. You do feel overwhelmed. As a supervisor you do feel overwhelmed...so in that five weeks you need to assess, guided practice, formative and re-assess...and it is overwhelming...I also feel that management could actually come and say okay, I’m going with you to the health facility and let’s see what you moan about, because we are seen as the moaning lot” (P 008).

A participant reported on the initial experience of clinical supervision at the higher education institution. Feelings of anxiety related to the fear of the unknown and being unprepared for the job was mentioned by a participant. The following quotation refers:

“I was quite nervous the very first time, because I did not know what to expect” (P 001).

Some participants alluded to being devalued in their role at the School of Nursing, as their contribution to the clinical aspect of the Bachelor of Nursing programme was not recognised. They alluded to feeling unimportant, perceived to be support staff and, therefore, not belonging. The following quotations refer:

“Generally, I personally feel stressed at times, that clinical teaching is neglected in the nursing department, I feel unimportant and not valued” (P 005).

“I feel that firstly you’re not regarded –you’re regarded as support staff so I feel that the importance of clinical supervisors is not viewed highly enough” (P 008.)

The participants suspected that they were considered ‘less important’, as they were not academics. They were not included in activities that were planned for staff, nor did they receive any training to keep abreast of developments in nursing. While they recognised the important role that clinical supervisors played in the education of students, their own needs for development were not met. The following quotations refer:

“The other thing that I find not good, is because most of the time we are clinical supervisors, were not academics. It’s like we’re do not have a position in the department...If they counting people for university they will not count supervisors. Even if they’re are the most people to work with students they are in no ways regarded as doing what they should be doing. It is less important...because when they plan something for lectures to maybe for training, for research, for workshops; they would not plan anything for supervisors. They are just there. They are just there...But I think this should be corrected because supervisors they are the ones who train nurses...so they should be updated by getting training...” (P 002)

“...we do not have any training. We do not have any staff development. It’s a place where you just sit there...” (P 002)

Despite these external factors, which may be perceived as negative experiences, as well as the impact their experiences had on the self, clinical supervision was perceived as rewarding. The

participants spoke passionately about their work with students and how they enjoyed the interaction. Teaching students was considered a self-fulfilling learning experience, which resulted from a passion to teach students. The following quotation refers:

“...I am enjoying it... I enjoy the fact that I am able to share with the student information ... So in That way also I think I appreciate my work” (P 001).

Another participant reported on the enjoyment she gains when teaching students how to perform nursing skills. The following quotation refers:

“I would say that I enjoy doing supervision of nursing students. I enjoy the teaching aspect of it. I love teaching especially first year students...knowing that I teach them the right thing the first time...so actually I am doing the job for the love of the job” (Participant 004).

Clinical supervision was understood to be beneficial, as the experience that was gained from teaching the students nursing skills, improved their (supervisors) own clinical practice. The following quotation refers:

“I must say that I did perfect my clinical skills, because I do show them ...but as I am showing them I learned the right way to do things...I’m more perfect in clinical skills, in practical, and somehow I can now say I am much better” (P 002).

Another participant described the self-confidence she developed from teaching students, which was part of the clinical supervision process. The following quotation refers:

“...this clinical supervision job gives me a little bit more confidence in lecturing and also in teaching students...I like what I am doing” (Participant 003).

Clinical supervision was also considered to be ‘self-fulfilling’, which was attributed to students’ relief after understanding the nursing skills. Other participants described clinical supervision as a ‘passion’ and ‘enjoyment’, which was related to the difference they made in students’ lives, when students learnt from what they were taught.

4.8. Discussion of findings

In this study, participants focused on their experience of clinical supervision, as it related to the time, the organisational culture, resources and the impact of the experience on the self.

The lack of, or the limited amount of, time was a pervading aspect, which appeared to dominate most of their working lives. Most participants related how time affected their planning to cope with the large numbers of students they had to supervise in the clinical settings. The lack of time was mentioned by all participants in this study. The participant's reported that due to the workload assigned to clinical supervisors, they had limited periods of time to spend with each student in the clinical setting. The participants also mentioned that the lack of time prevented them from planning their work, and reported that they felt physically 'burnt out' and tired, as a result of rushing to different clinical settings to supervise students and hurriedly complete the procedures with them.

This finding is similar to that of a study conducted by Papastavrou et al. (2010) in Cyprus to explore the present clinical situation and how it impacted on the transition of nursing education to the university. These authors assert that the ambiguous role of nurse mentors, as well as the challenges that they experienced, while effectively fulfilling their roles, was a consequence of heavy workloads, insufficient time, and inadequate staff levels that made mentorship inadequate. Additionally, Huybrecht, Loeckx, Quaeysaegens, De Tobel, & Mistiaen (2011) assert that time was a constraint during effective mentoring of students. Wilson (2013) conducted a phenomenological research study with twelve mentors, who worked in a range of clinical settings in England, to achieve a deeper understanding of the lived experiences of mentoring, while searching for insights into how mentors can be better prepared and supported. The findings revealed that the participants often over-compensated for the extra workload demands by working faster and working without breaks. The author also states that mentors, whose time with their student is limited, have reduced opportunities to assess their practice.

The clinical skills teaching methodology (Skills Lab methodology) adopted by the School of Nursing, also appeared to exacerbate the frustration of the current study's participants. It appeared as if the participants did not assume ownership, or buy in, which may have been through the lack of understanding of, or the limited freedom to adapt to, the methodology in order to ensure that the students achieved the clinical learning outcomes. The steps in the Skills lab method were conducted in a linear fashion, which was the focus of clinical skills teaching, as opposed to teaching students principles that would be suited to different clinical environments. Some participants appeared to be task orientated, which manifested in less patient contact, as the focus was on '*getting procedures done*'. Additionally, total patient care

could result in students focussing on tasks of nursing care, rather than the deeper understanding of complex nursing conditions (Benner et al., 2009, cited in Nielsen, Noone, Voss&Mathews, 2013).Gellar and Foley (2009) assert that clinical supervision commonly focusses on issues such as goals, procedures and best practice, which are all task orientated, while Pearce, Phillips, Dawson and Leggat (2013), state that issues, such as how to effect clinical change and growth in the supervisee, were not a traditional part of the supervision sessions.

The importance of having a nursing education qualification to teach students was acknowledged by many participants, who believed that it would have prepared them for their teaching role. Cognisance should be taken of the fact that nursing education has undergone many changes during the last decades, of which the most revolutionary one has, probably, been the transitioning of nursing education to Universities. This implied that nursing training transitioned from, previously involving mostly practical training, to the academic education of late, which has created a new set of challenges for all parties involved in teaching and supervision of students enrolled in the nursing programme (Lindgren & Athlin, 2010). Teaching skills in the practice setting is important, as it allows for the students to integrate theory with the practice. The biggest challenge though in nursing education today, is to create fruitful conditions for a learning encounter between the student's life world and knowledge, through theory and practice (Ekebergh, 2011).

The participants in this study often felt the need to render direct patient care, but due to time constraints, were unfortunately unable to assist. Hall-Lord, Theander and Athlin (2013) conducted a study in Sweden to develop a clinical supervision model, which could reduce the deficiencies and facilitate a good academic learning environment in clinical education. Their findings reveal that, due to high workload, the clinical nurses, responsible for supervising nursing students, were often lacking time for professional patient care. These authors' further state, as part of the findings of the research study that clinical supervisors felt torn between caring for patients and properly supervising nursing students.

There were external factors that influenced how the participants experienced clinical supervision. These included: financial constraints, in terms of using their private vehicles in the conducting of their duties, without reimbursement; and the lack of office space at the HEIs as well as at the clinical facilities, which resulted in the participants feeling devalued and

that they did not belong. Despite these challenges, some participants were employed at the HEI for a period of ten years. This length of service was attributed to the job satisfaction they gained from imparting knowledge to their students. Concepts that emerged while they alluded to their work as clinical supervisors were: *'enjoy the teaching aspect'*, *'I love teaching'*. Russel (2013), who conducted a research study to develop, implement, and evaluate a new education programme for nursing staff, reports that participants commented on their renewed passion and enthusiasm for the role as clinical supervisors.

Participants referred to 'management', when assigning blame for activities or tasks not carried out, to ensure a smooth clinical supervision and student placement process. However, as alluded to in the background of this study, there were lecturers in the first and second year levels, who were assigned the role of clinical level coordinator, responsible for the coordination of the clinical learning programme. None of the participants referred to the clinical level coordinator during the interviews, but rather voiced their discontent towards 'management'. It would appear that, either these individuals were absent, not recognised for their clinical coordination role, or were deemed powerless to exert any influence in the clinical programme.

Severinsson and Sand (2010), who conducted a research study in Norway to evaluate the clinical supervision and professional development of student nurses, during their undergraduate education, states that the learning process is dependent on the way in which the student nurse is prepared for the clinical course and whether the clinical supervisor creates an appropriate learning environment. The clinical supervisor acts as a role model, decision maker, guide and counsellor to the students in the clinical setting (Severinsson & Sand, 2010). It is, therefore, vital that valuable clinical time be utilized effectively and productively, as planned by the nurse educators (D'Souza, Venkatesaperumal, Radhakrishnan & Balachandran, 2013).

4.9. Conclusion

This chapter focussed on discussing the research findings, with regards to the experiences of clinical supervisors, who supervised nursing students at a Higher Education Institution in the Western Cape. The findings were discussed under their main themes and subsequent categories, as outlined in Table: 1.

Chapter Five will discuss the conclusions, limitations and recommendations of the study.

CHAPTER FIVE

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1. Introduction

The aim of this study was to explore and describe clinical supervisors' experience of supervising undergraduate nursing students from a Higher Education Institution, in the Western Cape. The research findings of this study were discussed in the previous chapter. The verbatim quotations from the one-on-one, in-depth interviews were used to support the findings. This chapter will focus on discussing the conclusions, limitations and recommendations, based on the findings of this study.

5.2. Summary and conclusions

Five themes emerged through a process of inductive analysis to answer the research question: How do clinical supervisors experience supervising undergraduate nursing students at a higher education institution? The themes include:

5.2.1. Time as a constraint to job productivity

The limited, or the lack of, time, as well as the impact it had on the participants' job productivity, was a pervading issue that emerged from all the participants, to whom it appeared to be a major challenge. Although, in this study, time, as a constraint, was mentioned by all the participants, who were all employed at a specific Higher Education Institution in the Western Cape, South Africa, the literature revealed that this challenge was also experienced by clinical supervisors, globally. The participants also shared the experience of managing large numbers of students each, which translated into heavy workloads and affected their ability to plan effectively. The students' negative behaviour also had an effect on their ability to manage their time.

Additionally, the participants reported being unable to render patient care, despite being professional nurses, due to the limited amount of time they had to supervise the students. Nursing is a caring profession, therefore, it would have been expected of the nurse to first take care of the patients and their (patients') needs. Clinical supervisors are role models to the students, and are expected to role model caring for the students to emulate. Literature, globally, assert that it is the responsibility of the Higher Education Institution to train professionals, who will be able to contribute, positively, towards their profession, as well as to their communities and countries.

The participants also mentioned that the lack of time prevented them from planning their duties. Again the researcher noted that the participants were, firstly, concerned about the students, and how their inability to plan impacted on the students. During an in-depth interview session, the participants mentioned that they were, probably, neglecting the students, and continued, 'not because we want to, but because we have to'.

The researcher was also reminded that the participants in the current study were responsible for supervising both, first and second-year level nursing students, at the Higher Education Institution under study. At the same HEI, the third and fourth-year level nursing students had separate supervisors for each level, as was also the case with most clinical supervisors elsewhere.

5.2.2. The Organisational Culture impacted on the fluidity of support

The participants expressed the need for support from the HEI's management team when they reported the inability of management to provide supervisors with a proper work plan, as well as a student list, prior to the supervision of the students in the clinical settings. The researcher, however, observed that the challenges experienced with the management team, as perceived by participants, were not necessarily related to the tasks of management, but instead involved tasks of the level coordinator, who was responsible for coordinating the specific year level of nursing students at the institution. The researcher also observed that the participants did not once mention or refer to the level coordinator, or the tasks of the level coordinator, during the in-depth interview sessions. The researcher is of the opinion that the participants were not conversant with

the role of the level coordinators, as well as their functions and tasks. The researcher suspected that if the participants understood the role of the level coordinator, they would not have necessarily blamed management for the challenges.

The participants reported that the clinical staff at some clinical settings were accommodating of the students, while the converse was true for others, which impacted on the clinical supervision experiences of the participants. They stated that the clinical staff, in some instances, appeared to be unfriendly, unsupportive and did not portray the teaching role to students. As a result, the participants had to advocate on behalf of their students to ensure that their (students) learning needs were accommodated in the clinical setting. The participants reported that they realised the importance of maintaining good relationships with the staff in the clinical setting, despite being treated as 'visitors' or 'guests', and not colleagues, for the sake of the students' need of clinical experience in the clinical setting. However, it was also reported that some staff were experienced as friendly and accommodating of the students learning needs and outcomes.

The importance of peer support at the HEI was also emphasised by the participants. They praised the positive influence of their colleagues' support with regards to their clinical supervision experience, especially in the initial stages, when colleagues would provide assistance with their experienced guidance. The participants, however, also identified the negative feelings experienced, such as the lack of teamwork, when they sensed that their colleagues/peers were not supportive.

5.2.3. Interpersonal relationships as a dynamic communication process

Communication is a vital characteristic of interpersonal relationships. Alternatively, communication is one of the building blocks of interpersonal relationships. The relationships between the clinical staff, students and the colleagues at the HEI influenced the participants' experience of clinical supervision. The student/supervisor interpersonal relationship was marred by the differences in the participants' teaching methods of clinical procedures, which inadvertently triggered negative attitudes and behaviours from the students

The researcher concurs with the participants, who believe that a possible solution, to address the issue of the lack of uniformity in teaching methods, is for the HEI to include in its selection criteria (when selecting candidates to be employed as clinical supervisors at the institution) that clinical supervisors should hold a master's degree in nursing education, or a diploma in nursing education, in conjunction with their respective nursing degree or diploma.

The participants emphasised the importance of communication and how it could be utilised as a positive resolution to conflict management, especially with regards to the supervision experience in the clinical setting. They described an incident that involved a student and the nursing staff at a clinical facility. The participants were eventually required to communicate with the nursing staff involved in the specific ward and the manager at the clinical facility to solve the problem, in order to maintain good relationships. Ultimately, the good relationships led to positive experiences for the clinical supervisor, as well as the nursing students, who were placed there.

5.2.4. Impact on the self

Participants experienced overwhelming psychophysiological signs and symptoms such as physical tiredness, stress, agitated feelings, confusion and disorientation, as a result of unrealistic work expectations. Challenges in the clinical setting and the HEI were externalised. Regardless of the challenges experienced, the participants had extensive experience (10 years and more) of conducting clinical supervision. They attributed this to the job satisfaction that they gained from teaching students and observing their (students) growth and development. Most of the participants described their clinical supervision job as a self-fulfilling learning experience.

Participants also reported that they experienced feelings of not belonging and feeling devalued by both the HEI, as well as the clinical setting. The participants were of the opinion that their basic needs were not being met by the institution. They did not have sufficient office space, at the institution or at the clinical setting and were forced to, most of the time; eat their lunches in their cars.

5.2.5. Limited Resources

Lack of, or limited, human and financial resources and physical space impacted negatively on the participant's experience of supervision. These factors impacted on their ability to perform their duties.

If these challenges mentioned by the participants, could somehow be addressed and solved, these participants would be able to provide students with the best quality of supervision that would, ultimately, benefit the student, the future professional nurse, the society, the country, as well as the Higher Education Institution.

5.3. Limitations of this study

This research study was conducted at one Higher Education Institution only, the population comprised of all clinical supervisors. The sample size was purposefully selected and comprised of clinical supervisors, who supervise first and second year nursing students. The findings, therefore, cannot be generalised and is only limited and applicable to this study.

The researcher, formerly employed as clinical supervisor at the institution under study, was also the interviewer for this study, and was also a former colleague of all of the participants, who participated in this study. This may have influenced the participant's responses, as they might have revealed what they thought the researcher wanted to hear. Therefore, despite the researcher's attempt at bracketing, it must be acknowledged that, however minimal, her presence might have influenced the study.

The researcher's supervisor, also employed at the institution under study, had been identified by two participants, as being part of the management team at the institution. These participants, during the in-depth interviews, when probed by the researcher to say more regarding a certain issue mentioned, responded that they did not want to say more regarding certain issues (as mentioned by them), as they suspected that the researcher's supervisor was part of management. Therefore, despite the researcher's assurances that all ethics considerations had been put in place, the participants might still have been reluctant to share more explicitly, for fear of being identified and exposed by the institution, which might also have influenced this study.

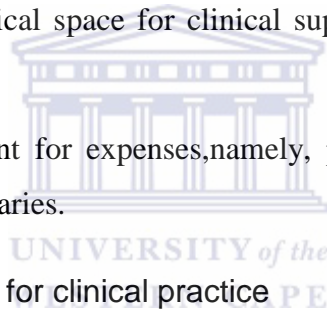
5.4. Recommendations

The following recommendations are made based on the findings of this study:

5.4.1. Recommendations for nursing education

The researcher recommends:

- The HEI should offer regular refresher programmes/training to improve communication and ensure that teaching assessment and clinical training is standardized among the supervisors.
- Orientation of newly appointed clinical supervisors to alleviate a discrepancy between the job expectations and the actual workload.
- Consider the allocation of dedicated first and second year clinical supervisors to reduce the impact on the self of having to service both first and second year nursing students, who have different clinical learning objectives.
- The allocation of physical space for clinical supervisors at the Higher Education Institution.
- Financial reimbursement for expenses, namely, petrol allowance, to augment the clinical supervisors' salaries.



5.4.2. Recommendations for clinical practice

The researcher recommends:

- The creation of a welcoming clinical learning environment through communication between the relevant stakeholders.
- Teaching students clinical skills should be a dual responsibility, namely, both clinical staff and clinical supervisors.
- Physical space to be provided for clinical supervisors at the facilities.

5.4.3. Recommendations for further research

The researcher recommends that further research be done on:

- Resilience in clinical supervisors.
- Job satisfaction and the clinical supervision experience.

- The experience of clinical supervisors from different year levels and different contexts.

5.5. Conclusion

The main focus of this research was on clinical supervisors. The objective of this research was to explore and describe the experiences of clinical supervisors, who supervise nursing undergraduate students from a Higher Education Institution in the Western Cape.

During the in-depth interviews, the researcher used one open ended question (“What is your experience as clinical supervisor, who supervises nursing students?”). The researcher elicited more information from the participants by making use of probing.

Data was analysed using Tesch’s eight steps method. The analysis was done by the researcher and the researcher’s supervisor.

Literature used to confirm the findings of this research study was obtained from the following databases: Google Scholar and PubMed, Ebscohost, CINAHL, MEDLINE etc. Periodicals, journals and different monographs (pamphlets and books) were reviewed. Both South African and international publications were utilized.

The researcher concluded, based on the findings, that clinical supervisors are generally satisfied with their jobs and that they loved the teaching role that they fulfilled. They are unhappy with the conditions in the setting, which they experience as challenging, and under which they have to perform their clinical supervisor duties. The researcher, ultimately, trusts that the recommendations made will be carried out appropriately, as this will possibly help to resolve the challenges experienced by clinical supervisors.

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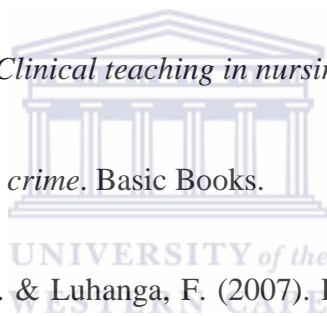
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APPENDICES

APPENDIX A: Participant's Information Sheet





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INFORMATION SHEET

Project Title: Clinical supervisors experience of supervising nursing students from a higher education institution in the Western Cape

What is this study about?

This is a research project being conducted by student, Janine Magerman at the University of the Western Cape. We are inviting you to participate in this research project because you are a clinical supervisor, employed at the University of the Western Cape, who supervise first and second year level nursing students, and therefore are identified as a possible research subject for this project. The purpose of this research project is to explore the experiences of clinical supervisors who supervise nursing students at a Higher Education Institution. Clinical supervisors at the institution under study are faced with a few challenges for example; they have to attend to large student numbers, and supervisors also experience social and environmental challenges. These challenges experienced by clinical supervisors make it imperative to study the experiences of clinical supervisors who supervise nursing students in the clinical setting.

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

You will be asked to do an in-depth interview with the researcher. The interview will only be between you (the research subject) and the researcher. The length of the interview will be approximately between 45 and 60 minutes long. The interview will take place at the University of the Western Cape, in the researcher's office at a time that will be most appropriate for you as the research subject. The researcher will ask the following question that the research subject will be expected to answer: What is your experience as clinical supervisor, who supervise nursing students?

Would my participation in this study be kept confidential?

We will keep your personal information confidential. To help protect your confidentiality, your name will not be included in the data. The researcher will make use of Audio recordings (with written consent from the research subject). The audio tape will be marked with a code, instead of a name, and only the researcher will be able to link this code to the identity of the research subject. The researcher will also make use of field notes, and again these field notes will be labelled with a code instead of a name to further protect the identity of the research subject. Through the use of an identification key, the researcher will be able to link the data received from the in-depth interview to the identity of the research subject. Only the researcher will have access to the information key. All data will be kept safe in the researcher's office, in a drawer that locks with a key and only the researcher will have a key

for the drawer. The key will at all times be kept by the researcher, and when not in need the key will be stored at a safe place at the researcher's home.

If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning abuse or neglect or potential harm to you or others.

What are the risks of this research?

There may be some risks from participating in this research study. As research subject you may however possibly experience things that make you feel uncomfortable, such as fear of information being disclosed to individuals, embarrassment as you may become overwhelmed during the interview process and perhaps start crying.

What are the benefits of this research?

The benefits to you include that the study is significant as it may enhance the quality of clinical experience of clinical supervisors who supervise nursing students *at an Educational Institution*.

This research is not designed to help you personally, but the results may help the investigator learn more about the experience of clinical supervisors who supervise nursing students. We hope that, in the future, other people might benefit from this study through improved understanding of clinical supervision for nursing students at an Education Institution from the clinical supervisors perspective.

This study may possibly enhance a positive learning environment for nursing students in the clinical learning environment, and it may also influence policy around effective clinical supervision for nursing students at an Education Institution.

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

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

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

You will be referred to the university support services should you require counselling.

What if I have questions?

This research is being conducted by Janine Magerman, at the School of Nursing (SoN) at the University of the Western Cape. If you have any questions about the research study itself, please contact:

Janine Magerman

38 Steyns Rust Rd

Somerset West.

7130

Tel: 072 2821279.

Email: Janine.magerman@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: **Prof. K. Jooste**

University of the Western Cape

Private Bag X17

Bellville 7535

Telephone: **021-959 2274**

E-mail: kjooste@uwc.ac.za

Dean of the Faculty of Community and Health Sciences: **Prof. J. Frantz**

University of the Western Cape

Private Bag X17

Bellville 7535

Telephone: **021-959 2631**

E-mail: jfrantz@uwc.ac.za



APPENDIX B: Participant's Consent Form



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-9593124, Fax: 021 9592689
E-mail: janine.magerman@gmail.com

CONSENT FORM

Title of Research Project: **Clinical supervisors experience of supervising nursing students from a higher education institution in the Western Cape**

The researcher will make use of field notes, to record what the researcher sees, hears, experiences and thinks in the course of collecting data. With the permission of the interviewees all interviews will be audio recorded, and the researcher will as soon as possible after each interview listen to the recording and make notes. The researcher will make descriptive as well as reflective notes. The reason for making the audio recording is, in order for the researcher to capture the exact words said between the research subject and the researcher during the interview.

The recordings will be stored in a locked drawer in the researcher's office, together with the written notes, and only the researcher will have a key for the drawer. The researcher will be the only person who has access to the data instruments. Audio recordings according to the IRB (Institutional Review Board) must be destroyed within a definite timeframe, example five years following the making of the recordings, unless the research subject agree that the recordings may be archived for future research.

- I agree to be audiotaped during my participation in this study.
- I do not agree to be audiotaped during my participation in this study.
- I hereby agree for the Audio tape recordings to be archived for future research within the institution under study.

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

Participant's name.....
Participant's signature.....
Date.....

APPENDIX C: Ethics clearance letter (UWC)



UNIVERSITY of the
WESTERN CAPE

OFFICE OF THE DEAN DEPARTMENT OF RESEARCH DEVELOPMENT

26 January 2015

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by:
Ms J Magerman (School of Nursing)

Research Project: Exploring the experience of clinical supervisors who supervise nursing students at a Higher Education Institution.

Registration no: 14/10/47

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

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

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

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

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

APPENDIX D: Permission Letter from Director of the School of Nursing



SCHOOL OF NURSING
Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-9592274, Fax: 27 21-9592271
E-mail: kjooste@uwc.ac.za

PERMISSION LETTER

25 February 2015


Mrs J Magerman 2411968

Title of Research Project: Clinical supervisor's experience of supervising nursing students from a higher education institution in the Western Cape

You are granted permission to conduct your study at the School of Nursing.
You have to arrange the data collection with the appropriate level coordinator(s) for a convenient time. During this phase you have to adhere to the ethical principles outlined in your study.

UNIVERSITY of the
WESTERN CAPE

I wish you success with your studies.



Prof K Jooste
Director
School of Nursing

APPENDIX E: Transcript of participant 008

35:21

INTERVIEWER: Good morning.

INTERVIEWEE: Good morning, Janine.

INTERVIEWER: I want to thank you for allowing me this conversation. I really appreciate it. I know it is not easy specifically on a Friday morning. As I explained to you, I'm going to ask you one question and also you can stop the interview whenever you want to. It is totally voluntary. You have read through the information sheet, and also thank you for signing the consent form. And the other thing is that if you later decide that you don't want to participate in this study anymore you are more than welcome to withdraw any time. It's totally voluntary. And everything that will be said here will be kept confidential. So be assured of that. I am going to start off with the one question; I would just like to know what is your experience as a clinical supervisor who supervise nursing students?

INTERVIEWEE: Is that now just current or for the past few years?

INTERVIEWER: Since you've done clinical supervision – in general, what is your experience of clinically supervising nursing students?

INTERVIEWEE: For me, I think it's a very volatile and actually, I find it very, can I use the word 'tough'? I find it very, very challenging. I think that supervision is underrated. I think it's underrated as a teaching and educational tool. I think that clinical supervision is not highly regarded as it should be. And I find for me, clinical supervision for me personally, I really enjoy it. I really enjoy the bed-side teaching, making it real, you know, getting everything together. But I do feel that there's not enough support in that regard. So I think especially at the faculty.

INTERVIEWER: Would you like to say a bit more about 'not enough support from the faculty'?

INTERVIEWEE: I don't mind. I feel that firstly, you're not regarded – you're regarded as support staff. I think our criteria should make supervision more on par with the academic. So I think with that, because it is not at that level, it is just seen that you go in with the student. It is seen as flexi hours. So I think that it's maybe regarded that we go in and we go out and we go home. And I think if it is in a sense, I also feel that we don't get pushed to do research ourselves in clinical. There isn't clinical

research on clinical, you know. And I think that maybe with that there's a lack, there's a gap there. I find that there's also not always enough guidance. You sort of teach yourself as you go. Although now with me, I'm tied to the in-service but it's not that you just do that. You have other work. And then if somebody new comes you really need to train them about supervision. So I think for me that is where I feel with clinical supervision, it is volatile. You can't really plan ... you plan your day but because we have people and patients, it doesn't always work out like that. You are going to change ... or the patients refuse or the students don't come and work. So then you can't really... you plan, it's fine but things might happen and then you have to re-plan it. I also feel that supervision, you actually need to be a very independent person. If you're not, if you can't work on your own, it's very difficult. And as you know, if you don't know how to manage your time and you don't have enough experience ... if the students don't come and work then you can plan something else with the students who are there.

INTERVIEWER: Innovative, in other words?

INTERVIEWEE: That's right, yes. That's the word. Then you can be innovative. But if you're not independent, because you have to, nobody is keeping an eye on you to see if you are supervising and if you're doing it correctly or I would say effectively. There's no-one there. So if you're not working independently I think it's detrimental for the students and the quality.

INTERVIEWER: Absolutely. You just touched on time management also. You said if you can't manage your time would you like to say a bit more?

INTERVIEWEE: Yes, I think time management and I was thinking that it's one thing I actually wanted was somebody to come in and talk to us because time management I think is very important in clinical supervision. You know, sometimes, like with me over the years, from just letting the students go on and on I tried to get them down to 45 minutes. But I don't know if it's fair towards the students, pushing them. And also, driving between your facilities, managing your time with the skills, when education should be given. As you know the skills lab, like time management... and time management for administration. You can only do it maybe at night. So time management to me is actually a big ... it plays a major role in our work and in accomplishing what we want to is... time management, really.

INTERVIEWER: Can you explain to me a bit more, personally, how that time factor impacts on you as a clinical supervisor?

INTERVIEWEE: It does to me because I think if you ... time management does because we're involved with, can I say mobile? With patients, so you can actually book, you can make an appointment for say eight o' clock with a student, but you get there and then the patient needs help to do a skill for instance. But then when you get there the patient might have gone to x-ray. So now you sit. What do you do? You know you have another student maybe for nine o' clock. So it does influence your time because now you have to really adjust your whole day. And the time management also, it is so important for quality assurance where you actually write down your evidence based ... where you can write down this is what I did with the student. And you can't not do that because the time wasn't (07:16) as you wanted it to be.

INTERVIEWER: You also mentioned I heard you said now, that you must motivate your other student, would you like to speak a bit more about the students maybe with regard to ... you said that you go to your other one. How many students do you have?

INTERVIEWEE: We currently from my experience, because I do first years and second years, you have in total 40 to 50 students for the term. So in one facility, say for instance, Groote Schuur, you might have 10 first year students for that day. And if you work with the students and you give them an hour or so, you can't see all 10 students. And some students, as you know, they really need to spend a little more time than the other student and that impacts on your time as well. And if you see there's a need with a student or they have challenges you can't just leave them alone. You spend more time and you move on. Students come and they have other problems maybe in class, they don't understand this or they have their own social problems, and you can't disregard that. It's part of the education of the student and that also have an impact on your time and what you do for the day. So that plays a big impact on your (08:45).

INTERVIEWER: And you mentioned earlier, driving in between facilities, would you like to speak a bit about that?

INTERVIEWEE: Yes, I think the driving between the facilities, we do try and place ourselves at facilities close by so that the driving time is less. But the driving is taxing because the traffic is never the same. So you might think that okay, half an hour to get to campus for skills lab but something might happen on the road. Also what we find is that certain skills, they call it scarce skills, if there's an injection and the

student is about to start but you know you must come back to campus, but rather let the student do that injection and then you come late. And then also sometimes the environment, the areas that you drive in, sometimes there are riots. There are protests. So that also impacts on your driving time. So that also plays a big role in our driving time. It can influence other, as I said, certain times, traffic problems.

INTERVIEWER: You must prepare for the unprepared.

INTERVIEWEE: Yes, that's also, yes, so you have to now leave earlier than what you planned for. But then it makes your time shorter with the students.

INTERVIEWER: I can hear from what you are saying, time is a very big factor.

INTERVIEWEE: It is a big factor and also with us, because the students, the formative assessments are used for criteria for their portfolio and criteria to get into the exams – theory and practical. So we are pushed in that sense for that times, within five weeks you have to have one assessment. And five weeks for us is five days with a student. So five days with a student and after those five days, you only see them every second day. So you actually in total only see them maybe in three days. And that's three hours with them. So that plays a major role – the time.

INTERVIEWER: According to you, how does that impact the students?

INTERVIEWEE: No, the quality, you can't ... it impacts on the student, it does because you can't do your proper accompaniment, your on-the-spot teaching. You go in and say, okay, you have to have this assessment for this day so we can't do more than just that assessment. And assessment takes about an hour. You give feedback and you give reflection, you know, the student reflects. And it does take about an hour. So it does play a major role.

INTERVIEWER: Absolutely. You also, when you spoke about the driving, I just want to come back there, and you mentioned that it's taxing. Would you like to say some more about that?

INTERVIEWEE: Yes, physically, taxing because sometimes on hot days and it is very hot outside and very hot in the car, some of us have to park, at Groote Schuur at least, we now got parking after a long time. Otherwise you park and you actually have to pay for your parking.

INTERVIEWER: And you have to pay out of your own pocket?

INTERVIEWEE: Yes, we did. But now we've got an agreement with Mr Petersen who does it, so we pay R50 but it's for the whole year.

INTERVIEWER: But that still comes out of your own pocket.

INTERVIEWEE: Yes, we pay for that. And other facilities, I mean you just have to then park outside. The car is hot and you have to get in. And as you know there's no tea or lunch time. We try and do ... this is what we do we sit in the car and eat. And taxing, just the driving alone; stress being on the road with the traffic. I mean, we had one supervisor who was in an accident now. Other one was actually, one other supervisor's car was broken into. So those things are real.

INTERVIEWER: At the facility?

INTERVIEWEE: At the facilities, yes. And one supervisor came from the facility, on her way to campus and she was in an accident. So you know these things happen and that is part of the taxing... there is stress and you're hoping... and it's a lot on the car also, I mean the car's wear and tear – a lot on that. Because you do have to drive quite a few distances.

INTERVIEWER: So tell me, the university doesn't perhaps provide you guys with transport ... to transport you to and from these facilities?

INTERVIEWEE: No, they don't. It is, when you sign your contract, it is you don't get petrol allowance. You drive with your own car or whichever method you get. We do have supervisors that don't have their own vehicles. So they use public transport. And that also takes time because transport ... if the trains are late, you find quite a few that they're coming late because of that problem. But there is no facility like that. I know there were plans in the past to buy vehicles and we have to come here but I'm not sure, because we've got the whole peninsula covered. So I'm not sure if you leave here at seven and you have maybe ...

INTERVIEWER: How it will work?

INTERVIEWEE: How it will work, yes, especially, if you have a kombi full of us and we all have different responsibilities and times with students. So I don't think that would be very effective. We have asked for at least a petrol allowance, but there's no specific petrol allowance – maybe just an increase in salary that you must use as petrol... but it's not separate.

INTERVIEWER: And how does that affect you as a clinical supervisor?

INTERVIEWEE: It affects us a lot. It does. Because some of us work further and some of us work closer and I think if you know that you can have that money just for petrol allowance it would be better. And it is not just that. It is your wear and tear – your tyres, your clutch. And that actually has a big impact on us as well. Because that's extra.

INTERVIEWER: In your opinion, how does that influence supervision in general?

INTERVIEWEE: What do you mean?

INTERVIEWER: The petrol allowance? The fact that people have taxing issues?

INTERVIEWEE: It does affect supervision. I think what people then do in general is then you know, you maybe go less than what you should and spend less time. Although we worked on a system if you come to the skills lab for those two hours, you then work at the clinics. So it's shorter. There's lesser students. So you can see your four students from say eight till one and then you can drive and then come to skills lab. The day when you don't come to your skills lab, you actually then stay in the hospital. Because we have a hospital and a CHC. Then you actually stay in the hospital where you can spend longer time. So that is (15:23) I think it makes it work. But that it means that you can only see the student every second week.

INTERVIEWER: And that is something you as supervisors decided upon?

INTERVIEWEE: We decided on to make it effective. And I mean we now have supervisors driving together to one facility to make ... petrol, and we try...

INTERVIEWER: Car-pooling.

INTERVIEWEE: But unfortunately, because we tried to do three, but it was only two but it works for them. And they say, what is nice, that while they drive they talk about your issues with ... you've done this and I've done... and then you learn. It is actually for me, it was actually a good thing – enjoying it and making it a fun thing to go to work.

INTERVIEWER: I think it's good in a sense that even when they come back they can debrief with each other.

INTERVIEWEE: Yes, that's it. And it is debriefing.

INTERVIEWER: And you also mentioned earlier, I just want to speak a bit more, you mentioned you're supervising first and second year students.

INTERVIEWEE: Yes.

INTERVIEWER: Would you like to say something more about that?

INTERVIEWEE: Yes, I find that the year level, first and second year, I think I believe we should actually, to give the best to the student, it is better for them to become a specialist in the field because with the second year it is more patho-physiology. And it is because a lot of us are saying, I don't want to say confuse, but one day you're busy with the first years, and the next day it's second years. So your mind has to shift completely. Your requirements, your students' outcomes are different, their

learning opportunities are different and it is quite an adjustment to switch. We have tried before to split and we weren't okayed. And this year, we're really trying because I think it's time for us to split.

INTERVIEWER: When you say split you mean...?

INTERVIEWEE: Just separate the first and second years. We're thinking of foundation and first year, because they do similar outcomes and then second year on ...

INTERVIEWER: Then you will have clinical supervisors only do first years?

INTERVIEWEE: First years and foundation and then a group just for second years. We have sat with that but because of our student numbers, it wasn't feasible and because of lack of staff. We are really too few staff members. We're just 15 and if we split, we thought 8 for second year and 7 for first years and foundation but then you sit with 55 students in second year. You have three or four facilities and then you have all the assessments and that means you must come to skills lab every week. So then it means you can only see four or five students in the morning every day of the week.

INTERVIEWER: That's not going to work?

INTERVIEWEE: That's not going to work. We were hoping to see the students every week instead of every second week to improve the quality and ... you know, but if we don't have enough staff, we said that it is ineffective. Then we only see the student every third week, which is worse.

INTERVIEWER: In your opinion, you refer to a lack of staff, what could be the reason for that?

INTERVIEWEE: I think it's the salaries. I also believe that you must have a passion for clinical supervision, otherwise there's no drive, it must be an internal drive. It must be something that you really want to do.

INTERVIEWER: Are you actually saying and I'm asking just a question, are there actually posts available that's not filled?

INTERVIEWEE: There were vacant posts. We had quite a few, we had a large turnover in 2013, very big. But people didn't stay long, three or four months and then they leave.

INTERVIEWER: Oh, so it is people resigning.

INTERVIEWEE: People did resign, yes. Quite a few resigned. Four people retired. They were replaced but people resigned and I think they resigned because I think if

you're not passionate about it and you don't have that innovative spirit and I believe you should have quite a bit of experience. That is my ... because you can see the teaching moment, and you can use it. If you don't have that clinical... that you've maybe worked a few years, you seem to can't see that learning opportunity and then it slips by and you don't know how to use those opportunities. But there are at the moment, I think there's two vacant posts but we're struggling, I think, the faculty is looking at the whole programme and they see gaps there. There's no student on the platform. And they're asking now why must we employ, because you are not doing nothing? So they're actually not very keen on employing anybody.

INTERVIEWER: t's going to be difficult.

INTERVIEWEE: And I think supervisors are now, most supervisors have their Master's and people are looking at it differently and they want to do more academic teaching. And some get the opportunities and others don't and people are resigning because they're actually dissatisfied in that sense. And I think, for me, a major one is that you are not recognised for what you actually do. You're not seen as an educator.

INTERVIEWER: I understand. You also mentioned within that same sentence when you said, 'lack of staff and student numbers'. Would you like to say more about the student numbers?

INTERVIEWEE: Yes, I feel the student numbers, if you want to give quality, you should only have 8 or 10 students. That is manageable. But once you go over that it becomes really like a touch and go. You can't go into deeper learning. It is more surface learning. And I think our students are challenged in a sense of our languages. Many of them, you really have to look at, some of them you still have to teach just to write like a documentation effect and that takes a while. Because all the different social backgrounds, that also has an impact on your teaching and the student's acceptance. So when the student numbers are that ... if you sit with 40 students, 50 students, it does have an impact on your clinical teaching. You do feel overwhelmed. As a supervisor, you feel overwhelmed. You know, some students with the assessments, you have to re-assess them. So in that five weeks you need to assess, guided practice, formative and re-assess. So it takes three... and it does have a ... and it is very overwhelming. And I think if you start out new it is overwhelming. You have a lot of paperwork like we need to for our evidence base, there's a lot ... and that is one thing that lacks because I think of our time, there's not

enough time and you can't really write at the bedside. We don't have place in the facilities. You sit ... even at the facilities, it is not always conducive, especially, for us at the faculty, we are not ... if I compare to other nursing schools in the province, we are not as accepted as the other schools of nursing. They have offices. They have rooms. Where we, you go from ward to ward, you walk from place to place. There's no place for you to have a private moment with your student. And that impacts on your time. It impacts on your teaching and it is overwhelming, you know. And for the students as well. Sometimes they want to speak to you – maybe more than just the work but there's no private areas that we can go to and it impacts on your supervision.

INTERVIEWER: Thank you for that. I can hear the place in the clinical facilities, and as a clinical supervisor, how do you, in general, find the staff in the clinical facilities?

INTERVIEWEE: You mean the ...

INTERVIEWER: The other nursing staff.

INTERVIEWEE: I must say it has changed over the years since ...I've been here now for eight years, since I started. But now I find that there isn't really support for our students. Students are now saying but you're teaching us this but when we get to the facilities, they do it completely opposite. And then our students are I won't say forced, but if we do it the right way, we're in trouble. So what they do, they do what is done in the facilities, the incorrect method. Our principles, like (24:23) neck for example, it gets done differently. I find the resources, there's a high lack of resources. So the students go from a safe environment where they get taught and then when they get there they're confused because the one told me the other day, but, Ma'am, I'm totally confused because what we get taught here is not being done at the facilities. And I find that the students don't get the support that they're supposed to get. The teaching role of the professional nurse, they're not doing that role, teaching the students and actually seeing that they're doing the right things. And what we have done now is send the learning outcomes to the facilities with the supervisor's contact. So they know exactly what the learning outcomes is. And on that way support us with the students. But it's not happening. It's not happening the way we would like it to happen. But we do a [tender] placement meetings with Mrs Jenkins and all those issues come up. So we will take that up as well.

INTERVIEWER: As well as the office space?

INTERVIEWEE: We have tried but so many places said, no, we must speak to this

one. It's just we get told that we must start with this. School and that, but the spaces are little and you have your own issues. You have your own issues from your own school. And I've tried. I've really tried, especially, the bigger facilities to see if we can get space.

INTERVIEWER: I would like to ask you also keep on referring to the skills lab, would you like to say a bit more about how being a clinical supervisor and the skills lab, how that impact on you?

INTERVIEWEE: How do you mean?

INTERVIEWER: How does your responsibilities as a clinical supervisor, how does that impact on you as a supervisor? You keep on saying that in the afternoon you must come back to the skills lab...

INTERVIEWEE: I think I come back to it because it does influence your time. Even if it is only every second week. It also impacts on the fact that you now have to leave the student at that moment, which I think is very necessary for us to have, responsibility in the skills lab. It is the one place where you can ... I always find it like a safe place where the student can actually now practice and you could teach and you could maybe in that environment when it is quiet, it is comfortable for everyone, where you can actually now teach.

INTERVIEWER: In a simulated...

INTERVIEWEE: I think why I also like it is you can actually come with a lesson plan for yourself. And I find for the group, we get together and say, this is what we're going to teach. Come everybody, bring your input. Let's draw up a plan. For me, that is very necessary, because we're scattered throughout the term all over the peninsula. That is the one place where we get together.

INTERVIEWER: I hear you. It like brings everyone together.

INTERVIEWEE: Yes, and you can just check is your colleague okay. And I think for me, that's why I always refer.... Because I do find that maybe we don't sit enough and actually think about it, I like that question. Because I think we don't always think how important it is ... some of us feel that we don't want to come back. I really enjoy it. It's really a nice teaching, a real proper... because when you just go to the facilities, there's no boards. There's no paper. There's hardly any paper now.

INTERVIEWER: It's like the perfect circumstances?

INTERVIEWEE: Yes, and where you can really show a student what principles are all about of any skill and as I said, it's nice to chat with a colleague. What's

happening with them personally and it is just ... I think the environment is just nice. It's good for the soul. It's quiet. Where the facilities, it's not chaotic in a bad way, but it's active.

INTERVIEWER: Can I ask you how long you are now doing this clinical supervision?

INTERVIEWEE: It's my eighth year.

INTERVIEWER: At this facility?

INTERVIEWEE: At this facility.

INTERVIEWER: Institution.

INTERVIEWEE: Institution, not facility.

INTERVIEWER: And where did you obtain your qualifications over the years?

INTERVIEWEE: I've done my general training at Tygerberg and then I did my midwifery at (28:54) town. I went to Groote Schuur straight into ICU. I did ICU during my midwifery year and I actually, you know how they place students, so I landed up in the neonatal ICU and the sister I worked with, we worked very well together and she actually said to me why don't I go into ICU because I coped well. And from there I went straight into ICU. I did my ICU course. I worked for many years at all the different ICUs. I did that at Groote Schuur. We still did it over 14 months. But then it was institution, like Groote Schuur, we were taught there. We didn't go to universities. And then I did a lot of private nursing only in ICUs, like Chris Barnard. I did a lot of cardiology ICU at Vincent Palotti, Gatesville, I worked. I worked in East London where I lived for a while in I worked in the neonatal ICU, mixed, medical, surgical, but the renal ICU...

INTERVIEWER: You have a lot of experience.

INTERVIEWEE: Yes, ye, then I came here.

INTERVIEWER: Where did education come in?

INTERVIEWEE: When I was here, I worked here for three years and a friend of mine actually phoned and said they need supervisors. Dr Jeggels interviewed us and I think because of my ICU experience I came and I love second years. But I must say, I think we all need to have an education, either a diploma or your Master's. I must say the first years when I was here I just did what was on paper. I could do a lot at the bedside because that is what I understood best. But when it came to the actual education and engaging with students with long-term learning and deep learning I didn't understand that. For me it was just I show you and you write it down.

But after education, my diploma in education, I must say my view changed and my method of teaching changed. I did a lot more reflection than what I did before. And I reflect after the [O] and I will look at my students that I had, say for instance, we did vital signs and I did that with them. And I reflect but now a few felt now why ... and I for me, that is how I learned for myself.

INTERVIEWER: You could analyse.

INTERVIEWEE: I analysed, yes. Maybe next time I must maybe teach lesson 2 more or you know, maybe I should do it differently to see if my own outcome is better with my students. Yes, I found that for me, it is an eye-opener. It is hard sometimes because I was very disappointed last year during analysis and many students of mine failed. And I felt very bad. And I think now what didn't I do right. But then my wound care, all my students passed. So that made me feel that I did right. So that is where my experience comes from; just all my clinical experience. And that is all I actually studied. (laughter).

INTERVIEWER: And I think we're basically done with this conversation but I would just like to know if there's anything else that you would like to share maybe. If there's something that you remember now that we didn't talk about regarding clinical supervision?

INTERVIEWEE: I think I mentioned that I feel that supervision must be taken seriously. I feel it must be on a platform on par with the academics. I feel that faculty should mention that clinical ... maybe the name should change. Some of us feel that it should be clinical educators or clinical facilitators. Although SANC mentioned that clinical supervisors, because we only go in and we come out. I think there should be in our department, should be a plan for the clinical year-plan should be visible. What is visible, is academic plans, but not clinical. And I do feel there should be more ... I also feel that management could actually come and say okay, I'm going with you to the health facility and let's see what you are moaning about because we are seen as the moaning lot. But what is it that you are complaining about. And I do know we have a high/low during the term and then it quietens down and then it goes back again. And I must say, during the time of that period we do try and work on [R principles]. I don't know if you know [R principles], also for (33L36) ... there's not enough ... basically, we don't have textbooks, and we can get that more of those. And then we do sit and we work out our plans for the next term on our semester. So during that period when it's a little bit more quiet we really do try and plan ahead. So

I think that is one of the things that I feel there's a lack of, there's the importance of clinical supervisors is not viewed highly enough. And I would like to see a change in that.

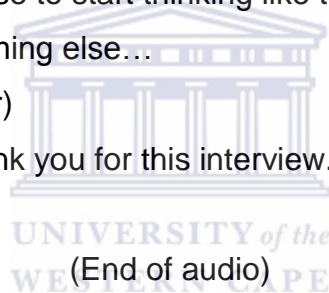
INTERVIEWER: And that is very important for you. You started this conversation with this and it looks like you're ending it with it.

INTERVIEWEE: (laughter) Yes. I've been here long enough. Just to see the balance. And for me, Janine, that will be ... I also feel that some of us don't take responsibility and there are problems. We don't come from work. We don't see our students in a good quality way. We push through things and I think if you're on that, there aren't more eyes on you to say, you are now here. What are you doing here? Now I feel many of us are slipping, because nobody really cares about what you're doing. Now you're doing careless work. And that to me is the reason why I'm saying, I take it very seriously. I take supervision very seriously. For me it's a top job and I think I would like everybody else to start thinking like that.

INTERVIEWER: If there's nothing else...

INTERVIEWEE: No. (laughter)

INTERVIEWER: I want to thank you for this interview. I really appreciate it.



APPENDIX F: Editorial Certificate

04 November 2015

To whom it may concern

Dear Sir/Madam

RE: Editorial Certificate

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

Thesis title

CLINICAL SUPERVISORS' EXPERIENCE OF SUPERVISING NURSING
STUDENTS FROM A HIGHER EDUCATION INSTITUTION
IN THE WESTERN CAPE

Author

Janine Magerman

The research content or the author's intentions were not altered in any way during the editing process, however, the author has the authority to accept or reject my suggestions and changes.

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