

**Challenges experienced by second and third-year nursing students
when integrating theory into practice in a selected clinical setting in the
Western Cape Province**

by

Nombulelo Esme Zenani

02862645



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

Magister Curationis (MCur)

WESTERN CAPE
Nursing Education

in the School of Nursing

University of the Western Cape

Supervisor: Professor José Frantz

Co-supervisor: Mr. Gérard Filies

December 2016

Declaration

I, Nombulelo Esme Zenani, declare that the dissertation entitled ‘Challenges experienced by second and third-year nursing students when integrating theory into practice in a selected clinical setting in the Western Cape Province’ is my own work, that all sources that have been used or quoted have been indicated and acknowledged by means of a complete reference list, and that it was not submitted for any other degree at any institution.

Nombulelo Esme Zenani: -----

Date: -----



KEYWORDS

- ✚ Baccalaureus Curationis (BNur) nursing degree
- ✚ Competence
- ✚ Clinical Settings
- ✚ Integration
- ✚ Nursing Student
- ✚ Theory-practice gap

List of Tables

Table one: Admission requirements for nursing applicants at UWC page 3

Table two: Grouping of themes and categories page 42

Table three: Recommendation according to themes page 66



ABBREVIATIONS

BNur	Bachelor of Nursing degree
ETQA	Education training quality assurance
HEIs	Higher education institutions
PBL	Problem-based learning
SANC	South African Nursing Council
SAQA	South African Quality Authority
SON	School of Nursing
NQF	National Qualifications Framework
UWC	University of the Western Cape



Dedication

I dedicate this study to my Lord and saviour Jesus Christ, the mastermind and creator of all things. His love and guidance is the source of my strength.

And to my late grandmother Anne Nomathemba Zenani, who has always role-modelled the fear of the Almighty, our Lord, and who instilled solid values and principles of hard work, humility and the value of self-empowerment through education (Ndiyabulela Dlangamandla, Zulu).



Acknowledgements

‘Seek His will in all you do, and He will direct all your paths.’ [Proverbs 3:6, New Living Translation (NLT)]

Glory and honour to the One seated on the throne.

I extend my sincere gratitude and appreciation to the following individuals and institutions who contributed immensely to this study.

- ✚ **Professor José Frantz** my supervisor, and co-supervisor **Mr Gérard Filies**, for their support, guidance and consistent valuable contribution towards the study.
- ✚ the support and motivation of the **staff in the School of Nursing**, University of the Western Cape.
- ✚ to the **nursing students** who availed themselves and participated throughout the study.
- ✚ to my loving mother **Mantuntu Julie Zenani** for her continuous affection and support; you are my pillar, you provide me with so much strength and courage; thank you for everything.
- ✚ to my number one cheerleader, my sister **Nontuthuzelo Patricia Zenani** who has been a great shoulder to lean on.
- ✚ to my niece **Siphosethu Mafalala**, you continue to be my sunshine; watching you grow is a beautiful thing. May I always be a role model to you as you pursue your future endeavours.
- ✚ to my extended family the **Mafalalas**. Thank you for your support and prayers and understanding when I missed some of the important events.
- ✚ to my **friends and the family from Assemblies of God Church**. Thank you for your prayers and support; may you all be significantly blessed.
- ✚ to my dearest friend **Mrs Thobeka Siganga**; thank you for the guidance and listening to all my brilliant ideas.
- ✚ to **Mr Yanga Mnyamana** from the beginning till the writing you have been a great help **and Tumelo Mabua** for the guidance and support in proof reading the manuscript, thank you.

Abstract

Background: Nursing as a profession is based on firm knowledge, values, clinical skills and attitudes. In the current dynamic healthcare systems, all nurses are challenged to be insightful and have robust clinical reasoning and psychomotor skills in order to integrate theory into practice. Therefore, they need to be accountable in ensuring that they perform optimally to meet the extensive demands of clinical settings. Theory-practice integration is a major element that sustains quality and drives best nursing practice. One of the barriers to theory-practice integration is the gap between theory and practice in nursing education. Therefore, if sound theory is the basis for understanding the reality of the clinical setting, then every effort should be made to reduce the gap between theory and practice.

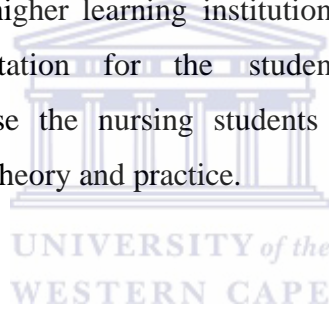
Aim: The aim of the study was to explore and describe the challenges experienced by second and third-year nursing students when integrating theory into practice in a selected clinical setting in the Western Cape.

Method: A qualitative approach, using an explorative, descriptive and contextual design, was employed. The target population of the study was the second and third-year nursing students who were registered for the Bachelor of Nursing Degree in the academic year of 2016. The selected non probability sample comprised of 14 participants. Data were collected using semi-structured focus group interviews, with an interview guide and probing to gain detailed information during the process of data collection. Interviews were audio recorded to ensure that no information would be lost and the researcher could review it when necessary. The content analysis method was used to analyse the data. Permission to conduct the study using the nursing students was obtained from the registrar of the University of the Western Cape and the HOD of Son. The research ethics committee granted ethics approval related to the study. All participants were involved in the study on a voluntary basis. Informed consent and focus group confidentiality binding forms were completed by participants to ensure confidentiality.

Results: Four themes emerged from the findings namely: Theory verses practice, lack of role models, inadequate support structures and communication. The study highlighted that nursing students still experience a challenge with integrating theory into practice in the clinical settings. In addition the study highlighted that clinical guidance from the preceptors

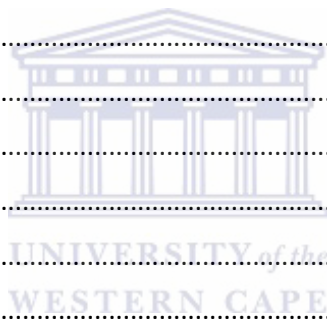
Plays a crucial role in the professional development of students. The results of the study also showed that a new structure of facilitating nursing students in clinical settings must be in place. This structure should include proper orientation and supervision of the nursing students. The preceptors who facilitate clinical guidance must be equipped with the necessary knowledge and skills to ensure that they are able to facilitate and monitor the competence of the nursing students.

Conclusion: Clinical nursing education is vital and indispensable in nursing education. It is very complex consisting of many aspects and situations, which can be challenging and demanding for a nursing student. Due to its complexity, it is essential for nursing students to be exposed to a variety of real life situations within their training in order to better prepare them for quality practice. Nursing students therefore require sufficient support from the clinical preceptor and the nursing educators, to acquire the necessary skills, knowledge and attitude to perform nursing duties with competence, when placed in the clinical settings. This calls a lot of attention from the higher learning institutions and the clinical settings to have standardised goals and expectation for the students, providing quality clinical accompaniment that will socialise the nursing students optimally in the profession and attempt to bridge the gap between theory and practice.

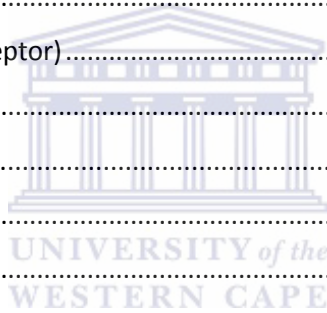


Contents

Declaration.....	i
Keywords.....	ii
List of Tables.....	ii
Abbreviations.....	iii
Dedication.....	iv
Acknowledgements.....	v
Abstract.....	VI
CHAPTER 1.....	1
1. Introduction.....	1
1.1 1 Background and rationale of the study.....	2
1.2 Problem Statement.....	5
1.3 Significance of the study.....	6
1.4 Research question.....	6
1.5 5 Aim and objectives.....	6
1.6 Operational definitions.....	7
1.7 Limitations of the study.....	8
1.8 Research methodology.....	8
1.8.1 Population.....	8
1.8.2 Sampling.....	9
1.8.3 Recruitment of participants.....	9
1.8.4 Data collection.....	9
1.8.5 Pilot study.....	10
1.9 Ethical considerations.....	10
1.9.1 Right to self-determination.....	10
1.9.2 Right to anonymity and confidentiality.....	11
1.9.3 Informed consent.....	11
1.10 Outline of the study.....	12
Chapter 1.....	12
Chapter 2.....	12
Chapter 3.....	12
Chapter 4.....	12
Chapter 5.....	12
1.11 Conclusion.....	12



CHAPTER 2.....	33
LITERATURE REVIEW	33
2.1 Introduction	33
2.2. . Theory-practice gap in nursing education.....	33
2.3. Role of the South African Nursing Council in theory-practice integration	34
2.4. Role of experiential learning in clinical settings	36
2.5. Characteristics of a conducive clinical setting.....	37
2.6. . Organisational factors that influence clinical practice teaching.....	38
2.6.1. Ward atmosphere	38
2.6.2. Influence of number of nursing students in a clinical setting	40
2.6.3. Clinical supervision in clinical settings.....	41
2.6.4. Function of a clinical supervisor	42
2.7. . Nurse educator	42
2.8. Clinical facilitator	42
2.9. Professional nurse (clinical preceptor).....	43
2.10 Conclusion.....	44
CHAPTER 3.....	45
3.1 1 Introduction	45
3.2 Research approach and design.....	45
3.2.1 Explorative research design.....	45
3.2.2 Descriptive research design.....	45
3.2.3 Contextual research design	46
3.3 Research context	46
3.4 Population and sampling	46
3.4.1 Sampling.....	46
3.5. . Inclusion criteria.....	47
3.6. Exclusion criteria	47
3.7. Data collection methods and procedure.....	47
3.8. . Interview technique.....	48
3.9 Probing	49
3.10. Data analysis	50
3.11. Measures to confirm trustworthiness.....	50
3.12. Credibility	51
3.13. Dependability.....	51



3.14. Transferability.....	51
3.15. Pilot interview.....	52
3.16. Conclusion.....	52
CHAPTER 4.....	41
DATA ANALYSIS AND INTERPRETATION	41
4.1 1 INTRODUCTION.....	41
4.2 DESCRIPTION OF PARTICIPANTS.....	41
4.3. FINDINGS.....	42
4.3.1 Theme 1: Theory versus practice	43
4.3.1.1 Category 1: Theory-practice gap	43
4.3.1.2 Category 2: Comprehensive care versus task-orientated care	46
4.3.1.3 Category 3: Limited preparedness for clinical practice	49
4.3.1.4 Category 4: Limited exposure to practice theory in the clinical setting	50
4.3.2 THEME 2: Lack of role models	51
4.3.2.1 Category 1: Lack of support and guidance	52
4.3.2.2 Category 2: Lack of supervision	53
4.3.3 Theme 3: Inadequate support structures	55
4.3.3.1 Category 1: Human resource factors.....	56
4.3.3.2 Category 2: Environmental factors.....	59
4.3.3.3 Category 3: Student factors	63
4.3.4. Theme 4: Communication	65
4.3.4.1 Category 1: Language barrier.....	65
4.4 Conclusion.....	67
CHAPTER 5.....	68
5.1 1 Introduction	68
5.2 Summary	68
5.3 Recommendations	71
5.3.1. Theme 1: Theory-practice gap	73
5.3.2. Theme 2: Lack of role models.....	76
5.3.3. Theme 3: Inadequate support structures	77
5.3.4. Theme 4: Language barrier.....	80
5.4 Conclusion.....	80
6. REFERENCES	81
Appendix A: Information Letter	93

Appendix B: Consent form.....	96
Appendix C: Focus group confidentiality binding form.....	97
Appendix D: Collecting data tool	98
Appendix E: Letter of approval from the Registrar	100
Appendix F: Letter of approval from HoD	101
Appendix G: Ethics approval letter	102
Appendix H: Letter from the Editor	103



CHAPTER 1

OVERVIEW OF THE STUDY

1. Introduction

Nursing education is driven by two components namely the theoretical aspect which is the knowledge that is rendered in the classroom and the clinical component where nursing students are placed in clinical settings for experiential learning. This entails exposure to clinical situations where they apply theory to practice and are given a platform to demonstrate the values and skills of the nursing profession. The theoretical aspect provides understanding of the following: nursing history, professional ethics, values, different divisions of the human body and psyche, as well as the processes of disease and illness. The theoretical component draws attention to how patients are diagnosed, what symptoms to assess, and the comprehensive nursing care that is associated with each identified diagnosis (Saifan, Safieh, Milbes & Shibly, 2015). On the other hand, the clinical component entails exposure to clinical situations where nursing students apply theory to practice and are given a platform to demonstrate the values and skills of the nursing profession. The aforementioned requirements are mandatory to function as a nurse. Therefore, nursing students at the end of their training are expected to be independent critical thinkers, who are efficient as well as effective in making sound clinical decisions and portray safe clinical practice. The acquired skills are required to be of optimum quality regarding the patient being nursed (Landers, 2000).

The School of Nursing (SON) at the University of the Western Cape (UWC) trains undergraduate nursing students to become competent nurses in the nursing profession. The school aims to prepare nursing students to be able to provide care to patients from different backgrounds. The major competencies include communication, assessment, patient care and leadership. This include being able to effectively communicate with the multi-disciplinary team any changes identified on the care and treatment of a patient, assessment includes being able to perform a continuous comprehensive patient assessment on admission till rehabilitation on a patient, this is to ensure that the patients' needs are identified and relevant care is provided. Whilst on training the nursing students learn about leadership and management and are given tasks to build their professional development, they perform these tasks in the hospital and in the community (Abubu & Jeggels, 2010). The nursing students are given an opportunity to develop these competencies in a campus-

Based simulation laboratory as well as in various clinical settings within the Western Cape Province.

The second and third-year nursing students' clinical placements are fundamental in their professional development programme. It is in those years that nursing students are exposed to vast learning experiences and opportunities. Their clinical skills are advanced, and a leadership role is expected to be evident during this tenure. Perli and Brugnolli, 2009 and Abubu & Jeggels, 2010 stated that many nursing students leave during the second and third year of study, due to events occurring in clinical settings. The nursing students experience a variety of challenges in these settings, from the attitudes of nursing staff to inadequate clinical supervision, Lipinge and Venter (2003) states that other challenges includes clinical staff lacking enthusiasm to assist them whilst in the clinical settings, students are used as part of the workforce, thus their own learning objectives are not taken in consideration at times. These challenges negatively influence the acquisition of the student's clinical competence, which is expected from them by the Son and the clinical settings (Chan, 2013)

1.1 Background and rationale of the study

During previous decades, the training of nurses took place in hospitals, under the supervision and guidance of senior registered nurses. Nursing students were expected to provide bedside care and were regarded as employees and thus part of the workforce (Maselele, Tjallinks & Norval, 2001). Currently in South Africa, nursing education takes place in fragmented

Environments that include 20 public universities, 12 public-sector colleges, private nursing schools and a defence force nursing college (Hope, Garside & Prescott, 2011). Nursing education has gone through vast changes over the last decade, and has evolved towards reaching a high standard of professionalism. Aspects that have been revised include: lengthening the period of training, from a two year nursing training to a four year entry bachelor nursing degree as entry to the profession, related legislation, scopes of practice for the various nursing categories, and revising nursing qualifications. These changes were done to align nursing qualifications with the country's new National Qualification Framework (NQF) (South African Nursing Council, 2005). The NQF is a comprehensive system that accounts for the classification and articulation of qualifications in South Africa (Ditlopo, Blaauw & Rispel, 2014).

The NQF changes involved revising the four-year comprehensive nursing course that was initiated in 1986. The existing nursing programmes course were criticised by the NQF for not being able to equip professional nurses with sound nursing skills, values and behaviour. It was replaced with a four-year national diploma, or a bachelor of nursing degree (BNur) when completed at a university (Mabuda, Potgieter & Alberts, 2008). The purpose of the new programme was to enable nursing students to ~~clinically~~ function in clinical settings, with a methodological approach to solving problems that would ensure quality nursing practice (South African Qualification Authority, 2016).

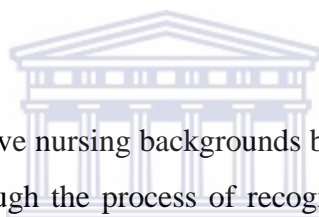
The new nursing programme takes four years to complete and adheres to current worldwide standards. The nursing education training programmes are approved by the SANC, in addition to the accreditation of the clinical learning sites where the nursing students would be placed to attain clinical skills/integrate theory into practice. Therefore the context of the present study was conducted in the clinical settings in the Western Cape. The nursing students enrolled in the study came from various backgrounds – rural and urban areas in South Africa and other countries on the African continent (Abubu & Jeggels, 2010). To qualify for admission to the BNur at UWC, the potential student should have a minimum of 30 matric points and must have passed the subjects set out in Table 1 below.

Table 1: Admission requirements for nursing applicants at UWC

Matriculates after 2008	Points	Matriculates before 2008	Symbols
English	4	English	*HG-E/*SG-D
Additional language	3	Additional language	HG-E/SG-D
Mathematics or	4	Mathematics	HG-E/SG-D
Mathematics literacy	6	Human biology	HG-E/SG-D
Life science	4	Physical science	HG-E/SG-D

*HG- Higher Grade

*SG- Standard Grade



Potential nursing students who have nursing backgrounds but do not meet the university entry requirements can gain entry through the process of recognition of prior learning (RPL). By this process, suitable nursing students are to develop a portfolio with developmental evidence which includes proof of their clinical experience in the nursing profession, and/or four months of attending lectures at a university. Potential nursing students will also be expected to write the National Benchmark Test (NBT) and provide a motivational letter to confirm their skills, values and conceptual insights of the profession (UWC, 2016).

Second and third-year nursing students are given theoretical and practical knowledge during their academic years. They are taught increasingly advanced theory, as compared with the basic theory of their first year. From the second year; Fundamentals of nursing care, human biology, chemistry, clinical nursing, health development and primary health care as well as Introduction to philosophy of care become major modules. From the third year, the students are taught the specialised discipline of nursing such as mental health. They are given a platform for observing all the skills related in a simulation laboratory and where they practise with simulated patients (Abubu & Jeggels, 2010). While attending classes, the students spend two to three days applying the theory into practice in real clinical situations in

Hospitals or clinics. In clinical settings, clinical facilitators provide clinical guidance to the nursing students, but this guidance is limited to 30 minutes a week or an hour over a weeks. According to the proposed model for clinical nursing and training in South Africa, compiled by the nursing stakeholders in 2012, which is adapted in South African HEIs that offer nursing programmes. It is recommended that there should be a ratio of 1 Clinical facilitator for every 15 - 20 nursing students, with at least four sessions of 30 minutes per student per month based on the number of students in clinical practice at the time. The purpose of a clinical facilitator is to ensure that the student is assigned to a mentor in the clinical settings, provide support and motivate student to be a critical thinker (Magerman, 2015).

The limited time spent by the clinical facilitator in the clinical settings leaves a hiatus in the hospitals, in most instances, there is a shortage of staff, and registered nurses are delegated with many operational duties in the wards. It therefore becomes the responsibility of nursing students' to be accountable for their own clinical experience, and consequently to integrate themselves into the operation of the unit in order to accomplish their learning objectives according to the requirements of the bachelor of nursing programme.

The present study provides the SON with an opportunity to identify the challenges to second and third-year nursing students when applying theory into practice in a clinical setting in the Western Cape. Identifying challenges will enable the Son to enhance the positives and minimise the negatives to ensure that nursing students receive the best training in clinical settings.

1.2 Problem Statement

Brink, van de Walt and van Rensburg (2012) and Creswell & Miller (2000) described a problem statement as a brief description of how big and alarming the problem being investigated is for those affected. This statement also entails the solutions needed to solve the problem. As stated in the background and rationale of the study, there are various challenges that occur in nursing education. Regardless of the previously mentioned changes, the theory-practice gap remains a problem. This gap leads to incompetent nursing professionals if it is not addressed and dealt with (Saifan, et al., 2015; Botma, Jeggels & Uys, 2012; Ajani & Moez, 2011; Chan, 2013; Chuan & Barnett, 2013). The researcher works as a clinical facilitator and noted various problems that nursing students experience in clinical settings

when they are assigned for experiential learning. The problems they experienced were:

- ✚ Inability to demonstrate sound clinical skills when providing care to patients
- ✚ Limited skills and attributions to cope and adapt to rapid changes in clinical settings
- ✚ Lack of engagement from nursing students during clinical teaching and learning in clinical settings.



In a medical ward, for example, nursing students struggle to write nursing care plans which are necessary for them to reflect on the abstract knowledge learned in the theory classes. The nursing students were observed to have problems with administering medication, which lead to some incident reports in clinical settings owing to errors during the administering process. The study purpose was to examine the challenges that second and third-year nursing students experience when applying theory into practice in a clinical setting.

It is vital to explore and describe the challenge in the clinical teaching and learning in experiential clinical settings to ensure that the nursing programme is effective for the benefit of nursing students. The present study may indicate whether there is a need to expand the study to other year levels in the BNur programme. The study will therefor experiential learning, together with what is taught in the nursing school in aim of identifying the link in theory practice gap amongst the second and third year nursing students.

1.3 Significance of the study

If the challenges experienced by nursing students, and the possible strategies to address these challenges, can be identified, it will be possible to better apply theory into practice and thus produce competent and safe nursing practitioners (Nabolsi, Zumot, Wardam & Abu-Moghli, 2012). The present study provides recommendations to the SON at the UWC on how to support second and third-year nursing students when integrating theory with practice in clinical settings. The study provides baseline data and indicates whether there is a need to do further research to ensure an effective learning environment in clinical settings.

1.4 Research question

The main research question for the present study was: What challenges are experienced by second and third-year nursing students when integrating theory into practice in a selected clinical setting in the Western Cape?

1.5 Aim and objectives

The aim of the study was to examine the challenges experienced by second and third-year nursing students when integrating theory into practice in a selected clinical setting in the Western Cape. The objectives of the study were to:

- ✚ Explore and describe the challenges experienced by second and third-year nursing students when applying theory into practice in a selected clinical setting in the Western Cape
- ✚ Describe the supporting strategies that second and third-year nursing students use to bridge the theory-practice gap when placed in a clinical setting for theory-practice integration, in a clinical setting in the Western Cape.

1.6 Operational definitions

1.6.1 **Bachelor of Nursing Degree (BNur):** A four-year nursing degree offered to undergraduate nursing students who intend to register as professional registered nurses under Regulation 425 on completion (South African Nursing Council, 2005).

1.6.2 **Theory:** A set of principles abstracted from a reality. In the present study, the theory is the theoretical content of the BNur curriculum (Corlett, 2000). Therefore the modules are taught in lecture settings.

1.6.3 **Theory-practice gap:** The discrepancy between nursing as taught in lecture settings and nursing as it is practised by second- and third-year nursing students in clinical settings (Ajani & Moez, 2011).

1.6.4 **Integration:** A process of combining theory and practice to ensure that they link (Maselele, 2000). In nursing education, it means combining theory and practice so that they work together to produce effective outcomes (Andrews & Roberts, 2003).

1.6.5 **Clinical settings:** A continuum of services, which could be hospitals, clinics, specialised units and rehabilitation centres. These are used to promote health and provide care to individuals and groups; the setting is also used as a platform where nursing students are taught to convert theory into practice (South African Nursing Council, 2005). In this study clinical settings refers to medical wards in hospitals in the Western Cape, where second and third year students are placed to complete specific medical nursing clinical requirements of the BN programme.

1.6.6 **Competence:** The combination of knowledge and psychomotor, communication and

decision-making skills that enable an individual to perform a specific task to a defined level



Of proficiency. In the present study, competency is weighed by the ability to effectively integrate theory into clinical skill/practice (South African Nursing Council, 2005).

1.7 Limitations of the study

Qualitative research studies are limited in one respect: the results cannot be generalised to other similar studies (Halloway & Wheeler, 2010). In general, the purpose of a qualitative study is to explore the meaning of individuals' experiences, and a transcribed interview text could be understood and interpreted in various ways (Burns, Grove & Gray, 2014). Therefore, it is important to view the present interpretation as one among many possibilities of interpreting the interview (Creswell & Miller, 2000). The focus group interviews confirmed the findings of Creswell and Miller (2000). Thus results of the study were therefore limited to describe the challenges of the second and third-year nursing students at UWC. The participants had clinical exposure in public hospitals; hence the findings cannot be linked to other HEIs and private nursing colleges that offer a similar nursing programme.

1.8 Research methodology

The research methodology of the present study is outlined in detail in Chapter 3 of this manuscript. The research approach used in the study is qualitative, as it assists in examining the challenges experienced by second and third-year nursing students when integrating theory into practice in a clinical setting in the Western Cape. The study used an exploratory, descriptive and contextual design to enable explicit details and descriptions of the research title. According to Burns, Grove & Gray (2014), the qualitative design is useful in describing life experiences and giving them meaning. The content analysis method was used to analyse the data.

1.8.1 Population

The target population in the present study was second and-third year nursing students who registered for the BN degree at the UWC. There were 134 second-year and 193 third-year students registered for the four-year BNur degree at the UWC during the 2016 academic ye

1.8.2 Sampling

For the present study, the researcher employed a non-probability purposive sampling method. Purposive sampling is also referred to as a judgmental sampling or expert sampling (Burns & Grove & Gray, 2014). This type of sampling was seen best for the study because its main objective is to produce a sample that can be considered to have the characteristics of the population (Burns & Grove & Gray, 2014). The sample size was 14 students.

1.8.3 Recruitment of participants

The researcher obtained permission from the UWC Registrar to interview the nursing students. Thereafter, the researcher requested a day from the second and third-year level coordinators to address the nursing students with the intention of recruiting them for interviews. The co-ordinators kindly granted the researcher an opportunity to have information sessions with the nursing students during their annual orientation day. Two information sessions were conducted. The researcher informed the nursing students about the study and verbally invited them for focus group interviews. The nursing students who gave their names to signify agreement to participating in the study were given an information letter for the interview. The letter contained contact details the researcher, the topic of the study and where it would take place. The researcher was flexible about the timing and interview dates, and hence no pressure was put on the students (Appendix A).

1.8.4 Data collection

Interviews took place in the postgraduate room in the SON, at the UWC. The venue was set out in a manner conducive to interviewing, to create a relaxed atmosphere for participants. Interviews were conducted in English as it was the mode of communication at the university and common to everyone who participated. The researcher observed at some points that there were participants who were unable to express certain terms in English. Therefore, these participants were allowed to express themselves in IsiXhosa. This was done because the researcher is able to speak and understand this language. Focus group interviews were used to collect the data. According to Burns, Grove & Gray (2014), interviewing is one of the most powerful ways to understanding fellow human beings.

The interview as a data collection method sought to describe the meaning of central themes in the world of the nursing students when integrating theory into practice in a clinical setting in the Western Cape. The semi-structured interview method provided an opportunity for both

The researcher and the participants to discuss the topics that arose in the interview freely and in detail. This method provided an opportunity to prompt a response from participants.

1.8.5 Pilot study

A pilot study was conducted with the assistance of the researcher's principal supervisor. Four third-year nursing students agreed to help with the pilot study, after a face-to-face explanation of what the study entailed. The pilot study permitted the researcher to apply logic on how to ask questions and facilitate the focus group interviews. The pilot study also assisted in refining the questions that were assigned to be used during the focus group interviews (Halloway & Wheeler, 2009). Interviews were audio recorded, to assist the researcher during data analysis, which ensured that data and comments raised by the participants would not be lost, and that the researcher could review data repeatedly to ensure validity.

1.9 Ethics

Nursing research requires not only expertise and diligence but also honesty and integrity (Burns, Grove & Gray, 2014). Ethics are fundamental in ensuring that participants are protected and that the research produces sound evidence based on practice for nursing. Carey and Swanson (2003) describe ethics as a set of moral principles that directs and protects the use of human beings as research participants, and in particular within the qualitative research approach (Streubert & Carpenter, 2007). The common aspects that were considered in the study were the following: self-determination, right to autonomy, confidentiality and informed consent.

1.9.1 Right to self-determination

This right is based on the principle of respect for persons, that participants are treated as autonomous agents who have the freedom to control their lives without external controls (Burns, Grove & Gray, 2014). In ensuring this principle, the researcher initially contacted both course year level co-ordinators, as described in par. 1.8.3. The researcher reassured nursing students about the principles of anonymity and confidentiality that would be applied, to ensure transparency of the study and clear up any uncertainties among participants.

The researcher allowed students to voluntarily participate in the study without any kind of bribery or pressure. In addition, participants had the right to withdraw from the study at any time without being penalised. Participants were informed of how the findings would be

Disseminated after they had been analysed and completed. The researcher did this to avoid violating the participants' rights through the use of coercion or deception.

Research has shown that some research participants are coerced to participate in research because they fear that they will suffer some harm or difficulty if they refuse to participate; or their relationship with lecturers will be influenced; or, even worse, their grades might be negatively affected (Fawcett & Garity, 2009; Burns, Grove & Gray, 2014).

1.9.2 Right to anonymity and confidentiality

Regarding their right of privacy, participants remained anonymous and they used codes to address each other. Anonymity was maintained to ensure that subjects' identity could not be linked with their responses by any third parties and even by the researcher (Burns, Grove & Gray, 2014). Interviews were done in a safe and private venue at the SON, at the UWC, in the afternoon. There were no other students to obstruct the course of the interviews. The audio tapes used to capture interviews were kept securely in a locked cupboard of the researcher office for confidentiality. A focus group confidentiality form was completed by participants prior to the interviews to accept responsibility or obligation for maintaining confidentiality,

I.e. not to share with outsiders what was disclosed during interview (see Appendix C). Sensitive issues that arose were treated with caution; such as prejudice and discrimination, none of the participants were referred to the university's counselling services for debriefing sessions. As they indicated that they do not require such services.

1.9.3 Informed consent

After the introduction of what the study entailed, participants were given informed consent forms to sign (see Appendix B). Obtaining informed consent from participants was crucial for the conduct of ethical research; this provided the participants legal capacity to give consent; to exercise free power of choice, without the intervention of force or fraud (Burns, Grove & Gray, 2013).

1.9.4 Ethical clearance

Permission to conduct the study was provided by the registrar as well, the Head of the SON and the relevant level course co-ordinators (see Appendices E, F & G).

1.10 Outline of the study

Chapter 1:

This first chapter of the study introduce the reader to the background of the study, stipulating the aim of the study, the operational definitions used in the study. The chapter offers a brief research methodology and ethical principles that were adapted to formulate the research.

Chapter 2:

This chapter highlights the relevant literature review that was conducted to determine the root cause of theory practice gap in nursing education. The chapter also discuss the indicators that the South African nursing council alongside the department of health has placed to bridge the gap between theory and practice. The chapter provides the reader the function, as well as the influence of the clinical settings towards the integration of theory into practice by the nursing students. It discussed in detail the role of the different supporting structures made available for the nursing students.

Chapter 3:

This chapter introduce qualitative research methodology that was used in the study; it includes the process that was adapted in collecting the data. It also stipulates the method that was used in analysing the data and the steps that are included in it.



Chapter 4:

This chapter present the analysis of the study including literature that corresponds to the achieved themes.

Chapter 5:

This chapter present the summary of the findings, the conclusion as well as the recommendation.

1.11 Conclusion

This chapter provided an introduction to the study, outlining the purpose of the study, a brief overview of the research methodology that will be in detail discussed in chapter 3. This chapter also discussed the ethical principles that the study adapted to ensure the integrity of the study. The following chapter discuss the literature sought around the study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Burns, Grove & Gray (2014) describe a literature review as an organised written presentation. The literature review indicates the researchers' knowledge of the most recent existing data that have been published on the topic by other scholars. The purpose of the literature review is to assist the researcher to become familiar with the differences and similarities between the topic under study and previous studies (de Vos, Strydom, Schulze & Patel, 2011). A literature review also assists the researcher to identify gaps in existing knowledge with regards to the study. The current literature review revealed that most studies which explored the theory-practice gap in clinical learning were conducted overseas, and few were done in a South African context (Kaphagawani & Useh, 2013). The limited research available motivated the researcher to conduct the study and to look in particular at the second and third-year nursing students' challenges when applying theory into practice in clinical settings in the Western Cape.



2.2. Theory-practice gap in nursing education

Corlett, Palfreyman, Staines & Marr (2003) describe the theory-practice gap as the discrepancies found between what nursing students learn in the formal classroom setting, and what they experience in the clinical settings for detailed experiential learning (Corlett et al., 2003).

In Australia, a study by Henderson, Cooke, Creedy and Walker (2012) revealed in a similar light that the ideas and values set by HEIs were professional and included a patient-centred approach; but, when nursing students embark on clinical learning, they witnessed that they had to conform to the ways that clinical staff in the wards practised, which were task and procedure-orientated. Chan (2013) indicated that such nursing students experienced vulnerability and a sense of isolation which left them feeling marginalised and unable to bridge the gap between theory and practice.

Research conducted by Sharif and Masoumi (2005) in Iran and Safadi, Saleh, Amre and Froelicher (2012) in Jordan, students reported incongruences between what was learnt in class and simulation laboratory, and the actual practice in clinical settings.

Conflicting practices

Between the ideal that nursing taught, and that of clinical settings, resulted in nursing students becoming confused, stressed and anxious, which may indicate that students are not effectively learning to prepare them for the work that they will do after qualifying (Sharif & Masoumi, 2005). The results of Hallet, Williams and Butterworth's (1996) phenomenological study on nursing students registered for the diploma in nursing in Britain indicated that there were incongruences between theory and practice. One student nurse stated:

“... the educators are in a different light, they will tell you what to do in the clinical settings, but when you are out there in the ward or community, it is going to be different because you have to do everything to a patient.”

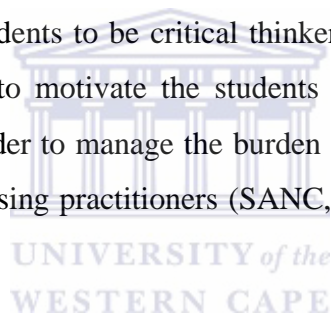
From the studies reviewed, it is evident that the problem of the theory-practice gap persists, despite the research. Adequate learning takes place when nursing students apply what they have learned in classroom situations and practised in a simulation laboratory to the reality of nursing, which is in the clinical setting. Several studies have illustrated measures to try to close the theory-practice gap. Research has proposed the use of pedagogical approaches such as guided reflection and problem-based learning (PBL) to close the gap (Sharif & Masoumi, 2005; Ehrenberg & Haggblom, 2007). PBL and the reflective process, which focuses on both cognitive and affective aspects, allow nursing students to learn from their practice experience through discussions and meetings with other nursing students under the guidance of the preceptor. Students become independent self-learners, thereby developing critical thinking and problem-solving skills (Ehrenberg & Haggblom, 2007).

2.3. Role of the South African Nursing Council in theory-practice integration

The government of South Africa, through the Nursing Act No. 50 of 1978 as amended Act 33 of 2005, has delegated the responsibility to promote and maintain the standards in nursing education to the South African Nursing Council (SANC) (South African Nursing Council, 2005). SANC acts as an Education and Training Quality Assurance (ETQA) body. This type of body is tasked with the responsibility for monitoring the process of nursing education. The nursing programme takes place at HEIs, which are assessed and accredited by SANC. The curriculum of the nursing programme such as the BNur degree entails 50% theory and 50% practice (Nursing Education and Training Standards, SANC, 2005). The curriculum requires

That nursing students must have 4000 hours of practical experience in accredited clinical settings.

Thus, in hospitals, clinics within communities, and rehabilitation centres, the curriculum enforces critical thinking, problem-solving, and experiential and reflective learning approaches as teaching and learning strategies, when facilitating learning to nursing students. In the classroom, nursing students' learning is facilitated by nurse educators, with the educators using group discussions, peer teaching, learning and formal lectures to accommodate all the students' learning styles. Most of the nursing modules in the BN degree are facilitated with the use of the case-based learning approach. This approach motivates students to take ownership of their learning, and thus the nursing students are those who lead the progress of their learning in groups or as individuals, and the educators play the role of being facilitators who provide guidance and support according to the needs of the students (Saifan et al., 2015). This approach, as well as the those mentioned above, are believed to influence nursing students to be critical thinkers who are able to solve problems competently in their roles, and to motivate the students to be lifelong learners aiming to develop their competencies in order to manage the burden of disease and healthcare needs of the country as South African nursing practitioners (SANC, 2013; Billings & Halstead, 2012; Siganga & Jeggels, 2014).



To ensure that student nurses are provided with adequate training in HEIs as well as in clinical settings, they must, according to the SANC, be provided with sufficient guidance and support (South African Nursing Council, 2005). The nurses' educators who provide the theoretical knowledge in classrooms and in simulation laboratories, and the clinical facilitators, must have sufficient qualifications and clinical experience in the specified area of teaching to provide efficient and effective teaching that goes towards providing quality training and support to nursing students (South African Nursing Council, 2005). Nursing students at the UWC are supervised by clinical facilitators in the clinical setting, and the clinical supervision is limited to one hour per two weeks per student. Most of the time, the students are therefore under the guidance of professional nurses (PNs) in a clinical setting (Mabuda, 2010). PNs therefore play a crucial role in 'socialising' nursing students in the nursing profession and guiding them in applying the theory learned in the classroom within clinical settings (Ehrenberg & Haggblom, 2007).

2.4. Role of experiential learning in clinical settings

Clinical learning is seen as a means whereby nursing students are enabled to bridge the gap between theory and practice and learn to apply nursing theory and facilitate it into practical skills in clinical settings. That is regarded as the art and science of nursing (Moeti, Niekerk & Velden, 2004). It is through that process that nursing students build meaningful experience by acquiring knowledge, skills and essential values that are needed in the professional practice of nursing; and in that role they become socialised into nursing practices (Mabuda, Potgieter & Alberts, 2008). Clinical settings include hospitals, school clinics, health departments, hospice units, and other healthcare settings used for nursing student learning. The clinical setting differs from the classroom or skills laboratory setting in many ways. Typically, classrooms and labs are controlled by nurse educators and clinical facilitators, which include formal lectures, tests, evaluations, student conduct, break times, attitudes, and the atmosphere of the learning environment (Mabuda et al., 2008).

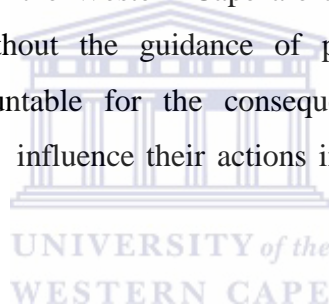
Massarweh (1999) described the clinical setting as a clinical classroom. However, the clinical setting is unpredictable and relatively out of the clinical preceptor's control. Attitudes, work ethics, staff members, the unit environment, equipment, patients and their family members are elements of the clinical setting that cannot be controlled (Rhikhotso, Williams & De Wet, 2014). This unpredictable environment is very different from the classroom and can be a major shock for nursing students. On the other hand, clinical settings allow learning to be done in a more contextual manner, which makes the information learned in the classroom easier to recall when similar experiences are encountered; therefore it prepares nursing students for all sorts of challenges that they may experience as professionals (Siganga & Jeggels, 2014). According to Garberson and Oermann (1999) clinical practice teaching is an activity where student nurses are guided, facilitated and stimulated by designing appropriate activities that allow the students to experience learning. For the application of the theoretical side of nursing in clinical learning settings, clinical teaching and coaching are highly necessary to facilitate more clinical practice teaching (Botma, Jeggels & Uys, 2012).

This realisation motivates the role of clinical facilitation during the process of clinical learning (Cassimjee & Bengu, 2006). In nursing education, PNs are tasked by the SANC with being the main source of support for nursing students (SANC, 2005). Amongst their roles and functions as registered nurses is to provide training and education to junior nursing staff and

Nursing students in clinical settings (Ajani & Moez, 2011). This entails that they must be aware of the learning objectives of nursing students in their units, facilitate training and education, provide on-the-spot clinical teaching and guidance, assist with their formative assessments, and frequently provide feedback on nursing student progress via written monthly reports, which are sent to the HEIs for review (Maginnis & Croxon, 2010).

2.5. Characteristics of a conducive clinical setting

The clinical setting has psychological characteristics within its environment that influence what is a conducive learning environment for nursing students. These characteristics include: mutual respect and support, openness and authenticity, pleasure, collaboration and humanity (Kidd, 1973). This environment enables the nursing students to learn and grow within the nursing profession. Aside from being nursing students, the individuals who enrol for the BN degree in the SON in the Western Cape are adults. Some are nursing students straight from high school. Without the guidance of parents and guardians, they can make decisions and be accountable for the consequences. Their social background, upbringing and personalities can influence their actions in becoming a true professional in nursing (Allen, 1979).



By treating each nursing student as unique and showing mutual respect within the clinical setting, the nursing student will feel free to ask questions and discuss training needs when allocated to a clinical setting (Knowles, 1978). The support that students receive from clinical staff creates a therapeutic learning environment (Kidd, 1973). Thus, nursing student develop an attitude of eagerness to learn, wanting to achieve competence of specific skills during the clinical setting placement, which is beneficial to the professional development of students in the programme (Knowles, 1975). Therefore it is essential that nursing students are made to feel part of the team, collaborating in clinical task allocations, being given individual tasks and guided when implementing them by registered nurses who have appropriate interpersonal skills such as behaving with integrity, having good communication skills, being fair and ensuring confidentiality. These skills build a rapport between nursing students and the PNs who act as mentors to the students. As a PN and a clinical facilitator, the researcher has observed that most PNs easily lose trust in nursing students' clinical skills, scared that they will do more damage than good to the patients assigned to them, and give them more basic routine tasks.

2.6. Organisational factors that influence clinical practice teaching

2.6.1. Ward atmosphere

According to Hewison & Wildeman (2006) the atmosphere of the ward includes the nature of how the multidisciplinary team interact with one another and the patients, the type of ambience that prevails within a unit, and how nursing staff handle nursing students. Quinn (2000) suggests that nursing students' satisfaction with the atmosphere of the ward has an influence on the results of their learning experience. The atmosphere thus relies on interpersonal skills relations, organisational factors, mutual respect and trust between the multidisciplinary team, and the students. A positive atmosphere driven by a good team spirit plays a crucial role in clinical settings (Horrocks, 2005 & Melia, 1987).

Newton, Jolly, Ockbery & Cross (2010) suggests that if the clinical staff demonstrate sound clinical competence, they will work well together as a team, with the unit manager being the anchor. Nursing students will then feel motivated to do their best in a unit; the students would be supported and well guided in clinical settings. Saarikoski (2002) suggested that clinical staff must be approachable to make students comfortable in coming to them for support. Chan (2013) supports that a ward be structured, but that a unit manager who is strict and dictatorial with inflexible task allocations, is unlikely to address the needs of nursing students and will raise feeling of anxiety amongst them.

A study by Moeti et al. (2004) conducted a study in the North West province, the study aim to identify areas of incompetence of the newly appointed registered nurses from the HEIs, indicated that the clinical setting can influence theory-practice integration among nurses. The study revealed that a shortage of clinical staff, limited equipment, high bed occupancy, financial constraints, limited resources and lack of structure in clinical settings can influence the atmosphere and the ability of nurses to integrate theory into practice in clinical settings. All these factors can lead to staff burnout, which leads to limited time and energy to see to the needs of nursing students. This in turn leads to nursing students feeling isolated, frustrated and unable to integrate theory into practice, and moreover attrition of the nursing programmes (Nxumalo, 2011).

Mabuda et al. (2008) suggest that clinical settings need to have clinical support structures

where students can gain access to mentorship and support, and thus have clinical facilitators



or preceptors assisting them at the bedside. Nursing students should work under the supervision of senior clinical staff that has sufficient knowledge and experience to provide adequate support to the students. Such a support basis will act as a gate keeper in ensuring that students are able to function competently in the wards and sufficiently integrate theory into practice. The foregoing confirms that a positive and flexible ward atmosphere is of great value for the needs of student nurses – a notion that reinforces the application of Knowles' (1978). The author highlights key principles, when conducting clinical teaching and guidance for adult nursing students. These aspects include:

a) Being treated as an individual:

The manner in which nursing students learn is unique, especially as they are adults, so they should be addressed accordingly. Some come into clinical settings with unique experiences, all of which must be employed as part of their learning experiences (Kidd, 1973). This motivates the nursing staff to treat the nursing students with respect, understanding that, they are unique and they learn and adapt to the clinical settings in a different ways.

b) Motivation:

Although internal motivation has a significant impact on behaviour changes and the way that nursing students perform, external motivation such as recognition and encouragement also leads to learning taking place (Tiwaken, Lawrence, Curanto & David, 2015). This motivates clinical staff to recognise nursing students who perform out of the ordinary, and applaud them in view of others, which builds self-esteem and encourages them to continue doing well (Safan et al, 2015).

c) Active involvement:

Ness, Duffy, McCullum & Price (2010) reports that listening to something complex being explained can never guarantee that people will hear and learn. However, being actively involved enables a person to reflect and learn from action based learning, especially if the action is repeated (Knowles, 1975). This fact confirms that nursing students need to be given ample time to practice the theory taught in the clinical setting, which can be considerably motivated by the unit manager or PNs in the units when the students perform allocated tasks or are involved in major events within the units.

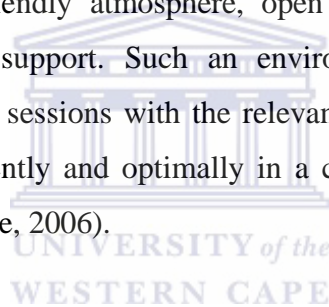
d) Relevancy and clarity:

Knowles (1975) states that clinical preceptors need to ensure that clinical learning and teaching takes place in an orderly manner. This means that clinical accompaniment of nursing

Students' needs to be planned and guided in a sequence of events that make sense to the nursing students. Thus, each accompaniment needs to include a goal or a reason, with the level of the nursing students' development in mind. At the UWC, the clinical facilitator will schedule guided practice periods with the nursing staff, prior to this they would have informed the nursing students of the procedure that will be practiced. The procedure guidelines will normally be provided to all parties involved. For instance when a nursing student is placed in the general wards or in the emergency room, the content, assembling of the equipment and the importance of checking the emergency trolley routinely will be indicated to the nursing students. This procedure assists the nursing student in the day to day activities and is relevant, which makes learning engaging.

e) Informal learning environment:

Knowles (1975) states that learning is best facilitated in a flexible and informal environment, which includes a warm and friendly atmosphere, open lines of communication, mutual respect, acknowledgement and support. Such an environment in return leads to more opportunities for accompaniment sessions with the relevant persons, which enables students to eventually function independently and optimally in a clinical setting (Waterson, Harms, Qupe, Maritz, Manning & Makobe, 2006).



2.6.2. Influence of number of nursing students in a clinical setting

Gibbon and Kendrick (1996) state that the number of nursing students allocated in a clinical setting should be controlled to avoid over-crowding, as this influences the effectiveness of the students' learning and teaching. Consequently, if many nursing students are allocated to a unit, they might receive limited supervision and mentoring on how to integrate theory with practice. Nolan (1998) also found that allocation of nursing students may limit the student's feeling of belonging in a unit, which might result in superficial learning. According to Quinn (2000), a clinical setting must be able to provide sufficient learning and teaching opportunities, and adequate space and safety for an appropriate clinical setting as a placement. If nursing students are allocated in large numbers to a ward, it can affect their learning negatively. Therefore, to ensure effective learning in a clinical setting, the number of nursing students should be controlled.

2.6.3. Clinical supervision in clinical settings

Quinn (2010) describes clinical supervision as a formal process whereby nursing students are provided with professional support, learning and training which motivates them to develop insight and competence. Therefore this motivates them in taking responsibility for their own decisions and actions which in turn promotes quality care in complex clinical situations within clinical settings. According to Butterworth and Fauger (2000) clinical supervision has three vital roles or functions. An educational function which develops skills, understanding and abilities by reflecting and exploring the nursing student experience. This function helps nursing students to acquire all relevant skills and attributes that will assist them when they are professionals.

- I. A supporting function which provides support to nursing students. This assists them to deal with challenges that arise in units and to ensure that they are supported through those situations, as they can be daunting.
- II. A managerial function that includes quality control, where the best training is provided to students, including exposure to learning experiences, being assigned to a mentor in the unit, times assigned to students to be on and off duty, and disciplinary actions that occur in clinical settings. These factors ensure that quality supervision is provided not only to nursing students but also to clinical staff, and that the care of patients is not compromised.

All the above three functions are applied in supervising nursing students, and all help students to acquire knowledge and clinical skills which facilitate their competence. Thus they ensure that nursing students are supported throughout the period of learning within clinical settings. Clinical supervision also aids in increasing standards of patient care and knowledge. This view is supported by Nxumalo (2011), who stated that clinical supervision helps to maintain and improve the care provided to patients, and that students practice under supervision and follow the correct procedures thereof. Maselele (2000) further adds that clinical supervision increases nursing students' confidence and self-esteem, which reduces stress and in turn paves the way to healthy personal behaviours that are promoted in good working relationships.

2.6.4. Function of the clinical stakeholders in supervision

In the SON at the UWC, there are different stakeholders that facilitate clinical supervision. These include the following: the nurse educators who does majority of the theoretical teaching in the classrooms, clinical facilitators who aid in demonstrating as well as acting as assessors to the nursing students nursing in the simulation laboratories as well as in the clinical settings. The PNs in the clinical settings act as clinical preceptors when the nursing students are allocated in the clinical settings. Their roles and functions are discussed below according to their titles.

2.7. Nurse educator

Nurse educators, who are mainly responsible for teaching and learning in the classroom, have been found to be of great importance to nursing students' learning (Quinn, 2013). The role of nurse educators is to ensure that nursing students are supported, and they purposively motivate nursing students to engage in their learning journey and advocate for them whenever necessary. (Andrews & Roberts, 2003; Carper, 2013 & Nxumalo, 2011) have shown that students feel nervous about the transition from nursing schools to clinical settings, with feelings of abandonment, and the presence of the nurse educator is thus advantageous. In clinical settings, the nurse educator clarifies the various topics of which nursing students are uncertain. Nurse educators can also make known the learning needs of students to registered nurses and unit managers, so that ward staff can structure a programme that will assist students to meet all the outlined goals (Nxumalo, 2013). Thus, the nurse educator acts as an advocate for student nurses in clinical settings because he/she is a familiar person to turn to when dealing with challenges in the units and even with personal issues (Quinn, 2013). The nurse educator also sets the pace of learning for student nurses when on site, giving feedback about students' progress in clinical settings.

2.8. Clinical facilitator

A clinical facilitator is an experienced, competent professional nurse who has a positive perception about the nursing profession, has nursing students' best interests at heart, and who is positive and self-assured. Clinical facilitators in the SON serve as clinical teachers and are employed by the UWC (Botma et al., 2012). Their main role is to conduct and facilitate learning in clinical settings. Their main focus is to create a conducive learning environment

by orientating nursing students in clinical settings and explaining and demonstrating to them the day-to-day activities that occur in clinical settings.

Clinical facilitators are employed by the UWC to do guide clinical practice with nursing students in clinical settings. Guided practice involves both the clinical facilitators and nursing students agreeing on learning objectives during their placements, and the clinical facilitator coming in to clinical setting to demonstrate nursing care to students. All this is done to reduce anxiety and to ultimately develop nursing students' psychomotor skills and their integration of theory into practice (Omansky, 2010). In this phase, clinical facilitators act as role models to nursing students in behaviour and conduct by manifesting the legal and ethical principles of the nursing profession.

The clinical facilitator thus assists nursing students to develop clinical judgement by ensuring that they render evidence-based nursing care and motivate students to question actions, to reflect and to constantly seek feedback – techniques that foster critical thinking and sound clinical decision making (Meyer, van Nierkerk & Naude, 2001). Performing summative and formative assessments in the simulation laboratory and in clinical settings is another crucial role that clinical facilitators play. This entails the clinical facilitator assessing students' performance in role-play situations so that functions can be assessed holistically (Botma et al., 2012; Heffernan, Heffernan, Brosnan & Brown, 2008).

2.9. Professional nurse (clinical preceptor)

Nursing students are placed across different nursing disciplines/wards so they are supervised by different nursing practitioners, some with nursing education as a qualification or a familiar programme such as the preceptor course for registered nurses offered by the UWC. Others are without any background or relevant education. In clinical supervision of a nursing student, the qualification of a clinical supervisor in the clinical setting is of great importance; it confirms the quality of clinical supervision available to the nursing student (Omansky, 2010).

The role of PNs in clinical supervision is to provide training and education to nursing students, to expose them to clinical experiences in clinical settings, to assess the students' formative nursing procedures as stipulated by HEIs, to provide continuous in-service training or on-the-spot clinical teaching to students, as well as feedback on a continuous basis about students' progress in their designated units.

However, there have been reports that there are some boundaries that are contrary to the evidence-based results of clinical practice and guidance of nursing students in clinical settings (Mabuda et al., 2008; Scully, 2011; Smith, Clegg, Lawrence & Todd, 2007; Botma et al., 2012). Siganga and Jeggels (2014) reported that some PNs were not teaching and training student nurses in clinical settings on the grounds that they did not have nursing education as a qualification. According to the South African Nursing Council (2005), the Strategic Plan for Nursing Education (2012–2016) specified that training of nurses needs to be strengthened and the clinical teaching department needs to be re-established and made fully functional with competent and trained clinical staff who will act as clinical preceptors.

Clinical preceptors are the PNs in the various disciplines to which students are allocated for experiential learning. An educational programme called ‘Preceptorship training for nurses’ was developed by the SON of the UWC. The project was initiated through a collaborated project between various HEIs and the Nursing Directorate in the Western Cape (Siganga & Jeggels, 2014). The main objectives of the programme included motivating nursing students with innovative clinical teaching strategies and assisting PNs to manage preceptor-student meetings, and help registered nurses to design tailor-made learning programmes for student nurses.

2.10 Conclusion

This chapter is structured using the framework of Quinn (2000) who argues that a conducive clinical setting is created by good clinical teaching. Furthermore, she states that there should be solid learning support, thus sufficient clinical accompaniment, demonstration of nursing procedures to students prior being assessed for competency by the clinical facilitator as well as the PN in the clinical setting. Ensuring an open relationship exists between the clinical supervisor and nursing students. As a result, nursing students are given a platform to be inquisitive, to question actions taken in clinical settings, to observe procedures as they take place in the clinical settings, and also to be given an opportunity to practise their skills under supervision. The present chapter elaborates on the factors that influence clinical settings at hospitals and clinics. The next chapter discuss in detail the research methodology and research design used to proceed with the study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

The present chapter addresses methods used in conducting the study, namely the research approach, design, research setting, sampling method, mode of collecting data, data analysis and ethical considerations.

3.2 Research approach and design

Burns, Grove & Gray (2014) define research methodology as the study of methods by which knowledge is gained; its aim is to set out the research work-plan (Jackson, 2012). In the present study, the researcher aimed to explore and describe the challenges experienced by second and third year nursing students when integrating theory into practice in clinical settings in the Western Cape. The researcher thus employed a qualitative research approach to conduct the study. The researcher selected this approach because it enables one to make sense of reality, to explore and describe the social world, and develop explanatory models and theories that assist in developing solutions to problems that arise (Morse & Field, 1996). The study thus used an exploratory, descriptive and contextual design as this provided the researcher with a deeper and more detailed understanding of the research title, as well as to be objective and use an inductive approach that is explorative and descriptive in nature.

3.2.1 Explorative research design

According to Jackson (2012), exploratory research designs are used to make preliminary investigation into relatively unknown areas of research. They employ an open, flexible and inductive approach to attempt to look for new insights into a phenomenon. This design was considered relevant and applicable to use in the present study in order to answer the research question because of those qualities.

3.2.2 Descriptive research design

Judeh (2015) describes descriptive design as one where information is collected without manipulating the environment; therefore it is used to obtain information about the current

Status of a phenomenon. The design aims to describe exactly the conditions in a situation or environment in respect of what is needed for the study.

3.2.3 Contextual research design

A contextual design was seen as best for the present study because it is subjective in nature and allows the researcher to understand the challenges that are individually experienced in a specific situation. The study was a clinical setting, namely medical wards in the hospital where second and third-year nursing students were placed for experiential learning to integrate theory into practice. Burns, Groves & Gray (2014) assert that the context of where the learning occurs is important to understand the meaning of the human experiences.

3.3 Research context

The SON is part of the Faculty of Community and Health Sciences at the UWC. It is the largest residential nursing school in South Africa. It is accredited by the South African Quality Authority (SAQA), and all the programmes offered in the school are registered with the SANC. The core programme is the undergraduate BN degree programme that has a great number of students. The Son at the UWC opened in 1972 with 14 students, and now admits over a 1000 students which are registered in the entire programme. The magnitude of the total number of students creates many challenges for the Son when they have to be placed for clinical learning in clinical settings.

3.4 Population and sampling

Burns, Grove & Gray (2014) define population as all elements, individuals, objects or substances that meet the criteria for a study. For the present study, the target population included all second ($n=220$) and third-year nursing students ($n=193$) registered in the four-year BNur nursing degree at UWC during the 2016 academic year. The researcher gained access to students with permission from the director of the SON as well as the year-level course co-ordinators to conduct interviews in the targeted nursing students.

3.4.1 Sampling

Sampling is the process of selecting units from a population of interest so that, by studying the sample, one may fairly generalise the results back to the population from which they were chosen (Judeh, 2015). In the present study, the researcher employed a non-probability

Purposive sampling method. Purposive sampling is also referred to as judgmental sampling or expert sampling. The sample was seen best for the study because its main objective was to produce a sample that could be considered to have the characteristics of the population (Burns, Grove & Gray, 2014). Through the information session held during the orientation period in 2016, 14 students volunteered to be part of the study. Thus the sample size was 14 students.

3.5. Inclusion criteria

Inclusion criteria or standards are determinants used to outline who will participate in a research study. Inclusion criteria help to identify suitable participants (Burns, Groves & Gray, 2014). For the present study, the criteria were:

- ✚ Second and third-year nursing students who are registered for the BNur degree for the academic year of 2016.
- ✚ Second and third-year nursing students who have experienced working in medical wards.

3.6. Exclusion criteria

Exclusion criteria are standards set out before a study that are used to determine whether an individual should be excluded from the study (Burns, Grove & Gray, 2014). In the present study, the exclusion criteria were:

- ✚ Nursing students who were either nursing auxiliaries or enrolled nurses prior to enrolling for the four-year nursing degree programme at UWC and/or had been practising for more than five years. The latter students possess great experience of the nursing dynamics that occur in the clinical practice of nursing. They also have sufficient reflective experiences to assist them in coping with the challenges which they will experience, as compared with nursing students who have no background history of nursing.
- ✚ First-year nursing students. These students only have a short period in the wards as they are allowed placement only in the second semester, and thus the data they provide will not be adequate for answering the study's research questions.

3.7. Data collection methods and procedure

Data collection is the process of gathering and measuring information on variables of interest in an established systematic fashion that enables one to answer stated research questions and

evaluate outcomes (Marczak & Sewell, 2015). The data collection component of research is common to all fields of study. It is of high-level importance to ensure quality data collection



(Burns, Grove & Gray, 2014). Regardless of the field of study or preference for defining data, accurate data collection is essential to maintaining the integrity of research (Burns, Grove & Gray, 2014).

Focus group interviews were used to obtain data from the participants, by using probing and open-ended questions to obtain in-depth information from the participants. A focus group interview is defined as a group of interacting individuals having common interest or characteristics, brought together by a moderator, who uses the group and its interaction as a way to gain information about a specific issue (Marczak & Sewell, 2015). Three focus group interviews were conducted and data saturation was reached on the third interview. The method of data collection was relevant to the study as it aimed to provide an idea of what people think and feel about practical issues (Creswell, 2014).

3.8. Interview technique

The researcher adopted the criteria described by Kvale (2006) for conducting focus group interviews which propose that the researcher must be knowledgeable about the validity of the guide that was pre-tested in a pilot study. The researcher used clear and open-ended questions for the interviewee to understand and avoid jargon that might be confusing. The researcher was cautious and thus sensitive to what interviewees said and how they said it, by showing empathy and allowing them to pause and think about their opinions and answers to questions. The researcher did this to create a good rapport and a trusting atmosphere.

To ensure that interviewees understood the questions, the researcher would repeat or interpret a question in simple terms to ensure that the participants do not deviate from the questions at hand. During the interviews, when at some point two Xhosa-speaking participants struggled to understand English terms, the researcher, being a Xhosa speaker herself, would translate the terms into isiXhosa for clarity. There were episodes during the interviews when the researcher had to control domineering or overbearing participants; and had to involve those who were excessively passive by politely asking their views on questions or concepts raised in the interview, and maintaining eye contact for attention. The researcher followed these steps in all interviews, till data saturation was reached on the third interview.

Each focus group interview lasted for about 30–45 minutes and was conducted. To ensure ~~engagement and to ascertain~~ that the researcher received in-depth data that would answer the research study's questions, an interview guide which included demographic data questions, open-ended questions and probing questions, was used for the focus group interviews to help nursing students to engage in the discussion. This instrument was designed by the researcher.

The open ended questions were as follows:

1. What is your perception about working in the wards?
2. Who facilitated learning in the wards?
3. How did you experience that person's ability to assist you to learn in the wards?
4. Discuss the challenges you experienced in the medical ward, when you needed to apply theory into practice.
5. Discuss your perception about the theoretical content of the BN programme in your year level.
6. Discuss how you perceive the educators role and teaching methods they used to teach the content.
7. Were you able to link that content in the wards? (If not Why and if yes how? Explain your answer.)
8. What made it difficult for you to apply theory into practice?
9. What would you recommend to assist students to easily integrate theory into practice?

3.9 Probing

Probing was used by asking the participants neutral questions such as 'Can you give me examples of the incident?', or 'Can you clarify what you mean by saying ...?', or 'Why do you think or say that?' (Halloway & Wheeler, 2010). Edward and Holland (2013) described probing as a verbal or non-verbal prompt that is made by the researcher when participants need to communicate their answer in more detail. Probing can also be useful to get participants back on track, if they begin to wander off the question posed by the researcher. All the interviews were audio recorded and field notes were taken simultaneously to verify the data obtained (Halloway & Wheeler, 2010).

3.10. Data analysis

Content analysis was used as a method of analysing data obtained from participants. Content analysis is a technique for making presumptions by systematically and objectively identifying special characteristics in data (Burns, Grove & Gray, 2014). This technique was suitable for the study because it is objective and has an interpretive approach which gave the end result of understanding the challenges experienced by second and third-year nursing students when applying theory into practice in a clinical setting in the Western Cape. The analysis allowed the use of a voice recorder which collected the data. The interactive data obtained from the focus group interviews were transcribed into verbatim text and coded by the researcher and a supervisor who is an expert in qualitative research. The following steps were used to analyse the data:

1. Data received from the interviews were audio recorded and transcribed into verbatim text.
2. Codes were analytically identified from the data and fixed to sets of codes.
3. The affixed codes were transformed into categorical labels.
4. Identical phrases, patterns and commonalities were sorted into categories and later formed into themes.
5. The sorted themes were examined to isolate the most meaningful patterns.
6. The data were reviewed to ascertain that all categories were considered and, if needed, could be obtained.
7. After the data were again compared and reviewed, the conclusion was made and reported (Burns, Grove&Gray, 2014).

3.11. Measures to confirm trustworthiness

The method of establishing trustworthiness was extracted from that of Lincoln and Guba (cited in Robert Wood Johnson Foundation, 2015). To ensure credibility, Lincoln and Guba suggest that trustworthiness of a research study is important to evaluating its worth. Trustworthiness involves establishing the following: credibility, transferability, dependability and conformability.

3.12. Credibility

Credibility is the assurance of truth in a research study (Cutcliffe, 2003). To ensure truth in the present study, the researcher used bracketing. As a clinical facilitator who has come across the phenomenon of witnessing the impact of the theory-practice gap from supervising and assessing nursing students, the researcher needed to remain aware of her own thoughts and opinions that could lead to bias in the study. According to Tufford and Newman (2010), bracketing is a scientific process in which a researcher suspends in abeyance his or her assumptions, biases, theories or previous experiences to see and describe the phenomenon. Cutcliffe (2003) further states that bracketing motivates researchers to be honest and vigilant about their beliefs, but most importantly to engage in a self-reflective process with the study prior to commencement of a study.

To ensure credibility in the present study, field notes were written during the interview. Information was probed during interviews until data were saturated. A detailed summary was written immediately after each interview to clarify the data obtained from participants and confirmation of the data. Voice recordings were also used to assist the researcher to review data. To establish confidence in the truth of the findings, voice recordings were replayed repeatedly during report writing to ensure that all information was transcribed. The researcher tracked her thoughts while reporting during the progress of the study, by keeping a journal as a tool for an audit trail to ensure credibility (Burns, Grove & Gray, 2014).

3.13. Dependability

Dependability is showing that findings are reliable and could be repeated if necessary (Cutcliffe, 2003). To ensure that this process is possible, the researcher provided an in-depth methodological description of the study to allow the study to be repeated in other clinical settings aside from medical wards.

3.14. Transferability

According to Creswell and Miller (2000), to prove that the findings of research are transferable, application of the thick description enables the reader to understand and compare instances of the study with what they have witnessed to emerge in their own situations or studies. Accordingly, the researcher provided the context where the field of

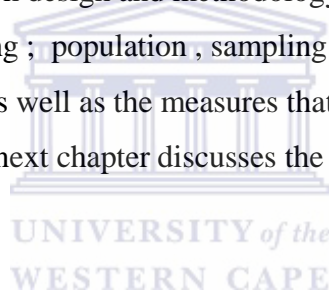
study was focussed, which was the medical wards in the clinical setting, and the population, which was second and third-year nursing students, and the detailed methodology that was adopted.

3.15. Pilot interview

To ensure that the interview guide was effective for the study, and that the researcher was capable of conducting the focus group interviews, a pilot focus group interview was conducted with four third-year nursing students prior to the official study. According to Jackson (2012), a pilot interview aims to test the suitability of the standard instrument, which in this case was the interview guide (see Appendix C). The questions were found sufficient to answer the objectives of the study, thus no amendment were done on them.

3.16. Conclusion

This chapter addressed the research design and methodology that was used to conduct the study, which include the following; population, sampling, data collection methods used, method used to analyse the data as well as the measures that were in place to ensure the trustworthiness of the study. The next chapter discusses the main findings of the research and provide interpretation of thereof.



CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The present chapter describes the results of the semi structured focus group interviews that were conducted by the researcher, alongside the field notes that were taken during interviews to add richness the findings. The results address the main objective of the study which is to explore and describe the challenges experienced by second and third-year nursing students when applying theory into practice in a clinical setting in the Western Cape.

4.2 DESCRIPTION OF PARTICIPANTS

A total of 14 nursing students participated in the study, with nine being in their second-year level of study, and five in third-year level of study, within the four-year BNur degree programme. All the participants were registered in the programme for the academic year of 2016. All participants lived in the Western Cape at the time of study.

Prior to the focus group interviews, participants were requested to provide their demographic data which comprised age, sex, home language, ethnicity and highest grade or certificate achieved prior to their enrolment in the programme. The youngest participant in the focus group interviews was 19; the ages ranged from 19 to 21. There were 12 female participants and 2 males. This is not unusual in nursing given that the nursing profession is dominated by females.

Regarding ethnicity and language, seven of the participants were IsiXhosa-speaking, one Xitsonga, and five Afrikaans-speaking. In the Western Cape, 49% of the population of 5 822, 734 speak Afrikaans, 24% speak IsiXhosa and 20% English (Western Cape Government, 2015). Owing to the historical standing of the province, and the reputable SON at the UWC, there is pride in quality nursing education based on solid evidence/research-based approaches. The Western Cape province and the SoN attract people from all over Africa and abroad, as well as from other provinces in South Africa.

All of the participants' highest education achievement was grade 12. Four of the participants commenced the BNur programme through the extended programme, which is offered by the

SoN. That is an alternative entry to the BNur degree of the UWC's SON. The foundation programme according to the department of higher education and training . Refers to the learning activities at the lower end of the higher education band, that are intended to enable students from disadvantaged backgrounds to acquire the academic foundation necessary to acquire the academic foundation. Necessary for succeeding in higher education (Department of Higher education and training,2012)



4.3. FINDINGS

Four themes emerged from the study, which were as follows:

1. Theory versus practice

This entails the incongruence between the teaching that occurs in the nursing school and the clinical experience/experiential practice that the nursing student experience within the clinical settings.

2. Lack of role models

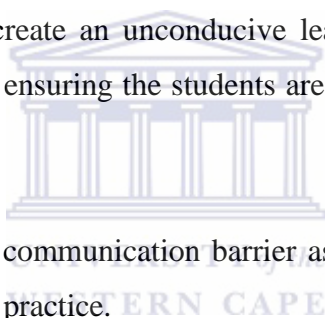
Another key feature that emerged from the study was inadequate role models from the nursing staff in the clinical settings, where the nursing students are exposed to learn and develop in the nursing profession.

3. Inadequate support structures

These were the factors that create an uncondusive learning experience for the nursing students, which play a role in ensuring the students are free to learn, explore and develop within the profession.

4. Communication

The nursing student reported communication barrier as one of the factors that influence how they integrate theory into practice.



Below is a table that link the emerged themes with the categories that came forth from the data analysis:

Table 2: Grouping of themes and categories

Theme	Category
1. Theory versus practice	<ul style="list-style-type: none">• Theory-practice gap• Comprehensive versus task-orientated care• Limited exposure to practice theory• Limited preparation for clinical practice

2. Lack of role models	<ul style="list-style-type: none"> • Lack of support and guidance • Lack of supervision • Limited good practice motivators in the clinical setting
3. Inadequate support structures	<ul style="list-style-type: none"> • Environmental factors • Human recourse support factors • Student factors
4. Communication	<ul style="list-style-type: none"> • Language barrier

4.3.1 Theme 1: Theory versus practice

Considering that nursing practice is guided by nursing theory, both should link to motivate sound and safe nursing care towards patients (Maselele, 2000). Theory in the context of the present study is the theoretical content that nursing students are taught in the SON, and nursing practice comprises the psychomotor skills that are demonstrated in clinical settings. The students reported incongruence between the two concepts. Four categories stood out in this theme, namely theory-practice gap, comprehensive care versus task-orientated care, limited exposure to practice theory, and limited clinical preparation for clinical practice.

4.3.1.1 Category 1: Theory-practice gap

The theory-practice gap has been observed to be a common denominator in nursing education throughout the years, among all nurses (Carson & Carnwell, 2007). The discrepancy between theory and practice in the clinical setting leads to nursing students feeling confused, owing to the realisation that the learned knowledge imparted in the classroom is ideological, and frequently does not equate to the real clinical settings. Participants made the following remarks on the issue:

“... for me, I expected to do everything as I was taught in class in the ward, but it was not like that... it’s a lot of different things, when you come in the ward to what is happening in the class; things were done in a certain way in the class but it will be done in a total different way in the ward. More like in a shortcut in the ward. For me,

it was a bit of a challenge, because now I wanted to do things the right way, and to get things done, I needed to do them the ward's way". (Participant 2)

"For me, it was a bad experience. What's the use of coming to university to learn all these skills, and you come in the hospital and do a different thing. It's the same thing but you doing it in a different way; it was challenging for me". (Participant 1)

"In the hospital, they always improvise, they do not do things accordingly. When it comes to wound dressing, they do not do as we were taught here in school. Here in school we always watch out for sterility but they do things simple, they just want to finish up with the work". (Participant 10)

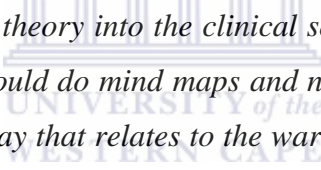
Agreeing with the above remarks, the findings of Tiwaken, Lawrence, Curanto and David (2015) have emphasised that nursing students were able to identify the discrepancies between the theory taught in the classroom and what they saw in practice. Therefore the 'bookish ideas' were not always applicable within the clinical setting, and thus in hospitals. This could have negative or positive consequences. One of the negative consequences is the resultant conflict between staff and students, as students will be expected to conduct themselves as staff do in the hospitals, and for operational reasons within the ward. This also causes nursing students to be unable to adjust in clinical settings, owing to skills acquisition differences between that of the school and the hospitals.

One of the positive consequences of this challenge is that nursing students learn to be versatile. They can thus become critical thinkers, finding solutions on how to deal with clinical situations and interpersonal dynamics in hospitals (Ajani & Moez, 2011). The participants used different methods to bridge those problems, from adopting self-directed learning, where they take ownership of their education journey by doing their own research, to using their prescribed textbooks to seek answers, using technology to search for new articles and videos for evidence-based practices and solutions, and applying problem-solving skills to avoid making haphazard decisions. Thus they learn to be safe nursing practitioners.

Self-directed learning is facilitated by the nursing educator, the clinical facilitator as well as the clinical nursing staff in the clinical settings (Smedley, 2008). Although it is the nursing student's responsibility to use approaches such as reflection, where they are able to identify

their objectives, how they act and what they ought to do better or avoid mistakes, the preceptors mentioned are present to ensure that nursing students are supported in achieving their goals. The nursing students set for themselves the goals which must be aligned to the nursing programme, which applies in the classroom as well as in clinical settings (Siganga & Jeggels, 2014).

The nursing students highlighted experiential learning in clinical settings as of great importance. Actively involving themselves in day-to-day ward activities has been beneficial in their career development. In this way, they feel a sense of belonging and of value in the profession. Some participants added that creative writing such as keeping a journal, and receiving support from peers and clinical staff were helpful in their development. Thus, enquiries and discussions with senior clinical staff and other multi-disciplinary team members in the hospital are core pillars of the support structure and create a conducive environment for theory integration (Mabuda et al, 2008). The following quotes from participants highlighted that context:



“With regards to linking theory into the clinical settings, it was for me manageable, when it’s study time I would do mind maps and notes and take those notes to work, so if I saw something today that relates to the ward, I will write it down, so for me it takes time to learn to apply theory in the wards”. (Participant 3)

“For me, it is more of the student, because you are the one who is going to be a registered nurse tomorrow, so you are not to always depend on the lectures all the time, so what one can do is...do not study to write a test, study to understand like me. If I don’t understand, I can google something, they can show a video and you see what that is about, and when you come to the placement, then you know what is happening, when the doctors are doing rounds or emergencies stand there get to understand and ask question. I do that and it helps”. (Participant 7)

“...not much, you actually learn more, because you have to improvise, and to make that thing, like for example in the sim lab when we were taught how to wash a patient in bed. You use two facecloths and two towels, and then in the hospitals there are times when there are not even facecloths and then you have to use the towel for

the washing and whatever, and half the time there isn't even soap maybe... you just have to make a way". (Participant 12)

The opinions above are in agreement with Botma's (2014) study who in his findings reported that theory practice gap in the clinical settings, assist the student to think and reason critically when applying new knowledge. This assists them to retain the knowledge longer. As a previous nursing student and a registered nurse who have worked in the clinical settings, the researcher can attest to that finding. That the clinical settings can be stressful and daily present with new challenges, from the diagnosis, care, medicine and the element of working with patients with their families that experience various emotions. When a student is exposed to such factors and learn by first-hand experience, this motivates reinforcement of nursing skills, attributes and behaviour. Nursing students learn to identify trends that may resemble a specific nursing care plan, from assessment and can make sound decision due to previous nursing encounters. This action evokes problem solving skills from the nursing students.



4.3.1.2 Category 2: Comprehensive care versus task-orientated care

Nursing education requires not only focused didactical issues on what to do and why, but also to include how to do it (Benner, 2010). Thus it includes both technical and non-technical skills based on scientific knowledge, as well as professional judgment so as to make professional practice infallible (Molander & Terum, 2008). This approach ensures patient safety which is a fundamental principle of good patient care (Newton, Jolly, Ockerby & Cross, 2010). Such characteristics and abilities must be cultivated and developed during the process of nursing education, to be able to identify the evident or implicit demands that emerge in encounters with patients, as well as to take a stance on how to prioritise and act as a professional nurse in accordance with patients' needs (Neill & Wotton, 2011; Molander & Terum, 2008).

Prior to being placed in hospitals, nursing students are prepared via a comprehensive curriculum that includes learning the theoretical background, i.e. the 'what' and 'why' aspects of nursing skills, behaviour and values as well as the practical aspects, which comprises experiential learning in clinical settings. Prior to clinical placement, nursing

students are also trained, or have standard clinical procedures demonstrated to them, in clinical settings in the simulation skills laboratory. This includes the acquiring of practical ability on how to perform actual skills in a safe environment, with no threat to a patient. Henderson, Cooke, Creedy and Walker (2012) describes simulation as a technique that can be used to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner. This concept assists nursing students to practise nursing skills without causing harm to patients. In the process, nursing students are provided with realistic learning opportunities using a simulated human patient or a highly technological mannequin for demonstration and practice purposes.

Included in the preparation is theory taught in the simulation laboratory, using teaching strategies such as case studies that stimulate problem solving, so as to create a level of comprehension that mimics real situations expected in hospitals. The simulation laboratory objective is for students to learn decision making, prioritising, problem-solving and developing the effective, cognitive and psychomotor domains of a competent student (Mabuda et al., 2008). Students are motivated to ask questions and demonstrate their skills to the clinical facilitator. The facilitator uses an assessment tool to give feedback to students and highlight good points as well as where there are development gaps. With the student, they formulate times to re-assess or practise skill shortfalls until the student is deemed competent. All this is done in a safe and private environment which replicates that of a hospital. In such a setting, there are no unexpected factors that may influence the issue; students are thus shown a comprehensive and thorough method of care that is based on scientific knowledge and enforces best clinical practices, in the context of the general nursing process (Botma, 2014). The process includes assessment, planning, implementation, evaluation and documentation (Carper, 2013). To further enhance the experiential learning aspect, nursing student are placed in hospitals for their clinical and behavioural development, by developing their skills as well as observing how nurses behave and act in their professional roles.

The study participants observed that the care provided by clinical staff was more task-orientated, and did not resemble the comprehensively taught skills and embedded knowledge obtained prior to entering the clinical environment. Students reported reason for this could be that clinical staff was working against time, and there were at times limited staff on duty and/or limited resources for nursing care. Students even started questioning the practices as

being ethical dilemmas. The following are remarks by nursing students concerning that notion:

“...everything is different when you’re there, they do the 14h00 reports at 13h00, and you write a patient is stable, whereas we were taught in class you should write on the precise date and time, and we do the opposite in the hospital, which is unethical”. (Participant 4)

“I feel they have been taught the same way that we have been taught ... it is just that they are not now supervised like us, there is no one looking after what they do. They are just ignorant at times with the patients’ lives. I saw one time the other staff doing the dipstick thingy [urine test] on a patient, and the patient had a kimby on, and I asked her how am I going to do this because the patient can’t pee and there is no urine? And she said, „Don’t worry I will show you something. Do not tell anyone about it!” So she just took the dipstick and went to press on the wet kimby and she read the slight changes on the strip. And then she wrote down the results. You see, she knows it is not the right way to do it but she chose not to do it right, avoiding to do a lot of work...and this is now a threat to the patient as the result will not really be true and the doctor will prescribe something that is not needed to be prescribed, you see...it is not like they are not taught, but they just don’t want to apply, you see!” (Participant 13)

This is one of the nursing student’s remarks on how she coped and adjusted to the challenge of time-bound tasks that restrict holistic care:

“[sighs] ... I coped in there ... just by also keeping to their space and pace, just by going fast as they are also keeping fast, that is the only way I could survive. Because I can’t just stand there and educate a patient because they will say participant no 2, you wasting time, although it is a good and right thing do... but we can’t do that in the clinical facilities”. (Participant 2)

These findings agree with a study done in Australia by Henderson et al (2012) who found that there were different approaches evident between HEIs and hospitals. HEIs motivated students to apply the scientific nursing process as a guide

whenever providing nursing care to patients; whilst, in hospitals, nursing students observed a more task-driven and fragmented nursing approach. Consequently, when students embark on clinical settings, they see that they have to conform to the ways that clinical staff care for patients, which is less time-consuming. Chan (2013) indicated that this discrepancy of approaches between HEIs and clinical settings could leave nursing students feeling vulnerable and with a sense of isolation which leaves them marginalised and unable to bridge the gap between theory and practice, owing to conflicting actions and expectations.

4.3.1.3 Category 3: Limited preparedness for clinical practice

Participants felt that they were not well-prepared for practising in clinical settings. Some of them struggled to perform basic nursing skills, such as obtaining basic vital signs from a patient; this evoked anxiety owing to the lack of insight and skill, and in turn a feeling of incompetence. The quote below reflects a student challenge regarding limited preparedness that caused her to feel inadequate and incompetent in a clinical setting:

“Talking from my own experience ... this December vac I worked in a paed [paediatric] ward. The only thing they did, they only shown me the sluice room, the linen room and staff, and on my first day they said I should go and assist the doctors. I don’t know anything about the babies expect for washing the babies, and the doctor asked me to check the pulse of the baby. I couldn’t... cause they don’t do it the way we do it on an adult and it was new to me so I had to tell the truth and the doctor was also in a rush”. (Participant 9)

Although students have been trained in the simulation lab prior to clinical placement, which is viewed as a good training method, the presence of abnormalities in the care process and the interpretation of results were different, which posed a huge adjustment to nursing students, which created difficulties in relating the skills taught in clinical practice as compared with skills demonstrated with a peer, using a high-tech mannequin or simulated patient in a simulation laboratory. Below are accounts of two students’ challenges when applying theory in real-life situations in hospital:

“I did not experience much challenges, because all that we did there was shown to us in the sim lab. But the only problem is that I will be dealing with live patients. Let

us say if you doing the vital signs it is like you going to disturb the patient and put the patient in pain so it was my challenge”. (Participant 12)

“I was taught a few times how to do simple sutures by my CF [clinical facilitator] in the lab, but when I had to do it, I just struggled and still do ...It is not so easy to do in a live patient”. (Participant 3)

A study by Marra (2013) in the UWC at the SON confirmed that nursing students felt unprepared to face the challenges of clinical settings. Participants in the study said, ‘It is difficult to show a person a thing once and expect they will go to the hospital and know it... Not everybody adapts so quick.’

4.3.1.4 Category 4: Limited exposure to practice theory in the clinical setting

Discrepancies in psychomotor and technical skills, competence, and confidence in decision-making are evident in nursing graduates (Lisko & O’Dell, 2010). These discrepancies reflect on the education provided to nursing students while in clinical settings, as well as the content of the abstract knowledge taught by the nurses’ educators. It is clear in the literature that nursing students’ abilities to self-reflect and identify areas needing improvement in their nursing practice promote personal and professional development, resulting in improved nursing practices (Hickey, 2010; Hope et al., 2011; Chuan & Barnett, 2013).

Nursing students need to identify areas that need improvement, and develop an action plan to improve their weaknesses (Chuan & Barnett, 2013); this will utilise their strengths as well as maximise their potential. The students must learn concepts and be able to apply and evaluate the outcomes, which comes from hands-on experience in clinical settings (Ajani & Moez, 2011). Both the second and third-year nursing students in the study reported that clinical staff did not expose them very much to relevant clinical activities in the wards. This omission does not only deprive the nursing students’ growth but also builds up resentment to working in wards, as students see no relevance in this owing to the lack of hands-on experience. The student’s remark below notes this phenomenon, and also indicates that the student appeared angry and distressed about the issue:

“The thing is, the other wards they know you have to have procedures to do, but you only are going to do the basics, your ...vital signs and bed washes, and they don’t”

allow you to provide medication to the patients. They will tell you students do not give injections, the only time you do that is it's only when I do my evaluation with the clinical facilitators. Sometimes I do wounds just sometimes; I am not doing what is on my scope of practice". (Participant 10)

Students report that they are often appointed and treated as part of the workforce, and their status of being a supernumerary is mainly just a title; consequently, nursing student needs are not addressed. Following is a student's statement on how she received only relevant clinical exposure as a second-year student in a clinical setting. As she spoke, she played with her hands and appeared distraught:

"Participant 2 is correct, and the only time you practice the skills you learn in the skills lab [simulation laboratory] is when you fill up for the staff who are absent. I had two incidents that was like that, there was one sister and two assistant nurses and two second-year students. We had to pair up, she had to do wounds, and I had to do medication... And that was the only time we were allowed to do something in our scope of practice, and somewhere we feel we are used. When the staff is there, they don't give us the exposure". (Participant 3).

Elaborating on the notion of nursing students being treated as part of the workforce, Thwala (1999) similarly found in his study that students were seen as being part of the staff and/or as extra help in terms of the workload. This becomes a disadvantage to the nursing students, as the most of the time it results in the students being unable to reach certain learning objectives. As they will be moved across the clinical setting units to accommodate operational needs of that particular hospital or clinic.

4.3.2 THEME 2: Lack of role models

The most common way in which students develop their own professional behaviours in relation to the delivery of care is through role modelling. The nursing student's uses role modelling to create her or his own understanding of the patient's world and the part that she or he has to play in it (Wolfgram & Quinn, 2012). In this theme, three categories emerged, namely lack of support and guidance, lack of supervision and limited good-practice motivators.

4.3.2.1 Category 1: Lack of support and guidance

Childress, Jefferies and Dixon (2007) define role modelling as the facilitation and nurturance of the individual in achieving and maintaining and/or promoting health through purposeful interventions. It is within clinical settings that nursing students are exposed to clinical practice role models. Clinical settings provide opportunities for nursing students to practise their clinical skills while being guided and supported by well-trained and experienced clinical staff who act as role models. The Nursing Act of 2005 (SANC, 2015) permitted professional nurses and midwives to assist, guide and support nursing students throughout their training, with the aim of developing competent, independent nurse practitioners by creating a conducive environment for learning (Botma, 2014).

Brooks, Greenstock, Malloy, Fiddes, & Fraser (2015) stated that professional nurses and midwives are seen as knowledge facilitators, who are powerful contributors to the professional identity formation of nursing students, who in the study also facilitates clinical teaching to the medical students. It is unfortunate that experienced skilled nurses, who are registered nurses, are delegated with many administrative duties within their units (Botma, 2014). This causes them to lose time for directing nursing students in best clinical practices, and consequently limited time is designated for coaching, reflection and discussion with nursing students, and thus clinical needs are not always met (Brooks et al., 2015).

The study participants conveyed that there were limited role models or mentors from clinical staff as well as clinical supervisors who provide support and guidance during clinical placements. Students reported that, when they attempt to practice according to theory taught at university, they are discouraged and not praised by clinical staff; they also mentioned that clinical facilitators spend less time on guiding them as role models in bedside nursing. Some participants' remarks regarding role modelling and guidance in clinical settings were:

“The staff and the sisters in the ward, they already have their degrees, so if you come in there and do not have their support, what more can you do... you can't force them to teach you or raise your voice, then it's another story for me. It's like I am on my own”. (Participant 6)

“The clinical supervisor that are in the ward are not always in the ward, they just come in just for ten minutes and they leave... they just check if the students are doing

the work as they are required and they are working with the staff, that's all".

(Participant 11)

"They are there only when they need you to sign the papers and prepare you for procedures we need to do". (Participant 1)

"They do that in skills lab, or in the hospital for guided practice but it is not enough, we need more guidance. When you doing the procedures, the sisters will not assess you for marks, it is the clinical supervisorthey are the one in the end that are going to tell us you gonna pass; it is them, not the sisters. So they have to be more hands on, we need them because the patients don't trust us sometimes". (Participant 14)

A study by Monareng, Jooste and Dube (2009) in Botswana agrees with the finding that there is concern about the limited guidance given to nursing students. The study results revealed that preceptors and clinical supervisors must focus more on identifying the needs of nursing students in clinical settings and schedule time to address those needs. Therefore they need to provide quality-based skills and orientated learning opportunities to nursing students during clinical accompaniment.

UNIVERSITY of the
WESTERN CAPE

4.3.2.2 Category 2: Lack of supervision

Nursing students reported that they have more interaction with junior staff as they are the ones who are most often at the patient's bedside. The present study revealed that students are paired with permanent staff members for clinical accompaniment, to guide the student and to socialise the student in the routine of the ward. This strategy eases the anxiety of students and assists them to adapt to the ward setup. Below is a positive remark by a student on how staff guided and supported him in the ward:

"Usually you will be placed in a ward where they divide you in rooms and they will place you with a permanent staff member. Usually that person will assist you, but in most cases they are usually helpful and make you feel at home". (Participant 13)

It is unfortunate that most of the study participants revealed that they had limited supervision in the clinical setting, which creates an environment where they are unable to easily integrate theory into practice. The staff nurses who are accessible to students for clinical accompaniment at the bedside are junior staff nurses, who are mainly enrolled nurses or auxiliary nursing assistants, who do not have conceptual insight into how to teach and guide a and be a mentor to nursing student. Participants felt that the teaching and guidance which they received from the staff members who were delegated to them was not of a good standard, and there were concerns about their clinical skills and the demonstrations they presented to students. Participants also reported that staff were always working against time, and consequently did not demonstrate comprehensive care towards patients. To elaborate on the issue of limited supervision, a participant said:

“So when I went to the ward and meet another ENA (enrolled nurse assistant), she just left me there to work. So I tried my best, I tried asking, she does try to show me, I can see that she has her own confusions and things she doesn’t know”.
(Participant 3)

Monareng,et al (2009) in their study indicated that only 20 of 72 preceptors in a clinical setting in Botswana had teaching experience and sound clinical skills, and this negatively influenced the training provided to nursing students. Their study argued that the preceptors that provide training to nursing students must demonstrate that they have adequate clinical skills to train and teach nursing students in clinical settings. The nursing students in the study also indicated that majority of the registered nurses in the field are newly registered nurses, who do not possess solid clinical experience to offer sound clinical training as they are also on route of developing themselves. This leaves the students with insufficient guidance and theory practice gap becomes an issue in their clinical training.

4.3.2.3 Category 3: Limited good practice motivators

Nursing students reported in the present study that the clinical staff delegated by the professional nurse to provide clinical accompaniment in clinical settings were not motivated and enthusiastic in role-playing good practices to the students; they failed to encourage students to follow good clinical practices. One participant of the study said that there were limited motivators of good practice in clinical settings but, though she was determined to

provide her best to patients, she felt that she was not sufficiently supported to continue to do so, and instead her confidence and outlook on what nursing is about were negatively influenced. This is what she said concerning this challenge:

“We students are placed under pressure at times. If you want to do things the correct way, they label you in the wards, and there will be students who are following what the staff does... And now you will be the stick, Miss Book... Ms Know-it-all because you want to do things the right way, and you end up feeling down”. (Participant 1)

Participant 5 said that:

“It is difficult because it’s nursing... If you do things on your own, you will do something wrong, and this is a live patient, it’s a patient’s life... It is difficult because you need someone for clarity and to help you, but they are not there... So yes, it’s challenging”.

A study by Tsele and Muller (2000) on the experience of clinical accompaniment of nursing students doing a critical care nursing course, showed that the students felt demotivated and neglected during the course. They felt there was no one who cared for them in the unit. There were limited role-players who instilled sound clinical practices, and at times they felt like quitting the course. From the study the researcher noted how the nursing students feels de motivated to practice in the clinical settings , some reporting to abscond the clinical settings due to inadequate role models who can offer guidance and support. This motivates the importance of sufficient guidance and sound role models to socialise the nursing students in a correct manner in the nursing profession.

4.3.3 Theme 3: Inadequate support structures

Nursing is a practice-based profession. Therefore clinical education is an essential part of the undergraduate nursing curriculum (Brannan, White&Bezanson, 2008). The quality of nurse education depends largely on the quality of the clinical experience that the nursing students are exposed to for experiential learning (Cant & Corper, 2010; Carper, 2013).

Nursing students require effective clinical placements to allow the application of theory to practice (Carper, 2013). Nursing students require effective clinical placements with learning opportunities to allow the application of theory into practice(Carper,2013). That is vital in the student's preparation for entering the workforce as a competent and independent practitioner (Papp, Markkanem & von Bonsdorff, 2003). A positive attitude towards nursing students creates a workplace that has a conducive working and learning culture, and that plays a crucial support structure to nursing students. In this third theme, three categories emerged that influence a conducive environment within a clinical setting, namely the actual environment in a clinical setting, human resource factors, and student factors.

4.3.3.1 Category 1: Human resource factors

Orientation is the initial action taken to welcome and to socialise nursing students in clinical settings. The term 'orientation' means to adjust to a new circumstance/s, surroundings or facts (Webster's College Dictionary, 2014). In the nursing context, this particular programme objective is to enhance skills and knowledge in novice nurses, which is done to facilitate the integration of theory into practice, and to create a smooth transition from university life and knowledge to the clinical setting (AbuAlrub, 2010).

To elaborate the importance of orientation, Participant 5 said:

"I believe it is a good step, because at least you know the environment and you know where to find things in the ward. It is a first good step, I think it is a good one".

Orientation programmes in health facilities form part of the human resource support structures for nursing students, as well as for new clinical and non-clinical staff recruits. Each department has its own programme. Orientation is mostly lead by the unit manager or senior nursing staff in a unit (Saifan et al., 2015). The literature validates that orientation reduces anxiety, minimises adjustment periods of novice nurses, and establishes a solid foundation for a productive and lengthy career within the clinical setting (Brooks et al., 2015).

If nursing students do not feel supported or orientated as part of the team in the clinical environment e.g., if they are treated with hostility and disrespect or even ignored completely they will be unable to participate in the day-to-day activities of the clinical setting because of

fear of making mistakes and fear of aggressive and impatient nurses who are their mentors in the clinical setting (Childress, 2007; Brooks et al., 2015). This affects communication



between nursing students and staff, which is vital to the development of nursing students as well as the students' potential to further their learning activities and overall learning goals (Papp et al., 2003). To validate that finding, a study participant recounts a negative situation between her and a senior nursing staff member that displays poor mutual respect, interpersonal skills and miscommunication between them:

“[standing].... I failed... reason being the unit manager came in, started shouting and speaking louder, and my clinical supervisor asked me to say she must quiet down and there was a doctor standing there as well ...Okay, he said, he will assist... and quiet down, but the unit manager on the other side came in and said, „How dare you say I should quiet down in my own ward.” and being a student I did not say much. I told her after the assessment I failed... And she started shouting me from this part of the angle and I was here [stretching arms wide] and she continued to shout. I told my supervisor about her whole reaction. I felt if she wanted to reprimand me about anything, you must tell me to come in your office and tell me there, aside from shouting me, why not rather assist me in passing my assessment. I was more than furious, I was hurt, I will never go in that ward again...” (Participant 14)

Most of the participants stated that, although it is worthwhile to have orientation in clinical settings, the orientation programme offered to them on the first day lacked structure, credibility and practicability for them as nursing students. The timeframe for orientation was inadequate for socialising them as nursing students in the routine of the unit. Consequently, it was not executed effectively to benefit the students. The participants reported that the RNs assumed that the students understood what was expected from them, and did not provide much clinical teaching and guidance as part of the orientation. The students also reported that, even with their limited clinical abilities in the ward, staff assumed that the students were competent and delegated them to duties without confirming their competence or ascertaining if they were able to manage the workload in the clinical setting.

These assumptions lead to important aspects that needed to be addressed during orientation. A proper needs analysis is necessary, where staff identify the needs as well as weaknesses of students prior to orientation. Otherwise speculation continues amongst clinical staff, whilst the students encounter challenges in performing certain tasks within a clinical setting. This leads to anxiety, which diminishes student confidence and limits the opportunities where

nursing students can actualise their abilities and adapt to clinical settings. Participants 13 and 9 had the following views on orientation in their wards:

“They start showing you for a few days and leave you there and expect you to know everything. Even the things they never shown you, they expect you to know, you just observe from them whilst they are busy and do as they do as well...” (Participant 13)

“Sometimes they do orientate us in the ward but they show us... where is the sluice and all... after that, they are done. I use to work with staff nurses to learn, because sometimes the sisters are too busy, they can’t always help you and there are sisters who you ask for help and they will say, Ahhhhh I am busy now, don’t ask me for help”. (Participant 9)

Participants 7 and 4 had the following views on how time-bound and restricted the orientation programmes are in wards:

“During that orientation, they show you around the ward and tell you when you do your reports. They don’t for instance show you how to administer medication. It’s something that doesn’t even last... it like 20 minutes and it is done”.

“...okay, in day one you get someone to orientate you which is good, but it ends that day. But like I said, everyone is running against time and you don’t want to be the odd one out, or they will talk about you”.

Below is an example of how inadequate orientation causes a nursing student to underperform in an emergency situation in a ward.

“Like I also had this problem in this ward, in my June vacation like... I was working in this other ward. They also didn’t orientate me. The sister the evening before we left, was working with me in the ward, the doctor came. And she asked the doctor to put the thing for the blood transfusion, so now the patient started to react now to this. The sister asked me to fetch something for the patient [raises shoulders]. Like I don’t even know the name of that thing, and I was asking one of the permanent staff and they were like „No no, you suppose to know...go look for it!” ...and so I was

panicking and this patient is in a condition and I am just running up and down, asking everyone what the sister is asking for, and they said, "You on your own and you need to find it!" I was like but I am just first here I don't know all these stuff, so I went back to the sister, I told her I can't find the thing and I don't know what and where the thing is and she was like just go! just go!, like with an attitude..... so I like felt bad, I felt dumb because I don't know the staff [sulking]". (Participant 11)

This surely motivates the need of guidance and support from all the multidisciplinary team. To ensure that the nursing students are provided with sufficient time and environment to grow and develop in order to confirm to competency in their roles.

4.3.3.2 Category 2: Environmental factors

The quality of the clinical environment indicates the type of nursing education and career growth that student nurses will receive within it, which includes the infrastructure, the number of patients who enter the hospital or unit, the number of nursing students and staff who are in the unit, the different medical disciplines or specialities of care that students will be exposed to for experiential learning, the availability of resources necessary for practice and, most importantly, the interpersonal relationships between staff and students (Nxumalo, 2011). These are the factors that influence the students' ability to integrate theory into practice, which can either build up, or cause the student not to complete, the BNur degree programme.

The study participants reported that there was a lack of resources, in this case being equipment used to provide nursing care, and the nursing staff workforce in the unit, which influenced their clinical practice. Participant 6 clarifies:

"In a 24-bed ward, there was just two dynamap [blood pressure monitor], and we need to use the two for the rest of the ward and, when the sister come to check on us, she will shout, Why we are slow..." (Participant 11)

“You know, I was in ward X ... and I had to do a wound dressing, and there was no sterile gloves so I had to use the blue ones, you not supposed to use those gloves because they are not sterile...” (Participant 2)

“[laughing] Like last year, I was working in this specific ward that is where I meet my friend ... so we work as a team. In the morning, we were allocated as a group to work in the rooms so now I was working from room 1 to 5. So in the morning you have to assist those who can’t wash themselves and do your vital signsand there was like little staff in the ward and we were like 4 or 5 students working in the wards. So everything was working fine and smooth. So in the afternoon, the time for vitals came... So I told the other student, he must help me because there is more of us working so I will start from the front and he will do from room 5. So I am starting in the front and the sister is giving medication, and she gets to room 5 and nothing was done and she started skelling [chastising] me out, asking who’s working in room 5 and I was busy in room 1. We were a lot but she was skelling only me, I was like, Where is the permanent staff to assist us?”(Participant 7)

The statement quoted below motivated the lack of interest in guiding nursing students owing to the level of work and how clinical staff transfer their duties to students instead of being responsible for them:

“I work in one of the wards... it was busy and hectic and there were not enough staff. So I had to go out of the ward to send a patient for something, we were busy with vital signs when I was asked by Sister X. When I came back there was nothing done. Usually that happens before home time and most staff members are already sitting down waiting to go home, and you the student have to do everything and they are not worried about anything”. (Participant 12)

Lita, Alberts, van Dyk and Small (2002) support these findings, stating that the gap between theory and practice is accelerated by the lack of equipment in clinical practice, making it difficult for registered nurses to teach student nurses. Berg and Danielson (2007) also asserted that financial constraints on healthcare exacerbate the situation, as staff become frustrated and depressed by the lack of resources, leaving them with little energy and time to

efficiently attend to the needs of student nurses. Moeti et al., (2004) endorsed the findings by stating that because of a shortage of staff and high bed occupancy in clinical settings, it is difficult for experienced professional nurses to guide and supervise nursing students and newly recruited registered nurses. The situation became more frustrating when the relevant equipment, which is supposed to be used for patient care, is not available.

Some study participants reported that amongst their challenges in integrating theory into practice in the clinical setting, was preferential treatment amongst clinical staff towards students. The students reported said that this treatment leaves them feeling marginalised and not motivated to adjust and practice their skills within the unit. Below are nursing student remarks on preferential treatment influenced by racial prejudice and how it influences the student's ability to integrate theory into practice.

“Sometimes they will put more eye to the coloured one, give more work to them and you are left to walk around the ward, and you feel like you side-lined, and sometimes they just use Afrikaans but as time goes, it gets frustrating and saddening”.
(Participant 10)

“They do have their favourite students... and it is not us, it is the students from School X because those students know all the work, because they are in the hospital longer than us”. (Participant 1)

Some participants reported that the time allocated to them in the clinical setting was not enough for clinical staff to build a rapport with them as well as to ascertain the learning objectives. A student reported that, in a week, they are expected to be in the hospital and still be prepared for theory classes and tests sometimes, leaving them feeling pressured, exhausted and overwhelmed by high performance expectations in a short period. One of the foundation participants remarks below on the short-term period in the ward and how staff address them. While talking about this incident, the student's facial expression showed anger and frustration, and she said this while standing up:

“Because we have like five days in week and we have two or one days in a week in hospitals, and you find out you do not know what to do when you arrive there after such a long time away, and they will see us as academics because most of the days

we in campus not with them. We not just academics, we have skills, lab sessions, and even if I am in the hospital, cannot see you as part of them". (Participant 13)

The above findings concur with Nolan (1998) who claims that brief allocations in particular clinical areas, limits the student nurses' membership of the team, resulting in superficial learning (e.g. I don't belong). Furthermore, Nolan (1998) claimed that short clinical rotation placements left little time for student nurses to reflect, and less time for exploration of new practice behaviours.

It is evident that the professional orientation conducted by nursing staff crucially influences the experience of nursing students and that poor treatment of nursing students is not rare in clinical setting (Huybrecht, Loeckz, Quaeyhaegens, De Tobel & Mistiaen, 2011). According to participants, these issues could result from the workload on clinical staff, and the management style of a specific unit manager or RN. This view confirms the study by Quinn (2000) who stated that the management style should be efficient and flexible to produce good quality care and training of nursing students. There should be time for teaching student nurses, and nursing staff should be properly organised to enable student nurses to be guided and supervised during clinical practice. A student in the study made a positive comment about a unit manager who demonstrated eagerness to guide and teach, which made her understand how to integrate certain theory into practice. Participant 10 clarified:

"I remember I was back in a medical ward... and I was placed there in the beginning of the term and, for example, I never knew how to integrate all these things in the hospital, to work with the dietician, with the physiotherapist and all of those people was not much of an issue and human biology. So that was fine, all those things were fine, but I could not like integrate in the nursing care, the physics and the chemistry. I was like, how do you integrate physics and chemistry in all this things? ... and I was working in the medical ward again. One of the sisters came and asked me to help her with changing the gastric feeding of the patient ... but first we had to check something. She told me that before you put the feeding, you need to check if the tube is still in situ [inside the stomach], and I was like, how do you check if it's still in situ? And she was like, all you need to do...you close the one end of the part of the tube, you take a syringe and then you withdraw from the other part that is in situ gastric juices with a litmus paper that we have in stock with, put that

fluid in there, if it turns red, then you know it's in situ. Because the stomach contains acidic juices which contains hydrochloric acid, so it will be in situ, and if it's basic then it will be blue. Then you know it's not in and you need to just fix that up. I found that so cool... There I realised you can integrate physics when working with different types of machines used for the patients, and if the machine is not working when exposed to air or heat. Even with the urine dipsticks, if they are exposed to air, the readings can be wrong apart from the medication, and how different medication affects the patient's gut etc. That sister in ward X taught me a lot and I love it".

The findings concur with Magerman., et al (2014) who stated that the use of preceptors is emphasised as an important element for enriching and enhancing student nurses' practice experiences. Nursing students will therefore learn more in an environment where there are clinical preceptors who are knowledgeable, patient, kind and accommodating towards nursing students. To aid proper preceptorship, the environment factors need to be taken into consideration, ensuring that there are sufficient resources for care. Atack et al., (2000) studied nursing student and staff relationships in the clinical practice model, and found that the relationship between nursing staff and nursing students is the key component in clinical practice. Both nursing students and clinical staff described role perceptions, staff characteristics and work-place environment as important factors that influence this relationship and the student nurses' learning.

4.3.3.3 Category 3: Student factors

i) Nursing student eagerness to learn

Nursing students' independence and eagerness to learn during the actual practice period was mentioned by some students as an important aspect for achieving optimal learning benefits during clinical placement. One student said that nursing students come into clinical settings with negative perceptions about the staff and are not motivated to engage with clinical responsibilities. Participants 3 and 9 explain further:

"... it's us the students, we are at fault for that we come in the ward, we are told the sisters are rude and all of that and we don't ask the sisters, that is how we learn".
(Participant 3)

“Some of us in my school do tell the truth...hide in the sluice room and not do nothing and expect to know everything, that is why we all have the bad name...”
(Participant 9)

The above comments concur with a study by Heui and Choi (2015) in Korea, where they investigated the factors that influence empowerment of nursing students in clinical practice. In their findings, they confirmed that self-determination and self-efficacy have a strong influence on how nursing students adapt and become competent in their roles in clinical settings.

ii) Support Strategies : Peer support

One of the participants reported that she felt more motivated to give the best of her knowledge and skills to patients because of support from senior students.

“There was a time I was placed with a fourth-year student from School X, she was the best. I want to be like her ...she guided me to understand how to put a drip in, how to calculate the fluid to run in a patient. Since then I will never forget how to put one in”. (Participant 5)

According to Quinn (2000), allocating two nursing student nurses on different levels, and planning for them to work together, encourages peer support and learning. Taylor (2006) concurs with Quinn (2000), by suggesting strategies to assist nursing students in dealing with uncertainties in clinical settings, such as pairing truly novice nursing students with nursing students who have previous experience, to decrease the anxiety and discomfort of the novice, and provide more experienced nursing students with the opportunity to compare and contrast the current clinical setting with previous settings.

The participants also emphasised ‘turning to someone you trust’ as another big source of coping strategy that ensured positive outcomes from being placed in clinical settings. Sharing what experience they had with fellow classmates, friends or family was viewed as a coping strategy and as a way to decrease anxiety related to clinical settings and looking for motivation to stay focused and able to learn in clinical settings. Talking to classmates or

someone else who was going through the same experience or even different experiences, helped nursing students in their problems, by sharing their daily experiences and in this way finding solutions to help them throughout the practice. Families brought great support both mentally and emotionally. They not only gave the students advice but also helped them to keep focused on the nursing programme. Participant 10 expresses below how she found the clinical setting and programme stressful, and how support from her family including positive self-talking assisted her to regain confidence in her clinical practice:

“It is tiring, exhausting, emotionally exhausting, and you come to a point where you do not know what to do and you are frustrated but at the end ... My aunts who are also sisters, they always tell me when you done studying, you gonna live like this, you not dealing with a family now but when you done, you going to deal with all that...Like what we doing with nursing, ethics, dealing with different types of religions, dealing with different types of situations in the wards, complications that are going to arise. I have dealt with every single one of them. Dealing with death, I dealt with that... I thought I could handle it but I discovered I cannot go back to nursing... I cannot, I told myself I am not going back. I missed four weeks of placement because I did not want to go back. I had to find a way to deal with all that, my family stood with me ...my coping mechanism in nursing. I had to take my theory and apply it in myself and it did help me prepare and how I was in the hospital”.

4.3.4. Theme 4: Communication

The importance and role of communication in everyday life cannot be overemphasised; it is needed in every situation that involves the exchange of ideas, knowledge and performing daily activities in any organisation and institution (Wittayapun, Tanasirirug, Butsripoom & Ekpanyaskul, 2013). On this theme, one category emerged, which was language barrier; between the nursing students and the clinical nursing staff in the clinical settings in the Western Cape

4.3.4.1 Category 1: Language barrier

Effective communication in a clinical environment is vital. It plays an important role in patient care, just as language proficiency has been noted to be related to satisfactory learning

experiences among nursing students (Odessa, Waelli & Ricketts, 2014). Communication plays a critical role in the nursing profession, it reinforces quality health care and prevents medico-legal risks, be it written or spoken communication. The participants reported that there is a language barrier in the Western Cape clinical settings. Seemingly the majority of people residing in the Western Cape speak Afrikaans and IsiXhosa. These languages dominate clinical settings, and most non-Afrikaans- and -IsiXhosa-speaking students feel left out and not involved in the care of patients. Thus it creates a conflict in students and they feel unable to integrate theory into practice sufficiently. The following comments were made by participants:

“Because of the language barrier, you get to be placed in a wards with only coloured speaking people, they write reports in Afrikaans, how do you expect me as a person who speak English to understand what you write, they will even address you in Afrikaans and expect you to understand without caring. Yes, come on, I am black and yes I can understand some words, but not all, all the institutions in the Western Cape they need to look into how they teach, support and address students especially the language barrier, it is really killing us”. (Participant 8)

“You know, the worst problem we are facing is language barrier, you know when I am place in X Hospital, I do not feel well, and I hate Hospital Z placements just for that...” (Participant 5)

“I agree with participant 1 about the language, but it is coming from both sides, like the way I look you would think I am Xhosa; my mom’s coloured and my dad is coming from Malawi, I can speak a few words of Xhosa but I cannot actually speak. I also work in wards where they speak Xhosa only. In the morning, the hand-over is so fast you won’t understand. They will speak in English and if one staff nurse ask something in Xhosa they will switch and speak Xhosa and you become lost”. (Participant 3)

Bolderston, Palmer, Fanagan & McPaland (2008) further explains this dilemma by specifying that communication barriers could make it difficult to interact with people who are not from

the same culture and do not speak the same language. It has been noted to interfere with interpersonal relations and teamwork.

4.4 Conclusion

The present chapter presented the semi-structured focus group interviews, field notes and information in a reflective diary. According to Mattila, Pitkajavri & Eriksson (2010) it is important to use a reflective diary which is a form of journal where the researcher can write down their experiences, opinions, thoughts and feelings and also about the research process; this helps to reduce bias as the second and third-year nursing students identified and described their challenges when applying theory into practice in a clinical setting in the Western Cape.

The findings indicate that there is a need for a conducive clinical environment where there is sufficient support and guidance from clinical facilitators and clinical staff within the clinical setting, to improve socialisation of students in the nursing profession. The findings highlighted the importance of effective and open communication, where there is no influence of preferential treatment or prejudice between students and clinical preceptors, to ensure that student nurses receive fair and just outcomes in clinical practice. The findings also indicated the need for proper preparation of students for clinical practice, where they receive comprehensive orientation and sufficient exposure to practice theory in clinical settings to ease their anxiety and endorse feelings of belonging, where students can exercise critical thinking, and effective problem-solving when dealing with difficult clinical situations. To make such outcomes a reality, the findings indicate a need to equip clinical staff with sufficient training on how to guide, teach, assess and supervise nursing students, to ensure that they are cultivated and developed to be outstanding aspiring nurses at the end of the programme.

CHAPTER 5

SUMMARY, RECOMENDATIONS AND CONCLUSIONS

5.1 Introduction

The present chapter discusses the findings in relation to the literature on the challenges experienced by second and third-year nursing students when applying theory into practice in a clinical setting in the Western Cape. Also discussed is the summary of the findings and further recommendations on how to improve on the findings as well as relevant future studies.

5.2 Summary

The aim of the study was to identify the challenges experienced by second and third-year nursing students when applying theory into practice in a clinical setting in the Western Cape. Students are the most important part of nursing education, which makes their challenges, reflections and opinions important to develop the process of nursing education (Saifan et al., 2015). The findings of the study showed that there is a need to discover a means of ensuring theory-practice integration in clinical settings. All participants identified this challenge and how it caused anxiety and frustration that their expectations and knowledge were not demonstrated in clinical settings. This finding was also identified in the literature by other authors (Chan, 2013; Nabolsi et al., 2012; Sharif & Masoumi, 2008).

Mabuda et al. (2008) suggested that, to bridge the theory-practice incongruence, there should be consistent communication between nurse educators and clinical facilitators as well as the preceptors in the hospitals. This should include consistent follow-up meetings from both parties. Providing nursing students with constant feedback on their clinical performance during bedside nursing practice, as well as sparing time to listen to students' reflections. This will enable knowledge gaps to be identified and aided with the assistance of clinical facilitators and clinical staff who act as mentors to students.

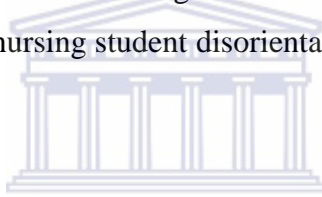
Nabolsi et al. (2012) indicates that this will ease anxiety, uncertainties and the fear of doing wrong in clinical settings. Allan, Smith & O'Driscoll (2011) suggests that when clinical facilitators and clinical staff increase students' confidence by ensuring a conducive clinical environment, the knowledge and skills of nursing students increase. The study findings also indicated that students are given orientation on their first day of placement, which correlates

with the results obtained by Nxumalo (2011) who found that nursing students are provided



with orientation. Whilst the present study has shown that the orientation was not in detail and had no planned activities to assist students to adapt in new and complex clinical areas, the orientation was conducted by senior professional nurses in the ward. The findings contradict that of Nxumalo (2011) and Carson and Carnwell (2007) who found that orientation was facilitated by a nurse educator, with a list of planned activities on arrival in the clinical setting.

Nxumalo (2011) indicated that most of the students who received detailed orientation from nursing educators were able to adapt easily in clinical settings, and were able to cope with the dynamics that evolved. The researcher discovered that the nursing students receive comprehensive orientation in the Higher learning institution and not in the clinical settings. The registered nurses and at times even the lower subordinate nurses show the nursing students the layout of the ward, without proper guidance on the ward routine, outlining their responsibilities or setting out times in addressing the learning outcomes of the students within that nursing unit. This leaves the nursing student disorientated and confused and influence the clinical competence.



The findings also noted that the non-nursing module classes comprised many nursing students and did not engage students in discussions to involve them in the learning process. The students verbalised that most of them failed the modules and depended mainly on self-directed learning techniques such as studying with a peer, reading prescribed textbooks and making notes, viewing a video, or research using Google to study and understand the concepts addressed in the lectures. Regarding simulation learning, the findings show that nursing students view this as useful in their training. Yet some participants felt that it did not assist them much as they still struggled to demonstrate other basic skills when placed in clinical settings. Some participants said there was limited guidance and feedback from the clinical facilitator, which negatively influenced their anxiety and confidence in demonstrating sound clinical skills in clinical settings. The findings concur with those of Anderson and Edberg (2008) who stated that demonstration in simulation laboratories assists nursing students to maximise their confidence in relation to nursing theory, and they added that such a confidence-building approach includes the use of clinical demonstration, and time allocated for practice. This will be accompanied by feedback, mindfulness training, praise, and the clinical facilitator/mentor sharing clinical stories and experiences.

Similar findings were reported by Nxumalo (2011) stating that positive and constructive feedback increases self-esteem of nursing students in clinical settings, which results in the best outcomes in clinical placement. The findings showed that the mentor in clinical settings did not have adequate qualifications and insight for mentoring them in the wards. It was found that clinical staff's role-play was at times of unethical nursing practice that could possibly harm patients, before them as nursing students – which raises concern about the level of care delivered to patients and the role-modelling in clinical settings. Another finding from the study recognised the identification of factors related to students and the effect they have on the student's ability to perform in clinical settings.

One of these factors was their determination to learn; some study participants said that positive self-talking and eagerness to learn assisted them to deal with challenges when integrating theory into practice in clinical settings. Botma (2014) reported the same findings, stating that nursing students who demonstrate a positive perception of the nursing profession and who exude eagerness to learn enhance their intelligence, and they easily adjust and learn effectively in clinical settings.

Landers (2005) confirmed that introverts learn better than extroverts, suggesting that the former are better at being mindful and reflective and have better ability to learn. That is why the researcher believe strongly in delegating nursing students in various year levels together. This not only encourage the introverts to learn from their seniors this ensures that safety of the patient is ensured as there will be guidance.

Another finding from the study was that nursing students were not provided with adequate time and exposure to practise in clinical settings. Dadgran, Parvizy & Peyrovi (2012) stated that clinical practice exposure is a vital element of nursing student training. Therefore nursing students must be given opportunities to experience the real world of nursing to develop their psychomotor skills, professional behaviour and interpersonal skills. In the study the research participants reported that they were not delegated to perform tasks which are included in their training programme, and were appointed to tasks that are lower than the level of competence expected from them. This came alarming because the calibre of the nursing student clinical skills is adapted from the exposure the nursing student experience whilst in training. Not only

does it make it exciting to learn when exposed to challenging tasks, but it motivates growth and development towards the nursing student.

Another finding from the study concerned communication, that there was a language barrier in clinical settings, and participants verbalised that not only was it frustrating to be exposed to this challenge but also that it influenced their performance in the wards. Three participants confirmed that the barrier was not only in verbal communication but also in documentation, which affected their insight in daily activities and involvement in patient care.

Considering the literature stipulated above, this study reported similar findings with the stipulated studies. The nursing students ability to function competently in the wards, depend upon these aspects. Thus include the personnel and the level of the clinical competence and diligence in teaching and coaching. The nursing personnel in particular, the registered nurses have a role in ensuring that continuous teaching and training occurs in the units and the nursing student outcomes are meet. This is done by ensuring the nursing students are exposed to the activities that occur in the units and are provided guidance. That is achieved by providing mentorship to align the nursing students to the mission of the nursing units. The nursing students in the study reported to have experienced less of that in the units, due to high turnover of nursing personnel's and due to the busyness of the units. That leaving a gap of drastic mistakes being committed on live patient which can be threatening the safety of the patients. One can say it is linked to theory practice gap amongst nursing students.

5.3 Recommendations

The recommendations were formulated on the basis of the themes stated in Chapter Three. The following are the recommendations that are suggested to the School of Nursing at the University of the Western Cape, and the senior stakeholders in Western Cape clinical settings.

Table 3: Recommendations according to themes.

Themes	Recommendations
1.Theory-practice gap	Open channels of communication and co-ordination between nursing educators and clinical teachers

	<p>Programme adjusted so that nursing students are demonstrated a skill and placed in the relevant clinical setting thereafter for its application</p> <p>Teaching strategies must be innovative for nursing students to understand the more complex subjects; audio-visual material needed</p> <p>Simulation/skills labs should be advanced and mimic a real clinical setting environment, with more use of simulated patients than mannequins</p> <p>Task involvement and access to learning opportunities</p>
2.Lack of role models	<p>Preceptorship/assessor training needs to be offered to registered nurses in clinical settings</p> <p>Mentors needs to be identified by unit managers, trained and assigned to nursing students for support</p> <p>In-service training and workshops on mentoring and other clinical topics as per discipline needs to be driven in clinical settings on a monthly basis</p>
3.Inadequate support structures	<p>Orientation programme needs to be constructed and facilitated by the nursing educators and clinical staff</p> <p>Clinical supervision by clinical facilitators needs to be more guided and structured during bedside nursing care with nursing students</p> <p>Increased competency of clinical facilitators is needed</p> <p>Nursing student forum meetings</p> <p>Proper preparation prior to clinical setting placement</p> <p>Create a conducive learning environment for nursing students</p>
4.Language barrier	<p>Official communication medium needed from the clinical setting management</p>

Recommendations can be made to give direction to the UWC on how to assist nursing students to readily integrate theory into practice in clinical settings, and to optimise their experiential learning by minimising the challenges they experience when integrating theory into practice.

5.3.1. Theme 1: Theory-practice gap

Recommendation 1: Open channels of communication and co-ordination between theory educators and clinical teachers

Maselele (2000) agrees with the empirical research by stating that registered nurses, as well as the nursing educator, who are responsible for clinical teaching of nursing students must develop and maintain open lines of communication with each other. This is to ensure involvement of everyone responsible for training of nursing students. Professional/registered nurses must be able to fit their clinical teaching programme in with the students' learning outcomes. Therefore, there must be regular meetings between nurse educators and professional nurses to verify that theory is applied in clinical settings.

The nursing students' workbook outlining the outcomes to be addressed needs to be available for registered nurses in the units to acknowledge. Performance reviews of nursing students need to be attended by the responsible clinical facilitator and a registered nurse in the unit. This provides a comprehensive view on how students apply theory into practice in clinical settings. Areas where there are gaps must also be identified by all stakeholders for better planning of theory integration.

Recommendation 2: Clinical placement is linked with taught theory, so that students are demonstrated a skill and then placed in the relevant clinical setting for its application

Preferably, to ensure integration of theory into practice and to affirm a taught or a demonstrated skill, the student should be promptly placed in a real clinical setting – not a simulated environment. For example, after a period of theory on cardiology and how to prepare a 12-lead electrocardiograph, students should be placed in an emergency, medical or intensive care unit where they will witness, be demonstrated and practise the skill in reality.

This approach gives ample time for students to understand theory in context and to gain more knowledge around the subject as it is repeatedly done on different patients with different diagnoses. This in turn motivates students to increase their skill and knowledge for future learning situations. This recommendation aligns with one of the five characteristics of adult learning set by Knowles (1984). Knowles (1984) stated that in the process of an adult learner's learning, there need to be strategies and motives in place that will shift a learner from being programme orientated to being performance orientated. Thus newly-gained knowledge needs to be applied immediately to ensure that shifts take place.

Recommendation 3: Clinical teaching strategies must be innovative for nursing students to understand more complex subjects

Maselele (2000) also suggested that clinical teaching strategies used by RNs should be congruent with those adopted by HEI curricula, taking into account their content and the specific nursing students taught. The strategies must be intriguing and innovative and allow active engagement by nursing students. This should include more problem solving and community-based strategies. Clinical staff can use demonstrations and audio-visual material to view complex subjects such as preparing a patient for cardiac catheterisation or nursing a patient who had a tracheostomy. Students can perform the tasks in simulation as well and also demonstrate them. This develops their concrete experience and allows guided practice, where the learning gap is addressed and action plans are set to confirm the students' level of competency in a particular skill. Informal in-service training in small groups amongst nursing students and nursing staff or a multidisciplinary team can be facilitated to enhance a student-centred learning process within clinical settings, when there is sufficient time.

These training tactics can be done using the assessment tools and workbooks developed by HEIs as a guide to measuring students' competence. Nursing students can also be involved in conferences done in clinical settings, which is not only a teaching strategy but also a means for socialising nursing students in the profession and giving a feeling of belonging. It will also foster a self-directed learning approach, which is encouraged in the SON at the UWC.

HEIs or the Department of Health could donate computers for use in clinical settings, where students as well as clinical staff can in their own time read or evaluate their knowledge on basic skills and knowledge, by completing structured short courses on the internet, such as the 3M or Better Care courses for nursing professionals, or – even better – courses can be

compiled and structured by the school or any external provider using lesson plans that align with the SON curriculum. This would ensure continuous development and upskill information on the nursing profession functions.

In SoN, with the challenge of big classes and less engagement from students, the department involved could use bigger venues and adopt the case study approach, by linking the content presented to what can be expected in clinical settings, and letting students research and analyse the case studies and present the answers to their peers. This would motivate active engagement in the learning process by nursing students and educators alike.

Recommendation 4: Simulation/skills laboratories should be advanced and mimic a real clinical setting, with more use of simulated patients than mannequins

Quality action plans need to be in place or considered by management to ensure that simulation laboratories are structured in a very realistic manner, using advanced equipment and materials, in the SON to provide a very conducive learning environment for students. For example, when demonstrating how to administer an intramuscular injection in the gluteus muscle, the student can use a mannequin with a similar muscle with a human-like feel, instead of a sponge; this will stimulate curiosity and interest in students, which is a factor in the learning process.

Recommendation 5: Task involvement and access to learning opportunities

Learning occurs when students are actively involved in the actual day-to-day ward activities (Hickey, 2010). This motivates task involvement, which occurs when students are provided with opportunities to learn and participate in the holistic care of patients in clinical settings, and not merely doing small tasks (Kaphagawani & Useh, 2013). In turn, nursing staff are motivated to collaborate with students when facilitating nursing care, by exposing the students to a variety of challenging tasks that align with their learning objectives, which will activate critical thinking and decision-making skills. Chuan and Barnett (2013) reported that a variety of learning opportunities advance the learning experience of nursing students and facilitate putting theory into practice.

5.3.2. Theme 2: Lack of role models

Recommendation 1: Preceptorship/assessor training needs to be offered to most registered nurses in clinical settings

According to Siganga and Jeggels (2014), preceptor training is a vital element in nursing student training, it provides the clinical staff (i.e. professional nurses) with knowledge of different teaching approaches to use in clinical settings, which have been shown nationally and internationally to be the best in cultivating optimum clinical learning outcomes for nursing students. Hefferman, Hefferman, Brosman and Brown (2008) also found preceptor training programmes to be effective: after completing such training, professional nurses receive a fresh perception about their roles. Smedley (2008) found that professional nurses gained confidence, skills and knowledge and felt empowered to guide nursing students in clinical settings. The SON at the UWC should motivate for most professional nurses to enrol in the preceptor training course offered by the school as this will improve outcomes for nursing students.

Recommendation 2: Unit managers need to identify mentors in their units, provide them with sufficient training, and assign them to nursing students to facilitate role modelling

Saarikoski (2003) assert with the above advice by mentioning that nursing students learn effectively when there is sufficient clinical guidance. The study suggested that clinical staff allocated to nursing students must show a positive attitude in supervising the students. The unit manager as a leader can identify strong and competent staff in the unit and can thus establish who will be suitable to be a mentor and have the expected characteristics for nurturing students. Mentorship creates a positive relationship between students and clinical supervisors, leading to mutual trust and respect which promotes the students' learning. The process is built upon continuous feedback and constructive criticism which students will receive from their mentors. Students thus have a person for referring to when challenged with a clinical situation, and they will find it easier to approach a mentor.

Recommendation 3: In-service training on mentoring, and clinical topics related to each discipline, need to be driven by unit managers and registered nurses or the multidisciplinary team at large; all training must be recorded and reviewed on a monthly basis

Medicine and nursing care practices do not remain fixed, with evidence-based practices motivated by the national Department of Health, which are derived from research. Such change influences the reconstruction of the roles and functions of the various nursing titles, and consequently increases the expectations from all nursing staff. Therefore nursing professionals need to be updated regarding any new policy, protocol, measure or method of treatment to ensure quality nursing care to the patient, that is aligned with the South African constitution and SANC regulations. Hence the need for on-going training in each department, where such topics are addressed informally in discussion or by formal lecturing, to keep nursing staff updated and familiarising themselves with what is done nationally and internationally that is best for the patient.

The preceding activities become of great benefit to nursing students who are under supervision and mentoring, as it means that students receive quality training. Unit managers in clinical settings, working with their staff, can monitor and drive these activities, and maintain a training register as evidence of continuous learning so that when the SANC or Council of Higher Education (CHE) do annual assessments, the training register with the curriculum can be presented alongside the nursing staff's qualifications as evidence of the methods for deeming competence of the staff who offer clinical guidance and teaching to nursing students in clinical settings.

5.3.3. Theme 3: Inadequate support structures

Recommendation 1: Orientation programmes need to be constructed and facilitated by nursing educators and clinical staff in clinical settings

Prior to nursing students being placed in a unit for experiential learning, they must participate in an orientation programme in the clinical setting. This programme can be facilitated by the nursing educator, a person who at this junction is familiar to nursing students. The programme can include orientation of the layout of the unit, and an introduction to the clinical team and the routine of the ward. The orientation programme can also address the core skills needed by second and third-year nursing students in clinical settings, and generally how to do things in the unit, which can include how to admit a patient, how to order blood products, administer medication, etc. After few days of orientation or bedside demonstrations by the nursing educator, one or two assessments can be done by the student with the nursing educator as an assessor. The duration of the programme can be a week or as per the nursing

school schedule. These steps will ease the anxiety of students as they will be aware of what is expected of them, which will make the clinical setting more meaningful to students.

Recommendation 2: Clinical supervision by clinical facilitators needs to be more guided and structured in bedside nursing care with nursing students

More attention needs to be given to ensuring that the skills, wealth of experience and knowledge of clinical facilitators is in context with nursing students' needs in clinical settings. Providing sufficient time for assessing, feedback to students, and emotional support. Proper planning by clinical facilitators is therefore needed to ensure that this idea is realistic. The visibility of clinical facilitators is crucial in developing students in clinical settings, and all strategies and actions that facilitate this will motivate more theory integration by students. This aim can be addressed by all stakeholders as it involves management, human resources and clinical co-ordinators within the SON. It will be necessary to reconstruct the clinical facilitator programme to meet these goals.

Recommendation 3: Nursing student forum meetings

Student forum meetings need to be hosted annually where nursing students, clinical staff and nursing educators can reflect on student performance and any challenges that might have arisen. This will motivate transparency in the training of students and will allow all stakeholders to engage in issues that limit or influence theory integration in clinical settings. A study published in *Nursing Times* conducted by Haines and Mc Gown (2014) supports this suggestion. The study showed that when nursing students were actively involved in forum meetings, this not only had a positive influence on the partnership between universities and clinical settings, which is vital in the high quality of nursing students pre-registration, but nursing students also felt motivated to engage, create transparency, and have a student-led channel of communication. These forum meetings assisted nursing professionals to also work together to improve the quality of practice learning and promote a positive image of nursing in the community.

Recommendation 4: Proper preparation prior to clinical setting placement

Prior to being allocated to clinical settings, nursing students must be equipped with sufficient theory as background, and clinical practice and training in simulation laboratories. Just as first-years, second-year nursing students are still new in the profession and need much guidance and training . Placing them in the second semester in clinical settings as is done with first-years provides ample time to prepare by teaching and training the students in a safe environment prior to being placed in clinical settings.

This recommendation relates to that of Dadgaran et al. (2012) who stated that nursing students must be adequately prepared to demonstrate clinical skills that are safe, efficient and competent. To ensure that, clinical preceptors should be knowledgeable and possess skills that promote theory integration to enhance the nursing students' education.

Recommendation 5: Creating a conducive learning environment for nursing students

Hospital management as well as RNs should create an environment that is conducive for students to learn when placed in their designated clinical settings, which involves motivating the staff to be empathetic to the students and see to their needs. This can be a joint responsibility between clinical facilitators and managers, whereby unit managers are made aware of nursing students' objectives per clinical placement or allocation in a ward, the dates of writing exams, or coming in to conduct assessments with the students. All of this information can be communicated prior to students' placement by the SoN when they send clinical allocation lists. Measures should be in place when nursing students are treated with hostility to reprimand those clinical staff who are perpetrators. Each unit in the clinical settings needs to be motivated to create a culture of learning.

In the University of East Anglia, Mr Adrian Debney, a practice development nurse, started a learning forum in a stroke unit. The forum consisted of reflection slots and weekly learning sessions. The learning sessions were conducted in the clinical setting, covering the topics that arise in the unit. These were addressed by specialists with nursing students and staff as audience. These sessions improved insight and confidence among nursing students, encouraging them to ask questions, think critically and apply sound evidence-based theory in practice (Careers Student Life, 2014). Such creative initiatives can be implemented in units to create a learning culture.

5.3.4. Theme 4: Language barrier

Recommendation 1: Official communication medium

The Western Cape language policy needs to be in align with that of the hospitals . This can be implemented, reviewed by management and RNs, and communicated to all clinical staff. This policy can be communicated to doctors via memorandums that each member of a multidisciplinary team must speak and write in patients' documents in English. This will ensure that communication is clear and there is a continuity of care to the patient. On-going engagement with accepting and embracing the change can be driven by management and controlled by each unit discipline to ensure consistency.

5.4 Conclusion

The present study identified and described the challenges experienced by second and third-year nursing students when applying theory into practice in a clinical setting in the Western Cape. One of the most insightful suggestions was that nursing educators and clinical facilitators must be involved in clinical settings, to assist students in linking theory with practice, with guidance. The research design of the study assisted the researcher to obtain rich and deep data around the research topic, and the challenges experienced by the study population were identified and described. The research added to the knowledge in related studies conducted in the School of Nursing, and will be useful for the specified undergraduate students, nursing educators, clinical facilitators and healthcare clinical settings within the Western Cape.

6. REFERENCES

AbuAlrub, R.F. (2010). Work and non-work social support and intent to stay at work among Jordanian hospital nurses. *International Nursing Review*, 57(2), 195-201.

Abubu, J., & Jeggels, J. (2010). Experiences of First-Year University of the Western Cape Nursing Students during First Clinical Placement in Hospital. University of the Western Cape

Ajani, K., & Moez, S. (2011). Gap between knowledge and practice in nursing. *Procedia Social and Behaviour Sciences*, 15, 3927-3931.

Allan, H. T., Smith, P., & O'Driscoll, M. (2011). Experiences of supernumerary status and the hidden curriculum in nursing: A new twist in the theory–practice gap? *Journal of Clinical Nursing*, 20(5-6): 847-855.

Allen, T. (1979). *The adult learning project*. 2nd Edition. Toronto: Ontario Institute for Studies in education.

Anderson, L.P., & Edberg, K. (2008). Swedish nursing student's experience of aspects important for their learning process and ability to handle the complexity of the nursing degree program. *Nurse Education Today*, 32(4), 453–457.

Andrews, M., & Roberts, D. (2003). Supporting student nurses learning in and through clinical practice: The role of clinical guide. *Nurse Education Today*, 23, 474-81.

Atack., et al (2000). Student and staff relationship in a clinical practice model: impact on learning. *Nursing Education Journal*, 39, 387–392.

Benner, P. (2010). *Educating Nurses: A call for radical transformation*. San Francisco, Cal.: Jossey-Bass.

Berg, L., & Danielson, E. (2007). Patients' and nurses' experiences of the caring relationship in hospital: an aware striving for trust. *Scandinavian Journal of Caring Sciences*, 21(4), 500-506.

Billings, D.M., & Halstead, J. A. (2012). *Teaching in Nursing. A guide for faculty*. 3rd Edition. St Louis. Mo: Elsevier Publishing.

Bolderston, A., Palmer, C., Fanagan, W., & McPaland, N. (2007). The experience of English as a second language radiation therapy students in the undergraduate clinical program: Perception of staff and students. *Radiography*, 14(3), 216-225.

Botma, Y. (2014). Nursing student's perceptions on how immersive simulation promotes theory-practice integration. *International Journal of Africa Nursing Science*, 1, 1-5.

Botma, Y., Jeggels, J., & Uys, R. (2012). Preparations of preceptors. Trends in nursing. Retrieved 10 August 2015 from <http://fundisa.journals.ac.za>.

Brannan, J. D., White, A., & Bezanson, J. L. (2008). Simulator effects on cognitive skills and confidence levels. *The Journal of Nursing Education*, 47(11), 495-500.

Brink, H., van der Walt, C., & Van Rensburg, G., (2012). *Fundamentals of research methodology for health care professionals*. 2nd ed. South Africa. Cape Town. Juta

Brooks, P., Greenstock, L, Malloy, E., Fiddes, P., & Fraser, C. (2015). Medical students perceptions of role models in clinical placement. *Plos One* 11(3).

Burns, N., Grove, S. & Gray, K. (2014). *Practice of nursing research* (7th ed). Amsterdam: Elsevier.

Butterworth, T., & Fauger, J. (2000). Clinical supervision: A concept analysis: *Journal of Advance Nursing*. Blackwell Science Ltd, 31(3), 722-729.

Cant, R. P., & Cooper, S. J. (2010). Simulation-based learning in nurse education: systematic review. *Journal of Advanced Nursing*, 66(1), 3-15.

Careers Student Life (2014). Volume 28, Number 28. Retrieved 20 April 2016 from <http://journals.rcni.com/doi/pdfplus/10.7748/ns.28.48.66.s54>.

Carey, M.A., & Swanson, J.A. (2003). Funding for Qualitative Research. *Qualitative Health Research*, 13(6).

Carper, B. A. (2013). Fundamental Patterns of Knowing in Nursing. In W. K. Cody (Ed.), *Philosophical and theoretical perspectives for advanced nursing practice* (pp. 23 -33). Burlington, Mass.: *Jones and Bartlett Learning*.

Carson, A., & Carnwell, R. (2007). Working in theory practice gap: The lecture practitioner's story. *Learning in Health and Social Care*, 6(4), 220-230.

Cassimjee, R.,& Bhengu, M. P. (2006). Student nurses' perceptions of their contact time with stakeholders in their clinical instruction. *Curationis*, 29(4), 47-53.

Chan, Z. (2013). A systematic review of creative thinking/creativity in nursing education. *Nurse Education Today*, 33(11), 1382-1387.

Childress, R. M., Jefferies, P. R., & Dixon, C. F. (2007). *Using collaboration to enhance the effectiveness of simulated learning in nursing education*. In P. R. Jeffries (Ed.), *Simulation in nursing education: from conceptualization to evaluation*. New York: *National League for Nursing*.

Chuan, O.L., & Barnett, T. (2013). Student tutor and staff perceptions of the clinical learning environment. *Nurse Education in Practice*, 12, 192-197.

Corlett, J. (2000) .The perceptions of nurse teachers, student nurses and preceptors of the theory-practice gap in nurse education. *Nurse Education Today*, 20, 499-505.

Corlett, J., Palfreyman, J.W., Staines, H.J., & Marr, H. (2003). Factors influencing theoretical knowledge and practical skills acquisition in student nurses: An empirical experiment. *Nurse Educator Today*, 23, 183-190.

Creswell, J.W. (2014). *Research Design, Qualitative, Quantitative and Mixed Methods Approaches*. 4th Edition. Sage Publications Ltd.

Creswell, J.W., & Miller, D.L. (2000). *Determining validity in qualitative inquiry. Theory into practice*. Abingdon: Taylor & Francis.

Cutcliffe, J.R. (2003). Reconsidering reflexivity: Introducing the intellectual entrepreneurship. *Qualitative Health Research*, 13, 136-148.

Dadgaran, I., Parvizy, S., & Peyrovi, H. (2012). A global issue in nursing students' clinical learning: The theory–practice gap. *Procedia Social Behavioural Sciences*, 47, 1713-1718.

De Vos, A.S., Strydom, H., Schulze, S., & Patel, L. (2011). Research at the grass roots for the social sciences and human service professions. 4th ed. Pretoria: *JL Van Schaik Publishers*

Ditlopo, P., Blaauw, D., Rispel, L.C., Thomas, S., & Bidwell P. (2014). *Globe Health Action* Epub

Edward, R., & Holland, J. (2013). *What is qualitative Interviewing?* University of Edinburgh, London; Bloomsbury Publishing. ISSN: 2048-6812.

Ehrenberg, A.C., & Haggblom, M. (2007). Problem-based learning in clinical nursing education: Integrating theory and practice. *Nurse Education in Practice*, 7, 67-74.

Fawcett, J., & Garity, J. (2009). *Evaluating research for evidence-based nursing practice*. Philadelphia: F.A. Davis.

Garberson, K.B., & Oermann, M.H. (1999). *Clinical teaching strategies in nursing*. New York: Springer.

Gibbon, C., & Kendrick, K. (1996). Practical conflicts. *Nursing Times*, 92(1), 50-52.

Haines, S., McGown, R. (2014). Increasing student involvement in a trust. *Nursing Times*, 110(5), 16-18.

Hallet, C. E., Williams, A., & Butterworth, T. (1996). The learning career in the community setting: a phenomenological study of a Project 2000 placement. *Journal of Advanced Nursing*, 23, 578-586.

Halloway, I., & Wheeler, S. (2010). *Qualitative Research in Nursing and Healthcare*. 3rd Edition. Wiley and Blackwell Publications.

Hefferman, C., Hefferman, E., Brosman, M., & Brown, G. (2008). Evaluating preceptorship program in South West Ireland. *Journal of Nursing*, 17, 539-549.

Struebert, S., & Carpenter, R. (2007). *Qualitative Research in Nursing*, (3rd Edition) advancing the humanistic approach. Lippincott Williams & Wilkins.

Henderson, A., Cooke, M., Creedy, D.K., & Walker, R. (2012). Nursing students' perceptions of learning in practice environments. *Nurse Education Today*, 32, 299-302.

Heui, A., & Choi, C., (2015). Factors affecting Korean nursing student empowerment in clinical practice *Nurse Education Today*, 35(12), 1301–1306.

Hewison, A., & Wildeman, S. (2006). The theory practice gap in nursing: A new dimension. *Journal of Advanced Nursing*, 24, 754-761.

Hickey, M. (2010). Baccalaureate nursing graduate perceptions of their clinical instructional experiences and preparation for practice. *Journal of Professional Nursing*, 26, 35-41.

History of University of the Western Cape, school of nursing. Accessed at: www.uwc.ac.za/faculties/CHS/Nursing/Pages/default.aspx

Hope, A., Garside, J., & Prescott, S. (2011). Rethinking theory and practice: Pre-registration student nurse experiences of simulation teaching and learning in the acquisition of clinical skills in preparation for practice. *Nurse Education Today*, 31(7), 711-715.

Horrocks, S. (2005). Scholarship, teaching and calculative thinking: A critique of the audit culture in UK nurses education. *Nurse Education Today*, 26(1), 4-10.

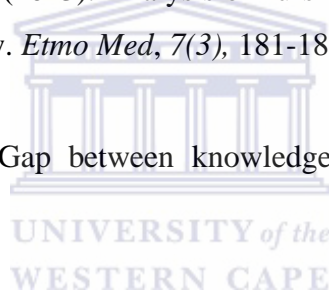
Huybrecht, S., Loeckz, W., Quaeyhaegens, Y., De Tobel, D., & Mistiaen, W. (2011). Mentoring in nursing education: Perceived characteristics of mentors and the consequences of mentorship. *Nurse Education Today*, 31, 274-278.

Jackson, S. L. (2012). *Research methods. A critical thinking approach* (4th ed). Wadsworth: Cengage Learning.

Judeh, M. (2015). What do you mean by descriptive research design? Retrieved 5 June 2015 from <http://study.com/academy/lesson/descriptive-research-design-definition-examples>.

Kaphagawani, N. C., & Useh, U. (2013). Analysis of nursing students learning experience in clinical practice: Literature review. *Etmo Med*, 7(3), 181-185.

Ajani, A., Salima, M. (2011). Gap between knowledge and practice in nursing. Amsterdam: Elsevier.



Kidd, J. K. (1973). *How adults learn*, Chicago: Association Press/Follet.

Knowles, M. (1975). *Self-directed learning; A guide for learners and teachers*. Chicago; Association Press/ Follet.

Knowles, M.S. (1978). *The adult learner: A neglected species.2nd Edition* .Houston, Texas: Gulf Publishing Co.

Knowles, M.S. (1984). A history of adult education movement in USA, New York, Krieger.

Kvale, S. (2006). *Qualitative Inquiry: Dominance through interviews and dialogues*. Sage Publication, 12, 480.

Landers, M. G. (2000). The theory-practice gap in nursing: The role of the nurse teacher. *Journal of Advanced Nursing*, 32(6), 1550-1556.

Lipinge, S.N., & Venter, E.S. (2003). Student nurses' experiences during a rural community placement programme in Namibia. *Curationis*.

Lisko, S.A., & O'Dell, V., (2010). Integration of Theory and Practice: Experiential Learning Theory and Nursing Education. *Nursing Education Perspectives*, 31(2), 106-10.

Lita, H., Alberts, U., Van Dyk, A., & Small, L.S. (2002). Factors that influence the selection of learning opportunities for student nurses in primary health care. *Health SA Gesondheid*, 7(2), 25-34.

Mabuda, B., Potgieter, E., & Alberts, U. (2008). Student nurses experience during clinical practice in the Limpopo Province. *Curationis*, 31(1), 19-27.

Mabuda, T. (2010). Provincial Nursing Strategy, Western Cape: Accessed at http://westerncape.gov.za/other2010/5/nursing_strat_intranet.pdf

Maczak, M., & Sewell, M. (2015). Using focus groups for evaluation. Retrieved 10 July 2015 from <http://ag.arizona.edu/sfcs/cyfernet/cyfar/focus.htm>.

Maginnis, C., & Croxon, L. (2010). Transfer of learning to the nursing clinical practice setting. *Rural Remote Health*, 10, 1313.

Marra, D. (2013). Guidelines for clinical facilitators, to support student nurses in a simulation laboratory at a college of nursing in the Western. Unpublished full master's thesis. University of the Western Cape.

Maselele, D. (2000). Problems in integrating theory with practice in selected clinical nursing situations. Unpublished master's dissertation. Pretoria: University of South Africa.

Maselele, M., Tjallinks, J. E., & Norval, M. S. (2001). Theory-practice integration in selected clinical situations. *Curationis*, 24(4), 4-9.

Massarweh, L.J. (1999). Promoting a positive clinical experience. *Nursing Educator*, 24(3), 44-47.

Mattila, L.R., Pitkajarvi, M., & Eriksson E., (2010). International student nurses' experiences of clinical practice in the Finnish health care system. *Nurse Education in Practice*, 10.

Magerman, J., Martin, P., & Linda, N. (2014). Clinical supervision experience of supervising nursing students from a higher education institution in the Western Cape. Magister Curationis. University of the Western Cape.

Melia, K., M. (1987). Learning and working: The occupational socialization of nurses. London: Tavistock.

Meyer, S., van Nierkerk, S. & Naude, M. (2001). *The nursing unit manager. A comprehensive guide* (2nd ed). Sandton: Heinemann. Chapter 9.

Moeti, M.R., Niekerk, S.E., Velden C.E. (2004) Perception of the clinical competence of newly registered nurses in the North West Province. *Curationis*, 27(3), 72-84.

Molander, A., & Terum, L.I. (2008). *Professional study*. Oslo: Universitetsforl.

Monareng, L.V., & Jooste, K., Dube, A. (2009). Preceptors' and preceptees' views on student nurses' clinical accompaniment in Botswana. *Africa Journal of Nursing and Midwifery*, 11(2), 113-127.

Morse, J. M. & Field, P. A. (1996). *Nursing research: The application of qualitative research approach*. Basingstoke: Macmillan.

Nabolsi, M., Zumot, A., Wardam, L., & Abu-Moghli, F. (2012). The experience of Jordanian nursing students in clinical Practice. Elsevier, 46.

Neill, M. A., & Wotton, K. (2011). High-Fidelity Simulation Debriefing in Nursing Education: A Literature Review. *Clinical Simulation in Nursing*, 7(5), 161-168.

Ness, V., Duffy, K., McCullum, J., & Price, L. (2010). Supporting and mentoring nursing students in practice. *Nursing Standard*, 25(1), 41-46.

Newton, J.M., Jolly, B.C., Ockerby, C.M., & Cross, W.M. (2010). A Clinical Learning Environment Scale: a factor analysis. *Journal of Advanced Nursing*, 66, 1371–1481.

Nolan, C.A. (1998). Learning on clinical placement: The experiences of six Australian student nurses. *Nurse Education Today*, 8(8), 622-629.

Nxumalo, S.J. (2011). Factors affecting theory practice gap integration of student nurses in a selected campus of a nursing college in the Limpopo Province. Master's Thesis, University of South Africa.

Odessa, P.D., Waelli, M., & Ricketts, T.C. (2014). France's transition to academic nursing: The theory-practice gap. *Journal of Nursing Education and Practice*, 4(10), 88.

Omansky, G., L. (2010). Staff nurses experiences as preceptors and mentors: An integrative Review. *Journal of Nursing Management*, 18, 697-703.

Papp, L., Markkanem, M. & Von Bonsdorff, M. (2003). Clinical environment as learning environment: Student nurses perceptions concerning clinical learning experiences. *Nurse Education Today*, 23, 262-268.

Perli, S., & Brugnonli, A. (2009). Italian nursing students' perception of their clinical learning environment as measured with the CLEI tool. *Nurse education today*, 29(8), 886-90.

Quinn, F.M. (2000). *Principles and practices of nurse education* (4th ed). Stanley Thornes.

Quinn, F.M (2013). *Quinn's principles and Practice of nurse education*. Cengage learning.

Rikhotso, S.R., Williams, M.J.S. & De Wet, G. (2014). Student nurses perceptions of guidance and support in rural hospitals. *Curationis*, 37(1), 1164.

Robert Wood Johnson Foundation (2015). Lincoln and Guba evaluation criteria, Retrieved 5 February 2015 from <http://www.qualres.org/HomeLinc-3684.html>.

Saarikoski, M. (2003). Mentor relationship as a tool of professional development of student

nurses in clinical practice. *International Journal for Psychiatric Nursing Res*, 9(1), 1014-1024.



Safadi, R.R., Saleh, N., Amre, H.M., & Froelicher, E.S. (2012). Nursing students' perceptions of nursing. A descriptive study of four cohorts. *International Nursing Review*, 58, 420-427.

Saifan, A., Abu Safieh, H., Milbes, R., & Shibly, R. (2015). Suggestions to close the gap in nursing education: Nursing students' perspectives. *International Journal of Advanced Nursing Studies*, 4(2), 62-68

Saifan, A., Safieh, H.A., Milbes, R., & Shibly, R. (2015). Suggestions to close the gap in nursing education. *International Journal of Advanced Nursing Studies*, 4(2), 62-68.

SANC, 2005, Regulations relating to the course leading to enrolment as professional nurse, R425, Nursing Act 1985

Scully, N.J. (2011). The theory practice gap and skills acquisition: An issue for nursing education. *Collegian*, 18, 93-98.

Shariff, F. & Masoumi, S. (2005). A qualitative study of nursing students experiences of clinical practice. *BMC Nursing*, 4(6), 1-9.

Siganga, T., & Jeggels, J. (2014). The experiences of trained nurse preceptors regarding their clinical teaching practice in the Western Cape. Magister Curationis, University of the Western Cape.

Smedley, A. (2008). Becoming and being a preceptor. *Journal of Continuing Education in Nursing*, 39(4), 185-191.

Smith, K., Clegg, S., Lawrence, E. & Todd, M.J. (2007). The challenges of reflection: Students learning from work placements. *Innovations in Education and Teaching International*, 44(2), 131-141.

South African Nursing Council. (2005). Curriculum and training standards. Retrieved 15 August 2015

<http://www.sanc.co.za/pdf/Nursing%20Education%20and%20Training%20Standards.pdf>.



South African Nursing Council: Nursing Strategies in the Western Cape (2005). Department of Health.

South African Qualification Authority: Accessed at: <http://www.sqa.org.za/> on May 2016.

Taylor, B., (2006). *Reflective Practice: A Guide for Nurses and Midwives*. Maidenhead: Open University Press.

Thwala, F.N., (1999) *Midwives' Experience of their Clinical Education at a Nursing College in Swaziland*, Rand Afrikaans University, Johannesburg.

Tiwaken, S.U., Lawrence C., Curanto, T. & David, T (2015). The Real World: Lived Experiences of Student Nurses during Clinical Practice, *International Journal of Nursing Science*, 5(2), 66-75.

Tsele, N., & Muller, M. Clinical accompaniment: the critical care nursing students' experiences in a private hospital. *Curationis*, 23, sep. 2000. Available at: <http://www.curationis.org.za/index.php/curationis/article/view/638>>. Date accessed: 12 June 2016.

Tufford. L., & Newman, P. (2010). *Bracketing in qualitative research*, *Qualitative Social Work*, 11(1), 80-89.

Uys, H.H.H., & Basson, A. (1991). *Research methods in nursing*. Pretoria: Educational Publishers.

Waterson, E., Harms, E., Qupe, L., Maritz, J., Manning, M., Makobe, K. (2006). Strategies to improve the performance of learners in a nursing college – Part 1: Issues pertaining to nursing education. *Curationis*, 29(2), 56-65.

Webster's College Dictionary (5th ed) (2014). Springfield: Webster.

Wittayapun, Y., Tanasirirug, V., Butsriripoom, B., & Ekpanyaskul, C. (2013) Factors

Affecting Health-Promoting Behaviours in Nursing Students of the Faculty of Nursing, Srinakharinwirot University, Thailand. *Journal of Public Health*, 40, 215-225.



Wolfgram, L. J. B., & Quinn, A. O. L. (2012). Integrating Simulation Innovatively: Evidence in Teaching in Nursing Education. *Clinical Simulation in Nursing*, 8(5), 169-175.



Appendix A: Information Letter



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2760 Fax: 27 21-959 3683

E-mail: znombulelo@gmail.com

Research title: Challenges experienced by second- and third-year nursing students when integrating theory into practice in a selected clinical setting in the Western Cape.

What is the study about?

This research is conducted by Nombulelo Zenani, at the University of the Western Cape. I am inviting you to participate in this research because you are either a second- or third-year nursing student. You have worked in the medical ward, and may have come across having challenges when applying theory into practice. The purpose of the study is to explore and describe the challenges you have experienced as a nursing student. When you were applying theory into practice in the clinical setting, explore the strategies you used to aid the challenges. This is done so that the school and the hospital staff can identify causes and put strategies in place that can ease theory-practice integration.

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

You will be asked to participate in a focus group. You will be requested to talk about the challenges you encountered in the clinical placements when you had to integrate what you learnt in class to real life situation in the medical ward. The study will take place in the School of Nursing boardroom, at the University of the Western Cape. The interview will take about 30 to 40 minutes depending on the participants' availability.

Would my participation in the study kept confidential?

Your personal information will be kept confidential. All of the attained data will be kept in a locked draw in the researcher's office. Your name will remain anonymous and not included in the transcripts and dissertation on completion. Your identity will be protected to the maximum extent.

What are the risks of this research?

There are no known risks in the study, but if you feel unsafe in expressing your challenges you are allowed to withdraw at any time as you will be voluntary participating. No negative consequence will be directed to you if you wish to withdraw from participating in the study. If you wish to participate in future you won't be penalized for withdrawing.

What are the benefits of this of this study?

From the data you will be providing, the School of Nursing as well as the clinical staff can gain understanding of the challenges students experience when applying theory into practice in the clinical placements. The recommendations from the study will be a great benefit to the body of nursing education as it will give insight on methods of reducing the theory-practice gap during clinical training.

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

If sharing your challenges causes any negative feelings, you will be referred for debriefing or counselling at the Student Support Services the University of the Western Cape which is situated in the Faculty of Community and Health Sciences on the second floor.

What if I have questions?

This research is conducted by, Nombulelo Zenani from the University of the Western Cape, if questions arise about the research you can contact me at: 0710871385 or email me at znombulelo@gmail.com

Should you have any questions regarding this study, and your rights as participants or if you wish to report a problem you encountered whilst participating in this study. Please contact either of the following contacts:

Head of School of Nursing, University of the Western Cape

Prof K. Jooste

Private Bag X17

Bellville, 7535

Tel: 021 959 3374 or

Dean of the Faculty of Community and Health Science, University of the Western Cape

Prof. JM Frantz

Private Bag x17

Bellville 7535

Tel: 021 959 2631 E-mail: chs-deansoffice@uwc.ac.za



Appendix B: Consent form



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2760 Fax: 27 21-959 3683

E-mail: znombulelo@gmail.com

CONSENT FORM

Title of Research Project: Challenges experienced by second and third year nursing students when integrating theory into practice in a selected clinical setting in the Western Cape.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participants Name.....

Participants signature.....

Date.....

Appendix C: Focus group confidentiality binding form



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2760 Fax: 27 21-959 3683

E-mail: znombulelo@gmail.com

FOCUS GROUP CONFIDENTIALITY BINDING FORM

Title of Research Project: Challenges experienced by second and third year nursing students when integrating theory into practice in a selected clinical setting in the Western Cape.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits. I understand that confidentiality is dependent on participants' in the Focus Group maintaining confidentiality. I hereby agree to the following:

I agree to uphold the confidentiality of the discussions in the focus group by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group.

Participant's Name.....

Participant's signature.....

Date.....

Appendix D: Collecting data tool



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2760 Fax: 27 21-959 3683

E-mail: znombulelo@gmail.com

APPENDIX D

Bibliographic Data:

Participants No:

Age:

Gender:

Year level:

Highest education /certificates:

Home language:

Type of residential area:



Open-ended questions:

- What is your perception about working in the wards?
- Who facilitated learning in the wards?
- Describe your learning experiences in the wards.
- Discuss the challenges you experienced in the ward, when you needed to apply theory into practice?
- Discuss your perception about the theoretical content of the BNur programme in relation to preparing you for clinical practice.
- What are your perceptions of the educators and the teaching methods they use ?
- Were you able to link the content in the wards? (Why and How?/Explain your answer)
- What made it difficult for you to integrate theory into practice?
- What suggestions do you have for the integration of theory into practice



UNIVERSITY *of the*
WESTERN CAPE

Appendix E: Letter of approval from the Registrar



REGISTRAR
ADMINISTRATION
Administration Building, 1st Floor
ashaikjee@uwc.ac.za, mamos@uwc.ac.za
021 959 2110

17 December 2015

Dear Nombulelo Esmé Zenani

RE: PERMISSION TO CONDUCT RESEARCH AT THE UNIVERSITY OF THE WESTERN CAPE

As per your request, we acknowledge that you have obtained all the necessary permissions and ethics clearances and are welcome to conduct your research as outlined in your proposal and communication with us.

Please note, that while we give permission to conduct such research (i.e. interviews and surveys) staff and students at this University are not compelled to participate and may decline to participate should they wish to.

Should you require any assistance in conducting your research in regards to access to student contact information please do let us know so that we can facilitate where possible.

Yours sincerely

A handwritten signature in black ink, appearing to read 'A. Shaikjee', written over a faint background of sunflowers.

DR AHMED SHAIKJEE
MANAGER: STUDENT ADMINISTRATION
OFFICE OF THE REGISTRAR

Appendix F: Letter of approval from HoD



UNIVERSITY OF THE WESTERN CAPE 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

7 January 2016

Nombulelo Esmé Zenani

Title of Research Project: Challenges experienced by second and third year nursing students, when applying theory into practice in a selected clinical setting 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.

I wish you success with your studies.

A handwritten signature in black ink that reads 'K. Jooste'.

Prof K Jooste
Director
School of Nursing

Appendix G: Ethics approval letter



DEPARTMENT OF RESEARCH DEVELOPMENT

10 December 2015

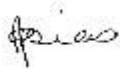
To Whom It May Concern

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 N Zenani (School of Nursing)

Research Project:	Challenges experienced by second and third year nursing students when integrating theory into practices in a selected clinical setting in the Western Cape.
Registration no:	15/7/266

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 2900/2940 . 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 H: Letter from the Editor

ISOBEL BLAKE
BA (Unisa)

P O Box 393
Paulshof
2056

Home phone: (011)803-0881

Cell: 082-551-8294

15 November 2016

TO WHOM IT MAY CONCERN

This is to state that I, Isobel Blake, edited independently and professionally an article entitled “Challenges experienced by second- and third-year nursing students when integrating theory into practice in a selected clinical setting in the Western Cape”. My brief was to check the article for grammatical and spelling errors and for the correct syntax, and to ensure that the English was of a standard necessary for submission to a university. At no time did I make any changes to the context or format of the article, which is still true to its original state.

ISOBEL BLAKE
BA (UNISA)