

**CLINICAL SUPERVISION IN SELECTED HOSPITALS, CAPE TOWN:
REFLECTIONS ON REGISTERED NURSES LIVED EXPERIENCES.**

BY

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Submitted in fulfillment of the requirements for

MAGISTER CURATIONIS; DEPARTMENT OF NURSING



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November 2010

KEYWORDS

1. Registered nurses
2. Student nurses
3. Clinical supervision
4. Training hospitals.
5. Lived experiences
6. Reflections
7. Reductive phenomenology
8. Clinical learning environment
9. Competence
10. Learning objectives



ABSTRACT

The purpose of this qualitative explorative study is to explain individualized lived experiences of registered nurses working and participating in clinical supervision for nursing students within the clinical environment at selected hospitals. The study explores the challenges faced by registered nurses on a daily basis on how to structure clinical activities for the nursing students and provide high quality care to patients.

There is an existing need in building new knowledge regarding the phenomenon of clinical supervision, which remains one of the core components in the nursing profession. During the process of clinical supervision, learners are taught to combine theory and practice with the objective of developing skill and attitude to accomplish competence in nursing. Training and educational institutions such as universities and colleges assign nursing students to hospitals, where the RN's guide and supervise theory and how to integrate the theory into practice. A qualitative design with a purposive sampling technique was utilized in the study. The researcher's interest was to obtain rich in-depth information from registered nurses, who have supervised nursing students and who could propose the characteristics of clinical supervision. In addition, there are two criteria that have been used for the selection of registered nurses, namely, inclusion and exclusion criteria. The inclusion criteria involve registered nurses who have supervised nursing students between 2009 and 2010. The time period reflects recent lived experiences, which address the question and develops an understanding of the phenomenon in a social context. The exclusion criterion entails the registered nurses who have not supervised nursing students during 2009 and 2010. The sample size has been determined on the quality of information. If duplication of the same information has occurred, saturation is achieved and the researcher considers the sample size adequate. Open-ended questions were utilized during the

interviews, whereby the registered nurses express their own experiences with the nursing students in the clinical setting. The individualized interviews last for approximately 60 minutes or as required. The objective of the interviews was to gain an in-depth understanding of the phenomenon. A follow up appointment was scheduled for member checking, allowing registered nurses to read their own transcripts to ensure the accuracy of their descriptions. After completion of the data collection, a review of the literature search continued to facilitate purity of the lived experiences of registered nurses and existing knowledge about the phenomenon. Colaizzi's method of thematic analysis was utilized for interpretation of data.



DEDICATION

I would like acknowledge this opportunity and dedication to myself, my daughter, my family and my professional friends who persistently provide caring, support and guidance during my studies. To my parents Johanna Klerk, Absolom Klerk, my daughter Megan Kay-lee Klerk and my sister Catherine Swartz, who love me unconditionally and praying for me on a daily basis. To my supervisor Professor, Elma Kortenbout who has been persistent in her approach of guidance, support and patience. In addition, my deepest appreciation for her availability and time, when I have to clarify issues or urgent matters, regarding my thesis. To my writing coach Fred Bidandi, who assists me with my data analysis as a co-researcher and for his unfailing encouragement and support. A huge thanks to Ryan Carelse, who assists, helped me with the equipment required to collect the data and went that extra mile to support me with various challenges that I have encountered during the course of the studies. To my editor and transcriber Micheal Nguatem, who have transcribed the interviews and edited the thesis. To my best friend David Mulenga who have stood by my with every obstacle or difficulties I have encountered during the times when my levels of perseverance were low.

ACKNOWLEDGEMENTS

I would like to say: All the worship and praise to my God, because above all He made the impossible, possible. Open more doors for me. He strengthens me, guide me, and protect me. God has taught me within every difficult situation, there is an opportunity. No option, but to have faith and perseverance. Thank you very much to my supervisor and my writing coach. Thank you to the Deputy Director of Nursing and the Registered nurses of the selected hospitals for allowing me to complete my data collection.

Thank you to all my willing participants for their commitment and diligence during the data collection process.



DECLARATION

I declare that this thesis titled, “*Clinical Supervision in Selected Hospitals, Cape Town: Reflections on Registered Nurses Lived Experiences*”, is my own work, and there has never been submitted before in any degree or examination at any other university, locally or internationally. All the sources I have used or quoted have been dually acknowledged by complete references.

Kate Klerk

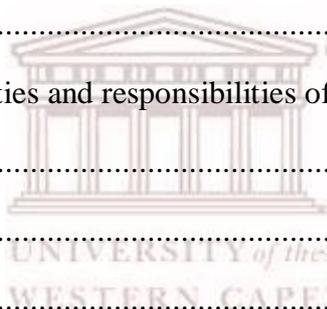
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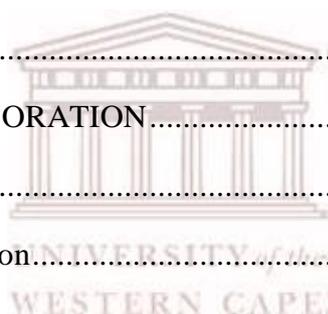
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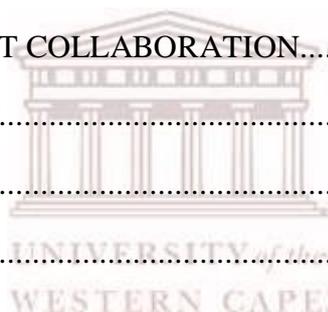
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LIST OF ABBREVIATIONS

RNs	Registered Nurses
NSs	Nursing Students
CSs	Clinical Supervisors
DDN	Deputy Director of Nursing
NMs	Nurse Managers
UWC	University of the Western Cape



CHAPTER ONE

1.1 INTRODUCTION TO THE STUDY

The nursing profession has evolved over time, in South Africa and the world at large. As the world's population is on the increase, the role and duties of Registered Nurses (RNs) have also undergone evolution with a concurrent increase in the workload. According to King & McInerney (2008: 71, quoting Huber, 2000: 294), since World War 2, the nursing profession has faced both shortage and surplus of nursing personnel. Furthermore, in hospitals where surplus of nursing staff occurred, management recruited assistant categories of health care workers instead of RNs. Nevertheless, this implementation of more assistant health care workers has evolved in shortages of RNs (King & McInerney, 2006: 71). The emphasis is on the RNs' experiences in supervising the NSs in the absence of clinical supervisors (CSs) from the universities or colleges. A RN supervises the nursing students (NSs) in the absence of the CSs from the university or colleges. According to Mochaki (2001: 2, citing the authors Twinn and Davies, 1996: 178), RNs constantly experience challenges in assessing, evaluating practical skills and competency of nursing students (NS).

Thus, it is important to explore the RNs' experiences in clinical supervision at hospital A and B in Cape Town in order to have a full understanding of the challenges the RNs are currently facing in their clinical environment. Bezuidenhout (2003: 13) argues that clinical supervision is one of the core components in the nursing profession and as such, requires effective supervisory approaches in order to manage the complex conditions at hospitals.

Nursing as a profession, has undergone numerous transformations over the years. According to Goodrick & Reay (2010: 59-60) these transformations can be traced from the time of Nightingale. In 1860, Nightingale supervised nurse volunteers, where she has trained and supported beginner nurses on how to care for patients. In the 1870s, the notion of clinical supervision was utilized as a tool by educational institutions together with hospitals. However, according to Goodrick & Reay (2010: 60, quoting Reverby, 1987), during the 1960s a paradigm shift began to occur, where training and clinical supervision of student nurses moved from hospital based education and training to university and colleges, where nursing students (NS's) first socialized into nursing before embarking on clinical training. This is the current situation in this study, applicable to hospital A and B in Cape Town.

Goodrick & Reay (2010: 61) state that CSs and nurse educators roles in the nursing profession is vital, because they are responsible for training NS's professional values and teaching knowledge in class. According to Mckenzie (2009: 395) the combination of knowledge and practical skills are essential for nursing education. Furthermore, Mckenzie (2009: 395, citing Hennman & Cunningham, 2005) has argued that a gap still exists between the theoretical aspect of nursing education and clinical practice at the clinical environment.

Thus, while theory occurred in the classroom and is critical for knowledge acquisition in their field of study, practical skill component "hands on" occurs in the hospital for skill assessment, competency and exposure to a learning environment, that takes place at hospitals. Mckenzie (2009: 395) quoting Morgan, 2006), points out that theoretical knowledge is fundamental and serves as the foundation for embarking on practical skill development through simulations. For this to take place, certain procedures needs to be followed which include: firstly, at the university, NS practicing clinical skills on simulated mannequins and simulated patients in the

practical laboratory under supervision of the CSs, to develop confidence. McKenzie (2009: 396) indicates that these NSs experience difficulties with scenario-based simulation, but felt safe in the practical laboratory. In addition, NSs point out that after they have accomplished the practical skill in the practical laboratory, their confidence continued to develop during their clinical placements.

Secondly, NSs enter the wards with specific learning objectives set out by the CSs for further learning processes and obtaining clinical skill competences. According to Lekhuleni, van der Wal & Ehlers (2004: 24), NSs highlighted the importance and use of learning objectives as a tool for guidance in the clinical environment. In addition, the learning objectives serve as a guide, not only for NSs, but for RNs as well. The purpose of these objectives is to ensure that all required practical skills and competencies are assessed and evaluated by the RNs and CSs before the end of each placement in the various wards. According to Lekhuleni *et al.* (2004: 19, citing Quinn, 1995: 187), RNs should create practical opportunities for NSs to achieve the learning objectives.

Mochaki (2001: 2) states that one of the responsibilities of the RNs is to supervise and assist NSs to accomplish their learning objectives. Besides their responsibility to supervise NSs, RNs are expected to care for patients as well as supervise other nursing staff (Goodrick & Reay 2010: 60 as cited in Bureau of Health Professions, 2006).

According to Lekhuleni, van der Wal & Ehlers (2004: 16, quoting The South-African Nursing Council SANC, 1992: 7) they formally support the statement that all RNs and midwives are responsible for clinical supervision of NSs in the clinical environment. This need not be emphasized because clinical supervision is well stated in the job description of the RNs. Mochaki (2001: 4 citing Khoza & Ehlers, 1998: 73), have pointed out that one of the core

competencies of RNs is to be competent in teaching and supervising NSs. Furaker (2008: 933-941) states that RNs have a multifunctional role such that they act as expert, practitioner, educator, consultant and researcher. In addition, RNs have been overwhelmed by this increase in their duties from focusing on caring for patients to other delegated duties such as administrative tasks. Therefore, in nursing, the role and daily accountability of RNs has become complex and diverse.

1.1.1 The roles, accountabilities and responsibilities of the RN:

Patient Care

- RNs provide nursing care to patients based on the model scientific nursing process: assessment, identify a problem, planning, implementation and evaluation.
- RNs assess medical legal safety hazards; maintain prevention and safe guard patient safety.
- RNs are involved in quality monitoring projects.
- New employers, nursing staff and students are supported and guided to ensure safe practice and quality of care.
- RN's work close with other members of the multi-disciplinary team.

(Policy Manual of Milnerton Medi – Clinic, 2005)

Documentation

- RN's must maintain correct and adequate documentation of patient information according to policy and procedure.

- RN's are involved in record audits to identify area for improvement.
- Medication and surgical stock are ordered and accurately documented.
- Staffing and work schedule planning complete for final approval by Nurse Manager and Nursing Director.

(Policy Manual of Milnerton Medi - Clinic, 2005)

Supplies and equipment

- RNs request medication from pharmacy, documented and utilized medication, equipment and supplies according to hospital policy and procedure.
- Daily and weekly checking of equipments.
- Faulty equipment for repair is reported to maintenance department for repairs.



(Policy Manual of Milnerton Medi-Clinic, 2005)

Supervision

- RNs supervised NSs with clinical assessment to achieve competence.
- Encouraged and support socialization of nursing student in the wards.
- Provide feedback to NSs and nurses on professional growth and areas for improvement.

(Policy Manual of Milnerton Medi - Clinic, 2005)

Education

- Provide health education to the patients and families in all aspects of their basic needs.

(Policy Manual of Milnerton Medi - Clinic, 2005)

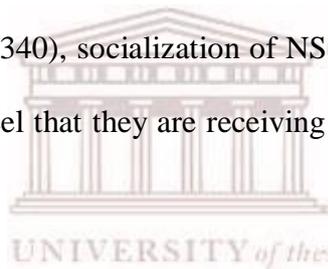
1.2 Background to the study

The existing structure of clinical supervision of NSs, at selected hospitals, namely hospital A and B have a collaborative approach between the CSs from the universities, colleges as well as RNs in the wards. These training hospitals work in collaboration with the following universities and nursing colleges, namely University of the Western Cape, University of Stellenbosch, University of Cape Town and Nursing College of the Western Cape. These universities and colleges collaborate and communicate the list of assign NSs, the length of clinical placement to the various Deputy Director of Nursing (DDN) at the selected hospitals. The DDN communicate the information to the various Nurse Managers (NMs) for allocation to the duty roster. The NMs inform the RNs of the various wards on the number of NSs assigned to each ward. Mochaki (2001: 56) states that there should be communication between the nursing college, university and the clinical environment. However, the unit managers should also distribute all information relevant to the RNs.

Additionally, CSs are unable to adequately supervise the NSs on a full time basis. This is due to additional departmental daily activities that evolve from the institution, and therefore RNs supervise NSs in the absence of CSs. CSs are mainly stationed at the universities and colleges teaching the theory component in the class. On the days when the NSs are present in the wards, the CS attends to each NS for an estimated time of one hour for practical assessment of students and assessing their level of integration of theory into practice. After completion of the one hour

period, the CS provides feedback to NSs on their progress. The CSs liaise with the RNs present in the wards to communicate the progress of the students.

According to Severinsson (1998: 1269) there are some existing theory-practice gaps such as language of caring, model of communication and personal growth. Language of caring for the NSs involved encouraging nursing staff to support NSs to overcome anxieties and socialization in the nursing profession. During this process a professional relationship starts to develop between RNs, nursing staff and the NSs. At the same time, this creates an opportunity for the exchange of knowledge, skills, attitudes, experiences and amongst professionals, based on theory and practice. Besides, the NS has an opportunity for socialization in the clinical environment and to develop the ability to manage anxieties. According to Pillay & Mtshali (2008, quoting in Benoliel, 1988: 340), socialization of NSs into the nursing profession is very important, because NSs need to feel that they are receiving adequate support as learners during the clinical placement.



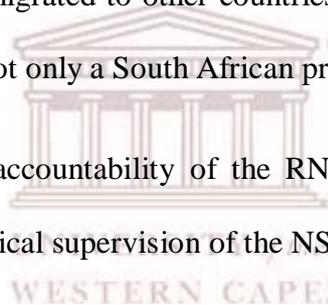
Nevertheless, learners and beginners require support from both the CSs and the RNs in the wards to develop new skills. Pillay & Mtshali (2008, as cited in Smith, 2000: 5), demonstrate that the need for psychosocial support is more important than academic support; since high levels of anxiety affect the learning process and achievement. Where adequate support is lacking, in the practical learning process, NSs developed low levels of personal and professional progress and poor commitment during their practical training. Andrews & Roberts (2003: 474) indicate that supporting nursing students to learn in the clinical environment is crucial for both the clinical supervisors and nurses. However, there is little evidence in the literature that represented adequate support for clinical supervision. Bowman (1995: 45) accedes to the fact

that RNs recognize the need for support, but are unable to grant such support to NSs during moments of high patient workload and staff shortage.

Tiwari *et al.* (2005, in Pillay, 2008: 299) has argued that although shortage of staff, clinical education is an important process and beneficial for student learning although it is always accompanied by constraints and difficulties. In South Africa, the nursing shortage affects the quality of patient care, and that created more pressure on the remaining staff (King & McInerney, 2006: 71 quoting Geysler, 2004: 34-37).

According to King & McInerney (2006: 71) South Africa's public hospitals are facing a downward spiral of nurses with 31 000 vacant posts open in August 2003. In addition, a substantial number of RNs have migrated to other countries. According to Janiszewski Goodin (2003: 4), the shortage of RNs is not only a South African problem but a global one.

The scope of responsibility and accountability of the RNs is diverse; therefore, the clinical experience is important during clinical supervision of the NSs at hospital A and B.



1.3 Problem statement

At the two selected hospitals, RNs face different challenges, while working 12 hours shifts. These RNs work and function as CSs, since the CSs from the university or college have no adequate time, due to additional academic duties to fulfill; hence neither RNs nor CSs are fully involved with clinical supervision of the NSs. It is not known how RNs experience clinical supervision in their wards at hospital A and B.

1.4 Research Question

What are the experiences of RNs in the selected training hospitals in Cape Town, with regard to clinical supervision of NSs?

1.5 Aim of the study

The aim is to explore the clinical supervision experiences of RNs in selected training hospitals with NS. Hospital A and B specialized in tertiary level of care, where patients present clinically with life threatening and complicated conditions, which cannot be treated at secondary level of care or day hospitals.

1.6 Objectives of the study

1. To explore current practices of clinical supervision among RN's towards NS in selected hospitals.
2. To explore the challenges of RN's during clinical supervision of NS's in selected hospitals.

1.7 Significance of the study

The focus and importance of this study is the clinical supervision role of RNs with the NSs in the various wards at hospital A and B. A RN is responsible for his or her actions in their daily practice, guided by policy, standards of care and accountability of competence towards clinical supervision of NSs in the clinical environment. Nevertheless, it contributes to a deeper understanding of the existing structure at these selected hospitals. The challenges identified will be useful in developing a platform for future improvements and changes to close the gaps in clinical nursing.

The findings reflect the challenges that RNs face, that impede their personal and professional development as RNs or NSs.

1.8 Definition of concepts

1.8.1 Clinical supervision: It is a process whereby RNs guide the clinical practice and professional growth of NSs in the health care environment.

1.8.2 Training hospitals: Academic training hospitals in Cape Town, South Africa that serve patients referred from medical practitioners, community day hospitals and secondary hospitals.

1.8.3 Registered Nurses: Clinical practitioners register with the South African nursing council in general, community-, midwifery- and psychiatry nursing in terms of the Nursing Act 50 of 1978 as amended and as proposed by Nursing Act 33 of 2005. A registered nurse is a person who ensures that patient safety is maintained, liaises with the medical doctors and nurse managers to provide high quality care to the patients.

1.8.4 Lived Experiences: A RN freely expresses perceptions and describes their experiences during the clinical supervision process.

1.8.5 Reflection: It is the process in which a person recalls or recounts, from his or her memory how previous experience occurred. This is done either by describes the feelings and thoughts and evaluates these thoughts positively.

1.8.6 Nursing Students: Students enrolled for the 4 years Nursing Degree at the universities or Nursing Diploma at the colleges in terms of R 425 of Nursing Act 50 of 1978 as amended and Nursing Act 33 of 2005.

1.8.7 Clinical Learning Environment: The hospital setting in which NSs develop and modify practical skills and learn how to care for the patients.

1.8.8 Competent: It is a level whereby an experienced employee is able performing a task by appropriately using measuring tools, knowledge, skill and attitude.

1.8.9 Learning objectives: NSs enter the clinical environment with practical and theoretical requirements in order for them to learn.

1.8.9.1 THEORETICAL DEFINITIONS:

1.8.9.2 Reductive Phenomenology: “A type of method which focus on the real descriptions and interpretations of participants experiences with intense and deep reflection or concentration on the essences of the phenomena” (Rose, Beeby & Parker 1995: 1123-1129)

1.9 Outline of the chapters

Chapter One: Firstly, this chapter focuses on the introduction to the problem, its background and significance. Secondly the research question, aim of the study, the objectives and definitions of terms are given and to conclude the summary of the chapter is included.

Chapter Two: This chapter focuses on various aspects relating to the research methods of this empirical study. Included in this chapter are the methodology, the research question, research method, the population, the sample, setting of investigation, data collection methods, data analyses strategy, trustworthiness and credibility and ethical considerations.

Chapter Three: This chapter consists of the discussion and analysis of findings.

Chapter Four: This chapter discusses the literature review with regard to the registered nurses lived experiences regarding clinical supervision both globally and locally from the South African perspective.

Chapter Five: This chapter discusses the summary of findings, recommendations and conclusion of the study.

1.10 Conclusion

This chapter reflects the main concept such as the numerous changes that has occurred in the nursing profession over the years. More so, the RNs responsibilities and accountabilities in the clinical environment while caring for the patients and supervising the NSs. Furthermore, it summarizes the background of hospital A and B, and how its collaboration take place between the training institutions, the research problem, aims and objectives of the study. Lastly, the significance of the phenomenon, that is under investigation.



CHAPTER TWO

2.1 METHODOLOGY

2.1.1 Introduction

This chapter focuses on the pathways in which the researcher approached the study and various aspects relating to the research methods of this empirical study. The research methodology was explicitly designed to examine lived experiences of RNs regarding integration of clinical supervision. In addition, it contains discussions of the methodology and procedures used to collect the data for this study, which includes: methodology, population, data collection methods and process, data analysis, trustworthiness, credibility and ethical considerations.

2.2 Appropriateness of Design

The study used a reductive phenomenology, embodied in a qualitative research approach to describe and interpret RNs experiences at the two selected hospitals namely hospital A and B. The researcher considered a qualitative research approach as essential to the study, because of the following reasons: Firstly, this is the most appropriate approach that allows penetration of the hospital setting, to listen to the perceptions and lived experiences of the RNs. Secondly, this actively allows communication with the participants and offers the opportunity to immediately record the rich relevant information of RNs. Thirdly, this study addresses deep underlying complexities in terms of human activities and behavior. This qualitative approach gave the researcher the opportunity to study human activity as it has been experienced.

2.3 Design and methods

2.3.1 Qualitative research

The paradigm of this investigation is qualitative which sub-branches into descriptive nature called reductive phenomenology. However, Burns & Grove (2005:27) state that the aim of phenomenology is the description of an experience that is real and the researcher interprets the findings and data. Phenomenologists are interested in four aspects of lived experiences, which are lived space, lived body, lived time and lived human relation. (Polit & Beck, 2006: 219). Furthermore, Omery (1983: 27) as cited in Burns & Grove, (2005: 27) argues that a phenomenological research is a method in which meaning and solutions are found in complex situations, experienced by human beings. Phenomenology reflects the descriptions, explanations of real living experiences of the registered nurses. Nevertheless, this argument suites well in situations at hospitals, like hospital A and B. Burns & Grove (2005: 27) point out that the aim of phenomenology is the description of an experience that is real and the researcher interprets the findings and data.

In phenomenological reduction, the experiences as is represented in one's self, both the external object and subjective act of the consciousness are described in textural language.

‘The task involves: I look and describe; look again and describe; look again and describe; always with reference to textural qualities- rough and smooth; small and large; quiet and noisy; colourful and bland; hot and cold; stationary and moving; high and low; squeezed in and expansive; fearful and courageous; angry and calm- descriptions that present varying intensities; ranges of shape, sizes and special qualities; time reference; and colours will within an experiential context. Each angle of perception adds something to what one knows about the horizons of a phenomenon. The process involves a pre-

reflective description of things, just as it appears in front of us and the reduction to what is horizontal and thematic” (Moustakas 1994: 90).

As cited in Moustakas (1994), Husserl (1931:52) views the perceptions that become known from the angles of looking as ‘horizons’. However, during the process of ‘horizontalization’ of perceptions, every single perception has equal value and equally important to the experience. According to Husserl (1931: 114), phenomenological reduction is characterized by pre-reflection, reflection and reduction with intense focus, which explains the essence of the phenomenon. By supporting this argument the researcher utilizes interviews and observation to discover lived experiences, challenges experience by the RNs in hospital A and B. The RNs pre-reflect, reflect on the phenomenon and describe it in full textual description. Nevertheless, the researcher looks at the full text as it is presented, applies bracketing or reduction of the phenomenon to establish true meaning of the phenomenon through observation to discover true lived experiences of RNs in hospital. Sadala & Adorno (2001: 283) argue that a researcher describes the phenomenon as it present in front of one’s eyes and not the existence of the phenomenon. Nevertheless, this is the moment that the researcher holds a phenomenological stance, allowing a human to be open completely, to live that experience as a whole, implying no judgments or interfering with the description.

The core of phenomenology is the intentionality of consciousness which means that intentionality directs consciousness toward understanding the world and it makes one aware of the surroundings (Sadala & Adorna, 2001: 283). My observation therefore makes the interviews credible trustworthy. Moustakas (1994: 28) alludes to intentionality as means of consciousness and the inner experience of being aware of something in one’s self. Furthermore, the act of consciousness and object of consciousness are related intentionally.

His argument, he sees a phenomenon is intentionality accompanied by a noema and noesis. Moustakas (1994: 29) refers to the noema the phenomenon, not the real object. To Van Manen (1990: 183) noesis is the interpretive act aimed at an intentional object. According to Husserl (1931: 257), "Every intentional experience is also noetic; it is its essential nature to harbour in itself a 'meaning' of some sort, it may be many meanings". McConnell-Henry *et al.* (2009: 8) acknowledge Husserl's argument for introducing the study of lived experience or experiences in the world. Nevertheless, Husserl's methodology views the world as pre-reflectively.

Moustakas (1994: 96) points out that the first step of phenomenological reduction is epoche or bracketing. Van Manen (1990: 175) views bracketing as the act of excluding various beliefs in the natural world in order to achieve the essential structure of the world. In contrast Husserl (1931: 110) argues a different view with Cartesian doubt, whereby the epoche never remove everything; doubt nothing but only the natural attitude that forms the basis for the truth and reality. However, Moustakas (1994: 87) argues that every quality has equal value. In contrast other philosophers have viewed bracketing differently from that of Husserl's bracketing. However, Paley (1997: 188, citing Baker *et al.* 1992: 1355-1360), has argue that reduction is preconceptions about a problem being under investigation that are recognized and put aside. According to Pelay (1997: 188 quoting, Rose *et al.* (1995: 1123-1129) have viewed bracketing as an act of deliberately considering the other side of the arguments, considering other thoughts and looking for the opinions of others. Pelay (1997: 188, as cited Cohen & Omery 1994: 137-156) reduction is the method of looking at the experience honestly without the predetermined ideas and the biases that accompanied any description of experience.

Moustakes' (1994: 93) conception of looking again and looking again at an experience offers a more complete reflective process, viewing all aspects of the phenomenon. Furthermore, with each reflection, the conscious experience brought new meaning of the object.

Through reflection things became clearer as it occurs repetitively, new dimensions become thematic and change the meaning of what has been perceived previously. Furthermore, Husserl calls this looking again, a shift in expectation-horizons.

Moustakes describes (1994: 95) another phase of phenomenological reduction as the process of horizontalization. Nevertheless, there are no limits for horizons, because one could never exhaust completely our experiences, no matter how many times we looked and looked again. Instead, by doing this, new horizons developed with new meaning.

Moustakes (1994: 96) states that the final phase of phenomenological reduction is the composition of a complete textural description of experience, which refers to the beginning of the epoche, whereby one put aside all preconceived ideas and returning to the experience again. However, during the process of describing and re-looking again, new qualities are discovered and each perception has equal value, non-repetitive constituents of the experience are group thematically and complete description originate.

2.4 Research population

The population constituted RNs working at the two selected hospitals in Cape Town: who have been supervising NSs in the clinical environment in the absence of the CSs from the university or college.

The sample size consisted of five RNs from hospital A and five from B. Nevertheless, these RNs have been selected from different areas of specialization. At hospital A the five RNs worked at

the following field of specialty; medical, orthopedics surgery, general surgery, maternity or obstetric and theatre. At hospital B the five RNs worked at the following specialty areas, namely emergency and trauma, medical, surgical, theatre and intensive care. Nevertheless, the researcher utilizes purposive sampling, to reflect participants from these hospitals, who have supervised the NSs. However, purposive sampling is frequently used in phenomenology studies (Streubert & Carpenter, 2007: 94).

The sample size depends on the quality of information. If duplication of the same information emerges from the data that have been collected, saturation has been achieved and the researcher considers the sample size adequate. According to Polit, & Beck (2006: 210-211), the sample size is decided on the quality and depth of information obtained by the researcher until saturation is achieved. On the other hand, Seidman (2006: 54) pointed out that many researchers believed that in an emerging research the sample size is not determined in advance. However, should the same information emerge, sample size will be considered adequate and saturation achieved. This is exactly what happened with the interviews where most of the RNs describe the same phenomenon.

2.5 Inclusion and Exclusion criteria

RNs that conform to the characteristics of clinical supervision qualified for the inclusion criteria namely, all willing RNs who have supervised the NSs in their various wards between 2009 and 2010. The exclusion criteria refer to RNs who lack clinical supervision with the NSs between the timeframe of 2009-2010.

2.6 Data collection

The interview involved individualized interviewing, with open-ended questions and the researcher's observations. The advantage that the open-ended questions have is that it gives the

researcher an opportunity to follow-up what is not clear, or lead her to a new phenomenon. The questions used were open-ended in a format to maximize each participant's freedom of descriptions and explanations of areas of importance to them. Streubert and Carpenter (2007: 37) mentioned that open-ended interviews allow the participants to engage in free verbal description of their experiences (See Appendix E for interview questions). The interviews were conducted during the day when the RNs were on duty.

The main reason, why interviews were selected was because, phenomenologists believe in in-depth interviews with individual participants (Polit & Beck, 2006: 290). In addition, it is relevant for the research questions, meaning that interviews provide thoughtfulness in the lived experiences of humans and the meaning of the lived experiences (Seidman, 2006: 8). However, Polit & Beck (2006: 241) states that personal interviews are valued as one of the best data collection approach, because the essence of information is rich. Interviews allow flexibility and more than one medium of communication, such as the tone of speech, body language, facial expression. Nevertheless, this approach of data collection also allows exploration of more complex internal issues in-depth for example feelings and emotions. In addition, interviews focus on subjective meaning of the RNs, as oppose to an objective reality.

A private room was utilized for the individualized interviews. Each interview lasted for about 60 minutes. The objective of the interview was to gain an in-depth understanding of the phenomenon. Audiotapes were utilized during the interview, for the recording of information obtained from the participants. At the completion of the interviews the audiotapes were transcribed verbatim. The purpose of a follow-up appointment was for member checking, allowing the participants to read their own transcripts, to ensure the accuracy of their descriptions. Afterwards the researcher did preliminary analysis to determine, if saturation

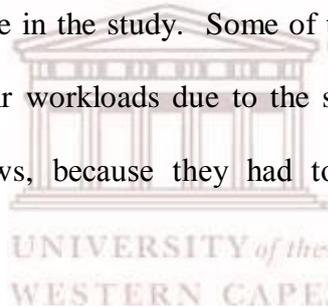
occurred. However, it was noticed that the interviews already provided saturation, and there was no need for follow-ups interviews.

2.7 Observation

As an RN myself, it was easier from an insider point of view to observe the issues that has been describe in the interviews.

2.8 Limitations

The researcher initially selected three tertiary training hospitals in Cape Town in order to conduct the study. Relevant required documents were submitted to the hospital ethics committee for approval. One of the hospitals disapproved the research project, due to shortage of staff and unavailability of RNs to participate in the study. Some of the RNs could not participate in the interview process, because of their workloads due to the shortage of staff. Some of the RNs could not complete the interviews, because they had to attend to patient care/ students' supervision.



The researcher also had experience in delivering patient care, supervision and precepting NSs in the absence of their clinical supervisors. It is assumed RN's will share their experience; potentially individuals hold some rich information. However it might take longer to reach saturation of data.

2.9 Data Analysis

Colaizzi (1978) argues that thematic analysis involved lived experiences by description, following the building of words with similar meaning, being constructed into themes. Polit & Beck (2006) argue that the Colaizzi's method requires final validation of the data and themes.

For example the researcher is required to meet with the participants for a second appointment to ensure member checking (dependability) described below section 2.10.2

There are four steps to follow when one uses Colaizzi's (1978) method of data analysis:

First of all, the researcher after completing the interviews transcribes the tapes. The researcher then brackets her presuppositions and tries to stay true to the data in order to develop a sense of wholeness of the context of the tapes. The next step involves listening to the tapes and the transcripts more than once. The researcher read word by word from each statement to make sure that there is clarity.

Secondly, the researcher then reviews each word, phrase, sentence and paragraph of the transcripts to develop and grouping words similar meaning.

Thirdly, the researcher constructs all similar words with the same meaning further into clustering of themes. This is a very critical stage, and the researcher has to ensure rigorous approach by requesting for a qualified co-researcher to review the participant's statements each word, sentences and paragraph to validate them. In addition this guaranteed that the researcher has not missed out on data that have similar meaning to the themes.

Finally, the researcher develops a full description of the phenomenon and clustering of themes. This final validating process involves the researcher return back to the participants for member checking see credibility.

The following are vital when one uses Colaizzi's thematic analysis.

2.10 Trustworthiness

Streubert & Carpenter (2007: 48) have stated that there is an existence of continuous debate regarding rigor in research. Furthermore, the ultimate goal of rigor in qualitative paradigm is to embody that the participants experiences in an accurate approach.

Polit & Beck (2006: 332) researchers have developed four criteria regarded as the golden rule for enhancing trustworthiness in qualitative research as stipulated by Lincoln and Guba (1985). According to Streubert & Carpenter (2007: 49) citing Guba (1981: 75-92) and Guba and Lincoln (1994: 105-117) there are recognized terms that describe rigor in qualitative research, namely credibility, dependability, confirmability and transferability.

2.10.1 Credibility

Polit & Beck (2006: 332) state those qualitative researchers are committed in taking steps to enhance and appraise data credibility. Thus, also refer to how true is the data and the accurate interpretation of it. Lincoln and Guba (1985) argued that credibility of an investigation consist of two criteria:

1. First, the investigation must be approached in such a manner that the believability is improved.
2. Taking the necessary precautions to demonstrate credibility.

Polit & Beck (2006: 332) citing Lincoln & Guba (1985: 304) propose techniques that enhance the chances of developing credible data and interpretations.

2.10.1.2 Prolonged engagement with the data and persistent observation

Polit & Beck (2006: 332) argue the most important step is prolonged engagement, whereby the researcher spends adequate time during the data collection period to become familiar with the phenomenon. In addition, prolonged involvement also increases the chances for trust development with the participants. Lincoln and Guba (1985: 304) point out that prolonged engagement and persistent observation results in increase intensity of credibility.

2.1.10.3 Triangulation

Polit & Beck (2006: 333) suggest that triangulation also increase the possibility of credibility. Hence, this refers to the utilization of various authors to conclude what represent the accuracy. In addition, Denzin and Lincoln (1989: 3130) discover four types of triangulation namely: Firstly, data source triangulation, by utilizing more than one data sources in the study. For example involve different participants in the study for data collection. Secondly, investigator triangulation by engage more than one individual to collect, analyze and interpret data. Thirdly, theory triangulation, various views of knowledge has been contextualized for interpretation of data. Lastly, called method triangulation whereby more than one methodology is use for illustration of the phenomenon.

2.1.10.4 External checks: peer debriefing and member checks

According to Polit & Beck (2006: 333) another two techniques that increases credibility is called member checking. Streubert & Carpenter (2007: 480) point out that returning back to the participants with the transcripts and tapes to ensure the accuracy of the data improve the credibility. To support this argument Creswell (2003: 196) agrees that member checking should be integrated in the data collection whereby the researcher returns back to the participants with the final report or conceptualizing the themes. Nevertheless, this provides an opportunity for the

participants to double check the data that has been revealed during the data collection period. Each participant was interviewed once, for an estimated time of 60 minutes. Member checking was carried out during the second follow-up appointment. At the same time the researcher gives each participant the transcripts and the constructing of the main themes and the sub-themes. In addition, this creates an opportunity to verify clarifications and maintain understanding of what is being asked, while being interviewed. Furthermore, the researcher focuses on reviewing of transcripts and the themes with the participants to ensure that the participants agreed on what was described during the interview, to maintain trustworthiness. It refers to being true and accurate to the participant's information without intentionally transcribing it to the researchers understanding.

2.10.2 Dependability

Streubert & Carpenter (2007: 49) allude to dependability that can only be followed once credibility is accomplished. Lincoln & Guba (1985:304) support this argument, state that dependability cannot be achieved if credibility is completed. Polit & Beck (2006: 336) identify another strategy for dependability called inquiry audit. However, reviewing of relevant documents and data by an external reviewer is critical. However, this current study, the researcher has submitted the 10 transcripts and constructing of themes and sub-themes to an external reviewer to authenticate the accuracy of the findings.

2.10.3 Confirmability

Polit & Beck (2006: 336) state that confirmability illustrates the objectivity or neutrality of the data. Nevertheless, the resemblance of two or more participant's data, regarding the accuracy, significance and importance of the phenomenon also increases confirmability. In addition, Polit & Beck (2006: 336) point out that phenomenological research bracketing and keeping reflexive

journal are strategies that boost confirmability. Streubert & Carpenter (2007: 49) state that by following audit trails, the researcher can ascertain both dependability and confirmability. This involves a logical obtaining of documents by an independent auditor to conclude the final data.

2.10.4 Transferability

Transferability demonstrates the confirmation that the study findings reflect related meaning to other groups or environment (Streubert & Carpenter, 2007: 49-50). In addition, transferability also illustrates appropriateness of the environment of the study.

2.11 Legal and Ethical Issues

After the University of Western Cape Research Ethic Committee approves the project, a second copy of the approved study requires submission to the Research and Ethic Committee of the two hospitals for approval. The participants have been fully informed about the purpose of the study before obtaining consent. All essential information about the process which include, “participant status, study goals, type of data, nature of commitment, potential risks, the right to withdraw and withhold information and contact information” has been explained and were available in English (Polit & Beck, 2004: 151). This ensures clarity and maintains understanding and insight of the procedure. The participants will be fully informed about ethical considerations and their human rights.

Furthermore, the researcher explains to the participants that they have to use some of their time in participating in this study. Streubert & Carpenter (1999: 33-39) states that researchers must take ethical considerations very seriously, ensuring confidentiality and treated participants with dignity and respect. Ethical and Human Rights of the participants will be followed as by the American Nurses Association Human Rights Guidelines for Nurses in Clinical and other Research: (LoBiondo-Wood, & Haber, (2002: 272-273) whereby Right to self-determination,

Right to freedom from risk, Scope of application, Responsibilities to support knowledge development, Informed Consent, Right to privacy, dignity and confidentiality will be applied. The participants identity and confidentiality will be ensured, the researcher will be utilizing codes and labeling of audiotapes and kept locked in an electronic safe at the researchers home.

Relevant documents namely: copy of the ethical approval letter from UWC, copy of approved research proposal, permission letter from the researcher to conduct research , copy of the consent letter and copy of the information sheet were submitted to the research committee at hospital A and B to fulfill the requirement for research approval at these tertiary hospitals. Approval was given to the researcher proceed with the interviews. However, the researcher ensured appointments to meet the Deputy Directors of Nursing, who reviewed the data collection plan and relevant documents for data collection. The two Deputy Directors of Nursing have selected willing RNs, those who qualify for the inclusion criteria. The Deputy Director of Nursing of hospital B has requested me to sign an agreement letter, in which, stating that the hospital name must never be mentioned for ethical reasons. Furthermore, the results or findings of the two hospitals must not be distinguished in the final report or for publication purposes. Nevertheless, the researcher arranged a meeting with the participants and had contact with them for the first time. During the meeting the participants were given a brief presentation, the purpose of the research, the data collection process, ethical considerations have been explained to the participants and informed consent. Participants were also given the opportunity to clarify any enquiries or questions. Participants were fully informed and voluntarily agreed to participate. The researcher provides each participant with a consent letter, allow them to review and understand the nature of consent. Furthermore, once the participants were informed, they signed the consent letter. Each participant was interviewed on duty based on their availability. In

addition to ensure that the clinical environment is adequately staff and the delivering of patient care are not disrupted.

2.12 Conclusion

This chapter reflects an explanation of the design and methods that were used to answer the research phenomenon that has been under investigation. A qualitative approach with reductive phenomenology was used and interviews as the data collection approach are relevant to the design and the method. Lastly, Colaizzi's (1978) method of thematic analyses was utilized in this study.



CHAPTER THREE

3.1 DISCUSSION AND ANALYSIS OF FINDINGS

3.1.1 Introduction

This chapter presents the discussions and analysis of data from the field as well as findings of the study. The data collected consists of interviews and transcripts. The researcher with a co-researcher has applied the Colaizzi's (1978) method of thematic analysis (For a detailed description of this method see chapter 2). From the ten transcripts, 14 sub-themes have been developed, within which four main themes have been constructed, based on the interview questions and objectives of the study.

The researcher utilized various codes to describe all ten participants. These are illustrated as follow: participant 1: 001, participant 2: 003, participant 3: 005, participant 4: 007, participant 5: 009, participant 6: 0011, participant 7: 0013, participant 8: 0015, participant 9: 0017 and participant 10: 0019. The following themes emerged out of the ten transcripts:

3.2 THEMES AND SUB-THEMES

3.2.1 THEME 1: INTERPERSONAL RELATIONSHIP BETWEEN RNs AND NSs

3.2.1.1 SUB-THEMES

3.2.1.1.2 Attitude

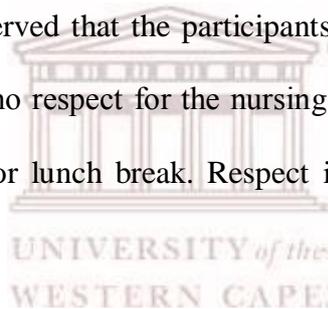
Mochaki (2001: 89) points out that, RNs experience difficulties in overcoming the poor behavior of NSs in the following: NSs display no motivation to learn, they underestimate the intelligence

of the RNs. Furthermore, in this study participant 0011 describes that NSs demonstrate “I don’t care” attitude and they are not open to learning or

***Participant 005:** They talk like they’re talking to your colleague; to a sister in charge they all say good morning, good afternoon, they would say hi! I feel that it’s inappropriate to address a senior. Other thing also is if they go to tea or they come back from tea they don’t excuse themselves.*

***Participant 0011:** Her attitude is like “I don’t care” attitude that kind of... you know which is very worrying. Yea we do have our own personalities, but when we are at work especially when we still learning we need to be open to learning.*

During the interviews, it was observed that the participants showed a lot of concern regarding the NSs’ attitude. The NSs show no respect for the nursing staff in terms of how to greet or to ask for permission to take a tea or lunch break. Respect is one of the essential elements for building a trustworthy relationship.



Mochaki (2001: 47) observed that in the clinical environment RNs and NSs possess certain cultural and racial values, educational backgrounds and previous experiences which according to George (1995:47), these concerns affect the behaviors of NSs in the clinical environment. While Quinn (1995:148) states that the manner in which RNs and NSs interact is measured upon the nurse’s ability to apply proper communication principles and teaching skills.

*However, herewith are responses from the participants: **Participant 001:** Then, another thing is attitude. When I speak of attitude, attitude comes from both ways; from the students and from our permanent staff. The way we approach them and the way they being approached. Like the other day I had a student. I didn’t know the student was pregnant. I actually wanted her to do*

daily weight slot, doing daily weight will, picking up the scale and putting it down for every patient. And then I ask her, I see that you are pregnant, how far are you? And her answer to me was: you don't have to know.

Or a student doesn't know how to put a question over to the registered nurse, and she will speak to the registered nurse without addressing her as a sister. She will use like you can't tell me what to do..... I am student.....that type of thing.

Participant 0017: *You can only work from the attitude you get from students. Some of them are motivated and some of them are just here because I am here... normally the motivate type, you can basically reach their objective very easily, you get a lot out of them. Then those you need to encourage and motivate, when you look for them, they are nowhere to be found. You ask them as if you're interviewing them, it's like what's your problem? I must say the staff tends to get despondent some time when teaching is concern. I am not going to say it is all 'glory' ... you get a few words from the staff.*

Participant 009: *Students don't want to learn from the staff nurses, especially the third and second year students; they think they have more knowledge than the staff nurses.*

Participant 003: *My experiences with is not so great because they came with their own attitude...*

The findings of Mongwe (2001: 142) continue to show that the relationship between the RNs and the NSs in the clinical environment is not cooperative. Thus this impacts negatively, on support and supervision of NSs in developing their clinical skills and knowledge. As opposed to these results, Troskie *et al.* (1998: 48) and Mhlongo (1996: 30) mentioned that, 85% to 95% of

unit managers are committed in providing the necessary support and role model a positive attitude towards the NSs.

Participant 001 and 0017 described a similar point of view, whereby they said that attitude comes from both the students and the permanent staff. Participant 001 displays a caring attitude by asking the duration of NS's pregnancy. The NS responded back in a rather negative manner. The RN was nevertheless mature enough not to respond in the same negative attitude, since it will worsen the situation. The RNs engage in a professional role modeling and use proper communication principles. Participant 0017 disclose that she experienced problems with attitude from both NSs and the nursing staff. NSs are classified into two types of students: the motivated and unmotivated NSs. The motivated NSs are committed to learning and show high levels of cooperation; while on the other hand, the unmotivated NSs required more encouragement. At the same time nursing staff also become unmotivated when it comes to clinical teaching. Participant 009's response describes another response, "*Students don't want to learn from the staff nurses, especially the third and second year students; they think they have more knowledge than the staff nurses.*" NSs especially the second and third year students are not open to learning, from the more experienced nursing staff in the clinical environment. Moreover, these students have the perception that they have sufficient knowledge and don't need the help, guidance and support from the staff nurses.

3.2.1.1.3 Student's anxiety or fear

Smith (2000: 5) argues that learners need psychosocial more than academic support, since high levels of anxiety affect the learning process and achievement negatively. Pillay & Mtshali (2008, cited in Benoliel, 1988: 340), said, socialization of NSs in the nursing profession is crucial; because, NSs need to feel that they are being supported adequately, as learners during the

clinical placement. Taylor (2000: 173) asserts that NSs experience fear of unknown, during change of clinical placement in the clinical environment. Therefore, sufficient support and understanding of their fears necessitate guidance to assist them overcome these fears, knowing that once NSs overcome these emotional constraints they will feel secure and supported.

Participant 001: *I think one of the reasons why students come late, because they got this fear that they receive the handover, they not familiar with medical terminology and they don't want to take that responsibility.*

Participant 005: *Speaking from my experience as a student if I start at seven o' clock I go into the ward the time I arrive whether it is quarter to, twenty to seven, I go into the ward and get myself ready for the day.*

The response of participant 001 in this study, show that NSs experience a certain degree of anxiety, which results in lack of time management in meeting up with their clinical shifts and handover in the morning. Participant 001 said “*that one of the reasons NSs came late, because they are scared to receive handover from the night shift*”. NSs' behavior reflects psychological stress, due to their anxiety levels.

Furthermore, NSs missed essential learning opportunities during the handovers, though during handovers, the NSs are only being introduced to patients' examination from normal to abnormal clinical indicators. For example, identifying and assessing abnormal signs and symptoms of the various diseases, patient safety issues.

However, learners and beginners in practicing new skills require support from both the CSs and the RNs in the wards. Naude & Mokoena (1998: 18) argue that NSs need the necessary support from RNs and their CSs in overcoming fear and anxiety, so that they can provide a safe and

effective nursing care under direct supervision. Whereas, positive attitude and self-awareness results in high self-esteem in NSs, particularly if they receive motivation and support from the RNs in the clinical environment (Edelman & Mandle 1998: 528, Mhlongo 1996: 29).

Participant 0013: Students don't ask questions... I don't know if they are shy...

Participant 0017: Theatre for the students is new experience... I noticed the anxiety of the students, because it is new, it is strange...

NSs avoid asking question in the clinical environment, thus RNs are not sure whether they are shy. In theatre, they NSs appear are more anxious, because the environment is new to them, therefore socialization within needs the support of the RNs to assist students over their practical learning in the clinical environment.



3.2.1.1.4 Student lack interest

According to the latest study of Mkhize & Nzimande (2007: 7) it is alleged that worldwide, the interest in studying nursing as a profession is becoming low. In Saudi Arabia, only 2% of scholars practice nursing after school. In another study conducted in Tanzania revealed that only 9% of scholars enter the nursing profession, whereas at the same time in Australia and Asian scholars only 10% showed interest in nursing. However, the rationale for the lack of interest in nursing as career is based on multiple factors. From a South African point of view, the low status of the nursing profession, high workloads, inadequate personal professional development programs and low opportunities are viewed as some the reasons why scholars are not interested in nursing as a choice (Department of Health, 2006).

Participant 001: *The other thing is lack of interest, if you want to show them, they say that they are only here to....supervise no, to observe. The perception they have as tertiary students is wrong, because they think it is just another job.*

Participant 005: *It like they wondering around, they don't want to be part. Some of them don't want to be part of..... Maybe they don't feel welcomed; I'm not sure what it is. And they get introduced to the ward into how many patients we have, what type of patients we get and the routine of the ward; they get introduced into that as well.*

Participant 0011: *But when they are at the clinical setting, they are so different from us like we use to obey rules, and show commitment, show interest and at the end of the day when you check how far, what have you learned for the day, she cannot say what she learned and when they come they are attached to a senior sister in the ward... You see they are not committed into what they are doing as if they are not interested and it's worrying because they are the future you know nurses...*

Participant 009: *They don't excuse themselves off duty, that is just good manners.....*

Participant 003: *Most of the time they don't use their clinical time productively, because most of the time they are out of the ward...*

The NSs showed inadequate interest and commitment regarding their clinical training at hospital A and B. Participant 005 disclosed that some of the NSs perception regarding the nursing profession is negative, “*they just wondering around, they don't want to be part...*” However, despite the fact that the NSs are introduced to the clinical environment, nursing staff, the type of patients and unit profile, the intrinsic and extrinsic motivation levels remain low. The

Participant expressed her concern regarding NSs who demonstrate no interest and commitment towards their professional development.

3.2.1.1.5 Absenteeism

In the study by Hughes (2005: 41-49) the findings presented are in concordance with the response of participant 0011. It confirmed that family commitments, illness, dental appointments are the most common contributory account for NSs absence from work. In addition, as stated by Timmins & Kaliszer's (2002a: 251-264), stress has been considered as the second contributing cause for absenteeism among NSs. Authors like Longhurst (1999:61-80), Timmins & Kaliszer (2002a: 251-264) and Hughes (2005:41-49) also made allusion to the fact that social and family responsibilities are the most common cause for NSs absenteeism. NSs are required to work a certain amount of clinical hours as stipulated in the guidelines of the South Africa Nursing Council (SANC) Regulation, No.R425 of 22 February 1985, as amended. In a previous study by Doyle *et al.* (2008: 132) there appears to be no definite cause for the high rate of absenteeism among nursing student.

***Participant 001:** You get some time students nowadays who actually take the fact they were given study leave or 4 years to do the course for granted and they got a big absenteeism rate here at hospital A in connection with students.*

***Participant 0011:** It is absenteeism, absenteeism... They don't want to work weekends or Sundays. Nursing students who are married said: I've got a husband and children; I have to clean the house....*

***Participant 005:** The other time I had a very bad experience where a student asked me if he can change his off duties, he didn't come back during the course of the day and I was phoned at*

home about it and the same student also signed on the sheet by me and went to the other registered nurse to have it signed for the next day

Participant 0013: *Student's are sometimes just absent, and don't come back....*

Participant 003: *RN's don't have adequate control over the student's absenteeism...*

Three participant's responses at hospital A and B reveal that NSs are not committed towards their professional learning and development. The rate absenteeism among NSs is very high. Participant 001, 005, 0011 indicated that once a NS lack trust, the student engages in a dishonest behavior, luring another RN to fraudulently signed clinical hours for which the NS have never worked. Furthermore, NSs expect the RNs to change the off duties to accommodate their time and availability. The NSs at times never communicate with the RNs in the various wards, they merely stay away from duty without communicating to the RNs. RNs have no adequate control over the NSs clinical attendance, neither do they have sufficient communication between the CSs and the NSs. In addition, most NSs have private jobs; where they work for the nursing agency to earn extra money to provide for the family and travelling expenses.

3.2.2 THE GAP BETWEEN THEORY AND PRACTICE

3.2.2.1 SUB-THEMES

3.2.2.2 Theory and Practice

Rolfe (1996: 1) argues that the gap between theory and practice is one of the most challenging concerns in the education nurses. These students face the challenge, and pressure from CSs, to integrate what they have learned in the class. RNs on the other hand expect the NSs to apply the theory into the real clinical practice. In contrast, Nahas and Yam (2001: 233) study show that, RNs found it difficult in utilizing the best available resources and learning opportunities in the clinical environment. In the study by Hicks (1997: 8) it was found that the nurse educators

taught NSs patient-care management techniques in class, but when NSs are in the clinical environment the same methods are applied in the clinical environment. Nevertheless, when NSs endeavor to apply the theory, what they have learned in the class, the unit clinical supervisors misunderstand their approach and cause conflict amongst them. Similarly, in this study, two participants 005 and 0011 have expressed their concern regarding the level of NSs knowledge and the ability to integrate the theory into practice.

Participant 001: *We use to have students from different categories, UWC, R45 and CPUT and we had a problem with the students especially coming from B.Curr... varsity, because they are not exposed that much to the practical side. So asking these people sometime to do a task, theoretically they know what they are trying to say and they know the word theoretically, but when it comes to the practical side, they are sometimes a bit hesitant.*

Participant 003: *The students are not very active... And most of the time they don't know....*

Participant 005: *If you tell them a certain procedure needs to... the patient needs to be observed after the procedure then the question you why? Because they don't know what the procedure is all about even if you explain afterwards... And if you ask them things, things that you think they should know on their level, they are not up to it, they can't answer you.*

Participant 007: *Some students can't correlate the theory with the practice...*

Participant 0011: *Theory, students don't know much. We've got to teach a lot like the signs and symptoms of this condition, and what to do, nursing care, complication, they don't know much.*

Participant 009: *The students actually don't know much knowledge about theatre...*

Participant 0013: *the difficulty is that the school is not up to date with the latest technology...*

Participant 0019: *Yes, what students learn in class is not the same in the hospital...*

As observed from the interviews, nursing institutions send students to practice clinical skills in hospital A and B. For example, NSs practice the skill on simulated dolls in the skill laboratory at the college or university. Consequently, the level of practice for NSs requires further development when practicing on the patients. Furthermore, students tend to get confused when asked to put into practice what they learnt in school. One participant 001 said, that the B. Cur students are well informed theoretically, but doubtful in completion of practical tasks.

This indicates that NSs learn the theoretical backgrounds of certain clinical diseases, signs and symptoms in the class, but when they are placed in the actual clinical environment they may observed that NSs come to practical activities without or limited prior exposure to theoretical knowledge background provided in classes.

Lita *et al.* (2002: 31) indicated that there is lack of guidance and how to integrate the theory into practice in the organization of the NSs clinical activities. In addition, there have been a significant lack of knowledge identified by the tutors and the ward RNs, on various techniques to implement or integrate the primary health care theory that have been completed in class. Carlson, Kotze & Van Rooyen (2003: 31) stated that the learning needs of first year students, more so in the first three months necessitate special support and guidance, for them to learn personal and professional attitude. According to the current study, in response to the interview made, two participants 0015 and 0017 described their experience with NSs from a different point of view as stated below.

Participant 0015: *You get nurses who come having reasonable practical and theoretical knowledge straight way on actual activities they will do anything they are assigned to perform,;*

they are capable of doing it correctly, they will ask if they need help. So, as RNs, you can easily know/understand exactly what they can do and what they can't do.

Participant 0017: *Depending on their level of knowledge and competency, certain learning opportunities are set out for them, we look at that and integrate.... I've never had problems with that with my students.*

The response of participant 0019 agree with the findings of Davhana–Maselesele (2000: 126), who argued that NSs experience challenges in integrating theory into practice. This stems from the fact that what is taught in class sometimes seems to be completely opposite of what is class. Indeed it is unrealistic and has no connection with the real life situation of NSs in the clinical environment.

From the analysis of participants and previous research, NSs are also incapable of performing practical tasks under supervision of the RNs; if they are not sure they demonstrate the ability to ask for help and guidance. Furthermore, according to the response from participant 0017 learning opportunities of the NSs are met and the necessary supervision is provided accordingly, to enhance the practical skills of NSs. Participant 0019 response is different “*Yes, what students learn in class is not the same in the hospital...*”

Hospital A and B are equipped with advanced technologies regarding equipment and supplies. The NSs practice in the skill laboratory on out dated equipment and utilized supplies that is no longer being used in practice. More so, this creates more confusion for the NSs when practicing the clinical skill in the hospital.

3.2.2.3 Learning objectives

Mochaki (2001: 33) argues that the learning opportunities should be available and sufficient accessible for NSs, to have adequate “hands on” to complete their learning objectives.

Participant 001: And most of the students that got little black books that they have, that they make notes, And when it comes to fourth year students, one the things that I focus on or that we are supposed to focus the objectives is administration, controlling of drugs and compiling of a teaching program but I will only take the fourth year or third years, and I will ask them to bring me prove of their objectives that they need to complete...

Participant 005: But the other students, the college and varsity student as they have booklet and once you show them what to do, then you need sign it. They don't.... you may teach then one or two times, this is the book, but they don't get that time more in the ward to develop more as to get confidence as to today...

Participant 0011: What happens is when they are allocated in our unit, they do not come with objectives, they always not sure of what they are supposed to achieve...

Participant 003: The students don't have their practical books ... Or lists for the RNs to see what are they expecting from us to teach the students...

The above mentioned responses described that at hospital A and B some NSs take the responsibility to bring their learning objectives when they are scheduled for their clinical shift, while others come to the clinical environment without their objectives. The RNs report that without learning objectives from the students, they have no guidelines on how to support the NSs and to ensure that they accomplished their learning needs. This leaves the RNs with ambiguities regarding the learning objectives and expected outcomes of the NSs.

3.2.2.4 Clinical practice insufficient time

Nolan (1998: 625) claims that short periods of clinical placement for NSs in one area limits the NSs' sense of belonging as a member of the team. In addition the short stay of NSs in the clinical area, results in NSs not receiving a enough practical experience. For example, each clinical teaching unit differs and is unique, based on the common clinical procedures, patient population, common medication being used and diseases being treated.

In the study of Robertson *et al.* (2000), it was found that due to short clinical assignment in the clinical area, NSs are unable to complete their clinical activities and to meet their clinical expectations, and learning outcomes.

Participant 0013 *At the moment student spend in the clinical environment for a short period of time compared to the past...*

Participant 003: *The time students spend in the clinical environment is not enough...*

Participant 009: *I don't feel comfortable sign off the competency, if the students not complete 4 weeks in theatre...*

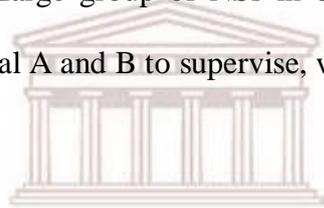
Participant 0015: *The longer the student stays in the clinical environment, the better for the student...*

The above participants responded in similar ways, by agreeing that the time NSs spend in the clinical area is not enough. Participant 0015 agree that the longer the NSs remain in one clinical ward, the NSs benefit from it, this enable the NSs to learn and get familiar with the clinical environment. In addition, participant 009 responses "*I don't feel comfortable sign off the competency, if the students not complete 4 weeks in theatre...*" Within a time frame of 4 weeks,

the RN stated that NSs cannot become competent on various clinical skills. This makes it difficult for the RN's to sign the competency book.

3.2.2.5 Overcrowding of NSs in the clinical environment

Quinn (2000: 425) asserts that the clinical teaching unit should fit certain criteria; enough learning activities, space, sufficient equipment, health and safety policy and procedures to maintain effective student learning. Bond and Holland (1998: 21) state that the responsibility of the supervisors is to encourage and motivate NSs to mature on both levels of development, professionally and personally. During the interview process, the researcher observed that while in the hospital, nursing students were not properly trained due to large number of nursing student allocated in one clinical setting. Large group of NSs in one area leads to overcrowding and makes it difficult for RNs at hospital A and B to supervise, which impede the clinical learning of the NS



***Participant 001:** The students of the first year and second year, they are constantly in the ward. They will come to me and say this student need more practice or that student need more practice and that you focus more on that, and I will say is fine I will do it., but there is good communication between the tutors and registered nurses in the ward and student as well.....seeing that the permanent staff and the students.*

***Participant 005:** Large number of students... We have how many students in there now... We try to group them, but usually what we have is two registered nurses, at the moment I only have one staff nurse and then one role nurse assistant.*

I don't know if my approach is wrong, but I feel that the amount of NS's you get is too much and you cannot teach them everything at the same time. At the end of the day they need to have facilitator come into the ward more regularly if possible.

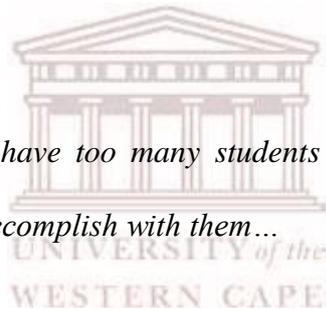
Participant 0011: *I cannot allocate them; I need to check that they are evenly spread. It is difficult to control them, when they are a lot.*

Participant 003: *The groups are too big for us to handle at one time.....*

Participant 0017: *It is very difficult to accommodate large numbers of students in theater because of the sterility... students are not skilled; they are trained for the area...*

Participant 0019: *When too much students are allocated to one area, it is difficult to spend time with them...*

Participant 0015: *I find that we have too many students at a time, so it is very difficult to complete what you would like to accomplish with them...*



This indicates that the students are not properly trained due to their large numbers and fewer staff to assist them. Hospital A and hospital B, are teaching hospitals for nursing students to learn the practical skills, like suctioning the patients, shortening of drains, suture removal, on real patients, therefore large numbers of students might affect proper clinical practice to develop more confidence.

3.2.2.6 Insufficient supervision from CSs

Lita *et al.* (2002: 32) state that the clinical supervisors from the universities and college are labeled as the educational teachers, but in the literature, it shows that they provide not the necessary guidance to the RNs in the clinical environment, neither collaborate the curriculum

content to the RNs. Furthermore, the CSs are not always available to RNs to communicate NSs problems, clinical learning deficits and clinical progress. These common difficulties could be resolved and be prevented by sufficient planning and collaboration between the CSs, RNs and the NSs. (Ewan & White 1996: 116).

Participant 001: *I think there was a strike two years ago that they don't want to do night duty, because according to them they don't have supervisors on night duty. They wanted their tutors to be there until ten or at nine.*

Participant 005: *It's not just that they have clinical facilitators that see to the students in the ward, they have to do the teaching and encourage them to come also which place a lot of work that is under us. The teaching, we have it... we all a teaching role, sometimes it just gets too much for us and we don't get that recognition that is what I feel.*

Participant 007: *I am honest you know...we used to have... ok the time we did, the college was affiliated to the hospital, you have the practical system, which play a big role. I honestly missed that practical sisters and students were in the ward. I mean she didn't do our work...*

Participant 0013: *The tutors are following the students, but at the latest I don't see them..... I think they must do more follow up*

Participant 0017: *We received students, but the tutors are not visible, so you wonder if the students are just left here...*

In this study RNs responses shows that the CSs are not always available and visible to solve NSs' issues and to resolve communications problems relating to student matters. Participant 007 responses describe where she missed the practical sisters that have been situated in the hospitals.

3.2.3 INSTITUTIONAL CONSTRAINTS

3.2.3.1 SUB-THEMES

3.2.3.2 Shortage of staff

Begat *et al.* (2005: 221-222) assert that nurses are being confronted with shortage of staff and rapid staff turnover rates altered the nurse's ability to provide quality patient care. From the data through interviews, all the 10 participants are of the opinion that the shortage of staff has an adverse (negative) impact on patient care.

Participant 001: When there is shortage then I will help with administering IV medication, I will help in the mornings before I do the administration duties I'll help making the beds or washing the patient if there short of staff...

Participant 005: what I feel is there should be more supervisors from the hospital side or from the university or college side, there should be more to come in everyday or to assist them as well because, sometimes we have shortage of staff due to ill health or absenteeism and they are not up to that where they can take over where our experienced staff... when they are not there.

Participant 007: Because at the moment in the ward there is no excess staff, we're working with the critical minimum and many days you can't give really for the students that you will like to have.

Participant 009: We are short of staff at the moment..... We don't have all much time to attend to the students.

Participant 003: We have shortages of staff all over... some of the RNs are overloaded, stressed out...

Participant 0019: *We are not short of staff, because according to nursing management we are adequately staff.....*

Participant 0013: *It is difficult to teach the students, when staff not on duty, difficult to teach when short of staff*

It is evident that the roles of the RNs are complex, they not only perform administrative duties they also provide supervision of nursing students. In moments of severe staff shortages, certain task are allocated to them to ensure that the patients received quality patient care.

3.2.3.3 Increase Workload

This above mentioned phenomenon is evident in previous studies and proven by Castledine (2002) & Clarke *et al.* (2003), as one of the major reasons nurses are unwilling to supervise NSs. RNs at hospital A and B findings shown from one participant that despite the workload he is able to supervise the NSs and ensure that other administrative duties are completed. One participant point out that if she spends eleven hours for clinical supervision with the NSs, her concern is her patients, because she felt that sufficient is not assign to her patients.

Participant 001: *Despite the workload in the ward, when you are an operational manager, you've got your admin duties that you need to do, you still need to go into the ward, seeing that everything is been done seeing that the patient is fine, seeing that work related things is being done, seeing that permanent staff and to the students.*

Participant 005: *And the time that we have to spend with the patients and theyou don't want to spend most of your eleven hours in the ward teaching students what's going to happen to the patients at the end of the day they don't spend a lot of time with them...*

3.2.3.4 Time Constraints

According to Furaker (2008: 933), RNs generally experience insufficient time in rendering quality patients' care due to the increase amount of administrative tasks.

Participant 001: So the workload can sometimes be hectic, but you still got to make time to educate, because I always say the specific duties of a registered nurse are research, education, administration and allocation of those things, and you still got to make time for that.

Participant 005: And the time that we have to spend with the patients and the ...you don't want to spend most of your eleven hours in the ward teaching students what's going to happen to the patients at the end of the day they don't spend a lot of time with them.

In contrast with participant 001, it was found that time constraint was not a challenge for him, but view it as something positive. Teaching forms part of the job description of the RNs', as stated in the South African Nursing Council. It is expected of RNs to supervise NSs in the clinical environment. At the same time, patient care, to RNs is a priority rather than teaching NSs...

Participant 0013: I manage my time with the students by means of structural teaching.....

Participant 009: Time is really a problem because if we have more time. We will teach more and be more available for the students...

3.2.4 INSUFFICIENT COLLABORATION

3.2.4.1 SUB-THEMES

3.2.4.2 Insufficient communication

Lita *et al* (2002: 31)'s study showed that poor communication amongst RNs and lecturers affect adequate guidance and support for NSs. Furthermore, RNs have alleged that they received poor guidance from the lecturers to collaborate and communicate the curriculum outline and learning objectives of the NSs. However, poor communication between CSs and RNs resulted in difficulties for NSs to achieve their learning objectives. Naude *et al.* (1999: 192) argue that communication is essential in effective management of each unit in the clinical environment. In addition, without effective communication none of the steps in the management process can be structured efficiently. Studies reveal that when the nursing students' relationship is built on mutual respect and trust the end result is effective clinical learning. According to Landmark *et al* (2002: 840) findings shown that the relationship and collaboration amongst the CSs and the NSs affect the self-confidence and the NSs learning development and objectives.

Participant 001: *There is good communication between the RNs, students and tutors.*

Participant 003: *Most of the time when the tutors come to the ward, we don't have time to talk... they hardly make time to talk...*

Participant 009: *The student will just say "I've got a demonstration that I must do" There is no communication....*

Participant 0015: *At times we received the names of the students allocate to the ward, they never report for duty... At time we don't received the list of student, they report on duty...*

In the current study the participant's experience show inadequate communication from NSs, especially with regard to informing the respective RNs where they are assigned duties for their clinical practice. In addition, NSs failed to communicate with the RNs when they are sick or experience an emergency. Furthermore, NSs expected the RNs to change the clinical off duties according to their personal needs, without taking into consideration that these off duties are planned in advance based on patient acuity and staff planning.

3.2.4.3 Language

Shakya's (2000: 165) findings show that language and effective communication is a crucial aspect in the nursing profession. Additionally, it is expected from NSs to communicate effectively with their patients, RNs and other members of the health team. I

***Participant 005:** Language is a challenge. The spelling is not medically defined...*

***Participant 0015:** Sometimes, it might be language problem... Most of the Xhosa students speak English, but occasionally some of them their skills are not good, especially the writing skills.....*

***Participant 0013:** My concern is the language.... Most of the students want to nurse in Xhosa, but our policy is English.....*

***Participant 009:** I think is the language... We received more students from Nigeria, Congo... English is not their fort language.....*

Based on the above mentioned responses, the participants at hospital A and B were concerned with the language usage of NSs as a medium of communication whilst present and practicing in the clinical setting. The hospital policy for the mode of communication amongst health professionals is English. Some of the NSs experience difficulties with documentation in the

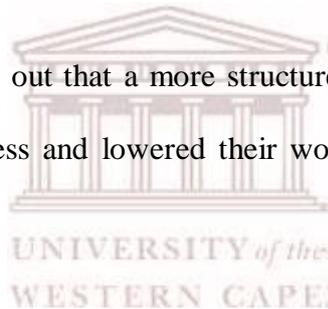
patient's files as stated by participant 005 *"Language is a challenge. The spelling is not medically defined..."* The NSs writing and spelling skills are not good.

Participant 009 responded that at hospital A, nursing became diverse in terms of different NSs from other nationalities. For example students working in hospital A are from Nigeria, and Congo where English is not their first language experience challenges in communicating with patients and nursing staff.

3.2.4 Job satisfaction

It is also evident in other studies that effective clinical supervision improves clinical skills and job satisfaction (Berg & Hallberg 1999; Teasdale *et al.* 2000)

In a study in Finland nurses point out that a more structured and planned approach to clinical supervision has lessened their stress and lowered their workload (Bogat *et al.*, 2005; Hyrkas, 2002).



Participant 001: *But otherwise having the students, teaching them all day... I think it's ... I like it.*

Participant 0011: *It's nice to have them; it's nice to teach them like make them know we are preparing them to be in your place tomorrow....*

Participant 0015: *I enjoy having the students in the ward...*

Participant 0015: *I do get satisfaction when I notice growing and learning take place...*

Participant 003: *For me it is nice, because it's learning experience all over again...*

Participant 0019: I felt confident that I have taught them knowledge; they will use it in order to nurse the sick patients.....

The responses from the study reflect positive attitude towards job satisfaction, regarding the presence of the NSs in the clinical environment. The participants enjoy learning because it is a two way process whereby RNs and NSs exchange skills, ideas, knowledge and attitudes. Some of the participants' responses reveal fulfillment and satisfaction in their job when they notice that students are learning and growing in knowledge while in the clinical environment. The participants express commitment in supervising the NSs. Participant 0019: *"I felt confident that I have taught them knowledge; they will use it in order to nurse the sick patients..."*

3.3 Conclusion

This chapter illustrated how the 10 participants responded to the interview questions, in order to answer the research question. Based on the four questions, the responses provide a description of the participants lived experiences, challenges and positive outcomes while supervising the NSs in the clinical environment. Furthermore, four main themes and fourteen sub-themes has developed and constructed out of the participants responses.

CHAPTER FOUR

LITERATURE REVIEW

4.1 Introduction

This chapter discusses the most common problems and challenges that Registered Nurses (RNs) experience in their clinical environment from a South African and global perspective. In addition, the chapter also highlights on the various clinical teaching strategies that have been utilized for clinical competence, and professional development; to facilitate clinical supervision.

4.2 Clinical supervision

Hancox & Lynch (2002: 200) define clinical supervision as a process of meeting between two or more professionals. The ultimate meeting point is the provision of support to the supervisees, for professional growth in the clinical environment. According to Lewis (1998: 40), clinical supervision a process whereby a practitioner and the clinical supervisor are involved in a relationship with the central focus on clinical learning and practice. Bond and Holland (1998:21) state that the responsibility of the supervisors is to encourage and motivate nursing students to mature professionally and personally. Hyrkas (2002) argues that clinical supervision is a process in which the clinical supervisor supports and assists in the growth of the learners to become competent practitioners. The process consists of three core functions namely:

1. Educative function, which allows the development of practical skills, the ability to reflect on, explore experiences learned in the clinical working environment.
2. Supportive function, offer support that allow the learner to approach the problem and continue forward.

3. Managerial function, which involves the assurance of quality management.

According to Kilcullen (2006: 1030) the concept of clinical supervision became famous and well known in the United Kingdom in the late 1980s and early 1990s by the restructuring of health services, the political agenda (Department of Health 1993) and acceptance by the United Kingdom Central Council for Nursing, Midwifery and Health. The aim was to provide support for staff development. This resulted in a paradigm shift from task orientated nursing practice to a more holistic approach to patient care. Furthermore clinical supervision is contact between two professionals to deliver quality of care within a safe environment which allow reflection, assessment, implementation and evaluation of clinical practice.

4.2.1 Preceptorship

Barrret and Myrick (1998: 365) define preceptorship as a one to one interaction with the focus on real clinical experience whereby nursing students learn directly under supervision from a professional nurse. Usher et al (1999:507) state that preceptors are expert practitioners who educate, instruct, supervise and act as role models for nursing students for a designated period of time. In contrast Jooste & Troskie (1995: 12) point out that preceptors, who engage in the accompaniment of nursing students, are classified as experienced, and therefore rotation of shifts is not a requirement. This correlates with the statement of Bond & Holland (1998: 12) who argue that preceptors should have twelve months of experience within a specific clinical field. Mills *et al.* (2005: 5) state that preceptorship is a method in which clinical nurses supervise and provide clinical guidance, support to new practitioners, whether nursing students or newly registered in the clinical environment. In addition, preceptorship is viewed as a formal program in which an experienced nurse is teaching, supervise and act as role model for nursing students or graduate nurses for a specific period of time.

4.2.2 Mentorship

The meaning of the word “mentor” originated from the Greek word mythology, where mentor was a trusted friend of Odysseus and tutor of Odysseus’s son, Telemachus. The connection between Telemachus and Mentor has been viewed as nurturing, educative and protective. Mentor guaranteed that Telemachus developed personally, socially and professionally (Watson, 1999: 255). Brown (1999: 49) mentions that mentoring is a relationship between two individuals where the one with a higher qualification, experience or expertise; teaches, counsels, guides and assists the other to develop professionally and personally. Gray & Smith (2000: 1543) allude that a good mentor has excellent professional qualities, knowledge, good communication skills and high motivation levels to teach and assist nursing students.

4.3 RNs’ challenges in clinical supervision from a global perspective:

4.3.1 Shortage of staff

The report on nursing shortage, which was released in January 2001 by the American Health care Association, revealed that nursing shortage is a global concern. Tanner (2001: 99) found that RN’s lack sufficient time for clinical supervision for the NS’s. In addition they lack clear guidelines and lack insight what the role entails. These problems cut across the globe. Below are examples from selected countries to justify the above assertion.

According to Eamon (2005: 14), the number of skilled registered nurses in Australia is low due to a transition of professional development from registered nurses to advanced practices roles. The British nurses proved that occupational health related stressors escalated in the nursing profession. Begat *et al.* (2005:221:222) mentioned that nurses are being confronted with shortage of staff and rapid staff turnover rates altered the nurse’s ability to provide quality

patient care. In Ireland O' Callaghan & Slevin (2003: 127) RNs' view the NSs during clinical supervision as an extra burden to their daily responsibilities. RNs mentioned that more pressure is experiencing when delivering patient care. According to Hinshaw & Artwood (1984) rapid turnover of staff contributes to low productivity and efficiency. Such low productivity, affects the quality of patient care provided by nurses due to dissatisfaction with the clinical environment. Koivula & Paunonen-IImonen (2001) state that nurses' ability to render high quality care depends largely on the working climate. Nevertheless, Begat *et al.* (2005: 221) argue that the more nurse's experience a feeling of compassion and empathy, the working environment is conducive for the nurses. In contrast Callaghan (2003) has point out that the low morale nurses experience is due to their psychosocial working environment.

Furthermore, Takase *et al.* (2001) have said that when the nurses' morale is low and motivation levels low, it indicates that they have slowly distance themselves from the patients. Thus, they do not function at optimal levels, causing daily duties and nursing care to be done without passion and commitment. Lewis & Urmston (2000) added that, the end result is that, nurses resign from their profession because they feel they are valueless.

4.3.2 Increased workload

In Pakistan, according to Khowaja *et al.* (2005: 32-33), RN's experienced that the workload increased due to inadequate staffing, resulting more nurses leaving the profession. Lita *et al.* (2002) have stated that an increase in workload prevents RNs from investing sufficient time for clinical practice with the NSs, because RNs main focus is on patient care. The study conducted in Namibia, by Lita *et al.* (2002: 28), revealed that the workload of nurses affect their availability to supervise and support NSs in teaching hospitals. In contrast RNs willing supervise the NSs, did not reveal that time is a factor that influences NS's clinical guidance.

4.3.3 Time constraints

The common challenge RNs are experiencing globally in their daily working environment is time (Jones 2005: 156). In United Kingdom (UK) a study was conducted by Williams & Irvine (2009), it became evident that the time factor hinders the provision of clinical supervision. This finding has been supported by other authors (Basset 2001) who states that inadequate time is one of the barriers to the success of clinical supervision. From an Irish perspective, O'Callaghan & Slevin (2003: 123), state that RNs idealistically planned daily for a conducive learning environment for NSs but changed suddenly due to prioritizing unplanned nursing activities. From a Swedish point of view Furaker (2008: 933) stated, RNs experiencing lack of time to care for the patients holistically due to increase amount of administrative tasks. Furthermore, more time is being utilized for documentation on the computer and documentation on paper. Landmark *et al.* (2003: 847) have argued that lack of insight in one area affects other areas and contribute to more complex situation in the clinical environment. For example, nurses lack time to support the NSs to complete their learning objectives. This results in low confidence levels. According to Begat (2005), novice RNs often lack confidence in their profession as shown by the lack of management skills to provide information and teaching patients. In addition, RN's lack the ability to manage the medical-practical skills related to patient care.

4.3.4 Inadequate role preparation

RNs who are not skillful in the role of supervising NSs, have expressed their need for support when additional patient load is given to them (Brammer 2008: 1870). Williams & Irvine (2009) stated that CS lack sufficient knowledge regarding the supervisory role. In addition, inadequate educational preparation affects the success of clinical supervision.

In Sweden, the RNs who experiencing lack fulfillment and confidence in their leadership role, have often requested for training to improve capacity and give them a better understanding of the existing gap between theory and practice (Williams & Irvine 2009: 475). In Ireland, a reported by O'Callaghan & Slevin (2003: 126) show that RNs are inadequately prepared for their role in supervising NSs. Various literature conceded that sufficient teaching and training is essential to guarantee that clinical supervision is implemented in a relevant and supportive manner (Cutcliffe & Proctor 1998; McKeown & Thompson 2001; White *et al.* . 1998). In addition, according to White *et al.* (1998) CSs require certain unique skills and confidence before they are given a supervisory role. In Sweden, Furaker (2008: 940) further asserts that RNs are in great need for continuous education to build up their skills to achieve clinical competence.

Another challenge faced in the field of clinical supervision is the lack of collaboration, communication and cooperation in clinical environments (Begat *et al.*, 2003). According to Lita *et al.* (2002: 31), studies have shown that poor communication amongst RNs and lecturers affect adequate guidance and support for NSs. Naude *et al.* (1999: 192) complemented that communication is essential in effective management of each unit in the clinical environment. In addition, without effective communication none of the steps in the management process can be structured effectively and efficiently. Furthermore, poor communication is not limited to RNs only but some time involves CSs and RNs resulting in problems for NSs to achieve their learning objectives. Communication plays a prime role in creating a better learning and teaching environment for NSs, CSs and RNs. When the nurse student relationship is built on mutual respect and trust the end result is effective clinical learning (Earnshaw, 1995; Spouse, 1996; Saarikoski & Leino-Kilpi, 2002). According to Landmark *et al.* (2002: 840) research has shown that collaboration between CSs and the NSs improves the self-confidence of NSs, as well as their learning process, and thus facilitates their skill development. Moreover, Lita *et al.* (2002: 31)

states that, where communication is lacking between RNs and lecturers especially when proper guidelines are not spelled out, in the curriculum outline, the learners objectives may become unattainable.

According to Lita *et al.* (2002: 31) RN's have mentioned that they lack knowledge to select learning activities. RNs and lecturers are viewed as clinical resource persons that supervise the NSs education and learning. In addition RNs and lecturers reported that guidance and supervision is not always adequate for the NSs. According to Mellish & Brink (1990: 94) successful teachers should be knowledgeable and informed about current practices in his or her specialty to connect the gap between learning and practice in students' clinical environment. It is evident that there is a clear gap between theory and practice (Campbell 1991: 39). This remains a challenge which was created because teaching was performed in an unorganized manner. According to Lita *et al.* (2002: 33) the additional problem to the theory and practice gap is attributed to the lack of equipment. RNs have said that lack of equipment prevents them from demonstrating a procedure the same way it was demonstrated to NSs in the skill laboratory at the university or college. In addition when they perform practical demonstrations to NSs certain vital instruments are not available in the instrument bundle. Quinn (1998: 185, as cited in Lita *et al.* 2002: 33) articulates that the equipment in the clinical environment should be adequately equipped to ensure competency and achieve the required work ethics.

4.4 RNs challenges in clinical supervision from a South-African perspective

Notwithstanding, the above South Africa has not been left out in this challenge of nursing shortage, which has been apparent in around the globe worldwide. Several factors have contributed to complexities surrounding the role of RNs which are the clinical supervision process. Du Plessis (2004: 68) argues that in the health sector of South-Africa, clinical

supervision is perceived as an expense, rather than a requisite. Cole (2002: 22); Kell (2002: 29); McSherry *et al.* (2002: 31) also shared the same view that clinical supervision was utilized as the solution for various challenges during 1990's.

4.4.1 Shortage of staff

Many a hospital in South Africa is currently experiencing staff shortages and those that are there are not adequately equipped with the knowledge and required instruments that are necessary to meet up with the challenge. According to King & McInerney (2006: 71), internal and external migration of RNs in South-Africa have resulted not only in shortage of nurses, but has aggravated the situation such that the new graduates of RNs lack proper supervisory skills to train NSs and staff nurses are required to practice out of their job description to manage the patient workload. Kekana *et al.* (2007: 25-29) state that due to shortage of staff, South-African nurses in the public sector are experiencing greater levels of high patient load under complex situations. Nevertheless, nurses in public hospitals have pointed out that, while working under so much pressure, the support and showing of appreciation from their supervisors and managers is the core elements of team work. In addition, shortage of nurses and heavy workload result in insufficient nursing care delivery. According to King & McInerney (2006: 70) the South African Nursing Council has no existing official statistics on the number of nurses per patient ratio.

4.4.2 Time constraints

The time factor is one of the challenges faced by today's RNs in any hospital worldwide. According to Mochaki (2001: 6), RN's have found out that they continuously spend less time with NSs under their supervision. The findings concede that certain RNs spend 5% of their work time with the NSs and 1% of which is for supervision and teaching, which is relatively too

small for any trainer to impact on another. Furthermore, RNs found out that the actual time they spend with the NSs during clinical supervision was less than 15 minutes per shift. The above notwithstanding, Winstanley & Edward (2003: 6) have also postulated when more time is allocated and utilized for supervisory sessions and teaching, the results is more efficient. On the contrary, the problem of time seems to stem from the fact that RNs' priorities, according to Mochaki (2001: 115) are based firstly on patients care. These findings are similar to that of other researchers namely Manzini (1998:177) and Lathlean & Vaughan (1994:17). The truth has remains that unsuccessful implementation occurs due to lack of time and expenses.

4.4.3 Large number of nursing students

In South Africa, RNs do not only face problems with time management, but also increase number of NSs is allocated for one area in the clinical environment. Mochaki (2007:33) pointed out that large numbers of NSs in one clinical unit contribute to the challenges RNs experience.

4.4.4 Inadequate availability of clinical supervisors

RNs have pointed out that CSs from the university and colleges are not visible in the clinical environment to clarify and discuss the expectations of the NSs and what they expect from them, to facilitate the process of clinical supervision. Brown (2000: 407) has mentioned that NSs require constant guidance and support, while working at the same time to accomplish their learning objectives.

4.4.5 Short clinical rotation

RNs report that the duration given for the completion of clinical placement for NSs is inadequate. Therefore, it is a great challenge for these students to complete the learning objective

within that time frame. Van Aswegen (2000: 20) added that if the length of stay in the clinical environment is short, then it becomes practically impossible for learners to obtain set objectives contained in their clinical environment. Therefore, RN's should strive to identify the learning deficits and support NSs to overcome those deficits by being skilled in creating learning opportunities in their daily practice.

4.4.6 Clinical learning activities

RNs also face difficulties in creating planned learning activities for NSs in such a way that, those activities correspond with the required learning activities and practical skills. According to Mochaki (2001: 6) RNs need to be creative in their everyday practice to ensure that NSs are exposed to various learning opportunities, while present in the clinical environment. However, Tiwari, *et al.* (2005: 299) argue that to maintain such learning activities for NSs is difficult at times due to change in the routine of the clinical environment. Some of the units are very busy, or are made up of critically sick patients that required urgent medical attention. Mochaki (2001: 2) states that learning is more efficient when new knowledge is discovered through personal experiences.

4.4.7 Inadequate equipment and supplies

Furthermore, the lack of supplies and lack of equipment makes it a bit difficult for RNs to deliver adequate nursing care while demonstrating clinical procedures. Shader *et al.* (2001: 215) has pointed out that insufficient or no supplies affect quality patient care because nurses have to spend time searching for alternative methods to solve the problem. Kekana *et al.* (2007: 24) have mention that nurses in South-Africa experience lack of equipment in public hospitals. Moeti, *et al* (2004: 2) stated that the lack equipment and supplies negatively influence the

competency level of NSs. For example if NSs are present in the clinical environment enough equipment and supplies should be available for NSs to practice and familiarize themselves with how to operate the equipment in a safe manner. However, adequate supervision and guidance regarding the utilization and how to operate the various function of equipment is crucial for NS's knowledge. RN's themselves requires proper training and demonstration to operate the equipment in a safe manner. In addition lack of supplies or faulty equipment could have a great impact in providing patient care. King & McInerney (2006:74) have argued out that inadequate availability of equipment and supplies affects the ability for nurses to deliver safe quality care. The study in Tanzania was conducted by Haggstrom *et al.* (2008: 480) who indicated that RNs' lack of equipment prevent nurses from proper patient care. Thus lack of knowledge alone cannot be blamed for the inadequacies of RNs' capacity to provide quality care.

4.4.8 Lack sufficient up to date knowledge

Haggstrom *et al.*, (2008: 1) argues that RNs' in Tanzania mention that they lack up to date scientific knowledge and evidence-based practice to care for their patients, adding that continuous education was also overlooked. Troskie *et al* (1998: 48) has recommended that the unit manager's role is vital, and that education and management is inseparable. According to Quinn (2000: 411) the influence of the nurse manager and qualified trained staff is essential in stimulating and promoting learning for NSs in the clinical environment.

4.4.8 Lack of trained staff for clinical supervision

In another study conducted by Pillay and Mtshali (2008:46-56) in South Africa, it was pointed out that institutions lacked trained staff to facilitate clinical supervision. The hospitals use RNs, without a nursing education qualification, which does not fulfill the requirements of the South-

African Nursing Council. Cole (2002:24) states that clinical supervision is completely dependent on the quality and quantity of supervisors, and they are small in numbers. The ultimate outcome for NSs' clinical supervision is to ensure that students are being supported while practicing under supervision. The RNs placed in the clinical environment as per their education and qualification. Thus where only a few are competent, and well educated, NSs may not receive adequate attention as only a few of these RNs are available to supervise students. Mochaki (2007: 33) shared the same argument, stating that where clinical supervision of NSs is done by the lecturers from the colleges, due to lack of clinical supervisors, NSs will remain unsupervised. Indeed this is an indication that the learning objectives of NSs are being neglected.

4.4.9 Learning objectives

According to Pillay & Mtshali, 2008:46, the important element of clinical supervision is that the learning session should have clearly stated goals with spelled out objectives and expected outcomes. Time should be saved for clinical supervision in order for NSs to achieve their learning objectives. Lekhuleni, van der Wal & Ehlers cited Cahill (1997: 149) supported the statement that clinical nurse educators should be present in the clinical environment at least one day per week to attain clinical competence and follow-up on NSs' learning objectives.

Secondly the clinical nurse educators must communicate the NSs' learning objectives to the unit supervisors and NSs. This is because, in the past, collaboration and effective communication between CSs regarding the learning objectives were poor. In addition the use of RN's without nursing education stipulated in the South-African Nursing Council requirements (Pillay & Mtshali 2008: 54). Lekhuleni, van der Wal & Ehlers argue that the NS's progress has been affected due to the lack of competence of unqualified RNs who are not fully committed to clinical supervision. In contrast the RNs and NSs have placed the blame more on CSs, arguing

that clinical competency assessment and evaluation is the ultimate responsibility of the CSs from the university or colleges. However, according CSs, supervision is a collaborative process between RNs and the multi-disciplinary team members.

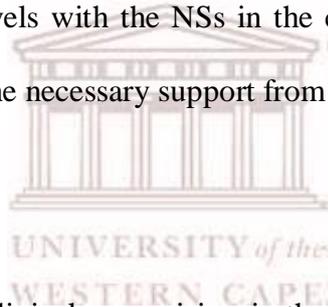
4.4.10 Poor communication and collaboration

Mochaki (2001:90) states that RN's in South African hospitals do not only face poor collaboration and communication from the university or colleges but also inadequate preparation to fulfill their role at optimal levels. According to Kappeli (1993: 209; McCrea *et al.* 1994: 100; Twin & Davies 1996: 180) the ultimate purpose of effective collaboration between CSs, RNs and NSs, is that at the completion of the course, they should be able to play the role of educators, leader, caregiver, and researchers. Lita's *et al.* (2002: 31) study showed that poor communication amongst RNs and lectures affect adequate guidance and support for NSs. Furthermore, RNs reported that they received poor guidance from the lecturers to collaborate and communicate the curriculum outline and learning objectives of the NSs. However, poor communication between CSs and RNs resulted in difficulties for NSs to achieve their learning objectives. Naude *et al.* (1999: 192) argue that communication is essential in effective management of each unit in the clinical environment. In addition, without effective communication none of the steps in the management process can be structured efficiently. Studies reveal that when the nurse student relationship is built on mutual respect and trust the end result is effective clinical learning.

4.4.11 Inadequate role preparation

While there is said to be insufficient preparation for entry into clinical supervision role, the South African Nursing council, and RNs are accountable and responsible for the supervision of NSs in their clinical setting. Clinical supervision requires a unique set of skills to achieve

competent level as a clinical supervisor (Mochaki 2007: 33). RN's have no clear guideline and policy of practice, no clearly defined job description regarding the role. Thus, this results in role ambiguity, low motivation level and lack of support. According to Bezuidenhout, a study conducted in Durban area, indicate that the concept of clinical supervision is not new to the RNs working with the NSs. However, RNs pointed out in the same study that reflection during the supervision role is overlooked and neglected. Kohner 1994: 2 argues that clinical supervision entails a formal contract that enables nurses to assess, and evaluate their practice with an experienced professional person. As a researcher, one would agree that being a RN does not mean that one is competent and have the confidence in supervising the NSs in the clinical environment. The scope and job description of a clinical supervisor require a unique set of skills in order to function at optimal levels with the NSs in the clinical setting. Clinical supervisors require adequate preparation and the necessary support from management.



4.4.12 Theory-practice gap

One of the major challenges of clinical supervision is the integration of theory into practice. While RNs believed that supervision improves the integration of knowledge into practice in a clinical setting, the situation in practice occurs usually opposite to each other. NSs learn theory in class which is crucial for integration in the clinical setting. These difficulties have been partly blamed on the curriculum setting.

Lekhuleni, van der Wal & Ehlers (2004: 16) have lamented over the insufficient clinical supervision of NSs that occurred in certain clinical environment in South Africa. This has resulted in the inability of NSs to integrate theory into practice, which affects skills development. Mhlongo (1996: 29) asserts that, though NSs see themselves as part of the workforce, meaning that they get engaged in clinical practice, sufficient time is still not set aside

for the student's development and competency assessment. In addition clinical supervision is continuously being neglected; NS's have missed out on clinical learning and practices. In the study that has been conducted by Mochaki (2001: 116) RN's indicate that the clinical supervisors from the college are not available to provide them with guidance regarding their supervisory role. Mochaki (2001: 117) further said that the availability of the CSs in the clinical environment would create an opportunity for RNs to refer urgent student matters and discuss the educational needs of the NSs. In addition RNs experience difficulties in meeting the educational needs of NSs. This results in discrepancies between the theory that has been taught in class and clinical practice in the clinical environment. This causes major confusion for the NSs, because two different methods are being taught for the NSs. Much is yet to be done in terms of establishing a clinical environment where nursing educators which involve clinical supervisors, university and college lecturers, are able to do, through teaching and training. This view was further supported by Mochaki (2001: 8) who pointed out that the RNs aim is to provide NS with various professional skills so that they will be able to develop as competent registered nurses at the end of their training program.

4.5.5 RN's lived experiences in clinical supervision from global perspective

RNs are accountable and responsible for their patients. The presence of the NSs in the clinical area makes it challenging to be committed to the basic needs of their patients as well as the learning needs of NSs.

4.5.1 Increase number of students

In a study conducted by Landmark *et al.* (2003: 840), it was found that RNs experiencing difficulties in controlling large number of NSs in one clinical area. RNs in this study reported

that they start to develop a negative attitude towards clinical supervision, which affect the learning process of the NSs, due to poor organizational support.

4.5.2 Time constraints

In the study of Landmark *et al.* (2003: 839) it was pointed out that RNs point out that clinical supervision is time consuming and they are not being acknowledged for their time and commitment towards clinical supervision. In a similar study by Furaker (2008: 935) it was found that RNs spend little time with their patients, because clinical supervision is time consuming. RNs agreed that clinical supervision consume most of their time, while teaching the NSs. (Kilcullen, 2006: 1034).

4.5.3 Inadequate role guidelines

RNs point out that the perception and understanding of being a qualified nurse is wrong, it doesn't mean when you qualified you have the necessary skills, knowledge and attitude for supervising NSs. In this study it shows that RNs need further knowledge and education regarding clinical supervision. This concept is supported by Hyrkas *et al.* (2001) who identified that modern practice requires post graduate education.

4.5.4 Lack of support

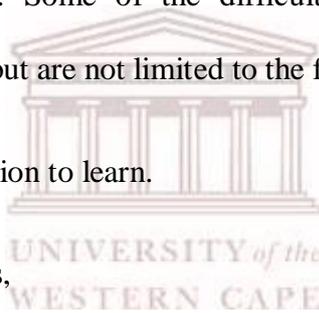
RNs from a New Zealand point of view identified in the study of Waldock (2010) that the nursing school doesn't provided them with adequate support with the supervisory role. Furthermore, the clinical supervisors from the college role are vital in terms of clinical matters that involving the NSs.

4.5.5 Increase workload

According to Waldock (2010) RNs portray that increase workload prevent them to provide sufficient clinical supervision to the NSs in the clinical environment. This above mentioned phenomenon is evident in previous studies and proven by Castledine (2002) & Clarke *et al.* (2003), as one of the major reasons nurses are unwilling to supervise NSs. From the researchers point of view the working environment at times become stressfully when there is a lack of staff.

4.6 RN's lived experiences in clinical supervision from South African perspective

Registered nurses from a global perspective experience various obstacles, whilst supervising NSs in the clinical environment. Some of the difficulties encountered by RNs includes, according to Mochaki (2001: 89), but are not limited to the fact that:

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- NSs display lack of motivation to learn.
 - Learning without objectives,
 - Lack of punctuality on the part of the NS,
 - NSs underestimate and challenge the educational knowledge of RNs.
 - Lack of communication between the NS and the RN,
 - NSs lack the ability to integrate theory to practice.
 - NSs do not wear their name tags to identify themselves. (unprofessional dressing)

The following concepts illustrated the RNs experiences and discuss in detailed: attitude, student anxiety, lack of interest, theory practice gap.

4.6.1 Attitude

Mochaki (2001: 89) points out, that RNs experienced the following difficulties with the NSs behaviors: NSs display no motivation to learn, they underestimate the intelligence of the RNs. More so, Mochaki (2001: 47) observed that in the clinical environment RNs and NSs accompanied certain cultural and racial values, educational background and previous experiences, which results in friction and conflict between the RNs and NSs.

The findings of Mongwe (2001: 142) showed that the relationship between the RNs and the NSs in the clinical environment is not cooperative, which affects negatively the support and supervision of their clinical skills and knowledge. Opposing these results, Troskie *et al.* (1998: 48) and Mhlongo (1996: 30) mentioned that 95% and 85% of unit managers are committed to providing the necessary support and role model a positive attitude towards the NS.

From a different point of view, positive attitude and self-awareness resulted into further growth of high self-esteem in NSs, particularly if they sense motivation and support from the RNs in the clinical environment (Edelman & Mandle 1998: 528, Mhlongo 1996: 29).

4.6.2 Student's anxiety or fear

Smith (2000: 5) alludes to learners who need psychosocial support more than academic support, since high levels of anxiety affect the learning process and achievement negatively. Pillay & Mtshali (2008, quoting in Benoliel, 1988: 340) socialization of NSs into the nursing profession is crucial; because NSs need to feel that they are being supported adequately as learners during the clinical placement. Naude & Mokoena (1998: 18) argue that NSs need the necessary support from RNs and their CSs in approaching and handling fears, so that they provide safe and effective nursing care under direct supervision.

4.6.3 Student lack interest

According to the latest study of Mkhize & Nzimande (2007: 7) worldwide the interest in nursing, as a profession is low. From a South-African point of view, the low status of the nursing profession, high workloads, inadequate personal professional development programs and low opportunities are viewed as some the reasons why scholars are not interested in nursing as a choice (Department of Health, 2006).

4.6.4 Theory practice gap

Lita *et al.* (2002:31) RNs indicated that there is lack of guidance and how to integrate the theory into practice in the organization of the NSs clinical activities. In addition, there has been a significant lack of knowledge identified by the tutors and the ward RNs, on various techniques to implement or integrate the primary health care theories that have been completed in class. Carlson, Kotze & Van Rooyen (2003: 31) stated that the learning needs of first year students, more so in the first three months necessitate special support and guidance, for them to learn personal and professional attitude.

4.7 Positive aspects regarding clinical supervision

According to Kilcullen (2007: 1033), clinical supervision was viewed as stimulating professional development, by using reflection on practice. In this study RNs realized that at times, it is necessary to stop and assess current nursing practice. These finding are in line with Butterworth *et al.* (1997) who agree that clinical supervision improves professional development.

In the study of Severinsson (1998: 1272) findings shown that NSs reported positive aspects regarding clinical supervision, it has enhanced their learning and personal growth in the

following areas. In addition, NSs experienced that their security levels have increased in a sense that they become more cooperative within the working environment. The confidence levels also have improved, because they developed the ability to complete and management delegated tasks under supervision, within the required time frame. Reflection in and on practice have improve their ability to function in complicated situation in the clinical environment. The NSs self-confidence has also improved.

It is also evident in other studies that effective clinical supervision improves clinical skills and job satisfaction (Berg & Hallberg 1999; Teasdale *et al.* 2000) In another study in Finland, nurses point that a more structured and planned approach to clinical supervision have lessen their stress and lower their workload (Begat et al., 2005; Hyrkas, 2002).

4.8 Conclusion

In this current study, various complexities have been identified by the RNs descriptions, and the literature proof that clinical supervision is accompanied by challenges. Training and education for NSs is crucial, therefore the problems that have been identified at hospital A an B, supported by the relevant literature should increase the awareness that clinical learning for NSs and how their learning is been affected is essential for personal and professional development.

CHAPTER FIVE

SUMMARY OF MAIN FINDINGS, RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

This chapter discusses the summary of the four main themes that emerged out of the research findings as discussed in chapter 3. These themes answer the research question: What are the experiences of RNs in the selected training hospitals in Cape Town, with regard to clinical supervision of NSs?

The aim of this study is to explore the RNs lived clinical supervision experiences with NSs in selected training hospitals. Hospital A and B are specialized tertiary training institutions for NSs, where they learn to care for patients with life threatening and complicated conditions, which cannot be treated at secondary level of care or day hospitals.

The conclusions of the findings on RNs lived clinical experiences and reflections on their clinical practices with the NSs, would be useful to make management and education departments at these institutions aware of the challenges, shortcomings and the positive outcomes around clinical supervision. Hospital A and B in collaboration with the colleges and universities would benefit from the study with its new findings around NSs clinical development. RNs would benefit from this study, whereby their opinions would be given consideration and acknowledge.

5.2 SUMMARY OF THE MAIN THEMES

The summary of the four themes of the study are discussed below as well as the participants' responses that represent the findings of the study.

5.2.1 THEME 1: INTERPERSONAL RELATIONSHIP BETWEEN RNs AND NSs

The interpersonal relationship between the RNs and NSs at hospital A and B are problematic. In nursing, ethics and professionalism are guided by policies, which form a platform for clinical nursing practice. However, in terms of attitude, the RNs report show that NSs demonstrate no respect in greeting senior nursing personnel when communicating. Some of the NSs show no enthusiasm, and lack curiosity during their clinical shift. Besides, positive attitudes in most instances are not seen in the NSs behavior. Two participants' observations gave an understanding that, from their experiences, poor attitude is not only practiced by the NSs but also come from the permanent nursing staff as well- staff nurses and auxiliary nurses, with regard to clinical supervision. In contrast, the one response describes that the moment she supervises a motivated student, she finds it very straightforward to supervise the NSs. The response of this participant confirms the findings in the study of Hancox *et al.* (2004: 200) where the implementation of clinical supervision has influenced the attitudes of nurses positively. Also, as the nurses understanding increases regarding the clinical supervision role, their confidence levels regarding this concept have changed. The need for introduction and implementation for educational programs for nurses are known in previous studies (Cutcliffe & Proctor 1998; McKeown & Thompson 2001; White *et al.* 1998).

Another negative behavior observed by RNs, is that the NSs are not punctual to start their clinical shift. This behavior is mostly expressed by the participants of hospital A. In addition,

NSs group together in the morning before embarking on their various clinical environments to receive the handover of the patients. One respondent elucidated that the NSs do experience anxiety and fear especially to receive the handover.

NSs are scared to ask questions and the levels of anxiety are very high especially in theatre, both describe in their responses from hospital A and B. Two participants working in the theatre pointed out that it is essential to first take away the anxiety from the students before they will be able to have a sense of belonging. This statement is supported by *Atack et al. (2000:389)* who indicate that the moment nursing staffs show NSs that they care, it encourages them to feel welcome and part of the team, and their motivational levels turn to increase. RNs mentioned that NSs at times just disappeared from the clinical environment, they are not using their clinical hours wisely and productively. In addition, NSs are not obeying the rules and committed towards accountability and responsibility. This behavior results in NSs missing out on the required amount of clinical hours or missed out on clinical learning opportunities and uncultured activities. One respondent described that some NSs just wonder around, showing no interest. Therefore, it is crucial that RNs delegate duties and clinical task to NSs constantly; because when they finished with one task they lack the ability to ask their CSs for more opportunities.

Absenteeism is a major problem amongst NSs at hospital A and B. One participant agrees that some NSs, especially the married ones, refuse to work over weekends, because they have to take of family responsibilities. In addition, most NSs have private jobs; where they work for the nursing agency to earn extra money to provide for the family and travelling expenses. The literature supports this point and indicates that there are certain factors that contribute to this phenomenon. *Timmins & Kaliszer (2002a:251-264)* and *Hughes (2005:41-49)* have found that, social and family responsibilities are the most common link to NSs absenteeism. The NSs

perception regarding their accountability and responsibility affect their learning process and attitude towards the profession.

However, NSs are required to complete a certain amount of clinical hours as stipulated in the guidelines of the South Africa Nursing Council (SANC) Regulation, No.R425, and 22 February 1985, as amended. NSs are not following the correct communication channels, when they are absent, the policy and procedures, regarding NSs absenteeism in the clinical environment are not strictly followed. Some of the NSs are not responsible for ensuring that their clinical hour's sheets are being signed at the end of each clinical shift. RNs are concerned regarding the disregard of clinical rules, because the NSs engage in dishonest behavior, whereby they asked their family members or someone in the nursing profession that they know, to sign the clinical hour's sheet for clinical hours that have never been completed.

5.2.2 THEME 2: THE GAP BETWEEN THEORY AND PRACTICE

At hospital A and B, some NSs experience difficulty in applying theory into practice, while others are excellent in applying the knowledge into practice under supervision of the RNs. The responses described two types of students. RNs classified the young generation of NSs coming straight from secondary level of education as the type of student who have difficulty in applying the theory into practice. The mature generation; have family commitment, no time to waste, have previous experience in nursing, as the type of student who applies theory into practice very easily.

At hospital A and B, the RNs agreed that at times the NSs get confused when what they have learnt in class is not what they see in practice in the clinical environment. This is mentioned in the literature that this gap affects the NSs' clinical competency and achievement.

In the study by Hicks (1997: 8), it was found that the nurse educators taught NSs patient care, management techniques in class, but when NSs are in the clinical environment not the same methods are applied in the clinical environment.

One participant stated that NSs exhibit a high degree theoretical knowledge. However, when clinical task is assigned to these under clinical supervision, they lack the confidence to perform. The NSs from the colleges spend more time in the clinical environment. Lita *et al.* (2002: 31) indicated that there is lack of guidance and how to integrate theory into practice in the organization of the NSs clinical activities. In addition, there have been significant lack of knowledge identified by the tutors and the ward RNs, on what techniques to implement or integrate the primary health care theory that have been completed in class. Carlson, Kotze & Van Rooyen (2003: 31) stated that the learning needs of first year students, more so in the first three months necessitate special support and guidance, for them to learn personal and professional attitude. The existing literature supports the idea of necessary educational programs and preparation courses for nurses to increase their knowledge regarding the role of clinical supervision. At hospital A and B, only two of the participants have postgraduate qualification. One of them believes that his educational qualification has helped him in supervising the NSs.

In this study the participants did not mention that clinical practice has been affected by lack of sufficient equipment or supplies. One participant response reflects that hospital A and B is equipped with advance technology regarding equipment and supplies. Addition, she said that the NSs practice in the skill laboratory on out dated equipment and utilized supplies that are no longer being used in practice. This results in confusion for the NSs when carrying out real-life practice in the hospital. In previous studies it is evident that there is a link between lack of supplies and equipment and theory practice gap (Lita *et al.* 2002, Carlson *et al.* 2003).

With reference to the accomplishment of the learning objectives of the NSs in the clinical environment an obstacle remains. Nevertheless, Mochaki (2001: 33) argues that the learning opportunities should be available and sufficiently accessible for NSs, to have adequate “hands on” to complete their learning objectives. Some of the participants agree that the NSs bring along their learning objectives to the clinical environment. On the other hand, some RNs state that some NSs start their clinical shifts without any learning objectives. This creates a dilemma whereby the RNs are not informed about the curriculum, expectations and learning outcomes of the various group of NSs.

One crucial aspect that is mentioned by the participants is the duration of the clinical placement of the NSs in the various wards in hospital A and B. The RNs believed that the longer the NSs remain in the wards, the better it is for them to accomplish their learning objectives.

Furthermore, in this study the RN's illustrate that large groups of NSs in one area is challenging to accommodate, especially in theatre because of infection control and patient safety issues. In addition, in the general wards it is also difficult to ensure that all NSs receive adequate guidance and support if the groups are too big at a time. Some of the RNs felt that they need support from the CSs from the universities or colleges to assist the NSs regarding learning objectives, competency practice and learning outcomes of the NSs.

Lita *et al.* (2002: 32) further stated that the clinical supervisors from the universities and college are labeled as the educational teachers, but in the literature is showed that they do not provide the necessary guidance to the RNs in the clinical environment, nor communicate the curriculum content to the RNs. Nevertheless, it is also reflects in the finding of this study that RNs need more support from the CSs, frequent collaboration between the CSs and RNs regarding the progress of the NSs. However, the amount of time CSs spend with the NSs in the clinical

environment is not sufficient. In another study by Williams & Irvine (2009: 481), it emphasized the importance of assessing programs of the universities to make sure that it collaborates with the training institutions.

5.2.3 THEME 3: INSTITUTIONAL CONSTRAINTS

In this study, only one participant agrees that her ward is fully staffed with nurses, in order to supervise the NSs. In contrast all other RNs agree that shortage of staff is a major challenge for them, with regard to clinical supervision. However, the literature show that the roles of the RNs are challenging, they do not only perform administrative duties or supervision of the nursing students, in moments of severe shortage of staff, certain task are been allocated to them to ensure that the patients received quality patient care. RNs at hospital A and B agreed that it is not always possible to plan the NSs clinical activities on daily basis due to shortage of staff and increase patient workload.

In the literature there is a link between shortage of staff and increase workload, which influence the efficiency levels of the nurses. Furthermore, these two concepts replicated in the literature hinder nurses to care for patients and provide high quality care (Burke *et al.* 2000; Hinshaw & Atwood, 1984; Demerouti *et al.* 2000; Cameron 1997).

In previous studies time constraints is evident in obstructing the effectiveness of clinical supervision for the NSs and nurses (Williams & Irvine, 2009). More so, Williamson & Harvey (2001) also emphasized in another study that some nurses felt uncomfortable in attending the clinical supervision session and leaving their patients without adequate staff. In line with these findings, the RNs at hospital A and B experienced the same challenges in terms of time constraints regarding clinical supervision. In addition, in the study of O' Callaghan & Slevin

(2003) RNs agree that it is not practical to supervise the NS with all clinical activities that happened in the clinical environment, due the time constrains. Other authors agree with this statement (Atkins & Williams 1995; Joyce 1999). According to Begat, (2001) point of view, it is crucial to ensure that enough time is allocated time for clinical supervision, in order to improve and better the implementation of clinical supervision.

5.2.4 THEME 4: INSUFFICIENT COLLABORATION

It is clear in the findings that the communication that exists between the RNs and the CSs from the universities and colleges is not sufficient. In previous studies this idea of poor communication in the clinical environment, affects the leaning and development of the NSs. Furthermore, poor communication could affect the NSs performance (Waldock, 2010; Henderson *et al.*, 2006 & Brammer, 2006).

In this study at hospital A and B, some RNs agreed with the hospital based training, where the clinical RNs are situated in the hospital, they were ultimately responsible and accountable for all clinical related issues and clinical practice. Furthermore they strongly pointed out that the system of communication and collaboration was effective between the CSs and the NSs. This statement is similar in a recent study by Waldock, (2010).

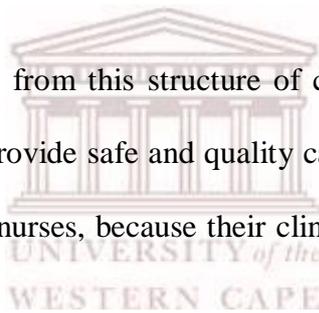
Shakya's (2000: 165) findings showed that language and effective communication is crucial in the nursing profession. NSs are expected to communicate effectively with their patients, RNs and other members of the health team. In this study, several RNs agree that language at these two hospitals affect the NSs understanding and knowledge regarding their learning progress. A participant expressed her concern regarding the international NSs from Congo and Nigeria, whose first language is not English. This statement is in line with the study findings of Cameron-

Traub & Stewart (1995) whereby NSs from other countries with no English speaking background, experience various challenges in the clinical environment.

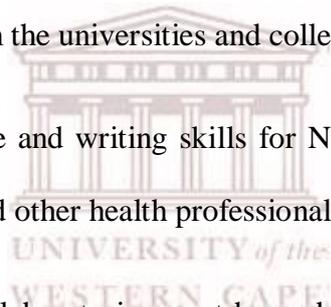
5.3 Recommendations

The research findings reveal that NSs are not adequately supervised at hospital A and B due to various challenges. For example time constraints, shortage of staff and increase in workload.

Training and implementing clinical nurses that form a collaboration link between the RN's, NS's and CS's from the universities, would strengthen the working relations among these groups thus enhancing team spirit and therefore overcome the existing challenges. However, the following positive outcomes could develop out of this structure.

- 
- The patients would benefit from this structure of collaboration, whereby the RNs and nurses have the ability to provide safe and quality care. Time constraints would not be a challenge for the RNs and nurses, because their clinical supervision is not their ultimate responsibility.
 - The NSs clinical practice and competency assessment and evaluation will be monitored by the clinical nurses who are situated in the hospital settings.
 - The clinical nurses must be adequately prepared and trained regarding their role. The job description and expectations of the clinical nurses must be clearly defined.
 - These clinical nurses work closely and liaise with the RNs in the wards and the CSs from the universities and colleges and will be responsible and accountable for all clinical aspects regarding the NSs.

- The clinical nurses are accountable and responsible for clinical competency evaluation and ensuring that the NSs accomplished their learning objectives and learning outcomes.
- The NSs receive proper supervision, guidance and support from the clinical nurses, while present in the hospital.
- The clinical nurses would have more control over the clinical issues regarding the NSs, because the RNs could refer any problems immediately to the CSs, because they are situated in the hospitals. For example close monitoring of students clinical attendance, and punctuality,
- Communication, collaboration, cooperation and clinical supervision would improve for the NSs, RNs and CSs from the universities and colleges.
- Implement language course and writing skills for NSs to improve their communication skills with their patients and other health professionals.
- The equipment in the skill laboratories must be updated to ensure that it does not create conflict and confusion for the NSs in the clinical environment.



5.4 Limitations of the study

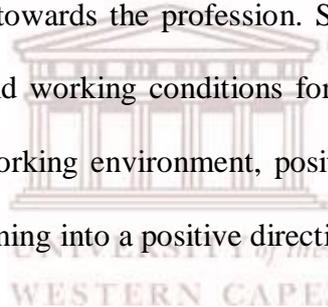
The following limitations of the study were recognized:

- The RNs from the third tertiary training hospitals could not participate in the study due to shortage of staff.
- The study excludes the RNs experiences and challenges in the private sector regarding clinical supervision.

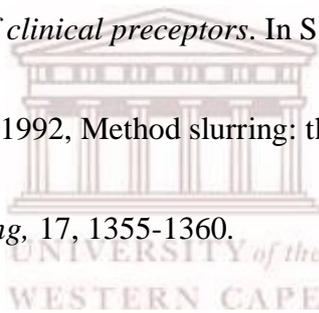
5.5 Conclusion

This study reflects findings that the role of the RNs could be challenging, which affect the attitude, perception, leaning and development of NSs in the clinical environment. RNs are uncertain about their role regarding the clinical supervision of NSs. The gap between theory and practice remains a serious challenge. Nursing educators and management, universities and colleges should review the curriculum and ensure that the theory learned in the class matches the NSs clinical rotations.

The time factor and increased workload prevent NSs to benefit from sufficient learning practice and clinical opportunities. NSs are the future health professionals, their negative experiences as students could affect the attitude towards the profession. Support for NSs and for the RNs is imperative to improve learning and working conditions for the nurses. If RNs and nurses felt supported and satisfied in their working environment, positive and good role modeling would influence the NSs training and learning into a positive direction.



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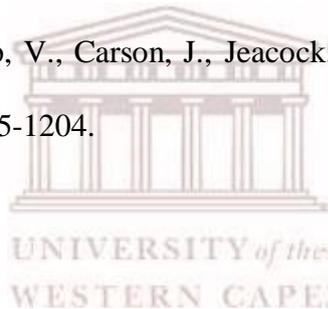
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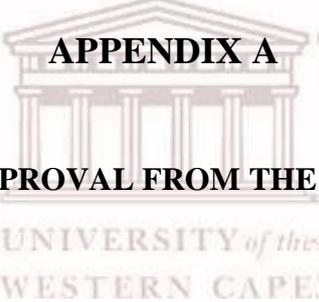
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The logo of the University of the Western Cape, featuring a classical building facade with columns and a pediment. The text 'APPENDIX A' is centered within the pediment.

APPENDIX A

ETHICAL APPROVAL FROM THE UNIVERSITY

UNIVERSITY *of the*
WESTERN CAPE

**OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH
DEVELOPMENT**

Private Bag X17, Bellville 7535
South Africa
Telegraph: UNIBELL.
Telephone: +27 21 959-2948/2949
Fax: +27 21 959-3170
Website: www.uwc.ac.za

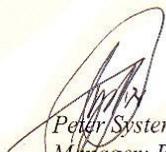
18 May 2010

To Whom It May Concern

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

Research Project: Clinical Supervision in selected hospitals in Cape
Town: Reflections on registered nurses lived
experiences

Registration no: 10/4/6


Peter Syster
Manager: Research Development Office
University of the Western Cape



**UNIVERSITY of the
WESTERN CAPE**

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

APPENDIX B

**PERMISSION LETTER TO THE TWO SELECTED HOSPITAL TO CONDUCT
THE RESEARCH PROJECT**





UNIVERSITY of the
WESTERN CAPE

Faculty of Community and Health Sciences
School of Nursing

07 July 2010

To whom it may concern

RE: PERMISSION TO CONDUCT A RESEARCH PROJECT REGARDING
LIVED EXPERIENCES OF REGISTERED NURSES DURING CLINICAL
SUPERVISION WITH NURSING STUDENTS

I am a Masters student in Nursing at the University of the Western Cape (UWC). My research project will be done in fulfillment of the requirements for the Master of Nursing (M Cur) in Nursing. The title of my research is:

***CLINICAL SUPERVISION IN SELECTED HOSPITALS, CAPE TOWN:
REFLECTIONS ON REGISTERED NURSES LIVED EXPERIENCES.***

I therefore request your permission to conduct this research project at the above mentioned hospital where I would like to interview a few registered nurses who are in units where nursing students are placed and who had not previous exposure to preceptorship or supervision training.

I firmly believe that this project will help to promote future implementation of clinical supervision, if needed. Confidentiality will be assured regarding the participant's identity and information they provide. Codes will be used instead of names and the hospital will not be identified in the final report or any publication.

Enclosed herewith is a copy of my research proposal and letter of ethical clearance from the contact details. The consent form is also included for your information.

Yours sincerely


.....

Kate Klerk
(Student number: 954474)
UWC Nursing Student

APPENDIX C

APPROVAL LETTERS FROM THE TWO SELECTED HOSPITALS





DEPARTMENT of HEALTH

Provincial Government of the Western Cape

Red Cross War Memorial Children's Hospital

Tblake@pgwc.gov.za
Tel: +27 21 658 5788; fax: +27 21 658 5166
Klipfontein Rd, Rondebosch, 7700
Private Bag X5, Rondebosch, 7701

REFERENCE: Research
ENQUIRIES: Dr. T. Blake

Ms. K. Klerk
UWC Nursing Student
Private Bag X17
Bellville 7535

Dear Ms. Klerk

RESEARCH PROJECT: CLINICAL SUPERVISION WITH NURSING STUDENTS

Your research request dated 7 July 2010 has reference.

Permission is hereby granted to conduct the above-mentioned research at Red Cross War Memorial Children's Hospital.

Kindly liaise with Nursing Administration to make the necessary arrangements.

Yours faithfully,

DR. T. BLAKE
SENIOR MEDICAL SUPERINTENDENT
DATE: 13 August 2010

APPENDIX D

LETTER FROM THE PROFESSIONAL EDITOR

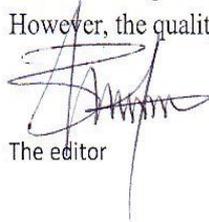


Contact: Nguatem Michael
Private Bag X79 Bellville, 7535
Tel: 0713545790
Email: mickybround@gmail.com

TO WHOM IT MAY CONCERN

Dear Sir/madam

This is to certify that the thesis of *Ms. Kate KLERK*, titled "*Clinical supervision in selected Hospitals, Cape Town: Reflections on Registered Nurses Lived Experiences*", has been proof read. Comments were made with respect to grammar, spellings, coherence of ideas, logic of arguments and referencing. However, the quality will depend on the writer adheres to the comments on the manuscript.



The editor

APPENDIX E

INTERVIEW QUESTIONS



INTERVIEW QUESTIONS

1. Please describe your lived experience in supervising nursing students on your wards?
2. What are the challenges with clinical supervision?
3. Describe the positive outcomes of clinical supervision with the nursing students?
4. Please is there something else you would like to tell me?

APPENDIX F

CONSENT FORM



CONSENT FORM

Title of Research Project: Clinical Supervision in selected hospitals in Cape Town:

Reflections on registered nurses lived experiences.

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

Participant's name.....

Participant's signature.....

Date.....

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

Study Coordinator's Name: Professor Elma Kortebout

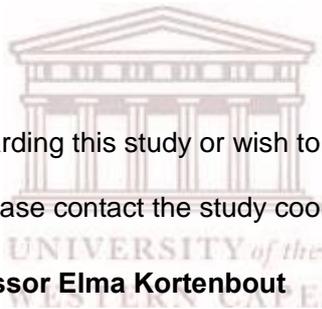
University of the Western Cape

Private Bag X17, Belville 7535

Telephone: (021)959-2274

Fax: (021)959-2679

Email:ekortebout@uwc.ac.za



APPENDIX G

INFORMATION SHEET





UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

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

E-mail:

INFORMATION SHEET FOR PARTICIPANTS:

Project Title:

Clinical supervision in selected hospitals, Cape Town: Reflections on registered nurses lived experiences.

My name is Miss Kate Klerk, practicing direct nursing care in the medical and surgical units at Medic Clinic hospitals, since March 2009 until presently. I acted as a facilitator and preceptor for nursing students in Saudi Arabia from 2006 until 2008.

Currently I have enrolled for the Full Master Degree in Nursing at the University of the Western Cape, in South-Africa under supervision of Professor Elma Kortebout, at the Faculty of Community and Health Science. In order to complete my degree, it is one of the requirements to conduct a research study.

I would like to kindly and voluntarily offer the invitation to participate in my research project. However your rich, real lived experiences, while the nursing students is allocated in the wards, would enable the health system in South-Africa to develop strategies to support registered nurses in the future. The researcher's aim is to conduct the study from March 2010 until August 2010. The purpose of this research project is to explore perceived needs, benefits and characteristics of clinical supervision by registered nurses in selected tertiary hospitals.

If you agree to participate, the research project will be conducted in various medical units at the three selected tertiary hospitals in Cape Town. The Higher Degrees and Ethics Committee and Faculty of Community and Health sciences at the University of the Western Cape require me to maintain and ensure moral ethical protection for the participants. Participation is optional and free for any registered nurse with experience in facilitating and teaching nursing students. If you agree to participate, your identity will be kept confidential to the researcher only. Utilizing coding file numbers will protect confidentiality of data.

As part of the process, it will be required of you to attend one-to-one interviews. It will last for maximum one hour. The place will be a private room. Several questions will be asked in which you describe your lived experiences with nursing students. A second interview will be held to clarify the information obtained, matching the description of your lived experiences. The interviews will be audiotaped, following analysis of information. If you feel uncomfortable to answer certain questions, you have the right not to answer. Confidentiality of the tapes and transcripts will be locked up in a electronic save.

The risks involved in the study include possible experiences of anxiety. You have the right to stop participating at any time; you will not be punished or penalized.

An invitation is open please do not hesitate to contact me personally or telephonically at home, (021-5519967) or cell number 0731410637 for any inquiries regarding the study.

I appreciate your willingness and time you offered.

Thank you!

Should you have any questions regarding this project, please contact:

Supervisor: Professor Elma Kortenbout

School of Nursing Science

Private Bag x17

Bellville

7535

Tel: +0027-21-9592274



APPENDIX H

SAMPLE OF ONE TRANSCRIPT



Interviewer: Ok, you're ready! Thank you so much for time and your availability, I really appreciate it. Basically is just four broad questions so if your not sure please stop me and ask me to clarify some thing that

Interviewer: So the first question. Describe to me you're your lived experience while supervising the nursing student on your ward?

Participant: What happens ne when they are allocated in our unit, they do not come with objectives, they always not sure of what they are supposed to achieve, like in this particular unit. And some do not even bring their daily register where you sign that the person was here. You see... and ... you don't see the commitment, like we have to all the time say like ... prove them... you see they are not committed into what they are doing as if they are not interested and it's worrying because they are the future you know... nurses. Yea ...But with time they become more part of us I am not sure whether in the beginning they are scared or what but I do give them that room of coming right by not being harsh to them and I also encourage them to come up with their fears you see because sometimes you can observe and notice that this one there is something on outside her life of being a nurse. Like at home...social issues that she doesn't want to come up with because you will notice that she comes late, she misses the handing over report, because to me when I misses the handing over report. To me when I miss handing over, I won't know where to start. I wouldn't be able to priorities the work for the day.

And their attitude also from the sister, like on the floor they would like say this particular student when you allocate her and you check whether she knows what you have shown her, her attitude is like "I don't care" attitude that kind of... you know, which is very worrying .Yea we do have our own personalities but when we are at work especially when we are still leaning we need to be open to learning. So that is very mush worrying.

And I mentioned that they do come, just come any time, they don't check their off duties and all that ... you see they just come as they wish because off duties are meant to come made to come at the department and they don't understand that. When you check with them if they work in a ward setting for, because others are first years is their first time in the unit so you find out that they have been to a ward here at Red Cross. So they know the principles but you don't understand why like the person wants to do as she wishes. So I have to like all the time communicate to the Education Department or sometimes I send the students to explain herself to Education Department. May be I am expecting too much, may be my training is influencing my expectation from the students, or maybe I am too harsh and I don't want to be like that ...you see.

We do come across those who really have social problems, like a student wouldn't have bus fair to come because apparently some are not even paid during the training, so she doesn't have bus fair she doesn't come she doesn't phone, and the others are working elsewhere in Pick n Pay and she wouldn't come to duties in the unit. So it becomes a problem for me to understand why is she won't come when she is allocated for duties in the unit. So it becomes a problem for me to understand why she is not here... you see. So really I feel sorry for them because like... things have changed, like... I don't want to say is the training. Am not sure whether is the training, I don't want to say is the training because I don't what the tutors are doing at school like us at our level. But when they are at clinical setting, they are so different from us like we use to obey the rules, and show commitment, show interest and at the end of the day when you check how far, what have you learned for the day, she cannot say what has she learned and when they come they are attaché d to a senior sister in the ward and also like their colleague, nursing assistance who are trained already for working with them. It very difficult, it's very, very difficult, it's a challenge really. Because you want to help students we want her to be a professional nurse, a trained person but they like... not interested, if I may say. I'm not sure if its our unit because our unit is very busy, it is an emergency

