

**Perceptions of nursing students at a university in the Western Cape regarding  
clinical supervision on the Essential Drug List as a medication protocol**

A mini-thesis submitted in partial fulfilment of the requirements for the Degree of  
Master in Nursing (Education) in the School of Nursing, Faculty of Community and  
Health Sciences, University of the Western Cape



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## LIST OF ABBREVIATIONS

CS:	Clinical supervisor
DKA:	Diabetic Ketoacidosis
EDL:	Essential Drug List
ENs:	Enrolled Nurse
HEI:	Higher Education Institution
PHC:	Primary health care
RNs:	Registered Nurses
SA :	South Africa
SANC:	South African Nursing Council
TB:	Tuberculosis
UWC:	University of the Western Cape
WHO:	World Health Organisation



## DECLARATION

I Sharron Ngwenya declare that “perceptions of nursing students in a university in the Western Cape regarding clinical supervision on Essential Drug List as a medication protocol” is my own work, and that it has not been submitted for any degree in any University, and that all sources of information used or quoted have been indicated and acknowledged appropriately as complete references.

Full name: Sharron Ngwenya

Signed 

Date: Nov 2017



## DEDICATION

This mini-thesis is dedicated to the Lord who has carried me thus far to accomplish this dream. To my parents who supported me, prayed for me and to my late guardian mother, may you rest in peace. I have accomplished this journey as promised. To my lovely husband, Simbarashe Chimutayi, and my daughter, Gillian, thank you for your support. To my two sisters, Grace and Delight, thank you for your support.

Thank you to my supervisor, Professor Rene Phetlhu, for your devotion to education, your support and encouragement through this difficult moment. I thank God for you  
God bless you.



## ACKNOWLEDGEMENTS

To God my Saviour; He is always there to keep me alive and strengthen me. He understands our prayers; He is our father, He always gives us the best, forgiveness and mercy is in His dominant power.

To my husband, Simbarashe Chimutayi, you encouraged me when I was feeling down and considering discontinuing this course; you spent your time supporting me to stay awake. You were committed and took over some of my responsibilities as wife and mother. Thank you for your patience. It was a long and hard walk to this achievement.

To my supervisor, Prof Rene Phetlhu, your guidance was of excellent quality. Your experience as an educator has always encouraged me. You invested much effort in making me a researcher and encouraged me to produce excellent academic work. Your practical support was vital to the accomplishment of this work.

To my daughter, thank you very much. Many days you did not have my attention or support but were still patient and understanding when I had to sacrifice some of your rights as my daughter to give time to my studies. God bless you, as this achievement will be an inspiration for you to aim for more bigger achievements.

To my sisters and brother Grace, Delight and Brian; you were of significant help at home. You were there for my daughter Gillian. Thank you for your patience as it was through tolerance that you gave your best, even if it was tough to manage a small child while you had school work to do.

To the fourth year nursing students who were participants in this study, thank you very much for your time and willingness to share your hospital placement personal stories. From this work, many of the nursing students will benefit and have pleasant experiences in the hospitals.

To my friends and everybody who contributed to the success of this research, thank you; Sphiwe Mulube and Tatenda Mapfinya thank you for your support



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## ABSTRACT

Clinical experiences have always been an integral part of nursing education, and the value thereof to the nursing students is widely demonstrated in research. The purpose of clinical supervision is bridging the gap between theory and practice and ensuring that nursing students are prepared to be competent in their professional duties upon completion of their studies. However, clinical supervision focuses mainly on clinical skills and seems to neglect policies and protocols that govern care delivery, often impacting negatively on the expected quality of service. This problem is more so prominent in policies and protocols pertaining to medication. The Essential Drug List (EDL), which is a useful tool in the South African public health facilities, is one such protocol. Supervision on Essential Drug List as a medication protocol seems to be non-existent in the nursing field despite the expectations that nursing students should be able to implement its contents upon completing their studies. The nursing students' views regarding supervision in this regard are often not sourced despite their importance as stakeholders. However, if positive changes that will serve as a solution to the current problem are to be achieved, the students need to be heard. The study aimed to explore the perceptions of nursing students at a university in the Western Cape regarding clinical supervision on EDL medication protocol.

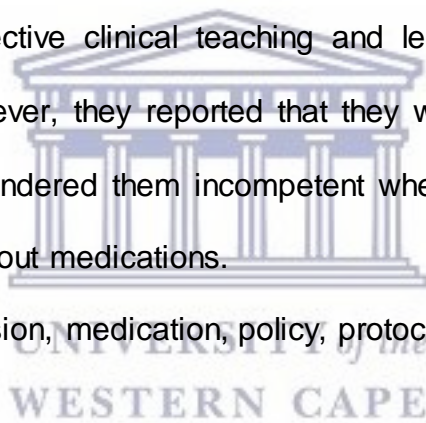
A qualitative approach with an exploratory and descriptive design was used to attain the aim of the study. Fourth-year students in the Bachelor of Nursing Degree at a University in the Western Cape were purposively sampled, and data were collected using focus group interviews which were audio recorded. Tech's method of open coding was used to analyse the transcribed data. Ethical principles of justice, respect for persons and beneficence were implemented in this study. The researcher

employed the four trustworthiness criteria namely: credibility, transferability, dependability and conformability.

The following themes and categories emerged: Theme: 1 General lack of clinical supervision, Theme 2: Factors influencing the quality of supervisions, Theme 3: Drivers of students' negative perceptions regarding clinical supervision, Theme 4: Positive experiences, Theme 5: Students' perceptions of self due to poor CS, Theme 6: Consequences of poor clinical supervision, Theme 7: Students' self-identified needs.

The findings of this study revealed that student nurses valued accompaniment and supervision by clinical supervisors from institutions and registered nurses as an integral component of effective clinical teaching and learning, hence their clinical learning experiences. However, they reported that they were not supervised on this critical component which rendered them incompetent when it comes to the handling of and making decisions about medications.

**Keywords:** clinical supervision, medication, policy, protocols, nursing student.





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# CHAPTER 1

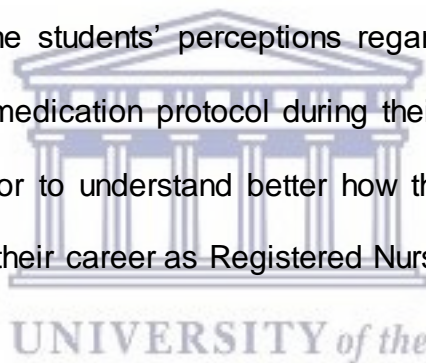
## STUDY OVERVIEW

### 1.1. INTRODUCTION

Clinical experience has always been an integral part of nursing education (Terhane, , Poggenpol,& Myburg 2014:6). The clinical practice stimulates student nurses to engage critical thinking skills for problem-solving purposes. Learning in a clinical setting is an integral part of the nursing curriculum in South Africa (SANC, 2014). Clinical experience is crucial for nursing students because after completing their studies, they are required to perform exceptionally well as safe practitioners. Clinical supervision prepares student nurses to be able to know and apply theoretical principles in practice. Hence it is known to be the means by which students learn and apply nursing theory and practical skills in a conducive clinical setting (Reid-Searl & Happell, 2011:4). The concept of clinical supervision can be traced as far back as Florence Nightingale's era, where experienced nurses guided the less experienced in their clinical work (Temane et al., 2014:8). Nonetheless, there seems to be an increasing challenge regarding nursing students' lack of adequate supervision globally (Franklin, 2013:13).

Despite the students' exposure to the clinical environment, the focus during clinical supervision is often on the psychomotor domain which includes skills such as administering of injections. However, the cognitive domain where the application of policies and protocols to guide decision making is often ignored (Masoumi & Farkhondeh, 2006:12). This is often to the detriment of good quality care because the policies and associated protocols are intended to guide clinical practice. Hence a gap is created in the students' knowledge acquisition quest.

The practice of none or inadequate clinical supervision is more prominent on policies and protocols pertaining to medication. Medication policy and protocols' supervision seem to be non-existent in the clinical nursing field despite the acknowledgement of the importance of safe medication and expressed concerns due to the large numbers of medication errors occurring in hospitals worldwide (Reid-Searl & Happell, 2011:139-142). Nonetheless, for successful delivery of clinical supervision on these policies and protocols, in particular, the Essential Drug List (EDL) which is the focus of this study, the relationship between the clinical supervisor and the student needs to be sound. This can only be achieved when the views of students about clinical supervision are understood and taken into consideration. Therefore, there is a need to explore and describe the students' perceptions regarding their supervision with regards to the EDL as a medication protocol during their clinical practice. This will enable the clinical supervisor to understand better how this impacts on the students during their early stages of their career as Registered Nurses (RNs).



This chapter discusses the background, problem statement, significance of the study, as well as the purpose and objectives of the study. A synopsis of the design and the methods used to achieve the study's findings will also be given. Additionally, a brief discussion on how trustworthiness and ethics were maintained will be embarked on.

## **1.2. BACKGROUND**

Nursing is a discipline that requires students to demonstrate a minimum standard of competence to gain registration at the South African Nursing Council as healthcare professionals (SANC, 2014). One way of achieving the required competence is

acquiring relevant skills in a clinical environment. Clinical placement provides nursing students with the opportunity to link theory to practice (Franklin, 2013:36). However, for the process of clinical learning to be successful, students need to be taught and supervised by qualified professional nurses with experience in the discipline. Additionally, teaching and learning of clinical skills need to take place in a conducive and supportive learning environment (Franklin, 2013:35).

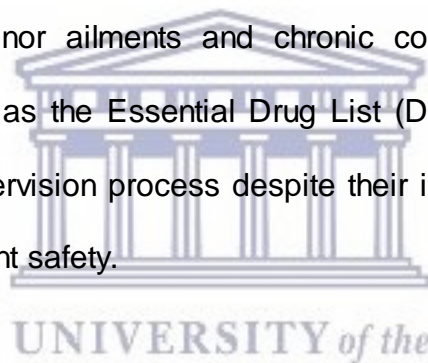
Clinical supervision is defined as the process of professional support and learning in which nurses are assisted to develop their practice through regular discussions with experienced and knowledgeable colleagues (Franklin, 2013:35). Aston and Molassitis (2013: 5) state that clinical supervision might be viewed as an in-depth reflection on clinical practice, aiming at helping students to develop high-quality practice. This process is viewed as a means by which student nurses learn to apply theories of nursing in a clinical setting, therefore, facilitating the integration of theoretical knowledge and practical skills (Mabuda et al., 2008:22). In South Africa, clinical supervision involves direct and indirect observation from a qualified registered nurse, who is employed at a nursing education institution or any health facility approved and recognised by the South African Nursing Council (SANC, 2014).

Clinical supervision is of great importance because it improves student performance, ensures safe practice, and provides a structured approach for deep reflection on clinical practice (Lim & Honey 2014). According to Reid-Searl et al. (2010:775), student nurses need to be assisted so that the profession produces competent workers for the profession's brighter future. Lack of student supervision during

clinical practice creates a non-supportive environment which discourages students from seeking assistance, thus resulting in the loss of many learning opportunities and growth (Reid-Searl et al., 2012). To promote a positive psychosocial learning environment, registered nurses should offer support, nurture and help students by adequately supervising them in the clinical settings as lack thereof seems to have a negative impact on nursing students after completing their studies (Brunero & Stein-Parbury, 2008:87)

Despite the many references to the importance of effective student learning during clinical practice, researchers in the nursing field have reported on the negative experience of nursing students in the clinical settings over time. An example is a study by Pillay and Mtshali (2008:46-48), which found that the expectations of student nurses were not met because facility based registered nurses were sometimes unaware of the student learning objectives, therefore, were unable to discharge their educator role. The trend is also reported by Mabuda, et al. (2008:22) who as educators observed and often heard student nurses expressing concerns and dissatisfaction with their clinical learning experiences due to the deprivation of adequate learning opportunities. The deprivation is in contravention of the directive by the South African Nursing Council (SANC,2014) which states that the minimum requirement and guideline relating to clinical practice is to provide student nurses with meaningful learning opportunities and to ensure that they are supervised so that they achieve their learning goals. This is intended to ensure that at the end of their training, the nursing students are safe health practitioners.

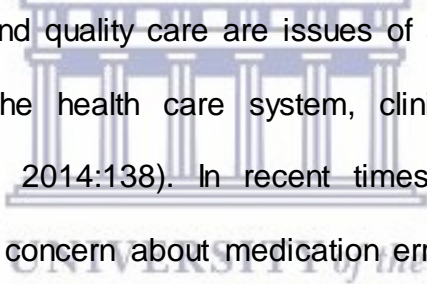
Over time, concerns have been identified in the clinical supervision of nursing students which often impacts negatively on their readiness for professional practice after the completion of their studies. One of the principal contentions is that more focus is often directed to the teaching of psychomotor skills and less in integrating policies and protocols in decision making that are supposed to direct the psychomotor skills. This, in essence, disregards the cognitive domain where students are supposed to be taught critical thinking skills which include decision making and problem-solving based on acquired evidence-based knowledge (Brunero, & Stein-Parbury, 2008:86). The situation is worse in cases where the policy or protocol is not for priority programmes such as HIV or TB or immunisation. Protocols specified for minor ailments and chronic conditions which include the medication protocols such as the Essential Drug List (Department of Health, 2014) are ignored during the supervision process despite their importance in ensuring safe nursing practices and patient safety.



A protocol is defined as a written plan that specifies procedures to be followed in defined situations, and it represents a standard of care that describes an intervention or set of interventions (Cloete et al., 2011). Protocols are more explicit and specific than guidelines as they specify who does what, when and how (Booyens et al., 2015). Protocols are most typically used when developing instructions for a drug prescription, dispensing and administration. In South Africa, wherein the Western Cape is one of the nine provinces, the EDL is used in public health facilities as a protocol to guide health practitioners in dispensing medication for minor ailments as well as chronic conditions. This protocol was adapted by the national Department of Health under the prescript of the World Health Organisation (WHO, 2015) which

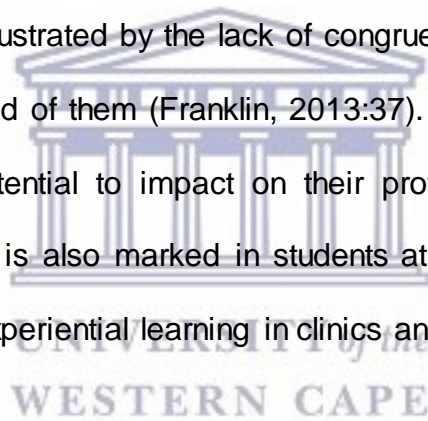


describes essential medicines as those that satisfy the priority health care needs of the population. Essential medicines are intended to be available within the context of functioning health systems to ensure accessible and cost-effective quality health care to the population (Department of Health, 2014). Health professionals are therefore obliged to use the EDL as a medication protocol. Therefore, nursing students need to receive proper training to prepare them in their quest to provide quality healthcare with patient safety at its core during and after their training as registered nurses. This will allay the increasing concerns about medication errors which put patients' lives at risk and prolong their hospital stay and healing (Cruz et al., 2012:7).



Worldwide, patient safety and quality care are issues of significant concern and are major challenges facing the health care system, clinical practice and nursing education (Simone et al., 2014:138). In recent times, the importance of safe medication and expressed concern about medication errors conducted in hospitals worldwide have been on the increase (Franklin, 2013:35). Safety in student nurses' medication administration is an area of concern that has been explored by researchers in the nursing field (Simone et al., 2014:137). A study conducted by Franklin (2013:6), recommends a provision for on-going education and training on safe medication administration. For success to be achieved, medication policies and protocols should be emphasised as an essential aspect of nursing education. The shift should be made to include cognitive skills that encompass integration of knowledge about policies and protocols that direct the proper application of the psychomotor skills. By so doing, clinical supervision will achieve what it intends to, that is, bridge the gap between theory and practice.

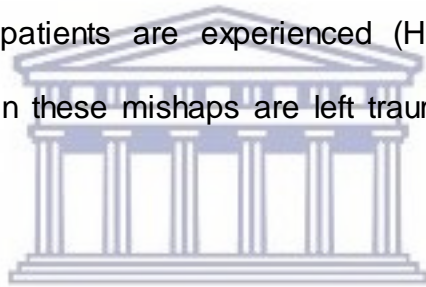
The role of a clinical supervisor is mainly to teach the students to integrate and apply the theoretical knowledge that was learned in the classroom in the clinical setting (Simone et al., 2014:139). Student nurses are taught about health conditions, how to conduct patients' assessment and in a Primary Health Care (PHC) setting, how to give nursing care or initiate medical treatment in the case of a minor ailments. In cases where initiation of medication is warranted, the clinical supervisor needs to ensure the safety of patients by ensuring that the students adhere to the use of protocols such as those specified in the EDL (Sulosaari et al., 2014). However, nursing students are often left to give medications without guidance or orientation to the related protocol. This results in confused students who are not confident and competent and are often frustrated by the lack of congruency between what they are taught and what is expected of them (Franklin, 2013:37). Notably, their views on this situation, which has a potential to impact on their professional competence, are hardly explored. This trend is also marked in students at a university in the Western Cape who are placed for experiential learning in clinics and hospitals in the area.



Reid-Searl and Happell (2011:146) argue that the perceptions of nursing students towards clinical practice provide a great insight into supervision strategies in nursing education. Therefore, the need to explore the perceptions of nursing students is essential in creating a much broader understanding of clinical supervision about EDL as a medication protocol. This is necessary because EDL is the primary protocol which is supposed to be used as a tool to guide nurses in proper diagnosis of minor ailments and safe dispensing of related medication especially in PHC services.

### 1.3. RESEARCH PROBLEM

Although clinical supervision is a prominent feature of nursing education (SANC 2014), lack of appropriate supervision has been associated with challenges pertaining to patient safety (Reid-Searl & Happell, 2011). The focus of clinical supervision is mainly on clinical skills such as wound care, administration of medication and hand washing for infection control. However, protocols that direct those actions are often neglected, consequently hampering the application of theory to practice and decision making. This is the case whereby skills to administer medications are imparted to the students yet the protocols directing the medications to be administered are neglected. This often has an impact on patient safety where errors detrimental to the patients are experienced (Hill, 2016). Additionally, the students who are involved in these mishaps are left traumatised and doubtful about their competence.



In South Africa, the public health system adopted the Essential Drug List (EDL) as a protocol to guide the management of clinical conditions especially minor ailments and chronic conditions in the hospital and primary health care services. The purpose of this directive was to ensure safe and efficient dispensing of quality drugs thus ensuring that the promise of accessible quality health care is delivered (Department of Health, 2014). The responsibility of ensuring patient safety during the administration of medications is often left on the shoulders of the nurses, particularly in primary health care services where RNs initiate and administer treatment for minor ailments. Hence it is imperative that student nurses be supervised on EDL as an essential component of health care during their clinical training. Clinical supervision will ensure that they are trained to be competent and safe practitioners because, at

the end of their training, they are expected to implement this protocol. However, this seems not to be a norm because nursing students are often clueless about the content of the EDL after completion of their studies. Hence there is a need to explore their perceptions to establish the facts of how they perceive their clinical supervision when it comes to the EDL protocol.

There is a general dearth of information about the students' perceptions regarding the inclusion of protocols during clinical supervision, specifically EDL as a medication protocol which is the focus of this study. Currently, there is no sufficient data in the study context to explain the magnitude of this problem hence understanding the perceptions of the nursing students is vital if positive changes are to be effected to address the current challenge.

#### **1.4. RESEARCH PURPOSE**

The purpose of this study was to explore the perceptions of nursing students at a university in the Western Cape regarding clinical supervision on EDL as a medication protocol.

#### **1.5. RESEARCH OBJECTIVES**

1. To explore the nursing students' views on their clinical supervision pertaining to the EDL as a medication protocol.
2. To explore the nursing students' perceptions regarding the influence of clinical supervision of the EDL medication protocol on their competence.
3. To explore the nursing students' perceptions of the need for the incorporation of the EDL in the clinical nursing curriculum.

## **1.6. SIGNIFICANCE OF THE STUDY**

The outcome of the study will provide nursing educators with scientific evidence on how to address the issue of clinical supervision about the EDL medication protocol. The results may also provide baseline data for further investigation in this field as there is a dearth of information about students and their role in medication administration and patient safety. Importantly, the results may influence the inclusion of policies and protocols as a significant aspect of clinical teaching and supervision. This will in turn impact on the confidence and competence level of nursing students after completion of their nursing programme.

## **1.7. OPERATIONAL DEFINITIONS**

### **1.7.1 Clinical supervision**

Clinical supervision is defined as the process of professional support and learning in which nurses are assisted in developing their practice through regular discussions with experienced and knowledgeable colleagues (Franklin, 2013:35).

In this study, clinical supervision is a process of professional support and teaching, which is done by clinical supervisors from nursing schools and registered nurses in the hospitals or primary health care facilities where the nursing students are placed for clinical practice.

### **1.7.2 Clinical supervisor**

Clinical supervisor is a professional who supports the teaching and learning of a nursing student in the clinical environment (Franklin, 2013:35).

In this study a clinical supervisor is a person who is registered by the South African Nursing Council (SANC) to practice. The person may share knowledge and teach

the nursing students and shadow the students until they are competent or qualified practitioners.

### **1.7.3 Nursing Student**

A nursing student is a person who is training to be a nurse at a nursing school or hospital and registered by the SANC to practice as a nursing student. A nursing student can be enrolled in a programme that leads to a diploma or a Bachelor of Science in Nursing (SANC, 2014).

In this study, a nursing student is any female or male student enrolled as a fourth year student in the nursing degree programme at the school of nursing at a university in the Western Cape during the 2016 academic year.

### **1.7.4 Essential Drug List**

The Standard Treatment Guidelines and Essential Drugs List is a living document wherein comments are invited to ensure appropriateness and responsiveness to emerging needs (Department of Health, 2014).

In this study, the Essential Drug List is a policy and protocol on drug lists that are standardised nationally to be used in all primary health care of all provinces whereby the students have to be supervised to be competent in the national norms and standards as it is a requirement when they qualify as nurses, hence the fourth year nursing students have to familiarise themselves with it.

### **1.7.5 Protocol**

A protocol is defined as a written plan that specifies procedures to be followed in defined situations; a protocol represents a standard of care that describes an intervention or set of interventions (Cloete et al., 2011).

In this study, a protocol is the EDL document typically used to give instructions for a drug prescription, dispensing and administration.

### **1.7.6 Policy**

A policy is a written statement that indicates the position and value of an organisation on a given subject (Cloete et al., 2011).

In this study, policies are documents formulated to assist the practice of health workers to give standardised norms of practice.

### **1.7.7 Registered nurse**

A registered nurse is defined by the South African Nursing Council in its Nursing Act, Act no 33 of 2005 as “a qualified nurse having met prescribed education requirements for registration as professional nurse and midwife, having and maintaining the required competencies for nursing professional practice and registered by the South African Nursing Council” (SANC, 2014).

In this study, a registered nurse is any individual registered with the SANC as such and working in a health facility in which nursing students are allocated for clinical experience.

## **1.8. RESEARCH DESIGN AND METHODS**

The research design and method is mentioned briefly, and a more detailed discussion follows in chapter two.

### **1.8.1. Research design**

A qualitative approach with an exploratory and descriptive design was used to explore and describe the perceptions of nursing students at a university in the Western Cape regarding supervision on EDL as a medication protocol. A qualitative research approach is a systematic, interactive, subjective approach used to describe the experiences of participants (Burns & Grove, 2011:23).

### **1.8.2 Study setting**

The research setting can be seen as the physical, social and cultural site in which the researcher conducts a study (Burns & Grove, 2011). The study focused on the perceptions of nursing students in one of the nursing schools in the Western Cape Province, South Africa. This particular school was selected due to a large number of students placed in clinical institutions who need to be supervised.

### **1.8.3. Research methods**

The research methods include outlining the study population, methods of sampling, data collection and data analysis as well as measuring the trustworthiness of the study and ensuring that ethical principles are adequately considered.

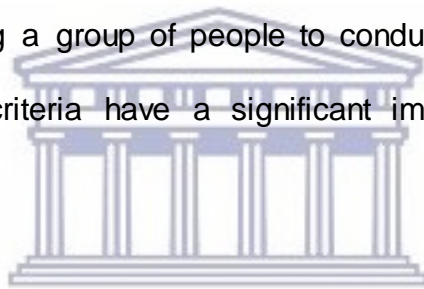


### **1.8.3.1. Population of the study**

This study's target population were all students doing their fourth year in the Bachelor of Nursing Programme at a school of nursing at a university in the Western Cape during 2016 academic year. The total number of fourth-year nursing student in 2016 was 196. This group was targeted for participation as they already have been exposed to different clinical settings such as hospitals, clinics and the community; and have been involved with the administration of medication and the EDL as a medication protocol.

### **1.8.3.2. Sampling**

Sampling involves selecting a group of people to conduct a study (Burns & Grove, 2009:27). The sampling criteria have a significant impact on the meaning and findings of the data.



### **1.8.3.3. Sampling method**

Purposive sampling was used to select participants who met the set inclusion criteria as outlined in chapter two. Purposive sampling is a non-probability method of sampling in which the researcher selects participants who are considered to be the typical population (Pilot & Beck, 2012:517).

### **1.8.3.4. Sample size**

The researcher did not decide on the sample size beforehand, but the sample size was determined by data saturation, which means when no new information was provided, the sample size was acquired (Burns & Grove, 2009:336). The final sample comprised of 15 participants divided into two focus groups.

## **1.9. DATA COLLECTION**

Data collection is the process of gathering relevant information needed to address the research problem (Burns & Grove, 2009:733). The setting for data collection chosen by the students was one of the classrooms at the university campus. The sitting was arranged in a circle to develop confident, supportive connection amongst the participants and to give every participant a fair chance to be part of the dialogue. Data were collected using focus group interviews (Burns & Grove, 2009:513). The interviews were semi-structured using an interview guide (see Annexure 1). Audiotape recordings were used to capture data and field notes were taken. The focus group interviews were conducted by the researcher and a research assistant captured field notes allowing the conversation to flow without interruptions.

## **1.10. DATA ANALYSIS**

The recorded interviews were transcribed verbatim and analysed for repetitive themes using Tesch's method of open coding (Creswell, 2013:191). An independent coder, experienced in the field of qualitative research, was used to code the data independently. Meetings were then held between the researcher and the independent coder to verify the themes and sub-themes that emerged.

## **1.11. TRUSTWORTHINESS**

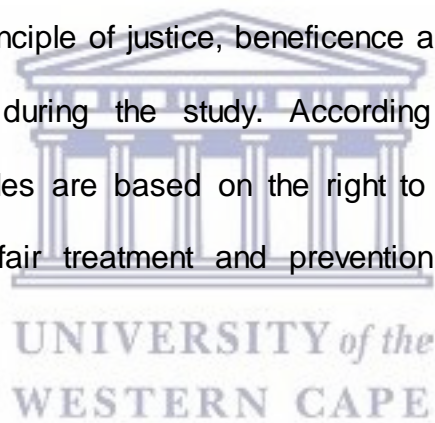
In this study, the strategies utilised to ensure trustworthiness are as follows: conformability, dependability, transferability and credibility (Krefting, 1990:120). Credibility is viewed as having confidence in the truth of the findings; transferability is showing that the findings have applicability in another context; while conformability is the extent to which the findings of the study are shaped by the participants, not the

researcher's bias or interests. Dependability is a further criterion listed in Lincoln and Guba (1985) of establishing the trustworthiness of the study, which requires an audit. "The enquiry auditor, who is a peer, follows the process and procedure used by the researcher in the study and determines whether it is acceptable" (Brink, 2010:119).

Chapter two of the study includes a detailed discussion on trustworthiness. Guba's model that includes conformability, dependability, transferability and credibility was applied to this study (Krefting, 1990:120).

## **1.12. ETHICS**

The fundamental ethical principle of justice, beneficence and respect of persons was taken into consideration during the study. According to Brink (2010:31), the fundamental ethical principles are based on the right to self-determination, privacy, anonymity, confidentiality, fair treatment and prevention of any form of harm or discomfort.



The researcher acquired the following aspects throughout the process: obtaining permission from the Senate Research Committee of the University of the Western Cape (See Annexure A). Informed consent from participants was obtained (see Annexure B) focusing on maintaining confidentiality and anonymity. Participants did so voluntarily, and the researcher respected their human rights and freedom. The detailed ethics are discussed in chapter two.

### **1.13. CONCLUSION**

This chapter provided an overview of the study through an introduction and discussion of the study background. A brief discussion on the study design and methods were also alluded to which included how the trustworthiness and ethics of the study were ensured.

### **1.14. ORGANISATION OF CHAPTERS**

Chapter 1: Overview of the study.

Chapter 2: Research design and methods.

Chapter 3: Discussion of the findings and literature review.

Chapter 4: Conclusion, shortcomings, and recommendations.



## **CHAPTER 2**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **2.1. INTRODUCTION**

Chapter one covered an overview of the research study, including the introduction and background. In this chapter, the researcher discusses in detail, the setting where the research took place, the research design and processes that include the target population and sample; data collection and data analysis; methods used to ensure trustworthiness as well as ethics. The purpose of the study was to explore the perceptions of nursing students at a university in the Western Cape regarding clinical supervision of the Essential Drug List (EDL) as a medication protocol.

#### **2.2. STUDY SETTING**

The research setting can be seen as the physical, social and cultural site in which the researcher conducts a study (Burns & Grove, 2011). The study was conducted at a school of nursing in one of the universities in the Western Cape Province, South Africa. The school is accredited by the South African Nursing Council to offer a Bachelor of Nursing Programme (R425) and has many of the hospitals and clinics in the Cape Town metro district accredited for their students' experiential learning.

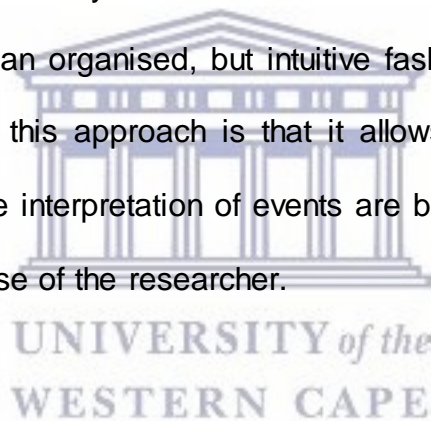
#### **2.3 RESEARCH DESIGN**

The research design is a detailed outline of how the study is conducted (Burns & Grove, 2011:37). The purpose of the research design is to provide the scheme for answering the research question. A qualitative approach with an exploratory, descriptive and contextual design was used to explore and describe the perceptions of nursing students at a university in the Western Cape regarding clinical supervision

on EDL as a medication protocol. The researcher selected the design because it addresses the research question effectively and efficiently.

### **2.3.1 Qualitative approach**

The qualitative research approach is a systematic, interactive, subjective approach used to describe the experiences of participants (Burns & Grove, 2011:748). It stresses the importance of peoples' interpretations of events and circumstances, rather than the researcher's interpretation, and emphasises that subjectivity is essential for the understanding of the human experience. Collection of information is often conducted through formally structured instruments and analysed narrative information is illustrated in an organised, but intuitive fashion (Brink et al., 2012:11). The rationale for choosing this approach is that it allows the participants to freely voice their opinions and the interpretation of events are based on the perceptions of the participants and not those of the researcher.



### **2.3.2. Exploratory design**

The exploratory research design is defined by Burns and Grove (2011:374) as research conducted to gain new insight, discover new ideas and to increase knowledge about the phenomenon. In this study, an exploratory design was chosen because it allowed the openness and flexibility that the participants needed to explore their perceptions regarding clinical supervision on EDL medication protocol throughout their journey as nursing students. This allowed the researcher to get in-depth information on a phenomenon that is relatively new in the context of this research.

### **2.3.3. Descriptive design**

The descriptive design is intended to gain more information about variables within a particular field of study (Burns & Grove, 2011:276). Descriptive research involves direct exploration, analysis and description of a particular phenomenon, aiming at maximum intuitive presentation (Brink et al., 2012:42). According to Burns and Grove (2011:236), a descriptive design is used to describe the phenomenon of interest in the real situation. In this study, a descriptive design was used because it allowed the researcher to describe the participants' perceptions from their emic perspective and create interpretations that describe the views of the participants.

### **2.3.4. Contextual design**

The concept 'contextual' describes the uniqueness of the research setting or the context in which the study took place (Brink et al., 2012:64). According to Burns and Grove (2011:732), context means the body, the world, and the concerns unique to each person within which that person can be understood. A contextual approach was undertaken as the researcher aimed to understand the specific challenges in the chosen context which might be unique and need specific interventions. The context where this research took place was at a nursing school at a university in the Western Cape which places their fourth year nursing students in surrounding hospitals for clinical practice.

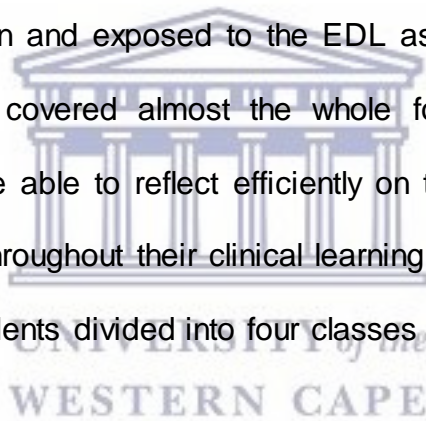
## **2.4. RESEARCH METHOD**

A brief description of the research method was presented in chapter one. A detailed description of the population, sampling procedures, the method of data collection

and data analysis, as well as measures employed to ensure trustworthiness and ethical principles follow.

#### **2.4.1. Population**

Burns and Grove (2011: 342) refer to the population as a specific type of individuals or elements who are the focus of the study. This study's population were all students doing the fourth year in the Bachelor of Nursing Programme at a school of nursing in a Western Cape university. Students who are in their fourth year were targeted for participation as they have already been exposed to different clinical settings such as hospitals, clinics and the community. Additionally, they have been engaged in the administration of medication and exposed to the EDL as a medication protocol. At this level, they have also covered almost the whole four-year curriculum (SANC 2014). Therefore, they were able to reflect efficiently on the experiences deemed to be positive and negative throughout their clinical learning. The target population size was approximately 200 students divided into four classes in a given academic year.



#### **2.4.2. Sampling method**

A sample is a part or fraction of a whole, or a subset of a broader set, selected by the researcher to participate in a research, and is representative of the population from which it is selected, if the aggregate characteristics of the sample closely approximate those same aggregate characteristics in the population (Brink et al., 2012:124; Burns & Grove, 2011:341). On the other hand, sampling refers to the researcher's process of selecting the sample from a population to obtain information regarding a phenomenon in a way that represents the population of interest (Brink et al., 2011:124).



A purposive sampling technique was used to select participants who volunteered to be part of the study. Purposive sampling is a non-probability method of sampling in which the researcher selects participants who are considered to be the typical population (Pilot & Beck, 2012:517). According to Tamane and Myburgh (2014: 9), purposive sampling is used to recruit a sample of participants who have the experience and information required to satisfy the aim of the study. This method was selected because it allowed the researcher the opportunity to focus on individuals who have in-depth knowledge of the phenomenon under study (Brink et al., 2012:133).

### **2.4.3 Inclusion and exclusion**

#### **2.4.3.1 Inclusion criteria**

Inclusion sampling criteria are those characteristics that a subject must possess to be part of the target group (Burns & Grove, 2011:345). The inclusion criterion was that participants:

- were registered as fourth-year students in 2016 in the school of nursing;
- had done experiential learning in public hospitals, clinics, and the community in the Cape Town metro district; and were fluent in English.

#### **2.4.3.2 Exclusion criterion included**

The exclusion criterion was:

- All the registered nursing students in their first to third year of study.

#### **2.4.4. Sample size**

According to Brink et al. (2012:132) sample size refers to the number of participants in a sample. The authors further state that the researchers are advised to use the

most extensive sample possible and ensure that the population is representative. However, the proposition that a larger sample is better does not apply in qualitative studies. What is essential is reaching data saturation (Brink et al., 2012:136). Data saturation is the point at which new data no longer emerge during the data collection process (Brink et al., 2012:134).

The researcher aimed to conduct at least four focus groups with five to eight members per group comprising of students from the four different classes of the fourth year programme. However, the final number of focus groups was determined by the number of participants who volunteered to participate and data saturation.

Fifteen students volunteered, and they were allocated to two focus groups of eight (8) and seven (7) per group. At the end of the second focus group interviews, the researcher was satisfied that no new themes were emerging as the second group confirmed what the first group had discussed. Therefore, no additional recruitment was done, and the final sample size was 15 participants in total.

#### **2.4.5 Recruitment process**

The researcher first obtained permission from the Senate Research Committee of the University of the Western Cape, and an Ethical clearance (Annexure 2) from the head of the school of nursing (Annexure 5). The researcher sent emails to the fourth year lecturers to ask permission to come into the lecture rooms for recruiting students. The purpose of the contact session was to establish rapport with the fourth-year nursing students and to obtain permission for participation.

On the agreed dates with the lecturers, the researcher went to explain the information sheet to the fourth year nursing students. The researcher provided them with an information sheet about the study, to read it in their own time and make a final decision to participate. Those students who wanted to participate in the study voluntarily wrote their names and contact details on a writing pad. The researcher made appointments with the prospective participants, wherein the venue and time for the focus group interviews were agreed upon.

## **2.5. DATA COLLECTION METHOD**

Data collection is the precise, systematic gathering of information relevant to the research purpose (Burns & Grove, 2011:42; Brink et al., 2012:141). Data collection was thoroughly planned for and executed systematically. This section describes the role of the researcher, identification and preparation of the physical environment where the data collection was conducted; and the process followed to collect data.

### **2.5.1. The role of researcher**

The role of the researcher before data collection was as follows;

- The researcher obtained ethical clearance from the Senate Research Committee of the University of the Western Cape (Annexure 2);
- The researcher sent emails to the fourth year lecturers to request permission to come into the lecture rooms for recruiting students; permission was granted;
- The researcher explained the purpose of the visit, the study and handed out the information sheet (Annexure 5 ) to the fourth year nursing students. Those

students who wanted to participate in the study voluntarily wrote their names and contact details on a writing pad; and

- The researcher made appointments with the prospective participants, wherein the venue and time for the focus group interviews were agreed upon.

The role of the researcher on the day of data collection was as follows:

- The researcher met with the participants in the lecture room as agreed at the first meeting. The purpose of the study was explained, consent for participation and permission to use an audio tape during the interviews was obtained;
- The researcher outlined how the focus group was going to be conducted;
- The researcher explained the availability of support to the potential participants should they experience any discomfort during the interviews. The UWC student centre was requested to take the counselling role if the need arose; and
- All focus group interviews were conducted by the researcher with a research assistant helping with field notes and operating the tape recorder.

### **2.5.2 The physical environment**

The researcher met with the students at the chosen venue and at the agreed time scheduled during the first meeting. The focus groups were conducted at a lecture room for fourth-year students. The setting provided was private, quiet, comfortable and easily accessible to students. Tags with a message 'do not disturb –focus group in progress' were put on the door to avoid interruptions. The sitting was arranged in a circle as it encouraged a positive, supportive connection amongst the participants and also gave every participant a fair chance to take part in the dialogue. This sitting

arrangement also encouraged involvement and interaction between the researcher and the participants. The researcher ensured that the participants gave each other an opportunity to speak. The participants felt relaxed, calm and were able to interact with the researcher without fear.

### **2.5.3. Data collection process**

Data was collected using focus group interviews (Burns & Grove, 2011:513). The interviews were semi-structured using an interview guide (see Annexure 1). On the day of data collection, the purpose of the study was explained, consent for participation and permission to use an audio tape during the interviews was signed. The researcher outlined how the focus group was going to be conducted. The researcher explained the availability of support to the potential participants should they experience any discomfort during or after the course of the interviews.

The two focus group interviews were conducted in the same week but not on the same day. All focus groups were conducted by the researcher with a research assistant helping with field notes and operating the audio recorder. The researcher probed further to encourage the participants to elaborate and give more in-depth information on the topic as stated by Brink et al. (2012:152). The researcher, furthermore, facilitated the interviews by using communication techniques such as:

- Probing: An open-ended question that would encourage the participant to give more information, such as "Tell me more about that"...
- Reflecting: Verbalising the concerns and perspectives of the participant to show understanding.

The duration of the focus group interviews was approximately 40 minutes to one hour each day.

#### **2.5.4. Field notes**

Field notes can be described as detailed notes and observations that are taken by the researcher, and consist of everything that is said and done during the interviews (Brink, 2012:154). The researcher wrote down her field notes immediately after each interview and collected those written by the research assistant to form one pack for each interview. According to Creswell (1994:152), field notes include:

- Descriptive notes: These were the reports on the portraits or descriptions of the participants, the physical setting, the interviewer's account of particular events that occurred and activities that took place during the interviews;
- Demographic notes: This was information about the time, place and date, describing the physical setting where the interviews took place (Annexure 6)
- Reflective notes: This was the information written immediately after the focus group in reflecting participants ideas.

#### **2.6. DATA ANALYSIS**

According to Streubert and Carpenter (2011:160), data analysis begins with listening to participants' verbal description on the audio recorder and is followed by reading and re-reading the verbatim transcriptions. The recorded interviews were transcribed verbatim and analysed for repetitive themes using Tesch's method of open coding (Creswell 2013:191). An independent coder, experienced in the field of qualitative research, independently coded a copied set of the raw data that was given to him. Meetings were then held between the researcher and the independent coder to verify themes and sub-themes that had emerged between their two analyses.

Tesch's method of analysis of qualitative data and the steps that were followed are detailed below:

- a) The researcher listened to audiotapes and read and re-read all the transcripts. This was done to get a sense of the whole data, and some ideas were jotted down as they emerged.
- b) One transcript of the interview was picked at a time and re-read. The underlying meaning of the data was sought and was written in the margin. Topics which represented positive perceptions were written in a blue colour, and those that represented negative perceptions were written in a red colour. This was done with all transcripts.
- c) A list of topics was made, and then similar topics were clustered together. After that, columns were drawn to form significant topics, unique topics and leftovers.
- d) The compiled list was then used to compare the data, and topics were abbreviated as codes. These codes were written next to the segments of the text while checking if new categories and codes were emerging.
- e) The most descriptive words for the topics were assigned and turned into categories. Topics that were related to each other were grouped, to reduce the list of categories.
- f) Each category was checked and alphabetised.

All Participants were sent an email, only a few ( $n=5$ ) responded and validated the data, and re-coding was done where necessary (Creswell, 2003:192; Tesch, 1992:141).

## **2.7. TRUSTWORTHINESS**

Qualitative research is trustworthy when it accurately represents the emic perspectives of the participants. In this study, the perceptions of the nursing students at a university in the Western Cape regarding clinical supervision on EDL as a medication protocol were represented and not those of the researcher. The method of establishing trustworthiness was adopted from that of Lincoln and Guba (1985:294) as cited by Krefting (1990:24). The strategies utilised to ensure trustworthiness are as follows: conformability, dependability, transferability and credibility (Krefting, 1990:120).

### **2.7.1. Conformability**

Conformability refers to the objectivity or neutrality of data such that there is an agreement between two or more independent people about data relevance or meaning (Krefting, 1990:221). Conformability guarantees that the findings, conclusion and recommendations are supported by data (Brink et al. 2012:119). Its goal is to determine whether two or more researchers can agree on the decision made during a study.

In this study, an inquiry audit was used (Krefting, 1990:216). The audit included all documents which included raw data such as field notes, interview transcripts and report drafts (Burns & Grove, 2011:561). The co-coder ensured that the necessary audit was conducted.



### **2.7.2. Dependability**

The dependability criterion relates to the consistency of findings. According to Krefting (1990:216), there is no validity without reliability. Dependability is a further criterion listed by Krefting (1990:217) to establish the trustworthiness of the study, which requires an audit. “The enquiry auditor, who is a peer, follows the process and procedure used by the researcher in the study and determines whether it is acceptable” (Brink et al., 2012:119). Dependability of the study was enhanced through a dense description of the research method (Krefting, 1990:217). This is another way of ensuring consistency. Data was also organised in categories and themes. An independent coder was requested to assist in coding and verifying the categorised data to serve the purpose of maintaining dependability. In addition, the supervisor requested to review the process and procedure employed by the researcher to determine if the study was dependable (Krefting, 1990:217). All interview material transcriptions, documents, findings, interpretations and recommendations were kept, and any other material relevant to the study was made available and accessible to the supervisor and the co-coder for conducting an audit trail.

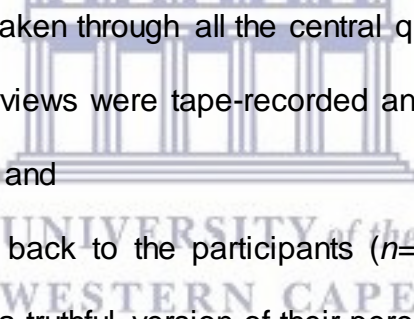
### **2.7.3 Transferability**

Transferability was ensured through a thick description of the study and its process during the enquiry. Sufficient information is available to enable transferability (Krefting, 1990:219). A literature control was conducted with similar findings from other reported studies in this field of work. The research provides a dense description of the research methodology, the participants and background and

research context to enable readers, interested in making a transfer, to reach a conclusion.

#### **2.7.4. Credibility**

Credibility is viewed as having confidence in the truth of the findings. Transferability is showing that the findings have applicability in another context. While conformability is the extent to which the findings of the study are shaped by the participants and not the researcher's bias or interests (Brink et al., 2012:119). Credibility is demonstrated when participants recognise the reported research findings as their own experiences (Streubert & Carpenter, 1999:330). To ensure credibility, the researcher used the following measures:

- 
- All participants were taken through all the central questions;
  - The focus group interviews were tape-recorded and transcriptions were made for each focus group; and
  - The researcher went back to the participants ( $n=3$ ) to ascertain whether the transcribed data was a truthful version of their perceptions.

The researcher has had exposure to a clinical environment working as a nursing student during her fourth year in the Western Cape public hospitals. Therefore, during data collection, reflexivity of the study was ensured by going into an interview with an open mind to prevent influencing the participants' responses thus the study's findings. The researcher exposed herself to peer review for probing any biases observed and clarification of the researcher's interpretation to ensure the credibility of this study (Krefting, 1990:218).

## **2.8. ETHICS CONSIDERATIONS**

Ethics refers to the quality of research procedures with regard to their adherence to professional, legal and social obligations to the research participants (Brink et al., 2012:30). As this study involved human participants, it was therefore essential to adhere to ethical principles.

The fundamental ethical principles of justice, beneficence and respect of persons were taken into consideration during the proposed study. According to Brink (2012:31), the fundamental ethical principles are based on the right to self-determination, privacy, anonymity, confidentiality, fair treatment and prevention of any form of harm or discomfort.



### **2.8.1. Permission**

The researcher obtained permission to conduct this study from the Senate Research Committee at the University of the Western Cape. The researcher also obtained permission from the head of the school where the students were registered.

### **2.8.2. Principle of respect for persons**

All participants are autonomous thus they have a right to self-determination. The right to self-determination means that the participants have a right to decide to participate in the study or not voluntarily (Brink et al., 2012:35). Participant information sheets (Annexure 5) and consent letters (Annexure 3) were disseminated explaining the purpose and guidelines for participation in the study. Individual written consent was requested from the participants before the commencement of data collection. A focus group confidentiality form (Annexure 4)

was signed by all the participants. Thus all participations respected one another as the information discussed was confidential.

### **2.8.3. Principle of beneficence**

All participants have a right to be protected from discomfort and harm (Brink et al., 2012). The researcher explained to the participants that they had a right to withdraw from the study at any time if they felt uncomfortable, without any prejudice and penalty meted against them. The researcher made the necessary arrangements to refer the participants to the university's student support centre and counselling in the case where a participant required counselling. However, no student expressed the need for this service during and after the study.

### **2.8.4. Principle of justice**

All participants have the right to fair selection and treatment (Brink et al., 2012: 37). Participants were selected for reasons related directly to the study experiences and knowledge. The researcher respected any agreements made with the participants. The researcher respected the participants' right to privacy by ensuring that they chose a private room for the interview and not asking intrusive questions not related to the study. Confidentiality was also ensured by not using participants' names, and not sharing access to information with anybody except the supervisor and the co-coder. Additionally, information was saved in a password protected file with the researcher being the only person with access. Hard copy documents were saved in a locked cupboard with only the researcher having access. The participants were informed that this information would never be used with their names on it and the information would be destroyed after five years.

## 2.10. CONCLUSION

The researcher covered a detailed description of the research design and methods which included the population identification decisions and the applied sampling strategies. A detailed exposition of the role of the researcher and the data collection process including the types of field notes written were highlighted. The researcher also included the annexures for more information. The objectives of conducting a trustworthy and ethically sound study were achieved through the involvement and interaction of the participants who freely and willingly participated and made the research a success.



## CHAPTER 3

### STUDY RESULTS AND DISCUSSION

#### 3.1 INTRODUCTION

The previous chapter offered a detailed description of the research design and methods that were followed in this research study. This chapter addresses the research findings according to the themes, sub-themes and categories as well as the relevant literature used to support the study's findings. The literature review revealed that most studies on the experiences and perceptions of student nurses in the clinical learning environment had been conducted overseas, whereas only a few were conducted in the South African context in particular, regarding clinical supervision focusing on medication safety and the EDL medication protocol.

The objectives of the study were as follows:

1. To explore the nursing students' views on their clinical supervision pertaining to the EDL as a medication protocol;
2. To explore the nursing students' perceptions of the influence of clinical supervision of the EDL medication protocol on their competence; and
3. To explore the nursing students' perceptions of the need for the incorporation of the EDL in the clinical nursing curriculum.

#### 3.2 DESCRIPTION OF THE SAMPLE

The sample in this study comprised of 15 participants. All participants were in the fourth year of the Bachelor of Nursing Degree at a university in the Western Cape. Two groups were formed from these participants to conduct focus groups interviews. The first group consisted of eight (8) students and the second group had seven (7)

student participants. The age of the participants ranged between 20 to 40 years. The majority ( $n= 10$ ; 66.6%) of the participants were between the ages of 20 to 30 and predominantly of the Black race ( $n=11$ ; 73.3%). Both males ( $n=3$ ; 20%) and females ( $n =12$ ; 80%) participated in the study. Table 3.1 below presents full details of the population's demographics.

This sample demographics are congruent with the realities of the nursing students' population nationally where the age of many of the student nurses in the Bachelor of Nursing Programme (R425) at fourth-year level are under 30 years. This is because most of them enrol into the programme directly after matric at the average age of 19 and those who were not directly from matric would often be less than the age of 25 years old at the beginning of the programme (SANC, 2016). Hence most of them are younger than 30 years when they are in the final year of their study. With regard to race, the majority of South Africans are Black therefore, the sample gives a picture of the general society. The study was also congruent with the realities that nursing as a profession is female dominated by the majority of the participants being females.

**Table 3.1 Sample's Demographics**

Criterion	Characteristics	Frequency (n) Total (n)=15	Frequency (%)
Age	20-30years	10	66,6%
	31-40year	5	33,3%
Race	Black	11	73.3%
	Coloured	4	26.6%
	White	0	0%
	Indian	0	0%
Gender	Male	3	20%
	Female	12	80%

### 3.3 THE FINDINGS

Table 3.2 presents the central themes, sub-themes and categories that emerged from the raw data and based on the consensus agreement between the researcher and the independent co-coder.

**Table 3.2: Summary of the study findings**

Objective 1:	Theme: 1 General lack of supervision	
	Sub-Themes	Categories
<p>To explore the nursing students' views on their clinical supervision about the EDL as a medication protocol.</p>	<ul style="list-style-type: none"> <li>▪ Lack of guidance by Clinical Supervisors (CS)</li>   <li>▪ Inadequate supervision by Registered Nurses (RNs)</li> </ul>	<ul style="list-style-type: none"> <li>• Supervisory focus is on assessment and generation of marks</li> <li>• Poor alignment between taught skills and real post student life expectations</li> <li>• Lack of support</li> <li>• No clear objectives for learning in the clinical area</li> <li>• Non-monitoring of performance</li>   <li>• Lack of guidance and related course</li> <li>• Conflict between classroom teaching and clinical application</li> <li>• Students discouraged to use protocols</li> <li>• Expectations of automatic student performance at 4th year</li> </ul>



<b>Theme 2: Factors influencing quality of supervisions</b>	
<ul style="list-style-type: none"> <li>▪ Wards based factors</li> <li>▪ Higher Education Institutional factors</li> <li>▪ Individual factors (RN &amp; CS)</li> </ul>	<ul style="list-style-type: none"> <li>• Time limitations in the wards</li> <li>• Staff's high workload</li> <li>• Invisibility of protocols</li> <li>• Full-time employee role of students</li> <li>• Relations between CS and RN</li> <li>• Gap between theory and practice</li> <li>• Unclear expectations with no learning objectives</li> <li>• High student supervision load for the clinical supervisors</li> <li>• Poor role modelling</li> <li>• Fear of accountability</li> <li>• Shifting of teaching responsibilities between RNs and clinical supervisors</li> </ul>
<b>Theme 3: Drivers of student's negative perceptions regarding clinical supervision</b>	
<ul style="list-style-type: none"> <li>• HEI Drivers</li> <li>▪ Clinical drivers</li> </ul>	<ul style="list-style-type: none"> <li>• Relinquishing obligation to students' competency to post training years</li> <li>• Incongruency in training input and post training outcome</li> <li>• High expectations from RN with minimal assistance (4th years)</li> <li>• Negative attitudes toward RNs</li> <li>• Fear to challenge the status quo</li> </ul>

	<b>Theme 4: Positive experiences in clinical supervision</b>	
<b>Objective 2:</b>  <b>To explore the nursing students' perceptions of the influence of clinical supervision of the EDL medication protocol on their competence.</b>	<ul style="list-style-type: none"> <li>▪ Environment and level associated experience</li> <li>▪ Sporadic individual associated experience</li> </ul>	<ul style="list-style-type: none"> <li>• Supportive environments for students' learning</li> <li>• Use of teachable moments by RNs</li> <li>• Supportive individuals during training</li> <li>• Registered Nurses committed to students' learning</li> </ul>
	<b>Theme 5: Students' perception of self-due to clinical supervision</b>	
	<ul style="list-style-type: none"> <li>▪ Self-doubt</li> <li>▪ Incompetent</li> </ul>	<ul style="list-style-type: none"> <li>• Inadequacy</li> <li>• Feeling of being an outsider</li> <li>• Ill-equipped</li> <li>• Incompetent</li> </ul>
	<b>Theme 6: Consequences poor clinical supervision</b>	
<ul style="list-style-type: none"> <li>▪ Student-directed consequences</li> <li>▪ Health system directed consequence</li> <li>▪ HEI directed consequences</li> </ul>	<ul style="list-style-type: none"> <li>• Poor knowledge transfer</li> <li>• Lack of confidence in their present and future practices post training</li> <li>• Lack of understanding of the protocols</li> <li>• Foreignism of policies</li> <li>• Unsafe practices as students perform tasks without adequate knowledge</li> <li>• Adoption of negative attitude by students</li> <li>• Creation of a gap between theory and practice</li> <li>• Lack of trust in the quality of teaching</li> </ul>	

<p><b>Objective 3:</b></p> <p><b>To explore the nursing students' perceptions of the need for the incorporation of the EDL in the clinical nursing curriculum.</b></p>	<p><b>Theme 7: Students' self-identified need</b></p>	
	<ul style="list-style-type: none"> <li>▪ Needs related to clinical placement</li>   <li>▪ Needs related to Institution of Higher Learning</li> </ul>	<ul style="list-style-type: none"> <li>• Written documents on protocols</li> <li>• Practical skills to be aligned with protocols</li>   <li>• Teaching of clinical decision making in relation to affective skills</li> <li>• Support and guidance</li> <li>• Quality teaching through <ul style="list-style-type: none"> <li>○ Inclusion of protocol to curriculum</li> <li>○ Protocols to be added as skills lab competence</li> <li>○ Protocols to be taught from the first year</li> </ul> </li> </ul>



### **3.4 DISCUSSION OF THE FINDING AND LITERATURE CONTROL**

The discussion focuses on the themes, sub-themes and categories of data as it appears in Table 3.2. above. The findings are supported by direct quotations from participants according to the transcripts and accompanying literature control. The themes that emerged were grouped according to the objectives that they answered, with objective one generating four themes and objective two and three generating two and one theme respectively.

3.4.1. Objective 1: To explore the nursing students' views on their clinical supervision about the EDL as a medication protocol.

This objective created much discussion during the focus group interviews as the participants were eager to provide information. The researcher observed that the participants not only answered the questions for research purposes but somehow used this opportunity to vent their frustrations due to their experiences.

3.4.1.1 Theme: 1: General lack of supervision

Clinical supervision is defined as the process of professional support and learning in which nurses are assisted to develop their practice through regular discussions with experienced and knowledgeable colleagues (Franklin, 2013:35). This involves the indirect and direct observation of a clinical supervisor who is an “appropriately qualified and recognised professional who guides students’ education and training during clinical placements” (SANC, 2014). Nursing is a discipline that requires nursing students to demonstrate a minimum standard of ‘competence’ to gain registration as health professionals with the South African Nursing Council (SANC,

2014). Therefore, the general lack of supervision should be a concern to the nursing profession and all professionals concerned.

This study demonstrates the generalised lack of supervision as perceived by the users who in this case are students. Both the clinical supervisors and the registered nurses were seen to perpetuate this negative behaviour with detrimental results to the students and potential harm to the patients. The participants were more so concerned about the general lack of supervision about the use of policies and protocols in particular the EDL. The results were categories in two sub-themes namely; lack of guidance by clinical supervisors and inadequate supervision by the registered nurses.

#### **Lack of guidance by clinical supervisors**

Most of the participants reported that the clinical supervisors were not available to guide and mentor the nursing students throughout their years of study. They also felt that the clinical facilitators did not spend time on teaching the student to integrate protocols with the related skills. Guidance on the existence and the need to use the EDL was reported to be completely lacking to an extent that the students never know the importance of the EDL until late in their student life. The following quote represents the students' perceptions:

*"I must say we (students) lack in supervision on EDL medication protocol and policies...."[G1; P5]*

The participants reported that most of the time the clinical supervisors were only seen when they came to assess the students' procedures. One participant said:

*“I still think the supervisors are focusing more on the assessment than the real practical things that we supposed to do in the hospital.”[G1, P2]*

On the contrary, some of the participants gave justifications of the status quo; with some saying it might be due to the large groups of students being supervised by one supervisor. Hence, they end up focusing on assessments and generation of marks to meet the university timelines. The following is what one participant said:

*“...it (objectives) must be put on hard copy so that we can know what we are doing and why we doing it because some of the supervisors really, they are overloaded with students and do not have enough (time) to go through everything.” [ G2, P3]*

The participants also reported that the lack of guidance by the clinical supervisors was also demonstrated by poor alignment between taught skills and real post-student life expectations. The participants reported that although the clinical supervisors focus on the skills such as the administration of medications, this is not the only skill that they need post study. They indicated that they have noticed that when they enter the work life, they are expected to understand and implement protocols such as the EDL. One participant qualified this sentiment by the following quote:

*“Well, no one has actually mentioned the protocols and policies of EDL medication and now in fourth year and we have to do mostly like the registered nurse do. From first year and second year we did basic nursing that the ENs and ENAs are doing.*

*We did not get taught anything about that but now we must be competent and do thing on our own. It is difficult we never go guidance or help.” [G2, P4]*

*I still think the supervisors are focusing more on the assessment than the real practical things that we supposed to do in the hospital. I think they must stop focusing just on the marks and focus on the real practical things that we are going to face in the real world when we qualify”.[G1, P4]*

Furthermore, the students reported that in addition to the overall lack of support from clinical supervisors, the clinical supervisors do not give guidance with regard to the expected objectives that the students need to accomplish while in the clinical facilities. Therefore, this leads to confusion with regard to the guidance that the students should receive in relation to the objectives they need to achieve while in the clinical facilities. One participant reported this notion by saying;

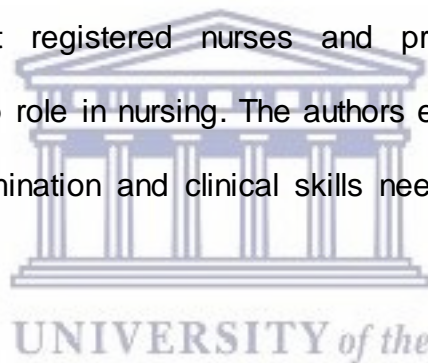
*“...the institution should give a student a letter that present what the student needs because the hospital's staff are not sure what students need.” [G1, P 6]*

In addition, the participants reported that all in all, there is inadequate monitoring of their performance throughout the semester thus they do not get support and guidance whenever they need to ask questions. This is represented by the following quote:

*“...the supervisors are focusing more on the assessment than the real practical things that we supposed to do in hospital...” [G1, P2]*

In a study by Vos and Mbatha (2015), the results showed that the supervisors and nursing staff are busy with other responsibilities other than assisting learners with achieving their clinical learning objectives. The same authors reported that the participants subsequently experience difficulties in developing the clinical competencies that are required to reach the overall aim of their training. Hence, the negative perception of clinical supervision due to frustrating experiences of lack of clinical supervision (ibid).

Sibiya et al. (2015) study mentions that nursing students need to be prepared to become future competent registered nurses and professionally developed to accomplish their leadership role in nursing. The authors emphasise that theory could be assessed through examination and clinical skills need to be developed through the clinical checklist.



The case of inadequate monitoring of nursing students by the registered nurses has been reported in Sibiya et al. (2015) study. The lack of supervision has a significant impact on the students' proficiency after completing their degrees. Sibiya et al., (ibid) recommend that the nursing educators should explore innovative teaching strategies to address the challenge of student supervision that is facing the profession.

The literature has limited studies regarding monitoring the performance of the nursing students. The SANC highlights that students need to be assessed before they are considered competent or skilled practitioners.



According to Secomb (2008) clinical education is complex and requires a multifaceted approach to address the needs of students. There is a need for well-designed, well-described studies into the use of blended learning in clinical education, especially in developing countries. South Africa is considered a developing country hence this study's results show that there is generalised lack of clinical supervision on EDL medication protocol. In the study of Secomb (ibid), there is evidence that suggests that clinical health graduates are performing competently in clinical practice.

### **Poor supervision by registered nurses**

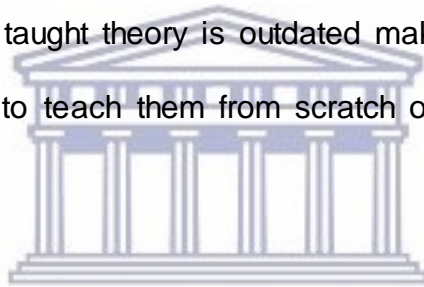
A second sub-theme that participants from both focus groups highlighted was poor supervision from the registered nurses when they are in the clinical space.

In this study, the participants reported that the registered nurses they encountered in the clinical facilities did not undertake this role satisfactorily. There was a general observation that registered nurses did not contribute by giving clinical supervision on the EDL medication protocol and never showed the students how to use the protocol. The perceptions of students regarding registered nurses are that they were not prepared to teach student nurses regarding the EDL medication protocol. However, they still were sympathetic towards them by understanding some of the circumstances that might lead to that behaviour, one of which is workload and pressure placed on the registered nurses due to staff shortages. One participant conceded by uttering the following;

*“When I get into the ward, it is a rush, the workload, and time limit in the ward.... It kind of influence our opportunity to understand what to do because whenever as a*

*student you have a question and want to take an opportunity to learn, it's always said (by RNs), there is no enough time. So, I think the overcrowded and workload on the RNs are influencing what we have been taught at nursing school or by the supervisors...." [G1 P4]*

Another aspect that enhanced the perception of inadequate supervision by the registered nurses in the clinical areas was the conflict between the theory the students were taught in class and what the RNs expected them to do when in the facilities. In most cases, the students are taught to follow the specific process but when in the facilities, the RNs discourage them and say there is no time to follow procedure. Conversely, the taught theory is outdated making the RNs impatient with the students as they have to teach them from scratch on current applications. One student said:



*"When we (student) go out there (clinical facilities) because we find that some things (procedures) you student do not know them, yet the registered nurse (RNs) in the wards expects us to know by that time and we actually lost and alone." [G2 P1]*

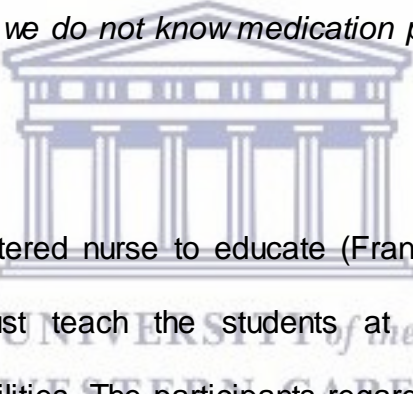
Furthermore, the conflict resulted in a dilemma for students especially when the RNs discouraged them from learning and using protocols. Often, the justification used by the RNs is time as compared to the number of patients that need to be attended to. The following is a quote from one student:

*"The registered nurse will mention, please do not waste time but at the end of the day I am a student I do not have experience and knowledge, so it will take time so*

*now due to the skeleton staff they need to get things done in time and all that so they do things faster, and things are not done as they supposed to be done.”[G1, P2]*

The last category raised by students regarding poor supervision by RNs is the expectations that the RNs have of the students, in particular those in their fourth year of study. These students are expected to know everything and perform at the level of a registered nurse, despite not having been supported and taught the expected skills. The following statement attests to what the students reported:

*‘...we (student) will be expected to perform proficient as registered nurses, but as for now as fourth-year student, we do not know medication policies and protocols. [G2, P4]*



One of the roles of a registered nurse to educate (Franklin, 2013:36). This implies that registered nurses must teach the students at any opportunity they get, particularly in the clinical facilities. The participants regarded the RNs as a source of guidance and support during their practical placement. However, the RNs' inability to give adequate guidance impacts on the intention to close the gap between theory and practice. Mabuda (2008) study's findings indicate that there is a lack of support, and a lack of opportunity to learn as students are used as workload. Student nurses spend most of their time in clinical practice doing routine and menial tasks, as the registered nurses do not delegate them according to their level of training or scope of practice.

The studies show the generalised aspect of the lack of supervising the nursing students. David (2015) further states that student nurses are on the verge of developing a sense of responsibility for the health and wellbeing of others as having been introduced to the threshold of clinical practice at early adulthood. Leaving the safe and supportive teaching environments of their school, they are placed into clinical environments that are perceived as unfamiliar and complicated and that require interactions with various human relations. The accountability that is placed on the nursing student is enormous regardless of the lack of supervision and lack of support.

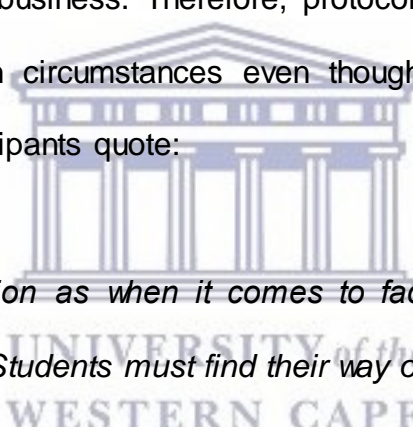
Secomb (2008) mentions that in recent years, nursing education has been focusing on theoretical education and the broad gap between theoretical and clinical education is created. This gap has frequently been mentioned in the research literature, resulting in conflict between classroom teaching and clinical application. The cognitive shift regarding clinical supervision is recommended in literature.

#### **3.4.1.2 Theme 2: Factors influencing quality of supervisions**

In trying to explore further the perceptions of students regarding supervision on the EDL as a medication protocol, a second theme that emerged from the 15 participants in the two focus group interviews was the factors that influence their negative views. All the students agreed that supervision was lacking and with that, highlighted the factors that influence the quality of supervision. These were grouped as: 1) Ward based factors; 2) Higher education institution factors; as well as 3) clinical supervisors and registered nurses' personal factors.

## Ward based factors

The ward-based factors were driven by the amount of time the clinical supervisors spend in the wards. The students reported that the amount of time that the clinical supervisors spend in the wards to guide them was insufficient. Hence, when they arrive, they focus on what they are assessed on from their institution which is the number of evaluations they do rather than the quality of teaching they render to the students. The same sentiments were presented for the RNs in the wards regarding time to guide and supervise the students. The students reported that the activities that the RNs engage in do not give them sufficient time to focus on the students as patient care is their core business. Therefore, protocols such as the EDL do not become a priority in such circumstances even though they impact on students' competencies. As the participants quote:



*".... There is no supervision as when it comes to facilitation no one is helping students with supervision. Students must find their way on medication as there is no supervision."*[G2, P4]

*"....because clinical supervisors only come once a term for assessment. The other issue are the registered nurse that are complaining of work overload [G1, P1]*

*'....I think my primary goal is actually to learn about medication, pharmacology but you notice that the Enrolled nurses (ENs) and enrolled auxiliary nurses (ENAs) has issues seeing a student on the medication trolley. They are asking you (students) not supposed to be washing patients and making beds with us the ENAs.'*[G1, P3]

Another factor reported to influence the quality of supervision is where the protocols are placed in the wards. The students reported that there was lack of awareness regarding the existence of EDL as a medication protocol and they only get to know about it at the higher level of their studies. This protocol document is often not kept in plain sight resulting in lack of stimulation of curiosity from students and rendering the EDL obscure. They also reported that even though medication is continuously given in the ward, this document is rarely used thus its importance is obscured. In other cases, when the EDL is mentioned in class, the students are not given the opportunity to apply this knowledge in the wards. One student said:

*“... The RN and EN does not allow us (students) to give medication and we do not know what are protocols and policies of medication, and that will be a problem for us when we complete our studies.”[G2, P4]*

Additionally, one other factor that influenced the quality of supervision in the ward was the role that the students were expected to assume when in clinical facilities. The students reported that when they are in the clinical facilities, they are expected to take the role of full-time employees rather than that of students. This implies that their set objectives, in line with what they are taught in theory, are often not considered. The students' work is allocated according to what the ward needs and not what the student is supposed to learn. The following statements depict this response:

*“... The other issue are the registered nurse that are complaining of work overload (pressure) and students are standing alone and take your initiatives.”[G 2, P1]*

*“... In general nursing, I feel that the RNs are “there is skeleton staff” I understand so because of the skeleton staff the registered nurse and the staff are frustrated and have their own issues I feel learning cannot take place.”[G2, P4]*

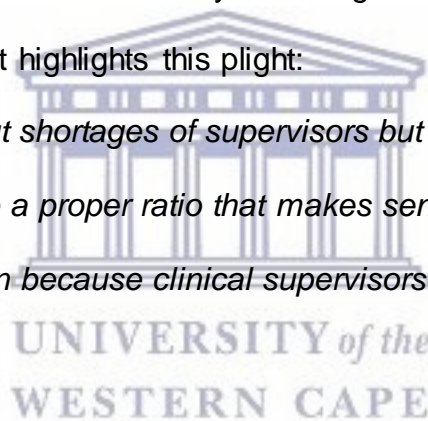
*“...whereby we (student) feeling the gaps because there is no staff”. [G1, P 8]*

### **Higher education institution factors**

The second cluster of factors is due to the conditions in the higher education institutions. The students lamented the number of students assigned to each clinical supervisor. This meant that the workload that the clinical supervisors carry impedes rendering quality supervision because they cannot give adequate time per student.

The following is a quote that highlights this plight:

*“...there is complains about shortages of supervisors but as an intuition, they have to give it to their all to provide a proper ratio that makes sense so that at the end of the day the student has to learn because clinical supervisors only come once a term for assessment”[G2 P1].*



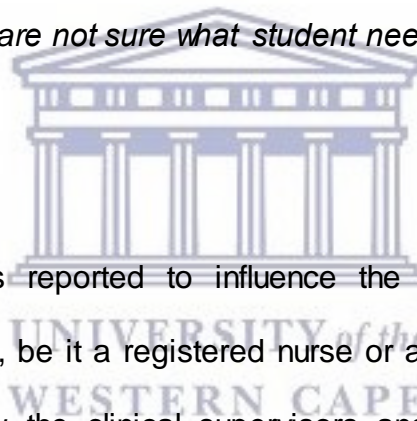
Also, the gap between theory and practice was reported as an impediment to the quality of supervision. The students reported that in most cases, there is no teaching related to protocols in their theory, in relation to medication protocols such as the EDL. This protocol is not part of the curriculum hence the students do not look for it when in practice to gain further knowledge. Importantly, students reported that even in the skills lab, the EDL is neither part of teaching nor is it displayed despite teaching about medication taking place. The implication is that no critical reasoning is infused with clinical skills.

*“Well, no one has actually mentioned the protocols and policies of EDL medication because now in fourth year and have to mostly like the registered nurse.”*

*[G1, P4]*

Lastly, the students reported that the higher education institutions should set up clear expectations with objectives for clinical supervisors and students. This means that all parties involved, including the RNs in the clinical facilities, should have the same knowledge of what is expected of the students as well as what they need to do. One participant said:

*“...the intuition should give a student a letter that present what the student needs because the hospitals staff are not sure what student needs”[G 2, P6]*



### **Person factors**

The last cluster of factors reported to influence the quality of supervision was identified as person related, be it a registered nurse or a clinical supervisor. The first highlighted factor was how the clinical supervisors and the RNs related to each other. The students reported that there was often poor communication between the two groups which impacted on the students' clinical supervision. The implication is that when the two groups' communication is affected, there is no clarity with regard to the importance of teaching students about the EDL thus affecting the quality of what the students learn. One student said:

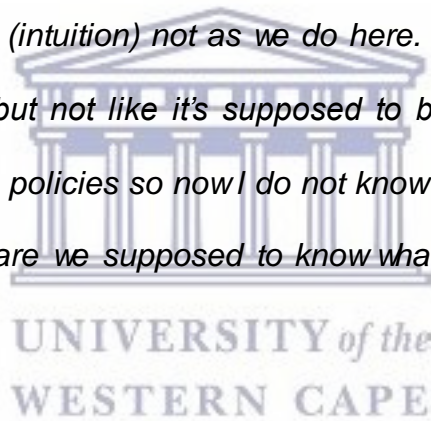
*“... I (student) have also noticed that even our supervisors and these nurses are not in good books, they do not communicate they do not talk its only hie, good morning*



*lam looking for students no feedback given about how are students performing.” [G2, P 3]*

Another person factor that influenced the quality of clinical supervision was poor role modelling from both the clinical supervisors and the RNs. The students reported that both groups deliberately ignored the use of the EDL during clinical teaching and practice respectively. The students reported that the RNs did not comply with the implementation of the EDL and encouraged students to bypass the system.

*“... because in the ward that I am working right now the registered nurse will say do as you are taught at UWC (intuition) not as we do here. Here we do a thing so that it's becomes easy for us but not like it's supposed to be done they are not even following the protocols and policies so now I do not know as student if we follow what there are doing also how are we supposed to know what is right., the right thing to do.”[G1, P5]*



Interestingly, the students reported that another person factor that they observed influencing the quality of supervision was fear of accountability from both groups. The RNs did not want to take accountability for students' injury or patient-directed mistakes that might be committed in the process. This fear is mainly driven by the legal action that may ensue and the impact on individuals' careers. Administration of medication has been highlighted as one of the key concerns in relation to patient safety thus when the RNs do not guide the students in the clinical facilities; they assume that they can be exonerated from the responsibility if anything goes wrong. One student said:

*“.... Yes I feel that has to be implemented because it seems up to now in fourth year this a whole new concept with foreign and alien that is actually new to us (student) and the other thing is that the previous participant in psychiatric its true we are supervised maybe because its schedule drugs that are used but in general wards student does their own thing which we cannot afford to do in psychiatric.”[G2, P4]*

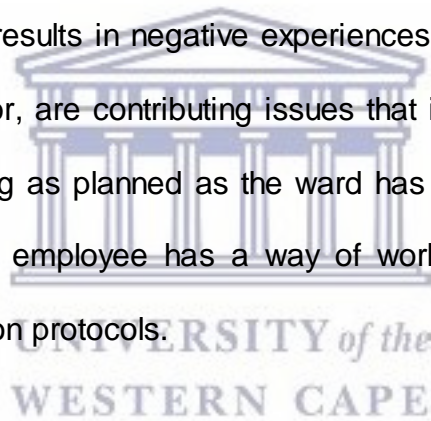
According to the students, because of fear, there is often a blame game between the clinical supervisors and the RNs. The students reported that when they arrive at the clinical facilities, the RNs expect them to have learned everything in their theory classes or clinical laboratory. On the other hand, the clinical supervisors expect the students to get guidance and learn once they are in the clinical facilities. Because of this shift in responsibilities, the quality of supervision is poor and this impacts on the competencies of students. The following quote highlights the students' responses:

*‘ In the ward that I am working right now the registered nurse will say do as you are taught at UWC (institution) not as we do here. Here we do thing so that it's becomes easy for us but not like it's supposed to be done they are not even following the protocols and policies so now I do not know as student if we follow what there are doing also how are we supposed to know what is right., the right thing to do..’[G2, P5]*

Patient safety and best quality care is a primary concern worldwide and significant challenges facing healthcare workers, clinical practice and nursing education. Literature acknowledges the importance of safe medication management and shows


that there is a concern with regard to the large number of medication errors (Cruz *et al.* 2012:7). Medication errors put patients' lives at risk and prolong their hospital stay and healing. Medication policies and protocols are drawn up to reduce medication errors (*ibid*). Reid-Searl *et al.*, (2014: 226) is conducting a longitudinal study that continues to report on medication errors occurring within healthcare facilities every year. Few factors contribute to the quality of supervision that students experience in the hospital facilities.

Pillay and Mtshali's (2008:51) findings reveal that clinical supervision is time-consuming and some of the supervisors are not adequately prepared for their roles and responsibilities which results in negative experiences for the nursing students. In the study ward based factor, are contributing issues that influence the inadequacy of nursing students not learning as planned as the ward has a routine on how tasks are performed and the nursing employee has a way of working in shortcuts hence not following the EDL medication protocols.



The students acknowledged that the nursing staff worked under intense workload stress as there is a crisis of special skills in nursing. The time to teach the students about the protocols is insufficient as the staff rushes to get their core work done (Vos & Mbatha, 2015). In this study due to the high workload, the nursing students' role changed to that of a full-time employee. This increases the high risk in nursing as the students are forced to work with no supervision yet they are expected to perform exceptionally well.

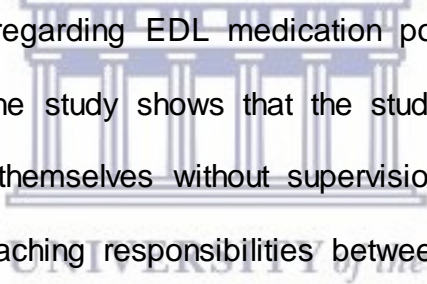
Student nurses spend most of their time in clinical practice doing routine and menial tasks, as the registered nurses do not delegate them according to their level of training or scope of practice. The reason for this might be that registered nurses are not well informed about the learning objectives of the student nurses since the study has revealed that there is inadequate communication between the institutions and the clinical facilities. This has negatively affected the learning opportunities for student nurses as they feel that they are used as additional workforce. The participants experienced the invisibility of protocols as the nurses were not utilising them. The nursing students felt that everything is done hurriedly. As a result, the students have no opportunity to apply knowledge gained from the classroom.



Khomeiran *et al.*, (2009) suggest that development of professional competence is influenced by nurses' characteristics and factors. In the study of Khomerian *et al.*, (ibid) the nursing students indicated the awareness of lack of competencies due to individual factors. Lack of communication amongst RNs and clinical supervisors frustrated student nurses and impacted negatively on their practical experiences since communication is a fundamental component of nursing practice. Poor communication has been highlighted throughout the study. However, student nurses indicated that they felt motivated if the RNs were approachable, helpful and friendly. The registered nurses did not lead by example; the students experienced a lack of role modelling as the nursing staff were not following the protocols. They were ignorant of policies and this had a significant impact on the learning of the students as poor compliance was highlighted. The nursing employees encouraged the students to bypass procedures.

Inadequate supervisory role of registered nurses was due to the fear of accountability in case student nurses make errors. Patient safety and best quality care is a primary concern worldwide hence RNs are unwilling to take responsibility for medication errors and student safety in practice (Reid-Searl et al., 2014: 226)

The participants spent most of the time administering medication with no supervision. The registered nurses delegated them and used them as part of the formal nursing staff. Students mentioned that they lacked information regarding medication policies and protocols. The study reviewed that there are some discrepancies with the registered nurses as the nursing students do not observe them performing the procedure (Franklin, 2013).

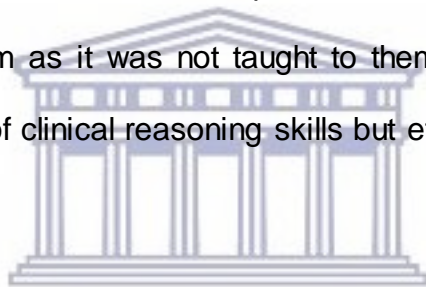


Participants' perceptions regarding EDL medication policy was that they do not know anything about it. The study shows that the students make errors as they administer medication by themselves without supervision. Dehghani et al. (2016) explored the shifting of teaching responsibilities between a registered nurse and clinical supervisors and this confused students as learning was compromised. The findings of Dehghani et al. (2016) were to establish a supervisory infrastructure that would have a clear objective as to reduce the confusion of shifting responsibilities and acquiring scientific managing skills for the students.

The study showed that essential conditions for nursing students' learning experiences and motivation in their clinical studies included individual, relational, and organisational aspects (Dale & Leland, 2013). Clinical studies constitute a significant part of the bachelor programme in nursing and, consequently, the quality of these studies is a crucial factor for the students to develop into competent professional nurses (Sharif & Masoumi, 2005:12).

To clarify the students' competence levels and learning outcomes, as well as the students' and supervisors' mutual expectations, responsibility and roles, seems to be decisive for the students' opportunities for personal and professional learning and growth (Dale & Leland, 2013). Feeling welcomed, included, and valued in the ward improves the students' motivation, self-confidence and self-respect. Also, the quality of the student-supervisor relationship and the supervisor's pedagogical and professional competencies are highly emphasised (Sharif & Masoumi, 2005:21).

The student perceived that there is a gap between theory and practice, no teaching regarding protocol thus the existence of medication protocol was not known throughout the students' careers. Students experienced the EDL medication protocol as external to the curriculum as it was not taught to them. The focus during teaching is not on the development of clinical reasoning skills but effective nursing skills.



The expectation of students was unclear with no learning objectives hence the nursing staff did not help as they were not aware of how to assist the students. The high workload for clinical supervisors made it impossible to coordinate the learning properly. The higher educational institutions of nursing should provide enough clinical supervisors for students and bridge the gap between theory and practice.

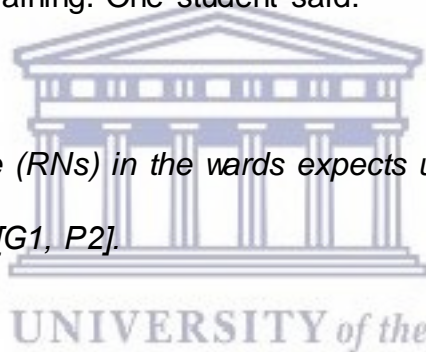
### **3.4.1.3 Theme 3: Drivers of students' negative views regarding clinical supervision**

In exploring the students' views further, a theme on drivers of students' negative views emerged. This was divided into two sub-themes named higher education drivers and clinical drivers.

## Higher education drivers

The students throughout the focus groups interviews categorically were of the view that clinical supervision regarding the EDL is weak or non-existent. Higher education institutions play a significant role in these views. The students reported that during their training, the higher education institutions lowered the academic bar by not teaching students to be critical thinkers and make their clinical judgements on reasoning rather than robotic assessments. The students reported that the clinical supervisors tell them that they will learn most of their expected competencies after they have completed their training. One student said:

*'... yet the registered nurse (RNs) in the wards expects us to know by that time and we actually lost and alone" [G1, P2].*



Furthermore, the students reported that despite not being taught the EDL and being told that they will learn after completion of training, they are still expected to be competent. The following quote supports this statement:

*'... yet the registered nurse (RNs) in the wards expects us to know by that time and we actually lost and alone" [G1, P2].*

## Clinical drivers

Besides the higher education institution, the clinical practice was also not spared as a driver for negative views regarding clinical supervision pertaining to EDL. The

students reported that when they reach the fourth year level, the RNs expect them to be competent and function independently. This is despite inadequate guidance in the preceding years of study. One student said:

*“We will be expected to perform proficient as registered nurses but as for now as fourth-year student, we do not know medication policies and protocols”*[G2, P 3].

*“think we are not fully equipped when it comes to policies and protocol”,* [G1, P 6]

Also, the students reported that the negative attitude portrayed by RNs towards them influenced their negative views on clinical supervision about the EDL as a medication protocol. Students reported that they get conflicted because when they ask for assistance, they are ignored but when they cannot perform well, they are blamed and told they are incompetent. The negative attitudes displayed often make the students not to ask questions even when they should because they fear challenging the status quo:

*“...the RN and EN does not allow us (students) to give medication, and we do not know what are protocols and policies of medication, and that will be a problem for us when we complete our studies. we will be expected to perform proficient as registered nurses, but as for now as fourth-year student we do not know medication policies and protocols.”*[G1,P2].

In Mabuda (2008), it was found that the expectations of student nurses were not met as the staff is sometimes unaware of the student learning objectives. “Clinical teaching is the means by which student nurses learn to apply the theory of nursing, facilitating the integration of theoretical knowledge and practical skills in the clinical



setting, which becomes the art and science of nursing” (Mabuda 2008: 22). In his capacity as a nurse educator, Mabuda (2008) observes and often heard student nurses expressing concerns and dissatisfaction with their clinical learning experience.

According to Cerinus (2005), the role of adequate clinical supervision is the excellent relationship between students and facilitators. The students experience high expectations without teaching from the clinical supervisor as well as the professional nurses. The institution of nursing expects students to be competent in a hospital environment.

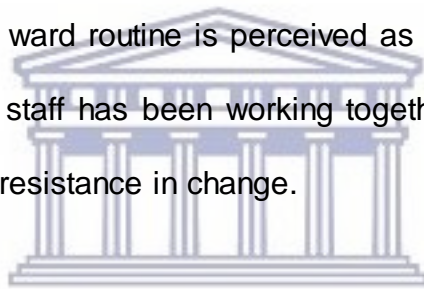
Failing to integrate the theoretical content and practical content influences nursing education as a whole. The primary objective of a clinical facility is to empower the student in being competent. Students also mentioned that even the registered nurses do not follow the EDL protocols. So the question remains; how are student nurses going to be competitive because they are not following laid procedure? Pillay and Mtshali's (2008:47) study emphasises that there is a need for a clear policy regarding clinical supervision, that will build a capacity of clinical supervisors and address issues of lack of supervision.

In a growing healthcare environment where human, fiscal and clinical resources are increasingly limited, there appears to be a need to examine which clinical supervision model best facilitates clinical education with undergraduate nursing students (Franklin2013; Bjørk et al., 2014 ).Despite the many references to the importance of effective student learning during practice, many researchers in the

nursing field repeatedly report on the negative experiences of nursing students in a clinical setting (Vos & Mbatha., 2015).

The clinical practice of nursing students regarding supervision has generally been considered a challenge and Bjørk, et al., (2014) suggest that improvement in clinical supervision of nursing students is required. The students show that there is a high expectation from professional nurses with minimum assistance.

The students also experience negative attitudes from nurses as a general aspect; they are not supportive of the students' clinical supervision. The students mentioned that bringing change in the ward routine is perceived as challenging for the students as they mentioned that the staff has been working together for years. Consequently, participants highlighted the resistance in change.

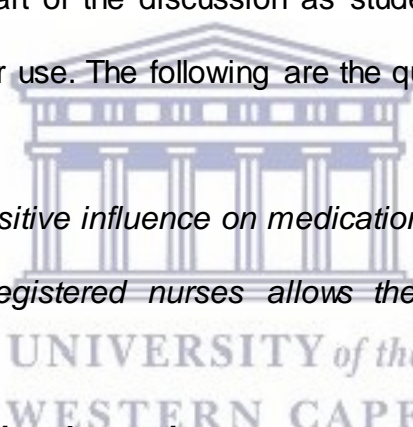


#### **3.4.1.4 Theme 4: Positive experiences in clinical supervision of the EDL**

Despite the generalised negative view about the clinical supervision of the EDL as a medication protocol, there were incidents where the students perceived them as positive experiences. These were experiences associated with the clinical environment where the students are placed and student were in final year of study that means students had enough exposure they could engage in learning. Also, there were incidents where certain individual RNs took time to support and guide the students at any opportunity they received. However, these individuals were rare, and the incidents were sporadic.

## **Environmental and level associated experiences**

Most of the students reported that unlike in other wards, the psychiatric wards were the most friendly and supportive. They reported that the antagonism that is commonly felt in other clinical facilities or wards was not commonplace in the psychiatric environment. The students reported that the RNs took time when an opportunity presented itself to teach the students about mental health and mental conditions. The same positive experiences were reported at fourth-year level. Most of the students indicated that the clinical supervisors in this level are very supportive. This was broadly discussed. However, the EDL protocol and medication administration was a big part of the discussion as students were also taught about psychotropic drugs and their use. The following are the quotes from students;



*'In psychiatric there is a positive influence on medication because of it very strict on handling medication.the registered nurses allows the students to take out the medication'. [G1, P2]*

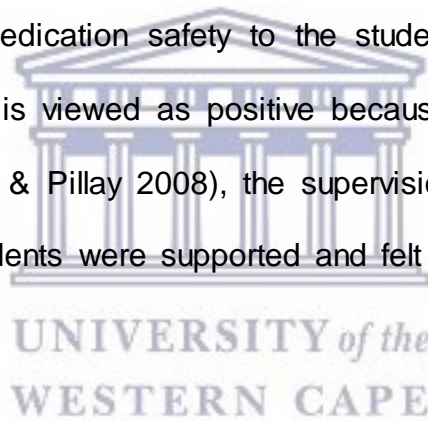
## **Sporadic individual associated experiences**

Some of the students reported that despite their generalised view of negativity regarding clinical supervision of the EDL as a medication protocol, not all the RNs were negative all the time. The students reported that there were individuals outside of the psychiatric wards who showed an interest in the students' learning and took time to explain how the EDL is used. However, these were found to be rare and sporadic experiences and were appreciated.

*'... Before student give medication the registered nurse will come and check the medication is correct and explain the medication on the prescription chart.'[G1, P2]*

The participants felt that there is a need to involve the EDL medication protocols in the curriculum to bridge the gap between theory and practice. The learning opportunities are limited as there are also other students from other institutions. The environment has huge positive influences on the learning of the nursing students. The findings in Mtshali and Pillay's (2008) study revealed that clinical supervision contributed positively to the academic achievement of the students.

The students acknowledged that the registered nurses in the psychiatric wards were supportive towards them. The excellent support was acknowledged in fourth year clinical supervisors' support and proper guidance. The psychiatric nurses use opportunities to explain medication safety to the students to prevent risks. Even though clinical supervision is viewed as positive because the supervisors address issues of concern (Mtshali & Pillay 2008), the supervision was viewed as positive and effective because students were supported and felt encouraged to practice as committed students (ibid).



In the final year of study, the students would have already covered most of the work hence the registered nurses have trust towards nursing students as being capable. Sporadic individual associated experiences were in unanimity with the majority of the participants.

### **3.4.2 Objective 2: To explore the nursing students' perceptions regarding the influence of clinical supervision of the EDL as a medication protocol on their competence**

The purpose of this objective was to explore how the nursing students perceived how clinical supervision on EDL influenced their perception of their competence. There were two central themes that emerged after consensus with the co-coder. These are as follows: students' perception of self due to poor clinical supervision and consequences of poor clinical supervision. The researcher used quotes from participants to give clear and accurate results that were obtained in the study.

#### **3.4.2.1 Theme 5: Students' perception of self due to clinical supervision**

The nursing students expressed their views regarding how they perceived their competence after completion of their studies irrespective of the level they were, at the time of this study. Two sub-themes were identified namely self-doubt and sense of incompetence.

##### **Self-doubt**

The students reported that their self-awareness regarding their lack of knowledge about the EDL protocol creates a considerable sense of self-doubt about what they can do in their respective levels of study. They reported that they felt inadequate and often this made them feel worthless. This is more pronounced when students from other institutions are present in the same facilities at the same time. The RNs often ignore them and focus on the other groups which make them feel like outsiders. The following is an example of what the students had to say:

*'... in hospital X where Im currently in the RN told me that she prefers student from intuition x not from my intuition she even highlighted the reason why she prefer intuition X...'[G2, P3]*

### **Sense of incompetence**

The nursing student also mentioned that they felt incompetent when it comes to the EDL as a medication protocol. This seemed to be a concern for the students as they understand the impact of incompetence on patients' safety particularly with regard to medication. One student said:

*"I ... I feel like we are incompetent because we never practised" [G1, P7].*

The participants' emphasised the fear of being incompetent as a factor that affects their sense of readiness for the working environment post-academic qualification. Due to the lack of exposure to the EDL protocol, the students felt ill-equipped and not ready to take the profession forward. One participant said:

*"I think we are not fully equipped when it comes to policies and protocol" [G1; P2].*

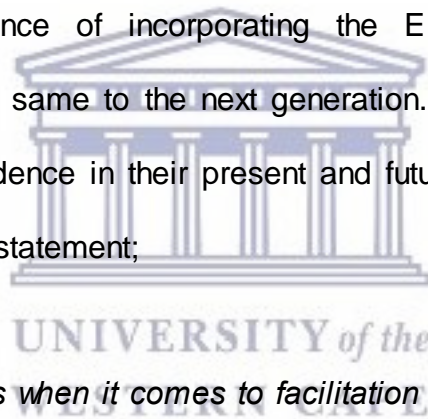
Vos, and Mbatha's (2015) study shows that most participants, therefore, experienced much difficulty in developing the clinical competencies that are required by the objectives of their training. Most participants expressed clinical learning as a very frustrating experience.

### 3.4.2.2 THEME 6: Consequences of poor clinical supervision

The consequences of inadequate clinical supervision were observed in all the facets that surround the students' life, namely; the student, the health system and the higher education institution.

#### Student-directed consequences

The students reported that the consequences of lack of supervision on the EDL as a medication protocol resulted in poor knowledge transfer through the different generations of nurses. This implies that nurses who complete the training without being taught the importance of incorporating the EDL when teaching about medication will also do the same to the next generation. According to the students, this results in lack of confidence in their present and future practice as nurses. One student said the following statement;



*'There is no supervision as when it comes to facilitation no one is helping students with supervision. Students must find their way on medication as there is no supervision.[G1, P3]'*

All the students expressed that the lack of supervision on this critical protocol impacts on the students' understanding of protocol and makes them view all policies as foreign and not part of what they should know. This is despite that the EDL is the key guide for nurses and medical doctors who function in the public health facilities. Furthermore, the consequence of lack of supervision on EDL protocol affect the students' ability to initiate what they have learned outside of the clinical areas as they

fear being rebuked and criticised. The following are quotations as expressed by students:

*"...we (student) do not know anything protocols and medication to my experience if you (student) are on the trolley you are alone on the trolley..." [G1, P6]*

*'...it seems up to now in fourth year this a whole new concept with foreign and alien that is actually new to us (student)..." [G2, P4]*

### **Health system directed consequences**

The students reported that they are aware of the potential impact of their lack of competencies related to medication and medication safety. They reported that they are aware that if they do not know the EDL protocol and how it is used, they will be exposing the patients to potential harm. Therefore, they see lack of supervision as a dangerous issue that promotes unsafe practices as students are then forced to perform tasks without adequate knowledge. Some participants said:

*'... the clinical supervision plays an important role by making us to have more confidence in our practice and we understand why we practice in a certain way.[G1, P1]*

*'Well, no one has actually mentioned the protocols and policies of EDL medication because now in fourth year and have to mostly like the registered nurse do. From first year and second year we did basic nursing that the ENs and ENAs are doing. We did that but now we have to be competent and do thing on our own it is difficult we never go guidance or help.[G2, P4]*



In addition, students reported that due to this issue, they tend to adopt a negative attitude towards the health system. The implication is that most of the students will not practice as nurses after completion of their studies or will not advise other people to join the profession. Therefore, repercussions to the health system are potentially much more significant particularly in the face of the current staff shortages.

### **Higher education directed consequences**

The students reported that lack of supervision on the EDL as a medication protocol also does not perpetuate the expected learning behaviour of integrating teaching and learning thus closing the gap between theory and practice. This behaviour often leads to loss of trust in the quality of teaching from the institution. The awareness more so fuels this that other students know what others do not know while they are in the same level of training. Hence, the students' competence level is challenging due to lack of supervision. The following is a quote from one student:

*“...the intuition, I (student) understand there is complains about shortages of supervisors but as an intuition they have to give it to their all to provide a proper ratio that make sense so that at the end of the day the student has to learn, because clinical supervisors only come once a term for assessment.[G 1, P5]*

The student experienced lack of confidence in their present and future post training. Students emphasise the foreignism of the EDL medication policy and they felt that it could be incorporated in the nursing programme's second year of study. The considerable lack of understanding protocols has to be highlighted, where the students end up taking initiatives as a way of coping with multiple stress at the clinical facilities. The students showed that there is inadequate knowledge transfers

from classroom to clinical practice as the real world of nursing is different from classroom outcomes. At the time of this study, the students were still unsure and insecure about their ability to function independently and were concerned about the difficulties they might experience after completion of their training and the implications this might have.

Medication safety has been a high area of concern and the participants highlighted that they practise with no supervision and perform tasks alone ( Bjørk et al, 2014). The facilities accommodate unsafe practices as students perform tasks without adequate knowledge and supervision. The nursing staff respond to students' need for supervision with a negative attitude. The nursing students then respond in a negative manner as a result of the negative attitude, thus learning is affected.

The significance of lack of knowledge has been highlighted by the nursing students in the study, and the creation of a gap between theory and practice hence students lack trust on the quality of teaching provided in the institutions (Franklin, 2013; Bjørk et al., 2014).

The institutions and clinical supervisors should use the self-reflection skill of why the nursing students are not happy to practice (Vos & Mbata 2015). The real practice of clinical learning is not explained to the nursing students. They felt challenged with the EDL protocol as it has been taught to them.

### **3.4.3 Objective 3: To explore the nursing students' perceptions of the need for the incorporation of the EDL to the clinical nursing curriculum**

The findings of this research suggest that clinical learning is an integral part of nursing education and nursing practice hence the participants perceived the need to incorporate the EDL into the nursing curriculum. The students' needs related to clinical facilities as well as the institution of higher learning.

#### **3.4.3.1 Theme 7: Students' self-identified needs**

##### ***Needs related to clinical placement***

The nursing students emphasised the need to include the EDL as part of the broader clinical skills that they need to learn. Hence the students suggested that the importance of the EDL as a medication protocol should be written down and placed where it is visible for all to see. The students suggested that the RNs should follow the protocol and be exemplary so that it is instilled in the students. Also, senior staff need to teach and update their subordinates to use and follow the EDL protocol. Furthermore, they need to make the EDL available for all, that is, each RN should be given a copy for quick access and use.

*"...I think a protocol has to be followed and I as RN I will regularly have meeting with my staff just to inform them, to educate them because sometimes the staff is not educated enough. They are not informed enough. So I will have short meeting to just educate them. In the morning there will short meeting whereby we discuss these policies and protocols. I will make copies of protocols and policies on hard copy and*

*hand to my staff so that everyone will know what is expected of them to make our patients better”.[G1, P8]*

On the other hand, the RNs must practice patience with the student and understand that they are still in a learning phase. When the diagnosis is made (in primary health care), and medication is prescribed, the RNs need to take the students through the process of the EDL and show them how the decision for care is reached. The practical skills that are taught need to be aligned with a related protocol; in this case, medication administration needs to be aligned with the process of prescription as according to the EDL.

### **Needs related to the Institution of Higher Education**

The students also expressed the needs that should be provided by the institution of higher learning. Most of the students felt that the HEI needs to make sure that teaching of clinical decision making in relation to the affective skills must be a priority. This means that when the clinical skills are taught, the reasoning behind the process must be included. Furthermore, the diagnostic process as outlined in the EDL protocol must be explained. The students felt that the quality of clinical teaching must be improved by including protocols, particularly the EDL (as it is related to medication and knowledge about diseases) in the curriculum. The EDL protocol must be part of the simulation skills laboratory as this is supposed to mimic the real-life setting. By so doing, the students will be able to look for this when they arrive at the clinical facilities. Finally, the students indicated that the protocols must be taught from the first year of study which implies that the EDL will be introduced earlier on in the students' life. The following quotes are from the students:

*‘..In the curriculum there is nothing about protocols so at the end of the day it’s a challenge to students. There is no supervision as when it comes to facilitation no one is helping students with supervision. Students must find their way on medication as there is no supervision.’ [G1 P5]*

*‘...I (student) think UWC should give student foundation about polices and protocol from first year the intuition should give a student a letter that present what the student needs because the hospitals staff are not sure what student needs. I feel they just think student is there for hours.it will be good if institution gives a letter first day we enter the hospital so that the nurses will know our expectation.’[G2 P 6]*

The nursing staff say that students are slow in the procedure, but there is a considerable need for improvement in nursing culture norms in the ward where students were placed. The practical skills need to be aligned with real practical activities such as medication protocol. Both clinical supervisors and registered nurses need to take ownership of the profession as to improve quality of care for the patients and quality learning for the nursing students as this perceived as lacking in the students’ learning environment (Franklin, 2013). The staff in senior positions need to show the junior staff the right way of practice as one of the students mentioned that they are encouraged to bypass the system. The hospital’s nursing manager should implement proper workforce in their clinical facilities so that the nursing student can retain their role (Bjork et al., 2014).

Learning in the clinical environment is an essential part of nursing education (Vos & Mbatha, 2015). Several recent studies focusing on clinical learning have been based on hospital settings, and support and guidance make it possible for a student to

achieve the optimum goal. Clinical placement is an essential part of nursing education allowing nursing students to develop their clinical competence. The clinical supervisor constitutes an essential resource in this development and the relationship between the student and the supervisor influences how students learn nursing (Vos & Mbatha, 2015). The nursing students experienced this aspect as missing in their student life. The students emphasised the inclusion of protocol in the curriculum as part of the learning objective as from the first year to improve the quality of proficient professionalism when they qualify after completing their degrees. Quality teaching has been recommended throughout the study.

### **3.11. CONCLUSION**

This chapter addressed the research findings according to the categories and themes. This chapter dealt with the manner in which the data were analysed. Relevant literature was used to control the findings of the study. Nursing students expressed their views and mentioned their concerns about the initial inadequate clinical supervision, theory-practice gap, professional role and clinical supervision. They mentioned that integration of both theory and practice with proper clinical supervision would enable them to feel that they are competent enough to administer the EDL medication protocol. The results of this study would help the nursing educators to design strategies for more effective clinical teaching. The results of this study should be considered by nursing education and nursing practice professionals. Faculties of nursing need to be concerned about solving student problems in education and clinical practice. The findings support the need for the department of nursing to plan the nursing curriculum in a way that nursing students are actively involved in their education.



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## CHAPTER FOUR

### RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

#### 4.1. INTRODUCTION

This study's findings were discussed in chapter three. This chapter describes the study's recommendations and conclusion. The researcher investigated the perceptions of nursing students regarding clinical supervision at a university in the Western Cape on the Essential Drugs List as a medication protocol. The study was conducted in the Western Cape Province of South Africa. The participants were fourth-year nursing students of 2016, from a University in the Western Cape.

Clinical teaching is the means by which student nurses learn to apply the theory of nursing into practice (Mabuda, 2013:19). A clinical setting rich in learning experience but lacking in supervision discourages the nursing students from seeking experience and results in loss of many learning and growth opportunities. Despite many references to the importance of clinical supervision during clinical placements, many nurse researchers repeatedly report on negative perceptions and experiences of students.

Vos and Mbatha,( 2015) in their study discovered that expectations of the student nurse were not met as the staff is sometimes not aware of the student nurses' learning objectives; (a) frustrations were experienced during daily practice due to poor integration of theory and practice; (b) there was a lack of tutorial support and guidance by tutors. According (Chauke, 2014) registered nurses are a key factor in influencing the learning environment of student nurses in clinical practice, and the role of unit managers is particularly important. Pillay and Mtshali (2008:46) mention



that there should be a clear policy regarding clinical supervision, and a structured and well-monitored process of clinical learning. All these aspects raised by the authors above give credence to this study finding. This implies that what the students in this study are grappling with seems to be common in most schools. This is seen not to only affect supervision on the EDL as a medication protocol but clinical supervision in general. The purpose of this study was to explore the perceptions of nursing students at a university in the Western Cape regarding clinical supervision on EDL as a medication protocol.

#### **4.2.1. Conclusion of Objective 1: To explore the nursing students' views on their clinical supervision pertaining to the EDL as a medication protocol**

The conclusion of objective one in the study demonstrates the generalised lack of supervision as perceived by the users who in this case are students. The study showed that there are different factors influencing the quality of supervision as discussed in chapter three. Furthermore, the students reported that in addition to the overall lack of support from clinical supervisors, the clinical supervisors do not give guidance with regard to the expected objectives that the students need to accomplish while in the clinical facilities. Student nurses spend most of their time in clinical practice doing routine and menial tasks, as the registered nurses do not delegate them according to their level of training or scope of practice. Thus the students were discouraged to use the EDL as a medication protocol. The drivers of students' negative perceptions regarding clinical supervision were explored in chapter three. In the final year, the students portrayed some positive experiences in clinical supervision. Therefore, the study concludes that the general views of students about supervision on the EDL as a medication protocol is negative with only few incidents where students felt supported and adequately guided.

#### **4.2.2 Conclusion of Objective 2: To explore the nursing students' perceptions on their competence regarding the influence of clinical supervision on the EDL as a medication protocol**

In conclusion of this objective, two broad themes showed that the students experienced lack of confidence in their present and future post training. Students emphasised the foreignism of the EDL medication policy and they felt that it could be incorporated in their second year of study in the nursing programme. The massive lack of understanding protocols has to be highlighted, as the students ended up taking initiatives as a way of coping with multiple stress at the clinical facilities. Therefore, the study concluded that the students' perceived that due to poor supervision, they are not competent and have doubt about the competencies that they acquired during their four years of study.

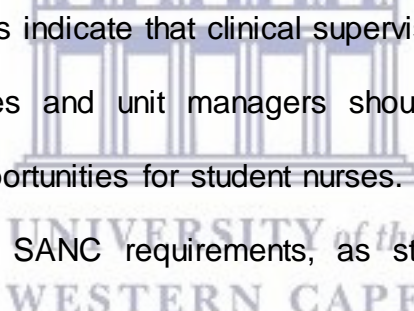
#### **4.2.3. The conclusion of Objective 3: To explore the nursing students' perceptions of the need for the incorporation of the EDL in the clinical nursing curriculum**

In conclusion, objective three's findings suggest that clinical learning is an integral part of nursing education and nursing practice hence the participants perceived the need to incorporate the EDL in the nursing curriculum. The findings emphasised the inclusion of protocol in the curriculum as part of the learning objective as from the first year to improve the quality of proficiency and professionalism when they qualify after study. Quality teaching was recommended throughout the study.

### 4.3. RECOMMENDATIONS

#### 4.3.1 Improving clinical supervision

The findings of this study revealed that student nurses valued accompaniment and supervision by clinical supervisors from institutions and registered nurses, as an integral component of effective clinical teaching and learning, hence their clinical learning experiences. Lack of supervision results in students being incompetent. Therefore, the institutions should increase clinical supervisors to enhance adequate learning. Clinical supervision aims to enable the student nurses to achieve, sustain and creatively develop high-quality practice, through means of focused support and development (Pillay & Mtshali, 2008:46-47).



Mabuda's (2010:19) findings indicate that clinical supervision is an aspect that needs attention. Registered nurses and unit managers should be involved in planning learning objectives and opportunities for student nurses. Learning experiences in the clinical area should meet SANC requirements, as stipulated in the guidelines. Currently, it is not clear that the EDL medication protocol and policy should be involved in the second year of the nursing students' programme. The curriculum should be explicit as students perceive it as unclear.

Lack of motivation and interest in student nurses and clinical teaching by the RNs need to be explored, as this compromises the learning opportunities needed for student nurses' clinical learning experiences. Participants mentioned that they rebel because of the lack of communication between the RNs and clinical supervisors. Reflection on poor interpersonal relationships amongst RNs and between clinical supervisors and student nurses in in-service training should be conducted for both

these groups, as the poor interpersonal relationships contribute to the creation of a non-conducive clinical learning environment.

#### **4.3.2 Improving communication**

The registered nurses and clinical facilitators should be encouraged to work together to improve better communication. They should also arrange in-training service that both registered nurses and clinical supervisors will attend. This will improve the skills and relationships to enhance the student nurses' learning. Registered Nurses (RNs) should also be encouraged to view clinical teaching and supervision as part of their teaching function and quality improvement strategy in their wards or units because skilled student nurses will be able to provide quality patient care, therefore also reducing the registered nurses' workload.

Lack of motivation and interest in student nurses and clinical teaching by the RNs needs to be explored, as this compromises the learning opportunities needed for student nurses' clinical learning experiences. Participants mentioned that they resist because of lack of communication between the RNs and clinical supervisors. Reflection on poor interpersonal relationships amongst RNs, and between clinical supervisors and student nurses in in-service training should be conducted for both these groups, as the poor interpersonal relationships contribute to the creation of a non-conducive clinical learning environment.

#### **4.3.4. Bridging the gap between theory and practice**

Nurse educators should also realise that accompaniment can provide valuable opportunities for them to reinforce the skills demonstrated in simulation laboratories,

in real patient care settings, and utilise other clinical teaching strategies. EDL medication policy and protocol should be practised in the skills lab; as the participants suggested in the study. Regular meetings should be conducted between the clinical facilities, college tutors and student nurses, where all participants address problems in clinical settings such as poor interpersonal relationships and lack of supervision.

#### **4.4. NURSING RESEARCH**

Further studies in the area of the nursing students' views on their clinical supervision pertaining to EDL as a medication protocol are required. These studies should perhaps focus on registered nurse perceptions toward students regarding EDL medication policy and protocols in different hospitals and provinces in South Africa. The institution of the University of the Western Cape should reassess the curriculum and clinical learning regarding EDL medication policy and protocols. As currently only one institution was used for the study, a similar study can be conducted in other institutions to compare the valuable insight and knowledge on EDL medication protocols.

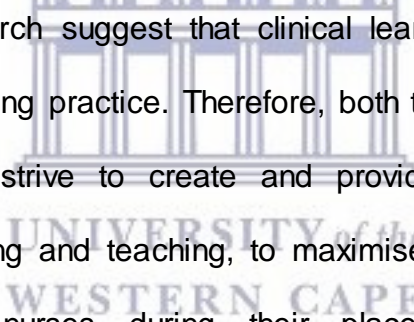
#### **4.5. LIMITATIONS OF THE STUDY**

It is acknowledged that this study took place within a specific nursing education setting and so may not be generalised. Also, this study focused only on student nurses from one specific nursing school in the Western Cape Province. The findings, therefore, will not be generalised to all nursing schools in the Western Cape. Data were only collected from the student nurses who were in the final year of study (fourth year) as they were able to reflect on their past experiences. However, it would

have been much richer if the students from 2<sup>nd</sup> and 3<sup>rd</sup> year level were included, because they were at the stage where medication was introduced.

#### **4.6. CONCLUSION**

This study assisted the researcher in understanding the perceptions of nursing students at a university in the Western Cape regarding clinical supervision on EDL as a medication protocol. The use of a qualitative design and purposive method with semi-structured interviews during data collection enabled the researcher to obtain rich descriptions of student nurses' perceptions in clinical supervision on EDL medication protocol. The researcher synthesised the findings, conclusions and recommendations.



The findings of this research suggest that clinical learning is an integral part of nursing education and nursing practice. Therefore, both the nurse educators and the registered nurses should strive to create and provide an environment that is conducive to clinical learning and teaching, to maximise and enhance the learning experiences of student nurses during their placement in clinical learning environments. Student nurses need the support and guidance of ward staff, clinical supervisors and their peers, to assist them to bridge the gap between theory and practice; integrating theory and nursing skills necessary for clinical practice and the nursing profession.

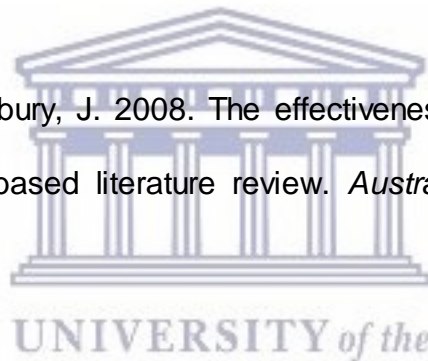
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## ANNEXURE 1: FOCUS GROUP INTERVIEW QUESTIONS

1. What is your view pertaining clinical supervision on Essential Drug List (EDL) medication policy and protocols?
2. What is your perception on the influence of clinical supervision on EDL medication protocol on your competency?
3. What is your perception on the need for the incorporation of EDL in the clinical nursing curriculum?
4. Please share your experiences regarding clinical supervision on EDL medication policy and protocols?



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## ANNEXURE 2 : ETHICAL APPROVAL LETTER



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### DEPARTMENT OF RESEARCH DEVELOPMENT

10 December 2015

#### To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by:

Ms S Ngwenya (School of Nursing)

Research Project: Perceptions of nursing students in a university in the Western Cape regarding clinical supervision on Essential Drug List as a medicated protocol.

Registration no: 15/7/268

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

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

*Ms Patricia Josias*

*Research Ethics Committee Officer University of the Western Cape*

Private Bag X17, Bellville 7535, South Africa

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

## ANNEXURE 3 : CONSENT FORM

	<p><b>University of the Western Cape</b> <b>Private Bag X 17, Bellville 7535, South Africa</b> <b>Tel: +27 21-959 3482, Fax: 27 21-9592679</b> <b>E-mail: ngwenyasharron@gmail.com</b></p>
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Title of Research Project: Perception of nursing student regarding clinical supervision on Essential Drug List (EDL) as medication protocol in the Cape Town hospitals

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

Participant's name.....

Participant's signature.....

Date.....

## ANNEXURE 4 : FOCUS GROUP CONFIDENTIALITY BINDING FORM



**UNIVERSITY OF THE Western Cape**

**Private Bag X 17, Bellville 7535, South Africa**

**Tel: +27 21-959 3482, Fax: 27 21-9592679**

**E-mail: ngwenyasharron@gmail.com**

### FOCUS GROUP CONFIDENTIALITY BINDING FORM

Title of Research Project: Perception of nursing student in a university in the Western Cape regarding clinical supervision on Essential Drug List as a medication protocol

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

I hereby agree to uphold the confidentiality of the discussions in the focus group by not disclosing the identity of other participants.

Participant's name.....

Participant's signature.....

Date.....

## ANNEXURE 5 : INFORMATION SHEET



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**Private Bag X 17, Bellville 7535, South Africa**

**Tel: +27 21-959 3482, Fax: 27 21-9592679**

**E-mail: ngwenyasharron@gmail.com**

### INFORMATION SHEET

Project Title: Perception of nursing student regarding clinical supervision on Essential Drug List (EDL) as medication protocol in the Cape Town hospitals

What is this study about?

This is a research project being conducted by Sharron Ngwenya at the University of the Western Cape. We are inviting you to participate in this research project because you fit the criteria of the study. The purpose of this research project is to explore the perception of nursing student regarding clinical supervision on EDL as medication protocol and policies Cape Town hospitals.

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

You will be asked to voluntary participate in focus group interviews. Audio tape recordings will be used to capture data and field notes will be taken. The duration of the semi-structured interview will be about 40 minutes. The interview will take place in classroom.

#### ***Would my participation in this study be kept confidential?***

To ensure your anonymity, All participants are autonomous thus they have a right to self-determination. The right to self-determination means that the participants have a right to voluntarily decide to participate in the study or not (Brink 2012:35). Participant information sheets and consent letters will be disseminated explaining the



purpose and guidelines for participation in the study. All participants have a right to be protected from discomfort and harm (Brink 2012:35). The researcher will explain to the participants that they have a right to withdraw at any time if they feel uncomfortable with the study, without any prejudice and penalty against them. The researcher will respect the participants' right to privacy and confidentiality by ensuring that they decide to what extent the information may be shared with other researchers.

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

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others. In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities.

This study will use focus groups therefore the extent to which your identity will remain confidential is dependent on participants' in the focus group maintaining confidentiality.

***What are the risks of this research?***

There may be some risks from participating in this research study. All participants have a right to be protected from discomfort and harm (Brink 2012:35). The researcher will explain to the participants that they have a right to withdraw at any time if they feel uncomfortable with the study, without any prejudice and penalty against them. In the case where a participant requires counselling, the researcher will make necessary arrangements to refer the participant to the university's student support centre and counselling.

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

***What are the benefits of this research?***

The outcome of the study will provide nursing educators with scientific evidence on how to address the issue of clinical supervision on Essential Drug List medication policies and protocols. The results will also provide baseline data for further investigation in this field as there is dearth of information pertaining to students and their roles in patient safety.

This research is not designed to help you personally, but the results may help the investigator learn more about the gap between theory and practice. We hope that, in the future, other people might benefit from this study through improved understanding of perception of nursing student regarding clinical supervision on Essential Drug List (EDL) as medication protocol in the Cape Town hospitals.

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

***What if I have questions?***

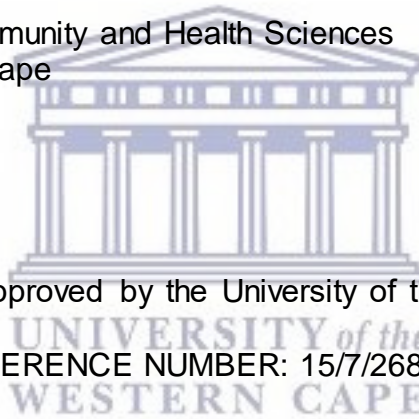
This research is being conducted by Sharron Ngwenya at nursing department at the University of the Western Cape. If you have any questions about the research study

itself, please contact Sharron Ngwenya :#073 9600 833 email :  
ngwenyasharron@gmail.com / 2770385@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact

Prof J Chipps  
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This research has been approved by the University of the Western Cape's Senate Research Committee. (REFERENCE NUMBER: 15/7/268)

## ANNEXURE 6: TRANSCRIPT

10/05/2016

Introduction: Good morning everyone I am Sharron Ngwenya a masters student in nursing Education I am doing my research.I have eight(8) participants and an observer /transcriber.

Topic of the research: Perception of nursing student regarding clinical supervision on the Essential Drug List (EDL) as medication protocol in the Cape Town hospitals.

Purpose of the study: The purpose of the study is to explore the perception of nursing student regarding clinical supervision on the EDL as medication protocol and policies Cape Town hospital.

Focus group interview questions

1. What is your view pertaining clinical supervision on the Essential Drug List (EDL) medication policy and protocols?
2. What is the role of a nursing student in formulating medication policy and protocols?
3. What is the impact of the lack of clinical supervision in the EDL Medication policy and protocols?
4. Please share your experiences regarding clinical supervision on the EDL medication policy and protocols?

The interview begins.

Researcher: What is your view pertaining clinical supervision on the Essential Drug List (EDL) medication policy and protocols?

Silence..... Is there supervision regarding medication policy and protocol. Do you feel as students are involved in medication policy and protocols in the hospital?

Participant1:No I think the clinical supervision plays an important role by making us to have more confidence in our practice and we understand why we practice in certain way.

Participant 3:I agree with her its important it helps with competence and confidence like for example I am currently as I do not know the policies and protocols of the medication as we discuss now the EDL medication as we discuss now the EDL medication, Im personally not confident enough and some stuff even expect us in final year to know everything even the staff say that we are final year student we expect you to know everything. The supervision is poor and we are not educated enough about protocols and policies of medication. The supervision part we (student) do not even get supervisors ever attend us in general placement to give us the guidance or to give us at least support.

Researcher: So do you think there is lack of supervision regarding EDI medication polices and protocols?

Participant 3: definitely yes.

Researcher: So do u think there is a lack of supervision during your training for the four years until now you are in fourth year? Have you been struggling with supervisor or they occasionally come. Do you feel you being supervised enough?

Participant 1: to be honest in final year not but first year and second year yes. Especially on the medication part I think about it only medication not policies and protocols.

Participant 2: Just to add on what my colleague has mentioned regarding the supervision yes, in first and second year, we can say we had enough supervision I still think the supervisors are focusing more on the assessment than the real practical things that we supposed to do in hospital. I think just for marks they must do

assessments and focus on the real practical things that we are going to face in real world when we qualify. When we go out there because we are find that some things (procedures) you student do not know them, yet the registered nurse (RNs) in the wards expects us to know by that time and we actually lost and alone. So I think for every practical thing that we do I think for every practical thing that we do if there is a way that we can be taught about medication protocols and protocols on EDL. We can know it must be put on hard copy so that we can know what we are doing and why we doing it because some of the supervisors really they are overloaded with students and do not have enough to go through everything.

Researcher Probing: Okay participant 2, are you saying the RNs are not supportive enough. They expect a lot from the students. What are you really say?

Participant 2: It's like they were once also student and they know that at certain level you should know this and that because they see supervisors teaching us. Yes they will help when they see that you do not know, but they expect us to know everything.

Researcher Probing: In other words you feel safe to give medication own your own.

Participant 3: Not really because we don't have enough information as I am saying most of the time you find when you not sure about medication you have to go to the RN to check if it's the right medication, so it mean we do not have enough information for example to take panado and give the patient, we still need to confirm.

Researcher: Do you agree that there is a lack of supervision regarding EDI medication protocols and protocols.

Participant 4: I strongly agree that there is no proper supervision to medication policy

Participant 5: I think there is no supervision regarding medication and protocols I just going to share what happens last week at my placement general hospital setting:

Silence.....

Researcher : Talk participant 5

Participant 5: what happened there was a chemo patient. patient came from casualty. On the prescription chart there were orders of DKA. so there was a lot of orders that I was supposed to do but then I got confused because I could see that the patient should get that much of actrapid, but then I did not understand the DKA protocol, because the RN kept on saying DKA protocol, I was so confused because I have never learned about the protocol so it was hard for me. Just to do what was written on the blue board (prescription chart) because I did not know much about it. I had first go to and ask the RN on what was going on the paper because I have never seen it done and did not want not do anything. In the situation like it is difficult for us. It will be more difficult next year when I as RN placed in a certain ward then a patient like that come, I will not have experience on it and I will not even know what to do because we do not even know protocols and policy. I must say we lack in supervision on EDL medication protocol and policies

Speaker: Okay.

Researcher: You just mentioned that no one has informed you about medication policies and protocols of medication to you while you are in your career of these four year as you left with few months to become registered nurses ( RN).

Participant 4: Well, no one has actually mentioned the protocols and policies of EDL medication because now in fourth year and have to mostly like the registered nurse do. From first year and second year we did basic nursing that the ENs and ENAs are doing. we did that but now we have to be competent and do thing on our own it is difficult we never go guidance or help.

Participant 6: My view pertaining the clinical supervision on EDL medication policies and protocols. I think if I look at it also the RNs at the hospital are not following these

protocols in the sense that even if they are telling student to do something they RNs mention “you know what your supervisor at school they require you student to do procedures in certain way but here we are busy this how we do it” not even following the protocols. I think we are not exposed to the policies and protocols of medication for us it’s on not paper but not applied. Practically it’s not done it is only on the paper and remain there. Clinical supervisors from the institution also have to teach us these protocols, they have to. I remember there is one supervisor that informed about it the ward protocol of the ward this is what happens in this ward. It’s like information because the RNs expect us to know the information form supervisor.

Researcher: You just mentioned in the hospital they are not doing the proper way of protocols and policies in EDL medication. What do you mean?

Participant 6: What I means is when someone tell you she is RN I expect for them to lead but example. For example the RN mentioned “this is the wound care as you know they have its own protocol but the we do we not following those protocols and policies on the paper what we do here because you can see there no time and resources so I am not going to follow the protocols”. But you know what when you read the protocols this is what is expected from you as student.

Researcher Probing: The hospital staff neglecting the EDL medication policies and protocols.

Participant 7: Yes they are neglecting the polices and protocols because that we are exposed to and what we see every time and for example the handwashing is not even done proper way in the way is supposed to be done. I did not see anyone washing their hand sometimes so this is what I see.

Researcher :Do you know what that means if hand are not washed this leads to patients not getting better and that is why patients they staying 20day or 10 days



long post-operative because things are not done properly. So it highly advisable when you study and become an RNs in few months you must go to the hospital with change.

Participant 4: Yes

Researcher: Do you feel that you must make change when you qualify as RN?

Participant 1: I think the change has to be done really for the sake of patient

Researcher: What kind of change are you going to make in the facilities?

Participant 8: I think a protocol has to be followed and I as RN I will regularly have meeting with my staff just to inform them, to educate them because sometimes the staff is not educated enough. They are not informed enough. So I will have short meeting to just educate them. In the morning there will short meeting whereby we discuss these policies and protocols. I will make copies of protocols and policies on hard copy and hand to my staff so that everyone will know what is expected of them to make our patients better.

Participant 2: I think we are not fully equipped when it comes to policies and protocol because at university level they explain it and they say it's not important now for your level. They say we will learn when we are RNs but now they RNs expect us to know how to do it. For example in 2nd year we were not allowed to draw blood and no one showed us how to draw bloods but now in 3rd year we were expected to draw bloods, but still the RNs did not want us to draw bloods because they were afraid of us getting the needle prick injury. So that means we are not rushing on skills we are not exposed to and the RNs are afraid of the administration staff that comes with a needle stick injury also regards to medication giving out medication they keep on saying you will still learn this but when, because they say we will still but at the end of the day they expect us (student) know.

Researcher Probing: Participant you mean you are not given enough chance to practice the EDL medication policy and protocol in hospital?

Participant 1: Yes we are not given enough chance because people (hospital staff ) are afraid that this will happen.

Researcher Probing: Does that make you incompetent?

Participant 1: We feel like incompetent because we never practised.

Participant 7: I feel like I understand why the staff ( RNs) why they do not give a chance to practice because they fear of us making mistake. They also now at our institution they do not teach us protocols and polices so when we do not knowhow do to things ( procedures)whereby if they actually taught us the policies and protocols then we will go there and it will become easy for us to tell the RNs that you know the protocols. I know it should be done. So if you just show me will be much easier for me to follow.

Researcher: What do you think is the influencing clinical supervision on medication policies and protocols in the hospitals?

Silence .....

Researcher Probing :I remember another participant mentioned that even the RN are not doing it. So now how is your attitude towards the medication policies?

Participant 4: I think with medication, when a student is in the ward and we are taught maybe medication for example in second year we did not focus much on policies and protocols of EDL. We focus on the basic staff like side effects and it's important but not more than protocols. Now when we are in the wards we get opportunity to learn with the RNs maybe the protocols and staff like that in most case the wards are overcrowded.so when we get the opportunity, some RNs go through the protocols some of them not all.do go through the protocols of medication and

make time to explain but in most cases the ward are overcrowded. The work load is a lot on the sisters (RNs), I think this influence the learning. Whereby supervisors for example will tell you will get an opportunity to learn on certain protocols. When I get into the ward is a rush, the work load, and time limit in the ward. It kind of influence our opportunity to understand what to do because whenever a student as an question to take opportunity to learn, its always said there is no enough time so I think the overcrowded and work load are on the RNs influencing what we have been taught at nursing school or by the supervisors. Sometimes if you learn something and do not get a chance to apply it or practice it in clinical settings because there is no enough time to apply it, according to the staff. Sometimes you (student) get to the ward the RN will tell you but there is no enough time to do it according to the book because of the amount of patient in the ward. So I think it kind of influence the fact that there is no time. It also limits our opportunities to learn and effects of our supervisor in our learning process. The nursing school and ward that you are placed at influences the learning. in order to apply theory to practice the staff must have patient with student for student to learn. in most cases there is no time its always a rush in the ward.

Researcher Probing: So you mean the work load is making the staff not to allow students to apply theory to practice, because there is too much work overloaded on the registered nurses?

Participant 1: Yes we are not able to apply what we have learned for example our supervisors in the first year. the supervisor wanted to go through some of the protocols of wound care because the ward was full and it's always full. It is always a rush and some of the patient needs cannot wait for later. There was never an opportunity because the supervisor will say we will do next week. When next week

comes it the same story. I think it kind of affect and influence our learning opportunity because overcrowding and workload within the ward, that is why we do not get exposure to apply our theory to practice or what we have learned at skills labs.

Participant 5: My colleague also mentioned that in hospital staffs neglects the protocols. They neglect the protocols because they always say there is no time to go according to the protocol. Therefore we are not able to be taught exactly what the protocol says in that way it influences my competence because now I will be a RN next year. Due to the fact that I was taught that way of being rushed and neglecting the polices and protocols. It is important that we are taught this protocol and policies. We can also become competent without neglecting the protocols.

Participant 7: I also think since we do not have enough time I the clinical hospital setting to go through those protocols and polices and procedure. I think it wills the best if the curriculum includes the protocols and polices like for example we go to the skills lab for simple staff. The institution can use that time to do policies and practical with us ( students) in the skills lab even if we are not using real patients, we using doll ( simulation) and simulated patients in the skills lab as students we should know all what we are supposed to do. Even if we go the hospital the RNs tells us they do not have time bla, bla, bla.... But still we know at the back of our mind we are supposed to do. When we became RNs then we can bring a change in the wards when we are in charge. Probing do you strongly feel that the EDL medication protocols and policies must be included in the curriculum?

Participant 8: Yes it must be there if we look at our four year programme we spending more time at the campus (institution) so they can include it and then we learn here at school. So that when we go out there we can see if we can apply it in practice.

Conclusion:

Okay, I just want to thank you all guys for participating in the focus group. If the results are available you will be given a chance to see the results. You all signed your consent and register with your emails. When I transcribe the information that we discussed I will email it to you all so that you will be able to see that the information is the truth of what we discussed. everything discussed in the room is confidential as will have signed the consent and focus group form. If you might have question that you want to discuss further you welcome to make arrangements with me on the information sheet there is my email, my phone number. The change is unfortunately not going to help this group of student but it will definitely help the following student. Thank you so much for participating. I want to thank my transcriber for recording data for us on the audio tape.



## ANNEXTURE 7: EDITOR'S LETTER

ZENEDIT

Professional Services

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0081

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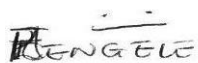
14 December 2017

### DECLARATION OF PROFESSIONAL EDIT

I declare that I have edited and proofread the Master in Nursing Mini-Dissertation entitled: **PERCEPTIONS OF NURSING STUDENTS AT A UNIVERSITY IN THE WESTERN CAPE REGARDING CLINICAL SUPERVISION ON THE ESSENTIAL DRUG LIST AS A MEDICATION PROTOCOL** by Ms Sharron K Ngwenya.

My involvement was restricted to language editing, proofreading, sentence structure, sentence completeness, sentence rewriting, consistency, referencing style, editing of headings and captions. I did not do structural re-writing of the content. Kindly note that the manuscript was not formatted as per agreement with the client. No responsibility is taken for any occurrences of plagiarism, which may not be obvious to the editor. The client is responsible for the quality and accuracy of the final submission.

Sincerely,

  
PHOLILE ZENGELE

Pholile Zengele (Associate Member, Professional Editors Group)