EXPERIENCES OF FINAL YEAR NURSING STUDENTS AT A PUBLIC COLLEGE OF NURSING IN THE EASTERN CAPE PROVINCE REGARDING THEIR PREPAREDNESS TO BECOME REGISTERED NURSES.

Fezeka Mampunge
(Student number: 201107637)

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Supervisor: Dr. E. Seekoe
Co- supervisor: Mrs. Z. Peter
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SECTION A

Student number: 201107637

DECLARATION

I, Fezeka Mampunge, declare that EXPERIENCES OF FINAL YEAR NURSING STUDENTS AT A PUBLIC COLLEGE OF NURSING IN THE EASTERN CAPE PROVINCE REGARDING THEIR PREPAREDNESS TO BECOME REGISTERED NURSES is my own work and that all the sources used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any institution.

Signature

Date: 07.01.2013
DEDICATION

This dissertation is dedicated to the people who played a pivotal role in my life:

To my mother, Nokwanda Gladys Mampunge, who passed away in 2007;

To my father, Haloyisi Eddie Mampunge, who with my mother, despite lack of basic education, instilled in me the importance of education and sacrificed everything they had to help me with my education;

To my husband, Phumelele Sikwentu, my daughters Zimkhitha and Hlumelo, without whose constant love, support and understanding this would not have been possible;

To my grandchildren, Lavela and Linomtha, whose existence is a blessing to me;

To my nephew, Sive Makade, for he is so supportive to the whole family.
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To my supervisor Dr E Seekoe: Thank you for guidance and encouragement.

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To my son, Abulele Sikwentu, who could get no sleep helping and supporting me throughout to ensure the success of this research: Thank you.

To my colleagues at Lilitha College of nursing, especially Mrs Joy Fray, for the support and understanding: Thanks.

To everybody who has contributed to the success of this study: I thank all of you.

Fezeka Mampunge
07 January 2013
ABSTRACT

Within the nursing profession, the transition from the student to a graduate nurse is a common rite of passage that marks the end of initial educational preparation in the discipline and the beginning of a professional journey as a nurse and a member of the multidisciplinary team (Nash, Lemcke & Sacre. 2009:48). This is a period of adjustment, stress, growth and development and the transitional nurse is likely to feel uncomfortable, fearful and may experience feelings of inadequacy.

This study was undertaken to explore and describe the experiences of final year nursing students at a public college of nursing in the Eastern Cape regarding their preparedness to become registered nurses, with the aim to identify gaps and make recommendations on strategies to close the gaps.

The objectives were to explore and describe the experiences of final year nursing students at the public college of nursing in the Eastern Cape Province with regard to their preparedness to become registered nurses and to recommend strategies to improve the preparation of nursing students for transition to become registered nurses.

To answer the research question “What are the experiences of final year nursing students at a public college of nursing in the Eastern Cape Province with regard to their preparedness to become registered nurses”, a qualitative, explorative and descriptive design was used as a framework for the study.

Data were collected by means of unstructured focus group interviews with a purposively selected sample of 27 final year nursing students at the particular college of nursing. Data were analysed using Tesch’s method of analysis for qualitative research. Two themes emerged, revealing that participants at the college experienced preparedness and lack of preparedness to assume the role of a professional nurse. This related to certain aspects that had an impact on the preparation of the final year nursing students for practice and included: curriculum-related aspects; clinical teaching and learning support; learning opportunities; interpersonal relationships between lecturers, students and clinical staff; equipment; and library resources.
It was concluded that the learning needs of the nursing students were not adequately catered for, leading to lack of preparedness. Through the involvement of nursing students in the evaluation of their learning, shortfalls in both education and practice areas could therefore be detected.

Recommendations regarding strategies to be used to promote preparedness of final year nursing students included: continuous feedback on student performance in the form of exit evaluations on the part of students to identify learning needs; writing of progress reports on the part of clinical practice; and the employment of clinical preceptors with clear role specifications between the lecturers, ward sisters and preceptors to avoid role confusion.

Key Concepts: Nursing student, Registered nurse, Experience, Preparedness, College, Clinical staff and Clinical accompaniment.
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CHAPTER 1: ORIENTATION TO THE STUDY

1.1 Introduction and background

Becoming a registered nurse means the transition from nursing student to graduate nurse which is the end of initial educational preparation in the nursing discipline and the beginning of a professional journey as a nurse and member of the multidisciplinary health team. This is exciting, something to be proud of, and is quite an achievement, but can also be hampered by certain stressful and unique challenges or anxieties which could be sparked by fears of having insufficient knowledge that the nursing student may be experiencing or fear of making mistakes, or of not being able to assert herself/himself in the health care team as a professional nurse (Cooper, Taft & Thelen, 2005:293; Carlson, Kotze & Van Rooyen, 2005:66).

The President of South Africa in his speech at the nursing summit asserted that nurses are central to the achievement of health revitalisation goals, given the role they play in the health system. “You are the backbone of our hospitals and clinics and the engine of our health care system” (The Presidency, 2011:3). This means that a professional nurse needs adequate and proper preparation in order to render good quality nursing care. The World Health Organisation (WHO, 2001:77) stated that the performance of the health care systems ultimately depend on the knowledge, skills and motivation of the people responsible for delivering health care.

Nursing students as prospective novice nurses should be prepared for professional maturity, which constitutes professional integrity and forms the basis of clinical training (Mntambo, 2009:2). This author further asserted that lack of professional integrity may result in inadequately prepared professionals who may produce sub-standard work – often at the expense of the welfare of the patients who are entrusted to their care.

During education and training for the attainment of a Diploma in Nursing (General, Psychiatry and Community) and Midwifery, nursing students are taught to develop knowledge and skills and are evaluated on the ability to implement these competently in the patient situation. Competence consists of the knowledge, skills,
judgement and personal attributes that are required to perform all the tasks of a competent nurse (South African Nursing Council, 2004:58). To be prepared therefore implies the ability to practise competently as a registered nurse. Clinical teaching and learning gives the nursing student the opportunity to develop qualities which include competency, efficiency, confidence, responsibility and self-directedness that lead to the development of a health care provider who is capable of rendering quality health care (Peter, 2008:2). However, the researcher discovered, during clinical accompaniment of final year nursing students, that these students are uncertain about their competence. Comments like “It’s too early for me to manage a ward, I don’t think I can do that” were verbalised by final year nursing students when the researcher addressed them as young unit managers.

Mntambo (2009:1) alluded to the fact that clinical practice is the core of the nursing profession during which the nursing student is socialised into the nursing profession, and the knowledge and skill is transferred from the registered nurses and other members of the multidisciplinary team to the nursing student. Preparation for the transition into professional practice begins as final year nursing students draw near to the end of their supervised clinical experience and realising that soon they will be responsible and accountable for their own practice as registered nurses (Cooper et al., 293-302). The final year nursing student is required to show significant personal and professional growth so as to be able to fit into the changing and complex health service. Edwards, Smith, Courtney, Finlayson and Chapman (2004:248-255) indicated that challenges confronting nurses in today’s rapidly changing health care environments have highlighted the necessity for graduating nursing students to feel both competent and prepared for practice.

Nursing students at a public college of nursing in the Eastern Cape Province are placed for community service for a year before practising as qualified registered nurses as a means to ensure smooth transition from nursing student to the role of registered nurse. This period provokes a state of fear and anxiety in final year nursing students, which may be the result of inconsistencies between the academic world and the world of work. This study seeks to explore experiences of final year nursing students relating to their preparedness to fulfil the registered nurse’s role in order to understand the issues that final year nursing students face, as a means to
recommend strategies to smoothen the stressful transition from being a nursing student to becoming a registered nurse

1.2 Problem statement
During clinical accompaniment, comments heard by the researcher from the clinical staff about the quality of nursing students allocated to their wards included:

“Today’s finalists, who cannot practise for a single day to run a ward, yet are said to be unit managers of tomorrow.”

“At third year level during our training we would stay alone in the afternoons without registered nurses and managing wards effectively, starting from patient care until handing over of report to night staff.”

The final year nursing students also confided to the researcher:

“I feel very nervous that I will be a registered nurse, responsible to run a ward all by myself, it is a lot of responsibility and I’m not sure I will cope with that.”

The above quotes reflect experiences of anxiety and lack of confidence on the part of final year nursing students, on the one hand, and the uncertainty about the nursing student’s preparedness on the part of the clinical staff. At the college of nursing where the researcher works as a lecturer, the lecturer facilitates in class and also conducts clinical accompaniment which takes 20 minutes per student per day, as stipulated by the curriculum for the Diploma in nursing (General, Psychiatry, and community) and Midwifery, to ensure that theoretical and clinical learning are integrated and reinforced. There is no established clinical department, however, and no preceptors to mentor the nursing students during clinical placement. Nursing students in the clinical areas rely on the clinical staff for mentoring. Clinical staff is affected by a gross shortage of staff and lots of responsibilities, thereby making individual attention for proper mentoring of nursing students difficult. According to the minimum requirements and guidelines relating to clinical learning of the South African Nursing Council (SANC, 1992:9), the overall objective of clinical practice is to provide nursing students with meaningful learning opportunities in every area of
placement according to the level of training, to ensure that the student is able to nurse efficiently on completion of the programme.

The experience of fear, anxiety and lack of confidence is aggravated by exposure to community service which is not instituted properly, as there is no buddy system or role models solely employed to support nursing students in the clinical areas. Final year nursing students are placed for community service in hospitals and clinics (both urban and rural) without mentors and without considering their preferences for placement. A conducive and supportive learning environment for nursing students depends on an adequate placement support system including supervision, mentorship, preceptorship and relations between the faculty, students and clinical staff (Mabuda, 2006:1).

The above statements stimulated the researcher’s interest to explore and describe the experiences of final year nursing students at the college of nursing of the East London Campus regarding their preparedness for practising as registered nurses. Preparedness implies the state of full readiness for action (Concise Oxford English Dictionary, 11th edition: 501), meaning that at the end of the final year of training, the nursing student is expected to be competent and prepared to practise as an independent registered nurse. A registered nurse is an individual who is authorised and capable of practising independently in terms of section 16 of the Nursing Act, Act No. 33 of 2005, as amended. Mackenna and Green (2004:258) indicated that transition from a student nurse to a graduate nurse involves significant personal and professional growth. Therefore, during the course of training, the student should be nurtured to gain professional maturity to be able to fulfil the expectations of the patient, the multidisciplinary team with which she/he is going to interact within the clinical setting and the community she will be serving. Improper preparation leads to feelings of uncertainty, inadequacy and anxiety to assume practice, as stipulated by Nash, Lemcke and Sacre (2009:1). Because of this, the transitional nurse is likely to feel uncomfortable, and may experience feelings of inadequacy when encountering a new workplace culture and trying to be accepted within it.
1.3 **Significance of study**

The results of this study may assist the management of the college, the staff and everybody involved in the training of nursing students to identify the needs of the nursing students, as well as areas for improvement, and to recommend strategies to enhance the preparedness of final year nursing students.

1.4 **Research question**

The research question that guided this study was “What are the experiences of final year nursing students regarding their preparedness to become registered nurses at a public nursing college in the Eastern Cape?”

1.5 **Purpose of the study**

According to Burns and Grove (2009:69), the research purpose is a clear, concise statement of the specific goal or aim of the study that is generated from the research problem.

The aim of this study was to explore and describe experiences of final year nursing students at a public college of nursing in the Eastern Cape Province in order to recommend strategies to enhance their preparation for the transition to becoming registered nurses.

1.6 **Objectives**

The research objectives were:

To explore and describe the experiences of final year nursing students at a public nursing college in the Eastern Cape Province regarding their preparedness to become registered nurses.

To recommend strategies to improve the preparation of final year nursing students for transition to become registered nurses.
1.7 Conceptual framework

In this study, the student who undergoes preparation to be a registered nurse is at the centre of the conceptual framework. See Figure 1.1 below.

![Conceptual Framework Diagram]

Figure 1.1: Conceptual Framework

This model of conceptual framework revolves around the formal and informal preparation of a nursing student (the student) at the centre of the diagram, who is being prepared for professional maturity to be able to practise as a registered nurse. The nursing student, like any human being, belongs to a social group of people with norms and values and is currently encultured to belong to the group through the education system (College) which is regulated by a set of rules (SANC) to accredit formal acquisition of knowledge (Mashaba & Brink, 1994:311).

The college (school) consists of lecturers and students among whom there is a general pattern of social relationship (Mashaba & Brink, 1994:311). There are lecturers with knowledge and expertise to socialise the student in a formal, structured environment (classroom and simulation lab), which, in the case of this study, consists of both theory and practical skills as facilitated by the lecturer.

The curriculum is a scientific, accountable, written document containing selected, ordered and evaluated content that structures the educational frame for all the levels of training (Meyer & Van Niekerk, 2009:49). In this study, the curriculum is governed
by the SANC R425 (Act 33 of 2005, as amended) which determines theory, the subjects and practice and all that the final year nursing student has to acquire to be prepared for clinical competency at the public nursing college in the Eastern Cape Province.

The library forms part of the important educational resources to support the student. All these aspects form the internal environment of the conceptual framework that influences the professional preparation of the student.

The external environment encompasses the social agents, i.e. the senior members of the nursing staff, including other members of the multidisciplinary team, who play a major role in the transmission of the culture of professionalism to the nursing student to prepare the neophyte to become a fully fledged professional nurse (Mashaba & Brink 1994:311).

The clinical learning areas (hospital and primary health care centres) are practical areas to which the students are exposed for clinical placement and provide the clinical environment for the student to acquire practical skills.

In the clinics, the students get the opportunity to deal with community-related challenges, and their prevention and management during community-based education.

The registered nurses, preceptors and lecturers play a big role in selecting facilities that provide an ideal clinical learning environment for transferring cultural values.

Public policies, SANC regulations, protocols and procedures provide the nursing students with the legal framework within which they should base nursing activities.

The final year nursing student in the transition to be a professional nurse needs to know that, after graduation, she/he will be a novice professional nurse, who will independently manage the unit with all the power vested in her by virtue of registration with the SANC, in terms of section 45 (1) (q) of the Nursing Act of 2003 (Act No. 50 of 2003, as amended). Such a person is accountable for prescribing, supervising, and carrying out of the nursing regime; coordinating and interpreting the multidisciplinary therapeutic regime based on diagnosing the needs and demands of a unique patient in a unique situation; establishing and managing an adequate
environment for patient care; assessing patient care situations based on scientific principles and skills; making nursing diagnoses; and taking responsibility for her actions (Carlson et al., 2005:66).

1.8 Research methodology
Research methodology is defined as the strategy, from the identification of the problem to the final plans for data collection and analysis (Burns & Grove 2001: 223).

1.8.1 Research Design
A qualitative, explorative and descriptive design was applied to examine human experiences through descriptions that were provided by final year nursing students at a public nursing college in the Eastern Cape (Brink, Van der Walt & Van Rensburg, 2006:113). An in-depth description of this study follows in Chapter 2.

1.8.1. Study Setting
The study was conducted at one of the campuses of a public college of nursing in the Eastern Cape Province. This college consists of five campuses situated at Port Elizabeth, Lusikisiki, Mthatha, Queen’s Town and East London under central management in Bisho. The campus under study is the biggest and, amongst a variety of training programmes, offers the four-year Diploma in Nursing (General, Psychiatry, and Community) and Midwifery under the control of regulation R425 of the South African Nursing Act (Act 33 of 2005, as amended). Nursing students following this programme are placed at Cecilia Makiwane and Frere Hospitals for clinical practice. Cecilia Makiwane Hospital is a public regional hospital which serves as a referral centre for patients (acute or chronic) from all over the Eastern Cape region. Frere Hospital is a public general hospital which serves as a referral hospital as well as the nurses’ home for third- and fourth-year nursing students of this campus.

1.8.2 Population
The research population refers to all the elements that can possible be included in a study (Burns & Grove, 2007:549). Included were all individuals who are registered as
final year nursing students at a public college of nursing in the Eastern Cape Province according to SANC Regulation R425 (22 February 1985, as amended), which leads to registration as a nurse (general, psychiatric and community) and midwife. This population consisted of a total number of 88 final year nursing students in the campus of this nursing college in 2012.

1.8.3 Sampling
The purposive sampling approach also referred to as the judgemental or theoretical approach was used. The researcher, as a lecturer at this college, was interested in studying final year nursing students; they feature as a group of interest for the study (Babbie, 2007:190). They were selected according to the dates and times they chose to participate in the study, and those who indeed honoured the dates participated. This was a measure to ensure that the researcher prevented bias.

1.8.4 Inclusion criteria
All first time final year nursing students at the college of nursing at the East London campus were included irrespective of race, gender and age, and both day and night allocated students.

1.8.5 Exclusion Criteria
Repeaters or students who will be exceeding the stipulated years of training were not involved.

1.8.6 Instrumentation
Unstructured interviews in face-to-face encountered discussions were a tool of choice to allow participants to express their views in a setting that was permissive and non-threatening.

1.8.7 Trustworthiness
Four criteria for trustworthiness in terms of true value, applicability, consistency and confirmability were followed to ensure validity and reliability.

1.8.8 True value (credibility)
In qualitative research, credibility refers to internal validity (Brink, 2006:118). In this study, the data was read over and over again, analysed and scrutinised to confirm the credibility of the results. The literature review was done to compare the data with data from other studies to make sure that it followed the same path.
1.8.9 Applicability (transferability)
This means transferability or fittingness in qualitative work; it concerns the degree to which the results of the study can be generalised to settings or samples other than the ones studied. We need to know whether the conclusions of the study are transferable to other contexts (Brink, 2006:119). In this study, the researcher described the experiences of final year nursing students focusing on the extent to which they feel prepared or not, so that the reader may understand the phenomenon to the extent that one would be able to transfer the results to other similar situations.

1.8.10 Consistency
Consistency determines whether the findings would be consistent if the inquiry were replicated with the same participants in a similar context (Lekalakala-Mokgele & Du Randt, 2005:7). To ensure consistency in this study, the final year nursing students were interviewed using the same open-ended question in every instance.

1.8.11 Confirmability
Confirmability guarantees that the findings, conclusions and recommendations are supported by the data and that there is internal agreement between the investigator’s interpretation and the actual evidence (Brink, 2006:119). To achieve confirmability, the researcher remained neutral; set aside any pre-conceived beliefs and opinions about the phenomenon studied (bracketing) to prevent their impact on the study; and tried her utmost best to concentrate on her participants’ views of their experiences. The co-facilitator was hired to assist with interviews and the co-coder to analyse the data.

1.8.12 Data collection
Four focus groups with six to seven members in each participated. They were guided by one open-ended question in an informal discussion with participants sitting around the table. Unstructured interviews were conducted more like a normal conversation, but with a purpose (Brink, 2006:152). This facilitated the gathering of rich data from participants’ responses in a focused area, while allowing them to express and clarify their views in their own understanding and using English, though also allowing the use of the mother tongue sometimes. Communication skills like nodding, probing, listening and reflecting were used with the help of co-facilitator
who was taking notes. The process took 30 to 45 minutes and an audio tape was used for recording. Data saturation was reached with the fifth group.

1.8.12 Data analysis
Data were captured on an audio tape and in field notes. Recorded responses were transcribed verbatim and translated, analysed according to the process of open coding by grouping similar codes together to generate themes that were used as headings in the findings (Burns & Grove, 2005:5; Creswell, 2010:189).

1.8.13 Ethical considerations
Brink (2008:37) stipulated the guidelines of ethical aspects to be taken into consideration during data collection as observed by the researcher. Permission to conduct the investigation was obtained from the Eastern Cape Department of Health Ethics Committee, the Management of the Lilitha College of Nursing in Bisho, the Head of the East London Campus, and the Ethics Committee of the University of Fort Hare. The researcher explained the purpose of the study to the participants, and requested them to sign consent forms before the interview. They were informed of their right to withdraw from the interview at any time without intimidation. The researcher took responsibility to protect all gathered data from being divulged or made available, or shared with any person other than the researcher, co-facilitator and co-coder (Burns & Grove, 2009:194-201). Participants’ identities were kept secret and codes were devised according to participants’ preferences (Brink, 2006: 34).

1.9 Definition of terms
Terms used in this study and the meanings attached to them are as follows:

1.9.1 Nursing Student
An individual who is undergoing training at a college of nursing in an educational programme that is accredited by the South African Nursing Council under the Nursing Act, Act No. 33 of 2005, as amended.
This study refers to a nursing student who is in the final year of training in the four-year comprehensive nursing programme at a public college in the Eastern Cape. This person is going to qualify as a nurse (general, psychiatric and community) and midwife and is practicing under the direct and indirect supervision of the registered nurse.

1.9.2 Registered Nurse
An individual authorised to and capable of practising nursing or midwifery independently by virtue of registration in terms of section 16 of the Nursing Act, No. 50 of 1978. Such a person is accountable for prescribing, supervising and carrying out of the nursing regime; coordinating and integrating the multidisciplinary therapeutic regime based on diagnosing the needs and demands of a unique patient in a unique situation; establishing and managing a safe and adequate environment for patient care; assessing patient care situations based on specific principles and skills; making nursing diagnoses; and taking responsibility for her action (Carlson et al., 2005: 66). In this study, a registered nurse is a qualified nurse and midwife registered with the South African Nursing Council, working in a hospital or primary health care centre and responsible for mentoring and supervising students in clinical practice.

1.9.3 Experience
Experience encompasses direct personal participation or observation; actual knowledge, skill or contact over a period of time (Collins English Dictionary, 1st edition: 514, Concise Oxford English Dictionary, 11th edition: 501).

This study investigated encounters that have been reported by nursing students when asked about their experiences, at the time when they were about to graduate from the nursing college.

1.9.4 College
An institution of higher education that offers programmes beyond high school level, and provides necessary training for individuals wishing to enter professional careers (Encarta dictionaries DVD. 2009)

This study refers to the nursing college which provides training in a four-year comprehensive nursing course leading to registration with the SANC according to
Regulation R425 (22 February 1985, as amended). This college is affiliated with universities and is also attached to the hospital for student clinical exposure in the Eastern Cape.

1.9.5 Preparedness
This is a state of full readiness (Concise Oxford English Dictionary, 11th edition: 631). According to this study, it means that the final year nursing student should be competent and prepared to practise as an independent registered nurse who is capable of rendering good quality nursing care.

1.9.6 Clinical Accompaniment
Accompaniment is the directed assistance and support extended to students by the professional nurse or midwife with the aim of developing competent and independent practitioners (SANC, 1992:17). Wilson and Kingston (2009:134) affirm that clinical accompaniment is the process in which nursing students are supported by a mentor during clinical practice in a clinical environment. In this study, clinical accompaniment implies the support, guidance and mentoring that is given by the lecturer to the nursing students during clinical placement, in order to ensure that the knowledge that had been acquired in class is integrated into practice.

1.9.7 Clinical Staff
Clinical staff refers to the registered nurses who are independent practitioners authorised to practice, and are capable of practising in their own right by virtue of registration in terms of section 16 (SANC, 1994:10). In this study this refers to registered nurses in the clinical areas who are entrusted with teaching and managerial functions to support the nursing students.

1.10 Summary
This chapter has dealt with the overview of the study to give context to the problem, the purpose and significance of the research, the objectives and the question that guided the research methodology with ethical considerations and trustworthiness to ensure validity and reliability of data analysis. Chapter 2 deals with the details of the research methodology.
CHAPTER 2: RESEARCH METHODOLOGY

2.1 Introduction
In the previous chapter, the researcher described the introduction, background, and proposed plan for the study. This chapter describes the research methodology utilised in the study. The focus is on the research design, methods used to obtain data, data analysis, trustworthiness and ethical considerations.

2.2 Research design
The research design is an overall plan for addressing a research problem and the “blueprint” of a study (Polit & Beck, 2004:730; Burns & Grove, 2005:734). The researcher applied qualitative, explorative and descriptive design to examine the experiences of final year nursing students regarding their preparedness to become registered nurses. The research design will be discussed as follows:

2.2.1 Qualitative Research
According to Burns and Grove (2009:51), qualitative research is a systemic, subjective approach used to describe life experiences and give them significance. It is a way to gaining insights through discovering meanings. As the name implies, qualitative methods focus on the qualitative aspects of meaning, experience and understanding, and they study human experience from the viewpoint of the research participants in the context in which the action takes place (Brink et al., 2006:113). This type of research was applied to examine the experiences of final year nursing students with regard to their preparedness for transition to the role of registered nurses. Brink (2006:11) described the following characteristics of qualitative research. Qualitative research:

- Attempts to understand the phenomenon in its entirety, rather than focusing on specific concepts (complex and broad).
  - The researcher used this approach to give participants the opportunity to express how they experience their preparedness to assume the role of registered nurses. Participants were encouraged to express themselves exactly in the manner which would show how they experience their preparedness for transformation so that the
investigator could understand the phenomenon. Qualitative research is a means of exploring and understanding the meaning individuals or groups ascribe to a social or human problem (Creswell, 2009:3-4).

- Has few preconceived ideas and stresses the importance of people’s interpretations of circumstances, rather than the researcher’s interpretations.
  - The researcher as the lecturer in this college might have preconceived ideas about the phenomenon but set aside any preconceived beliefs and opinions, so as to consider every available perspective as reflected by the participants. The researcher asked one question to all the participants, made notes and recorded all the interviews to ensure that she understood the responses and perceived them in the manner revealed by the participants.

- Does not attempt to control the context of the research, but rather attempts to capture the context in its entirety.
  - The researcher listened to the participants, facilitated the discussions by posing probing questions and observing non-verbal communication, thereby retrieving and capturing the complexities, richness and diversity of their experiences. This was achieved by allowing the participants to describe what really happened during their daily working experiences.

- Assumes that subjectivity is essential for the understanding of human experiences.
  - Participants were allowed to explain their experiences in their own terms, describing their views, concerns, fears and feelings from the subjective perspective of individuals.

- Analyses narrative information in an organised, but intuitive fashion.
  - The researcher reviewed data again and again, selecting similar phrases and grouping them together. All primary data were analysed until common understanding was achieved, and clear and relevant knowledge was developed.
Involves sustained interaction with the people being studied in their own language and on their own turf.

- Unstructured interviews in a face-to-face encounter more like a normal conversation were used to promote a more permissive and non-threatening setting which facilitated gathering of rich data.

- Inductive and dialectic reasoning are predominant.

- After data collection, the researcher formulated specific themes from the narrative responses of the participants.

### 2.2.2 Explorative Research

This approach is typical when the researcher examines a new interest or when the subject of a study is relatively new (Babbie & Mouton, 2006:79). In this study, the researcher was interested in examining the preparedness of final year nursing students as they were about to graduate to being registered nurses. In this regard, the researcher was prompted by the fact that this topic had never been investigated at this college before. The rationale for the study was to understand how students feel when changing from one role (student) to another (registered nurse). The researcher wanted to explore the phenomenon, the manner in which it was manifested and other factors to which it was related. The qualitative researcher therefore asks research questions that will generate the necessary data that will ultimately provide understanding of the specific phenomena in which she or he is interested (Green & Thorogood, 2006:6).

### 2.2.3 Descriptive Research

In descriptive research, the researcher seeks to identify the essence of human experiences pertaining to a particular phenomenon as described by participants. De Vos, Strydom, Fouche and Delport (2005:264) assert that understanding real-life experiences marks phenomenology as a philosophy as well as as a method. These authors further affirm that this is a procedure that involves studying a small number of subjects through extensive and prolonged engagement to identify patterns and relationships of meaning.
Brink et al. (2006: 102) support the statement that the descriptive design provides descriptions of variables in terms of which the research questions can be answered. The major purpose of many scientific studies is to describe situations and events in the manner in which the researcher observed them (Babbie & Mouton, 2006:80).

The researcher studied the final year nursing students as a means to describe their experiences. This meant enhanced interaction with the students in the real situation, making it possible to observe them, get first-hand information, and describe and interpret the information exactly in the context in which the nursing students experienced their preparedness for transition. Information gathered therefore assisted in the description and recommendation of guidelines to improve the preparedness of these students.

2.3 Study setting
Five focus group interviews were conducted. Three focus group interviews of seven participants each were held after hours at Frere Hospital in the rest room of the nurses’ home on three consecutive days. Two focus group interviews with six participants each were held at Cecilia Makiwane hospital during lunch hour, in a quiet classroom of one of the nursing college components in the hospital.

2.4 Population and Sampling
From the population of final year nursing students, a sample consisting of elements and units that compose the population was selected. A detail about population and sampling is discussed below.

2.4.1 Population
The term population refers to all the elements, objects or substances that meet the inclusion criteria in a given universe (Burns & Grove, 2007:40).

De Vos et al. (2008:193) describe the universe as all potential subjects who have the attributes which the researcher is interested in studying. The researcher studied the population of all individuals who were registered as nursing students at a public college of nursing in the Eastern Cape Province according to Regulation R425 (22
February 1985, as amended) which leads to registration as a nurse (general, psychiatric, community) and midwife.

2.4.2 Sampling approach
Sampling involves the process of selecting a sub-section of a population to represent the entire population in order to obtain information regarding the phenomenon of interest (Polit & Beck, 2008:279). In this study, purposive sampling, which is also referred to as the judgemental or theoretical approach, was used. This technique was based on the researcher’s judgement regarding subjects/objects that are typical or representative of the study phenomenon, or who are especially knowledgeable about the question at hand (Brink et al., 2006:134).

This study took a sample of final year nursing students at the college at the East London campus. This sample was selected on the basis of the researcher’s own knowledge of the population, its elements and the nature of the research aim (Babbie & Mouton, 2006:166).

The aim of this study was to explore and describe experiences of final year nursing students in order to recommend strategies to enhance their preparation for transition to be registered nurses.

Polit and Beck (2008:305) point out that, since qualitative studies are concerned with measuring attributes and relationships, a representative sample is needed to ensure that the measurements accurately reflect, and can be generalised to, the population. Therefore, to ensure a representative sample, the researcher focused on the following criteria for the selection of the sample:

2.4.2.1 Inclusion Criteria
- The participants
  o had to be in their final year of study at the college of nursing at East London campus
  o had to represent different racial and gender groups (that is, black, white, coloured; male and female) and
  o could be of any age
  o had to be able to understand English
2.4.2.2 Exclusion Criteria
No repeaters or students who exceeded the stipulated years of training, except for first time final year students.

2.5 Data collection
Data collection is described by Burns and Grove (2007:536) as the identification of subjects and the precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypotheses of the study.

2.5.1 The instrument
The data were collected using unstructured interview discussions as the tool of choice. Participants were able to tell their stories, expressing views in their own words according to how they felt, without following pre-established lines developed by the researcher. De Vos et al. (2005:292) stipulate that unstructured interviews are conducted without using any researcher’s prior information, experience or opinions in a particular area. The researcher explored and gathered rich data which served as a source of deeper understanding of the phenomenon researched.

2.5.2 Data collection method
The researcher used focus group discussions in an unstructured format to investigate a multitude of perceptions and observe several participants systematically and simultaneously. Focus group interviews are a research technique that collects data through group interaction on a topic predetermined by the researcher, while listening to people and learning from them (De Vos et al., 2005:300).

This study consisted of five focus groups assembled from students who volunteered to participate in this study. Participants were selected and grouped according to the dates and times they chose in the preparatory session of the interviews. The first three focus groups consisted of seven participants with different ages, race and gender. The last two focus groups consisted of six black females of different ages. De Vos et al. (2005: 305) stipulate that focus groups usually include six to ten members to allow everyone to participate, while still eliciting a range of responses. Burns and Grove (2009:513) highlighted the following assumptions about focus
groups, which the researcher considered as important motivation for using focus group interviews:

- A homogenous group provides the participants with freedom to express thoughts, feelings and behaviours candidly.
- Individuals are important resources of information.
- People are able to report their thoughts and feelings. Group dynamics can generate authentic information.
- Group interviews are superior to individual interviews.
- The facilitator can help people recover forgotten information by focusing the interview.

2.5.3 Interview Process

Interviews were conducted during lunch hours in a quiet classroom in one of the nursing college components in the hospital and after hours in the rest room of the nurses’ home. The participants were given a chance to choose days and times to attend the interviews according to their preferences. Many participants preferred to be interviewed after hours in the nurses’ home and those who honoured the appointments participated to prevent biased selection.

During the interview, participants were seated around the table maintaining eye contact with one another and with the investigator, to promote dialogue and communication. The tape was prepared to be ready for use. The researcher introduced herself, the topic and the purpose of the topic to establish rapport and to set the participants at ease.

All participants were asked one open-ended question, as follows: “What are your experiences regarding your preparedness now that you are going to become registered nurses?”

The researcher facilitated all the focus group discussions and was assisted by an independent facilitator taking notes during interviews to ensure capturing of responses even from the participants with soft voices, or when several individuals spoke at once, or used non-verbal behaviour or eye contact (De Vos et al., 2008:298). The researcher used communication methods like nodding, questioning, maintaining eye contact and clarification to facilitate the discussion and encourage
the participants to talk. Unclear statements were reflected to ensure clarity and verification of meaning.

Discussions continued until there were no themes or issues emerging from the participants. When discussions reached the point of repeating the same statements or issues (reaching saturation), the participants were asked to make closing statements. Data saturation was reached in the fifth focus group. All the data were recorded on audio tape operated by the researcher. A follow-up interview on a one-to-one basis was conducted with a few members to verify unclear aspects of the data and to allow participants to expand on inadequate descriptions. An independent facilitator was involved to take notes and observe the interview process to prevent misconceptions, misinterpretations and bias. The researcher thanked the participants for their support in the study.

2.6 Ethical considerations
The researcher paid particular attention to the following ethical principles that guided the progress of this study: obtaining ethical clearance to conduct the study (permission); maintenance of self-determination, privacy and confidentiality; anonymity; and obtaining consent from the participants.

2.6.1 Permission
Permission to conduct the investigation was obtained from the Eastern Cape Department of Health Ethics Committee, the Management of the Lilitha College of Nursing in Bisho, the Head of the East London Campus, the Ethics Committee of the University of Fort Hare, through correspondence.

Focus group members were met in the clinical area or college during preparatory phases, to discuss and reach agreement on the venue, dates and times for the interviews. De Vos et al. (2005:303) are of the opinion that a researcher should plan focus groups around the participants, the environment and the questions that will be asked during the interview.

2.6.2 Right to self-determination
Participants were informed that they may withdraw from the study at any time. The principle of respect for a person stipulates that an individual has the right to decide
whether or not to participate in a study, without the risk of penalty or prejudicial treatment (Brink et al., 2006: 34). In this study during the planning phase session, participants were informed about their rights.

2.6.3 Privacy and confidentiality
Privacy comprises an individual right to determine the time, extent and general circumstances under which personal information will be shared or withheld (Burns & Grove, 2009:194-5). Brink et al. (2006:35) point out that it is the researcher’s responsibility to prevent all data gathered during the study from being divulged or made available to any person. The researcher assured the participants that the information gathered would be treated confidentially by all the participants – including the facilitator herself (De Vos et al., 2005:295).

2.6.4 Anonymity
Anonymity literally means nameless and the process of ensuring anonymity refers to the researcher’s act of keeping the subject’s identities a secret with regard to their participation in the research study (Brink et al., 2006: 34).

Participants were given a chance to code themselves, using the letters of the alphabet for their names according to their seated positions (from the first participant to the last for instance alphabet A to Z).

2.6.5 Consent forms
Consent is the prospective subject’s agreement to participate in a study as a subject, which the subject reaches after assimilating essential information. Subjects should be capable to decide whether or not to participate in the research (Burns & Grove, 2009:201).

The researcher prepared the participants for signing consent and granting permission to use the audio tape in the first session, before the research was conducted. The consent was explained in detail i.e. the topic itself, what was expected of the participants, and the researcher went step by step through the format of the consent with them.
2.7 Data analysis

The aim of data analysis is to organise and structure data in such a way that meaningful conclusions are drawn (Polit & Beck, 2006:570). The data were transcribed verbatim from the tape recordings and the field notes that were made during the interviews (Andrew & Halcomb, 2009:188). The researcher gave herself sufficient time to become immersed in the data so that she would be completely familiar with all its elements and be able to reflect upon these elements and make connections between them. The researcher then sent the transcribed data to the independent coder to assist the researcher with the analysis of the data. The independent coder analysed and coded the data. The researcher reanalysed and refined the themes, categories and sub-categories into the brief, distinct statements currently used in the study. According to Stephens (2009:101), qualitative data analysis involves a circular (reiterative) process of describing, classifying and connecting codes and themes that eventually result in the formulation of classes and categories.

Data analysis was conducted using Content Analysis Technique guided by Tesch’s method of analysis for qualitative data. The contents are provided below:

2.7.1 General sequence of events in a qualitative data analysis according to Tesch (1990: 95-97)

Conduct a systematic and comprehensive though not rigid analysis which proceeds in an orderly and disciplined manner in an organised mind characterised by perseverance: So the steps were as follows:

- The researcher listened to the audio-tape, read and re-read the transcripts over and over again until she became familiar with all the elements of the data. This was done to make connections between the elements of the data and to make sense out of them. In this way, ideas were jotted down as they emerged.
- Data were segmented into relevant and meaningful units. In this manner, when reading the transcripts, all positive experiences were written in blue and negative experiences in red. This was done with all the transcribed data.
- The segments were read and re-read, and similar topics were clustered together. Lists of topics were separated with lines and topics with broad
meanings classified according to headings (major topics), then topics with simple meanings were fitted under each major topic. These clusters of topics were interrogated to make sense of the items they contained. This resulted in the formulation of themes, categories and sub-categories.

- Categories were compared and contrasted to prevent repetition of elements that supported the themes.
- The content of each theme was summarised in one column, the descriptive categories were placed in the column next to the themes, and manageable subcategories supporting the theme were placed in the column next to the categories.
- The categories were verified against the transcriptions to ensure that they had the same meaning as the data; participants were also visited to validate analysed data.

2.8 Recommendation of guidelines
Guidelines to be used by the lecturers, clinical staff and everybody involved in the preparation of final year nursing students for practice at Lilitha College of nursing will be recommended.

The guideline construction will be supported by the information obtained from data collection and analysis as well as literature review. Recommendations will be done on the basis of the results of the study.

2.9 Trustworthiness
Streubert and Carpenter (2007:49) stipulate that a criterion or principle of good qualitative research resides in trustworthiness and in the neutrality of the findings and the decisions that characterise the study. These authors further explain that rigour is important in qualitative research, and point out that this can be discerned from where the researcher places his or her emphases and the manner in which she or he confirms the data and interpretation thereof. De Vos et al. (2005:346) outline trustworthiness under Guba’s model. The researcher used this model consisting four criteria: credibility, applicability, consistency and confirmability to prove validity and reliability of this study.
2.9.1 Credibility
According to Polit and Beck (2008:541), credibility involves two main activities:

Firstly, the carrying out of the study in a way that enhances the believability of the findings and, secondly, taking steps to demonstrate credibility to external readers.

According to Babbie and Mouton (2006:277), credibility is achieved through the following “procedures”:

2.9.1.1 Prolonged engagement: Stay in the field until data saturation occurs.
Polit and Beck (2008:542) affirm the necessity to invest a sufficient amount of time to the collection of data in order to achieve in-depth understanding of the culture and the language of the views of a group under study; to test misinformation and distortions; and to ensure saturation of important categories. In this study, the researcher is the lecturer in the college; she could arrange to spend time to engage with the participants before and during the interviews to establish rapport and until data saturation was reached. After data collection, the researcher read the data to familiarise herself with it. Data was transcribed and verified with some participants to ensure that transcribed data provided a truthful version of their experiences. This enhanced the integrity and rigour inherent in qualitative studies.

2.9.1.2 Persistent observation: Look for multiple influences and search for what counts and what does not
According to Polit and Beck (2006:333), this kind of attention and observation refer to the researcher’s focus on the aspects of a situation that are relevant to the phenomena being studied. The researcher was consistent in analysing and interpreting the data in search for what was relevant, meanwhile excluding what was not. This identified the characteristics and elements most relevant to the phenomenon.

2.9.1.3 Triangulation: to collect information about different events and relationships from different points of view
Polit and Beck (2008:543) describe triangulation as the use of multiple points of reference and observation to draw conclusions about what constitutes the truth. The purpose of triangulation is to overcome intrinsic bias that comes from single-method, single-observer and single-theory studies. The researcher conducted interviews with
different focus groups but using the same question to gather more information about the phenomenon. The independent facilitator took notes and made observations during the interviews to ensure understanding and meaning of data.

2.9.1.4 Referential adequacy: this involves the material to be used for documentation or recording of information.
This study used the audio tape recorder to record the interviews and the independent facilitator also took notes. Transcripts were made for each interview.

2.9.1.5 Peer briefing: this is done with a colleague of similar status who is outside the context of the study.
The researcher used peer evaluation whereby the research process and findings were discussed with colleagues who are not involved with the fourth year nursing students. Confidentiality was maintained and assured.

2.9.1.6 Member checks: the aim is to assess the intentionality of the respondents, to correct for obvious errors and to provide additional volunteer information.
Polit and Beck (2008:543) point out that the use of member checks allows a researcher to provide feedback to the participants about emerging interpretations and this is also a method of soliciting participant reactions. The researcher conducted interviews again on individual bases to verify certain aspects of data which were not clear and the additional information was taken into consideration.

2.9.2 Transferability
Babbie and Mouton (2006:277) refer to transferability as the extent to which the findings can be applied in other contexts or with other respondents. This opinion is supported by Brink et al. (2006:119) in stating that transferability is the degree to which the results of the study can be generalised to settings or samples other than the ones studied. The researcher has presented the research methodology of the study; the background of the participants; the research context; and findings with the support of literature from similar studies, so that the study may be transferred in similar contexts when necessary.
2.9.3 Dependability
Babbie & Mouton (2006:278) state that an inquiry must also provide its audience with evidence that if it were to be repeated with the same or similar respondents in the same context, its findings will be similar. The measures that were used to ensure consistency included triangulation, dense description of research methods, code-recode procedure and peer evaluation.

2.9.4 Confirmability
Babbie and Mouton (2006:278) define confirmability as the degree to which the findings are the product of the focus of the inquiry and not of the biases of the researcher. The researcher enhanced her neutrality by providing an audit trail consisting of:

- Well documented notes of transcribed data
- Findings of the study
- The conclusions and recommendations of the study

2.10 Summary
This chapter has focused on the research design and method, trustworthiness, and ethical issues in research, which provided an overview of the study for understanding the research study as a whole. Chapter 3 discusses the procedures applied during data analysis and interpretation.
CHAPTER 3: PRESENTATION OF FINDINGS

3.1 Introduction
In Chapter 2, the researcher discussed the research methodology applied in the study. This chapter first presents a discussion of the demographic data of participants, followed by the results according to themes, categories and sub-categories.

3.2 Demographic data of participants
The groups consisted of final year nursing students in age groups ranging from 22 to 39 years, with five males (all African) and twenty-two females of different races. Participants were all able to communicate in English, and do speak a second language, either Afrikaans or Xhosa.

All the participants were allocated at Cecilia Makiwane and Frere Hospitals. Those at Frere Hospital were interviewed after hours in the nurse’s home.

3.3 Findings of the study
The findings are discussed according to the identified themes:

1. Lack of preparedness to take the professional nurse’s role
2. Adequate preparedness to assume the professional nurse’s role

These themes had a number of categories and sub-categories, as indicated in the table below.
### 3.4 Themes, categories and sub-categories

*Table 3.1: Presenting Themes, Categories and Sub-categories*

<table>
<thead>
<tr>
<th>Themes</th>
<th>Categories</th>
<th>Sub-categories</th>
</tr>
</thead>
</table>
| 3.4.1 Lack of preparedness to take the professional nurse’s role | 3.4.1.1 Curriculum-related aspects              | 3.4.1.1.1 Manner in which subjects are spread in the four years,  
3.4.1.1.2 Structuring of the four-year programme  
3.4.1.1.3 Discrepancies between theory taught at the college by lecturers and clinical staff practices. |
| 3.4.1.2. Clinical teaching and learning support |                                               | 3.4.1.2.1 Accompaniment of nursing students by lecturers  
3.4.1.2.2 Guidance and supervision of nursing students by ward/clinic staff  
3.4.1.2.3 Clinical preceptors  
3.4.1.2.4 Demonstration and evaluation of procedures by lecturers |
| 3.4.1.3 Learning opportunities               |                                               | 3.4.1.3.1 Clinical allocation and orientation of nursing students  
3.4.1.3.2 Rotation of nursing students,  
3.4.1.3.3 Delegation of duties to nursing students  
3.4.1.3.4 Exposure of nursing students to administrative roles  
3.4.1.3.5 Nursing students used as workforce  
3.4.1.3.6 The impact of large numbers of nursing students on learning |
| 3.4.1.4 Interpersonal relationships between lecturers, students and clinical staff |                                               | 3.4.1.4.1 Attitudes of lecturers  
3.4.1.4.2 Attitudes of clinical staff  
3.4.1.4.3 Emotions of nursing students: |
3.4.1 Lack of preparedness to take the professional nurse’s role

Throughout the interviews, the participants indicated that they experienced lack of preparedness to take the professional nurse’s role regarding certain factors which included: curriculum-related aspects; clinical teaching and learning support; learning opportunities; interpersonal relationships between lecturers, students and clinical staff; equipment; and library resources during their course of training. These aspects will be discussed below.

3.4.1.1 Curriculum-related aspects

With curriculum-related aspects, several sub-categories emerged. These included:

3.4.1.1.1 The manner in which subjects are spread over the four years of the programme

It emerged from the interviews that nursing students were faced with certain medication challenges in the practical areas, which created the opinion among them that pharmacology, which is presented at first- and second-year level, should be spread across the programme until the third or fourth year. The following remarks were made by the participants:
My problem is with the side of i-i------, i------ what do we call it? ipharmacology. Pharmacology which we stop at level 2 which is second year and on my----- on – on my side or the way I see it, it should continue until u/third or fourth year level because we get problems when we get to the wards with imedication, and if you ask eh----- from someone in the ward, your senior, they will look at you and look at your epaulettes and say ‘at your level you don’t know this?’, so at least if we were continuing with ipharmacology until fourth year level.

Another student added that community nursing science, which is completed in the third year, should also be extended to the fourth year as they would have forgotten about it when they reach fourth year.

“I would like to emphasize on these uhm---, as we are doing incomprehensive course mam. I-----also have a problem with these courses that end at the middle of the programme. Take for instance I’m going out and I’m allocated in a clinical area where icommunity plays a big role. Then the community nursing only ends at third year level. Then the whole 4th year I’m concentrating on psychiatry and midwifery. When I’m allocated in community there is plenty stuff that I’m going to forget for sure, which I last heard about when I was in 3rd year, so if they can may be make a plan even if you are already in 4th year ------make a plan to expose us to community, because things are changing there, for example medications; you are going to prescribe something in the name that is no longer used which you used to when you were last allocated to community. It’s going to be difficult for you”

3.4.1.1.2 Structuring of the four-year programme

The participants indicated that the manner in which their course or programme is structured disadvantaged them in some way. They could not confidently claim their preparedness as the course contained a lot of theory in a short period of time, leading to confusion, strain, absconding and drop-outs. Some of the comments are reflected below:

“The way our course is outlined or our programme is structured, it disadvantages us in a way, there is a lot of work within a short space of time, so that makes us, as students to be----- unable to grasp everything that will
empower us for practise. Eh----we do a lot of theory in class within a month which we do not grasp eh----mh----- properly, and you are sent to the clinical areas the next month to put this into practice, which is confusing because in the clinical areas there is nobody who is going to be next to you to guide you. Sisters are always busy, lecturers only come for checking absenteeism and for evaluations, preceptors who used to help us are no longer there and---- and --- and--- you get frustrated. At the end of the day you are expected to be a fully fledged professional nurse, you will be left alone to manage a ward or clinic, sometimes working night duty. [Appearing frustrated]. That’s why I say this course disadvantaged us because I cannot stand up and say I can do 1, 2 and 3 independently and confidently though I have been taught, I’m still not sure as if I had undergone a crush course.”

“....I’m saying for us now, yes, we are not ready because of the programme or the strategy used by the college. It is not 100% for the students who are required to complete the course in four years, it may be late for us, but for those that are coming it may be helpful, because we are already leaving and we are not prepared.”

“I want to highlight the fact that this course is very packed, strenuous and frustrating, we do not cope, people who are slow learners are very disadvantaged, they abscond, drop, and get excluded or become sick.”

3.4.1.1.3 Discrepancies between theory taught at the college by lecturers and clinical staff practices

Some participants felt that the procedures demonstrated at the college by lecturers in the simulation laboratories differed from what is practised in real clinical practice. This was attributed to the shortage of staff; the rush for ward routine by clinical staff; inaccessibility of lecturers in the ward environment to reinforce nursing students’ learning and enhancement of their experiences. This was worsened by the fact that the clinical staff was not cautioned to practice the right way of doing procedures, as they were dealing with students who were there to learn. The following extracts represent impressions recorded from most nursing students:

“This means the----the things demonstrated in the college seem [to] differ in the ward. Uhm--- mh---[stamping the foot] mam the simulations you do in the
sim lab, when you go to the real practice, sisters and their staff do them differently. For example when you demonstrated catheterisation in second year, there was a lot of preparation and maintenance of sterility. There in the wards it’s just a catheter, tray with receiver and gauze, no pack and when swabbing it’s just strait down washing [the participant demonstrating], quick, quick and it’s done. “We are rushing for the routine here; you’ll do that in the college” [imitating the sister]. Even when putting up a drip it’s just webcol, vacoliter and jelco tshups---they are done or uzosala wena---- [laughing]. It’s worse that we are all by ourselves, there is no lecturer or preceptor who will have patience to show you or caution the ward staff that we are training so we need to witness right things. Sisters have got their own way of doing things.”

“On that part of skills there is a lot of simulation at the college, then when you get to the actual part of it you’ll find out that in real situation it’s totally different. And yet we are encountering problems during feedback times.”

3.4.1.2 Clinical teaching and learning support
It was overwhelming to all participants that clinical teaching and learning support was not adequately conducted. The following aspects in relation to this factor were highlighted:

3.4.1.2.1 Accompaniment of nursing students by lecturers
It emerged from the study that lecturers from this nursing college were not available to accompany or to support nursing students during clinical exposure, and that they only came for clinical evaluations.

Below are responses relating to this:

“Our lecturers seem to be very busy or have too much to do. They don’t even show to the wards unless a student is to do a skill. There is no lecturer who goes there at least to educate us.”

“I would like the lecturers to come and check on us when we are allocated in the wards. The only time they come to check on us is when they have come for evaluations only.”
“To support that, I think eh----- lecturers and preceptors may do accompaniment of students even during comserve to----to-----have someone to help until you are sure or confident.”

“Also we go alone for house visits, and it is eh…very, very risky, and people there sometimes don’t trust us because there is no professional people with us. We are all by ourselves but we are expected to finish or complete the workbooks. Lecturers must be there to accompany students.”

3.4.1.2.2 Guidance and supervision of nursing students by ward/clinic staff

This study revealed that there was insufficient guidance and supervision by clinical staff. Clinical staff was too busy or not willing to guide the students in the wards; as a result students learnt through their own curiosity by following doctors during ward rounds. This negatively affected nursing students’ learning and competency. Lack of guidance and supervision were attributed to shortage of staff and workload. Students remarked that:

‘Mam sisters in the ward do not have chance ------to-----assist us in terms of learning. There is a lot of work there in the wards. So they say “no ------ students we are willing to help you but we are busy as you can see”. That is why we sometimes leave the wards to the college gaining nothing.”

“They don’t have time to accompany us or pair with us first so that at least we know those examinations of neonates, moss we last practised them or witnessed them during demonstration of skills in the college.”

“The professional nurses out there have a lot in their hands, some of them are willing to help us to learn but they are too busy to----to-----practise that, like the professional nurse in charge used to ask other professional nurses, but they don’t monitor them if they really------ assist us. As a result we sometimes go back to the college without learning anything, and we cannot correlate theory with practice.”

“There is no teaching time we only know things with our curiosity that we follow doctors during rounds.”
3.4.1.2.3 Clinical preceptors

The cessation of the clinical preceptors’ posts devastated all the participants. As a result they found teaching and learning in the wards to be very difficult. All participants pleaded for the reinstatement of clinical preceptors to enhance positive clinical learning experiences.

“I..........I don’t know why they stopped preceptors. I think i/preceptors helped us a lot. It’s nice when there is a preceptor because we know at 11am to 12 we gonna do ABC. They gonna give us homework. If you did not understand a task, then we do presentations the next day. They used to help us with pamphlets and we were interested to know and know that you are having itask ka Mrs so and so and I have to read. Sisters in the ward say there is no time to do this and that, you are here to work eh......I don’t have time to educate you.”

“I think we still need the---the clinical preceptors to come and help us in the ward, to demonstrate for us some of the things before we actually start helping in the ward.”

“We were in advantage when there were preceptors. Now that they are no longer there, hayi eh, we are in trouble.”

3.4.1.2.4 Demonstration and evaluation of procedures by lecturers

It evolved from the findings that there was no standardised way of doing procedures in all the campuses at Lilitha College of nursing. At the campus where the study was conducted, some modules did not expose nursing students to evaluation tools before procedure evaluations. Lecturers used different procedure evaluation methods during student evaluations. These resulted in inconsistency on the part of lecturers when measuring the competency of the nursing students, which negatively affected the nursing students during the feedback time because each lecturer wanted students to do procedure feedbacks according to the lecturer’s own preferences, which in turn disadvantaged students during OSCE times.

“This is a problem with all the campuses, we are studying at Lilitha College but there is no standard way across the board of doing procedures.”
“In some other modules they don’t even give you a tool, and then you are expected...to be tested, to be tested using that tool. To be measured your competency according to a tool which you were never exposed to. You don’t know what they expect from you, but you are supposed to meet accuracy, a certain... I don’t know how to put it, you see.”

“Then there is the thing of inconsistency of eh... evaluating students. Still on that part of the skills because you’ll find that this lecturer wants this procedure to be done this way and the other lecturer likes it to be done this way. So there is a little bit of inconsistency. You will find that we are even confused ourselves. You don’t know which is which and there’s a problem with OSCES.”

“Umh-----, eh-----during OSCES we are evaluated by lecturers from different modules, who know these procedures differently and may mark differently, may be disadvantage the student. Sometimes in the same module lecturers know different versions of the same skill.”

3.4.1.3 Learning opportunities
Most of the participants experienced lack of learning opportunities; this was evidenced by the sub-categories below.

3.4.1.3.1 Clinical allocation and orientation
The participants expressed their dissatisfaction about the time allocated for their exposure to the clinical areas; it is too short (2 weeks only). This limits their learning opportunities, and they end up going back to the college without grasping anything. Nursing students also pointed out that there was lack of orientation in other wards, which deprived them of practical experiences as they did not know where to get working equipment and what to do.

“I’m concerned about allocation; the time that they allocate us in these areas is too short, because even now we are here in psyche for children with disabilities for 2 weeks only. I think this 2 weeks is too limited, you’ll go out here knowing nothing, its haphazard here, we have not yet gathered a thing whereas we came here a week ago. We are left with one week. Its 2 weeks in
psyche, 2 weeks in ANC, 2 weeks in maternity and you go out empty without grasping anything. This time is too short they limit their time [throwing hands sideways].”

“Another thing is that you are allocated for two weeks in an area, and in this two weeks you have to learn deliveries in the labour ward, when you start grasping you are changed to another area, when you come back you have forgotten and you become confused. This happens throughout the year.”

“Ehm----- I’m also concerned about I-orientation when we go to the clinical areas. Most of the time, the students don’t get orientation in the wards. You just get into the ward and nobody explains to you what is happening in this ward. Where is this, where is that? And when you go to the staff of the ward and you ask, the whole day you will ask for this and for that, and then they seem as if they-------- or you don’t know what to do. Iorientation helps a lot when you get to those wards, at least you know where is this and that. So we do lack I- I-orientation....”

3.4.1.3.2 Rotation of nursing students
The study revealed that the participants were not adequately rotated to all clinical areas; instead, they repeated the same units. This impacted negatively on their learning experience, leading to specific ward preferences when they qualified as registered nurses.

“...you will find out that you will be allocated in the same units for 3 consecutive times in a medical or surgical ward, whilst there are other areas that are left out.”

“As speaker X said, we are allocated in the same wards, I was allocated a lot in the medical wards, so I can try to be a sister there not in other wards. So at least look [referring to the researcher] for the allocation and change it so that we are not allocated in the same wards.”

“There are lots of units or areas where we were not allocated. This is our 4th year and those were general nursing science areas which we will never go back to them, in which we were never allocated to.”
“Mh...sometimes at the college we are allocated at the same areas repeatedly.”

### 3.4.1.3.3 Delegation of duties

Nursing students were delegated duties which were not of their level of training and were sometimes made to do assistant nurses’ duties.

The following comments were made:

“As a 4th year nurse, you are supposed to take charge of the ward and doing duties like daily stats, even IVs. Even for injections we are not exposed to that.”

“Sometimes in the wards we do things that are not of our levels.”

“They only expose us [to] the minor things like doing observations when the assistant nurses are not available for those.”

“In a nutshell I can say, mam, there are skills which according to theory we are supposed to practise, we learnt from the college but we are not exposed to them. For example ordering of scheduled substances. Hayi ke fetching them from dispensary is a story I don’t even have a clue.”

“We ended up doing duties that are not of our level, like running errands, TPR, BPs and urinalysis. The exact work that we needed to know, that is to go with them, to see how these babies are given immunisations and the rest; that’s the things you want from the puerperium side, but you’ll find out we’ve got little time with them.”

### 3.4.1.3.4 Exposure of nursing students to administrative role

Participants indicated that they were lacking the administrative role of a registered nurse. Ward sisters denied them opportunity to be exposed to ward management duties in the clinical settings. Nursing students were only allocated to nursing assistants’ or enrolled nurses’ duties.

“A---- According to me I think eh----eh----, I, I, I am lacking according to I----administration. When we get inside the wards, they put us too far to the administration, whereas we are going to be sisters in charge or eh----in
charge of the ward whatever. The only thing they expose us is just eh---- to write, to know how many patients eh---- they have. They don’t involve us in everything, for example when ordering medications, when you writing eh---- like there are things they want to repair in the ward. They don’t involve us, they don’t involve eh----, let’s take l----taking of drugs from dispensary, they don’t eh---- expose us to that”.

“At this level mam we are supposed to be managing the ward, may be ke under supervision of a sister. For example doing ordering of materials in stores, carrying out doctor’s orders, I mean running the ward as a sister---- mh----giving report to matrons etc. We as students do assistants’ or staff nurses’ duties. Sisters do management work alone. When it comes to BPs, students can you please do that and also urines. We don’t do the management job of the patient. Management job is theirs.”

3.4.1.3.5 Nursing students used as workforce

It was overwhelming that nursing students had ill feelings about the way they are utilised in the ward situation. The ward staff used students as the workforce with no time to learn and correlate theory with practice. Nursing students were also used as relievers from all unpleasant duties which the ward staff do not want to do. The following comments were made:

“In clinical areas they don’t take us as students, they take us as workers. We are forced to work, Yes I agree we........have to work but it is very difficult when it comes to correlate ipractical netheory. They take us as staff, they don’t want to train us.”

“The fact that we are being made a---- workforce, we cannot run away from it, as much as they are busy but they don’t give us chance to learn.

At the wards we are a workforce and all the ugly work that the staff don’t want to do is done by the students. There is no teaching time we only know things with our curiosity.”

“There is a shortage of staff in the wards, so we end up being workforce, we end up helping them and we don’t know what to do.”
3.4.1.3.6. The impact of large numbers of students on learning

Nursing students highlighted that the allocation of large numbers of students negatively impacted on their learning experience. Registered nurses were unable to teach them and they could not witness procedure demonstrations. The following statements supported that:

“Another thing that I think is challenging is that we are being allocated in the units in big numbers and I think it’s another problem; may be that is the problem that the professional nurses are not able to teach us.”

“...by the time you are demonstrating as lectures, we are a lot of groups and we used not to see what is happening there and we also used to be exhausted because to be in one point to another. You know…that is why… we don’t have time to learn that skill. That is why we are like this.”

“They gave themselves time to teach us, but they are few and there is a lot of us. That is why we don’t have confidence [in] doing practical.”

3.4.1.4 Interpersonal relationships between lecturers, nursing students and clinical staff

It evolved from the study that the interpersonal relationships between lecturers, nursing students and clinical staff were not good. This was characterised by the following factors:

3.4.1.4.1 Attitudes of lecturers towards students

Participants blamed lecturers for failing them in the skills during practical evaluations, without even giving them feedback after evaluations. Lecturers were accused of being judgemental and not supportive when nursing students are faced with challenges in the wards, and practising favouritism during practical evaluations. The following comments were made:

“Sometimes lecturers make us repeat the skill without knowing why you did not pass the skill. Sometimes you do not do the skill with sequence because the lecturer made you skip other steps of the procedure and said jump, jump,
jump and jump and you become confused. Sometimes ke you are judged according to your performance in class.”

“Again I’m concerned about attitudes on feedback of skills. As students we don’t enjoy skills anymore. We are scared of doing skills. They are our lecturers, they teach us in the classroom but when it comes to skills it’s different. I think it would be better if one lecturer is given chance, like to say eh--- at level 4, I want so many students, so and so and so, because really lecturers are doing favours when it comes to skills. You go and book for skills like you are four in a day and then the lecturer says ok you can come. But when you go there she says no “I’m not going to do you” as if she is assessing your level of knowledge like as in theory performance. If you are poor in class you will do poor in the skills.”

“I just want to talk about the attitude. Firstly the attitudes of our lecturers because sometimes we find difficulties in the----in the wards. You want to go to your lecturer to ask something but you are afraid, the way the lecturer is going to treat you. Sometimes you have a problem with the sister in the ward. She- she-- the sister doesn’t do things right, because you are the student, so you need, we need someone who----when we have a problem someone who is able to listen to your problem, not to judge because some of our lecturers, they think us as students we are naughty in the wards but sometimes it is not like that. Even they don’t want to listen to what’s going on, but they are going to blame students [Appearing angry] that you are wrong, you are dodging in the wards, you are doing naughty things in the wards, while you are not doing that you----you want to ask something, you want to express your feelings to----to someone who is close to you and----and----and to be comfortable kwi working areas.”

3.4.1.4.2 Attitudes of clinical staff

Nursing students experienced the personnel as harsh towards them, some being impersonal and inconsiderate of nursing students’ problems when they were sick or even rejecting them. Other registered nurses did not want to allocate students to certain duties as they think that it may be risky to do so.
“Sometimes you are not comfortable because the sister is harsh and you don’t know where to go. Like if let’s say mam [referring to the researcher], you are sick, you are not on duty, neh, you send a sick certificate. When you come the following day, neh, you tell the sister that you are student nurse so and so and I was sick yesterday. “Yha I know nton nton student ---- sick nton --- nton ----[imitating the sister] she does not listen, she does not listen, she is shouting at you in front of other patients, in front of other students, in front of the staff uba always the case students are always sick’ nton nton. You are sick serious, but she does not want to listen to your problem. That’s what I want to say.”

“The staff in that area has an attitude towards students and say I don’t want to allocate you in consultation, just do observations and palpations, maybe they think we are going to do hazards, they don’t want to allocate us in consultation. The other day I was allocated in the ANC for palpations. The sister there had already consulted the patient and she wrote that foetal movements felt, and then I just took foetoscope, then CTG and checked, there was no foetal heart. Sisters there think we are going to make hazards whereas they themselves can make hazards.”

“...sometimes there are sisters who have attitude in their wards. I was allocated in one ward and sister one day said “I’m very fed up when it comes to students”. And when you ask something from her, she will refer you to someone else and say “She is a sister also, you can ask her” [imitating the sister]. So you can feel that you are rejected. Sometimes you can’t learn in that situation.”

One participant felt that may be judged by the wrong doings of the previous groups of students.

“Sometimes I think attitudes of the staff may be because of the previous students that were not working well. So they are taking that, when you first arrive at that unit you are going to do the same thing as other students. So others are not prepared to teach you.”

3.4.1.4.3 Emotions of nursing students
The findings showed that nursing students experienced certain emotions related to their lack of preparedness to be registered nurses.

(i) Frustration
Participants experienced frustration because they were not taught or given chances to practise what they learnt at school. Nursing students were given outdated information from the college which did not tally with the new trends of practice in the wards, and registered nurses in the wards were not keen to teach them, therefore integration of theory to practice was difficult. This frustration was expressed by the following statements:

“You will go round the ward being called up and down without being shown a thing or practis[ing] what has been demonstrated at the college. We get out there knowing nothing.”

“Attitudes of sisters in the wards who are not ehm.....eh accessible for teaching us and who do not trust us in order to give us chance to take charge of the ward frustrated us.”

“We come with those old things that are not on practice now, in the wards there is new equipment and knowledge, but our lecturers continue giving us old information. It is frustrating and difficult to correlate theory with prac.”

(ii) Fears
Nursing students indicated that they experienced fear of the unknown, which was the registered nurses’ role that would be expected of them. These students were not prepared and anticipated inadequacy in their practice:

“m confident but only---- eh----it’s, it’s just that fear of not knowing what will be expected of you but the only thing I know no one can be left alone especially in a new environment with the lives of patients entrusted in him. Registered nurses are there to support us, in fact it is their responsibility to nurture new appointments.”

“I think we are not prepared, neh, because one of the com servers, eh--- once narrated her story that, there at clinical areas they are left alone uyabo, didn’t know what to do uyabo after that. Because they say you are sisters. I think
mam [referring to the researcher] if anyone can accompany us uyabo and try to help us-- to help us at least for about 3 weeks or a month so that we know the everything there in the ward. Because we are worried and have fears about if you do something wrong, what can happen because we are alone there.”

“To support that I think eh..... we have fears more than preparedness mam, that’s why I say we have fears more than worries. It’s a fear ahead; that’s why I’ve mentioned that if we pass and go as a comserve if that can happen for us to have may be one mentor who is got to going around to assist because we have fears because there is a lot that we have left out... to have someone to help until you are sure or confident”.

(iii) Lack of confidence
The narratives quoted below show that nursing students experienced lack of confidence because, more often than not, they are left to their own devices to manage the ward. There are procedures which were never demonstrated and which they cannot perform (e.g. taking of blood and setting an intravenous infusion), as well as being inadequately prepared to work in different units in the clinical areas.

“It is clear that we are both prepared and unprepared, but still, for those that are prepared we still lack confidence to say we are 100% prepared because of different reasons that have been highlighted by all the group members.”

“I am not prepared to go on the field because I don’t know how to draw blood and I don’t know how to insert an i.v. line. So I’m having that challenge.

Can you please in your skills in GNS module add the procedure of taking bloods because we are going to be sisters but we don’t know how to take bloods.”

“...the only part that we lack is the professional nurse part, which needs more administrative part of the ward, there we will lack a bit because there in the ward we don’t have chance to do that. As they have said already, the sisters in the ward, they take it as their duty. That part of the profession, we are not ready for, especially me. I won’t be able to do it on my own.”

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“As speaker X said, we are allocated in the same wards, I was allocated a lot in the medical wards, so I can try to be a sister there, not in other wards.”

(iv) Gratitude and appreciation
Participants pointed out that there were sisters who were willing to teach them despite the shortage of staff and big student numbers allocated in the clinical areas. Some ward sisters have contributed to where they are today.

“There are those who know that we are students and we are there to learn but they are few, that is the only problem. They gave themselves time to teach us, but they are few and there is a lot of us.”

“There are sisters who used to teach us, who used to give us that power, that confidence, but they are few.”

“...sisters there (ward 30) were willing to teach us and contributed in putting us to where we are today.”

“To conclude, I will say most of the units played a big role [for us] to be where we are today.”

3.4.1.4.4 Communication problems
It was clear from the evidence given by the participants that the professional nurses were not provided with the objectives to enable them to teach and guide students.

“--- lecturers they fail to forward objectives to the clinical areas. Whenever we come to clinical areas, sisters ask us about objectives, whereas we know nothing about objectives. Maybe this is another thing that makes the professional nurses not to assist us because they don't have objectives.”

“They don't give direction as to what has to be done by students; as a result [students] end up doing all the ugly work that the staff don't want to do.”

“I want to add the thing of iobjectives whereby we go to the wards as eh----students. When we get there to the clinical areas, the sisters ask us about objectives. What are the things that you----you need to learn from us. So I think it's------another thing to add about preparedness”.

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Students were of the opinion that clinical accompaniment by lecturers will perhaps help give them the opportunity to be exposed to managerial duties.

“Lecturers must be there to accompany students, and provide clinical areas with objectives so that we are given a chance to practice all roles that we need to acquire, for example ward management, eh mh-----ordering and fetching drugs from dispensary, mh-----stock control, doing off duties, etc.”

3.4.1.5 Equipment

Problems around equipment related to the following:

3.4.1.5.1 Shortage of equipment

Shortage of equipment had a negative effect on the learning experience of the participants. Demonstrations were not conducted properly by lecturers or in the clinical areas.

“In fact there is a lot of shortage of equipment, so we cannot practise to be sure we are prepared both in the college and ward.

Sometimes she (the lecturer) does not even have enough equipment to demonstrate the procedure. She will just eh… verbalise that I’m supposed to have this and that.”

3.4.1.5.2 Use of outdated equipment

Participants blamed lecturers for using outdated equipment which was not used in the clinical areas, which made it difficult for them to integrate theory and practice.

“Ehh-----sometimes in the college we use the equipment that is outdated, that is no longer used in the clinical areas, and also there is a shortage of staff in the wards.”

“They continue telling students to use manual BP machines whereas there are no manuals any more in the wards. I think our lecturers can update themselves in wards first. We come with those old things that are not [in] practice now in the wards; there is new equipment and knowledge, but our lecturers continue giving us old information. It is frustrating and difficult to correlate theory with prac.”
3.4.1.6 Library Resources

One participant raised the fact that there was no library to give access to technological machines like photocopiers and computers. She highlighted the fact that computer skills would assist the students in ward management, as duties like ordering of materials are done with the use of computers in clinical areas.

“Mnqa... ehm........mm.....I want to to talk about ilibrary. We don’t have ilibrary, may be they are going to say it’s because , eh. they will build the college, but we must have the library no matter we are not going to use it, some of us can use it. Tertiary institutions have library with photocopying machines and computers, so that at least we are exposed to technology eh.... since technology is changing. At least as fourth years you must have a little bit of introduction about i... i computer, just to know how to open and close it. I think ilibrary is very important. In hospitals and other clinics they..... they are using computers for... for... ordering i...materials and ...and.... to .... to......to.....record their stats and patients in the ward. It does not need a lecturer to teach us, we can use our spare time and practise just to know how to use a computer. I think mam ilibrary is very important to us.”

3.4.2 Adequate preparedness to assume the professional nurses’ role

Few participants felt adequately prepared to take on the professional nurses’ role. The category of role competency supported this theme.

3.4.2.1 Role competency

The following categories substantiated that nursing students gained some competencies through the programme.

3.4.2.1.1 Readiness to take the professional nurses’ role

Nursing students felt prepared to practise as registered nurses. They can take blood, put up drips and manage the wards, though some were not ready for all clinical areas.

“I can say I’m prepared to go and practise what I have learnt.”
I’m prepared to be a registered nurse in some areas, not all areas. As another speaker said … we are not exposed to drips, but I can take blood even to that---- that------jelco [reminded by others]. I can put on idrip and draw blood from the site, and then put up idrip.”

“I’m prepared to be a registered nurse in some areas [but] not all clinical areas. As another speaker said, that we are not exposed to drips, but I can take blood even to that---- that------jelco.”

3.4.2.1.2 Patient care delivery
Nursing students were prepared to render nursing care and felt ready to go and plough back into the communities.

“I can apply all that I’ve learnt eh---- throughout this four years, I mean, mam, I--- I’m prepared if I can put it that way. I can assess and----and diagnose patients. I can prescribe medications and even give them, if I’m in the ward, I---I can, I can render all nursing care, mh---- basic nursing and theatre preparation of patients, conduct deliveries, take care of new born babies all, mam. I’m prepared; I just want exposure, in fact I want to go to the communities to plough back what I’ve acquired.”

3.4 Summary
This chapter has presented research findings in the form of themes, categories and sub-categories which revealed the experiences of lack of preparedness to be registered nurses of final year nursing students, as well as experiences of preparedness. Chapter 4 focuses on a discussion, conclusions and recommendations of the study.
CHAPTER 4: CONCEPTUALISATION

4.1 Introduction
Chapter 3 described various challenges experienced by participants with regard to their preparedness at the college of study. This chapter discusses aspects that had an impact on the preparedness of final year nursing students to become registered nurses.

4.2 Findings from literature
The South African nursing education programmes aim at producing diplomates who are competent, critical thinkers possessing knowledge and ability to solve problems independently and exercise independent clinical judgements in the clinical settings (Lekhuleni et al., 2004:1). This is controlled by SANC Regulation 425 of February 1985 with its guidelines which stipulate the conditions for registration; approval of the school; admission to a course of study; programme objectives, and subjects, as well as the duration of the subjects. According to these guidelines, students who have completed all the prescribed theory and practical hours, can be registered as a registered nurse at the end of the programme (SANC Regulation R425 of 1985, as amended).

During nursing education and training, nursing students learn about professionalism, accountability, management, leadership, role-modelling, problem solving, decision making and responsibility. These are the attributes that the students acquire to be able to render quality nursing care and in preparation for professional maturity (McKenna & Green, 2004:258). Professional maturity can only be achieved when nursing students receive the necessary support, guidance, supervision and mentoring during their clinical practice (McKenna & Green, 2004:258; Phiri, 2011:14-15). Therefore preparedness depends on proper socialisation of final year nursing students in order to become independent newly qualified nurses who have all the knowledge and skills that are needed to be effective and accountable practitioners.

Mabuda, Potgieter and Alberts (2008:2), quoting Mellish et al. (1998:208), indicated that clinical teaching aims at producing a competent registered nurse capable of
giving expert nursing care based on sound knowledge and practical skills. Competence implies the demonstration of cognitive, affective and psychomotor abilities which are required to perform specific activities in nursing (Hlongwa, 2003:1). This can be achieved through provision of sound theoretical background and sufficient practical exposure to integrate knowledge with practice. Makhakhe (2010:4) asserted that the purpose of nurses having clinical experience is to correlate education to practice to enable students to gain competency and the ultimate proficiency which stems from being well prepared.

4.3 Preparedness for transition
Preparedness is a state of full readiness (Concise Oxford English Dictionary, 11th edition: 631). In the context of this study, it means that the final year nursing student should be competent and prepared to practise as an independent registered nurse who is capable of rendering good quality nursing care. Transition implies passing or changing from one place, form, stage, condition, etc. to another (The Oxford Dictionary and Thesaurus, 1659). Literature defines transition as beginning with an ending, followed by a period of confusion, apprehension and distress but leading to a new beginning, and further explains that transition results in transformation (Williams, cited by Nash et al., 2009:48). This is the time when a new staff member undergoes a process of learning and adjustment to acquire the skills, knowledge, attitudes and values required to become an effective member of the health team (Duchscher, 2001:428). Nash et al. argued that, ideally, the pre-transition process is the one that enables pre-transition students to build their clinical confidence and consolidate their clinical skills, while also developing positive professional qualities and work attitudes. Meanwhile, in this study, the pre-transition students who are the fourth-year nursing students undergoing training for the Diploma in Nursing (General, Psychiatry and Community) and Midwifery at the college of study experienced lack of preparedness to become registered nurses with only a few of those experiencing preparedness in some role competencies.

After qualifying as registered nurses, nursing students are required to show high levels of knowledge and understanding, and application of high order skills, including managerial skills, not only with patients/clients but also with other team members, as
well the multidisciplinary health team in the workplace (Burton & Omrod, 2011:2). These authors substantiate that these changes require a large shift from the experience of being a student and a mentored supervised learner to an independent practitioner, so it is essential that the nursing student is equipped with all the skills required to make a successful transition.

To shoulder all these responsibilities, the final year nursing students require training that encompasses strategies that will enhance preparedness. Heslop and MacIntyre (2001:626) presented a paper on undergraduate student nurses’ expectations and their self-reported preparedness for the graduate year role. These authors discovered that final year nursing students expressed apprehension about meeting the performance expectations of the workplace due to lack of clinical experience. On the other hand, Gerrish (2000:474) revealed that new nurses felt confident to provide nursing care, but their clinical placements denied them opportunity to develop skills required to manage the ward. This study confirms these findings in that participants felt ready to render nursing care but lacked managerial skills. The health industry therefore needs to understand that role transition requires guidance, practice, support and, most importantly, time care, so that the novice nurse can gain confidence.

A positive clinical learning environment is crucial for pre-transitional learning (Greenwood, 2000:17; Henderson, Twentyman, Heel & Lloyd, 2006:564). Edwards et al. (2004:248) highlighted that it is during their clinical placement that students are expected to develop the relevant knowledge, skills and competence, to develop their capacity for "knowing how" as well as for "knowing that" and to expand their perceptions of their future role as registered nurses. Clinical practice in the clinical practice area pertains to practical sessions that involve clinical learning opportunities in the health care setting under supervision of a registered nurse or mentor or accompaniment by other knowledgeable or skilled personnel to allow for correlation of theory and practice (Reilly & Oermann, 1992, as cited by Makhakhe, 2010:26). Clinical practice provides the opportunity for final stage students to work independently in whatever setting they are placed, and is recommended for their professional development. This means that support systems should be available for student nurses in clinical practice because clinical teaching is seen as the core of professional nurse education (Tshabalala, 2011:37). The literature review revealed
several clinical teaching strategies which were utilised for clinical competency and professional development during clinical supervision (Hlongwa, 2003:28; Mabuda, 2006:23). These clinical teaching strategies included factors/aspects that positively or negatively contributed to the learning experiences of nursing students in clinical practice.

4.4 Aspects to be considered for positive contribution to the learning experience of nursing students in clinical practice

An environment that is supportive to the improvement of student teaching and learning is imperative to the development of competency of the nursing students. The following aspects contribute to the socialisation of students into the nursing profession.

4.4.1 Curriculum

According to the South African Qualifications Authority [SAQA] (2001:31), a curriculum/learning programme is a combination of courses, modules or units of learning, i.e. learning materials and methodology, by which learners can achieve the learning outcomes of a qualification. Such curriculum should provide for personal and professional development of students so that they will have developed the capacity to interpret scientific data, draw conclusions, and exercise independent judgement upon completion of their training requiring higher level behaviours in the cognitive, affective and psychomotor domains of learning (SANC Regulation 425 1985, as amended). Clinical practice also takes place according to the objectives of the curriculum, with the overall objective ensuring the provision of learning opportunities in every area of placement, based on the level of training, so that students are competent at the end of the programme.

Despite the SANC Regulation 425 stipulations, this study revealed that participants were of the opinion that certain subjects, instead of running as semester courses, needed to be extended throughout the four-year programme. Lehasa (2008:93) also found that certain subjects in respective levels of training were difficult. On the other hand, Mabuda (2006:60) revealed that some aspects of the curriculum indicated by the participants were taught after the students had been exposed to the clinical setting, with particular reference to midwifery. This leads to confusion as students
were allocated to a hospital in which most of pregnancies were abnormal, whereas students had not been taught about abnormal labour. All these findings indicate problem with curriculum-related aspects, which means that there is a problem with the curriculum that needs attention. Lehasa (2008:96) recommended that the curriculum be reviewed every three years to be on a level with current trends and to keep abreast with new developments. The researcher supports this view with the opinion that nursing students’ learning needs should be identified first, and be considered, to contribute to the review of the curriculum. This will enhance the effective integration of theory in learning.

Findings in this study reiterated that the theory taught at the college by lecturers during demonstrations in the simulation laboratories differed from what was practised in the real clinical practice due to shortage of staff: the rush of ward routine by clinical staff, and inaccessibility of lecturers in the ward environment to reinforce nursing students’ learning and enhance their experiences. This was also shown by nurse educators and student nurses in the study by Nxumalo (2011:292) stating that there was a difference between simulation of procedures at the college and the actual clinical practice due to lack of resources and use of outdated equipment in the college. This author also proclaimed that delivering theory and clinical practice as separate entities within a curriculum promotes a wide theory-practice gap (Nxumalo, 2011:52). Therefore nurse educators and ward sisters should ensure the provision of quality practice placements in any curriculum so that student nurses have a theoretical understanding of issues that relate to practice (Morgan, 2006:160). Tshabalala (2011:2) supported that clinical allocation should be planned in such a manner that students are enabled to master the necessary skills, and be integrated into the nursing and multidisciplinary team which functions as per council requirement.

4.4.2 Clinical Teaching
Clinical instruction and education are taught in the clinical setting, by a faculty within a planned curriculum and are offered in response to professional, societal and educational expectations and demands. The teacher guides, supports, stimulates and facilitates learning by designing appropriate activities in appropriate settings, allowing the student to experience that learning. Therefore practice in clinical settings exposes the student to realities of professional practice that cannot be
conveyed by a textbook or simulation (Gaberson, Gaberson & Oerman, 2010:3-7). This implies that a clinical learning environment conducive to effective accompaniment and learning should be created. This would be an environment that serves as a pathway along which an aspirant nurse can walk as she/he learns to master nursing competencies and making a transition to professional practice. When this is troubled and dysfunctional, it can distort and undermine the development and training of genuine long-term ethical and nursing competencies (Chisari, 2009:18).

Carlson et al. (2003:33) indicated that nursing students are subject to feelings of uncertainty and anxiety when performing in the clinical environment. Tshabalala (2011:37) indicated that, with adequate mentoring, nursing students develop confidence, increased self-esteem, autonomy and competence, because it is believed that nursing students need to experience a sense of belonging within the team in which they are placed in order to boost their self-image, confidence and self-efficacy.

4.4.3 Clinical learning environment

Carlson et al. (2005:67) describe the clinical learning environment as an environment in which the student nurses perform skills related to satisfying patient needs, in providing physical, psychological, spiritual and social support while utilising a holistic approach in order to promote and maintain a safe, effective, and interactive network of forces that will ensure that programme objectives are met. These forces could include the faculty setting, practice area, and availability of both human and material resources.

Edwards et al. (2004) stipulate that the aim of a planned clinical learning experience is to enable students to develop clinical skills, integrate theory and practice, put into operation problem-solving skills, develop interpersonal skills and become socialised into the formal and informal norms, protocols and expectations of the nursing profession and the health care system. When clinical placements are well planned, all concerned (nurse teachers, clinical instructors and the nursing staff, etc.) know what is expected of them and are therefore prepared to assist the students accordingly.

Clinical placement environments do not play an important role in the development of students’ competency only, but also in students’ confidence, organisational skills and
preparedness for practice (Edwards et al., 2004:248-55). Papp, Markkanen and Von Bonsdoff (2003:263) and Zang, Luk and Wong (2001:467-74) affirmed that preparedness and competency highlight the increasing significance of the nature and quality of student clinical learning experiences. Ross and Clifford (2002), in “Research as a catalyst for change: the transition from student to registered nurse”, argued that, due to pressures of a busy ward environment, the final year nursing students said they were treated as part of the workforce and their learning needs were not a priority. These negative experiences exacerbated their feelings of stress and affected their perceptions of qualification. Rikhotso (2010:51) affirmed that professional nurses expected the students to be a confident, competent workforce who participate actively in the clinical nursing care as a relief during staff shortage.

Ross and Clifford (2002) found that participants suggested that educationalists should change the way they select clinical placement for their students during training. They suggested that students should be allowed their preferred choice of final clinical placement area. This could be beneficial, especially if it is an area in which the student wants to work once qualified. Adopting this system could better prepare the students for their role and identify their learning needs before the final transition to becoming newly qualified nurses.

A conducive and supportive learning environment for student nurses depends on the availability of placement support systems such as supervision, mentorship, preceptorship and relations between the faculty, student nurses and clinical staff (Mabuda, 2009). Therefore it is recommended that nurse teachers increase the number of visits to the wards when students are in clinical placement to improve quality of clinical learning. The nursing college may need to have specific clinical instructors who are trained in clinical supervision and who will be regularly available for students in the clinical placements.

4.4.4 Clinical accompaniment

According to regulation R1047 of December 2011 of the South African Nursing Act (Act No. 33 of 2005) clinical accompaniment is the structured process determined by the Nursing Education Institution to facilitate assistance and support to the staff nurse education and clinical facility to ensure the achievement of the programme outcomes.
Wilson and Kingston (2009:134) define clinical accompaniment as the process in which the students are supported by a mentor during clinical practice in a clinical placement environment. Bradbury-Jones, Irvin and Saambrook (2007:216) described the process of accompaniment as facilitation, mentorship, preceptorship, supervision and role modelling.

SANC (SANC 2005, [SA]) requires nurse educators to spend at least 30 minutes per fortnight per student in clinical accompaniment of students in clinical settings if they hope to ensure proper integration of theory and clinical practice for their student nurses. Waterson, Harms, Qupe, Maritz, Manning, Makobe and Chabeli (2006:70) in their study on strategies to improve the performance of students in a nursing college, revealed that nurse educators could not cope with the increasing number of students because of the merging of nursing colleges. Therefore it is postulated that nurse educators have a very limited amount of time to spare for clinical accompaniment of their students.

In a study examining perceptions regarding the clinical accompaniment of student nurses in the Limpopo Province of South Africa conducted by Lekhuleni, Van der Wal and Ehlers (2004:23), the participating student nurses indicated that their nurse educators frequently were not available when they were needed to clarify specific aspects of theory and practice. The nurse educator should be visibly involved in student accompaniment in the clinical setting and should co-operate closely with the registered nurse/clinical preceptor in creating a positive learning environment for student nurses.

In research on the clinical role of the nurse-educator relationship, Lee (1996) discovered that the ideal teacher-student nurse relationship results from the nurse educator’s visit to the clinical area to see how students progress, to show interest, teach students and to help with problems, even if students are supported by the clinical staff. In view of the literature, the researcher is of the opinion that clinical accompaniment concurs with empowerment in that they both increase self efficacy.

4.4.5 Preceptorship

Mabuda (2009:9) described the clinical preceptor as a professional nurse who is appointed to teach and accompany students in the clinical practice and who may or may not be a formally trained nurse educator. Preceptors are knowledgeable
practitioners who help guide the transition and integration of nursing students into the nursing workforce for a set period in a formalised educational programme, in order to support the development of clinical competence and confidence in a way that allows the junior nurse to grow professionally (Billings & Halstead, 2009:338). Cele, Gumede and Kubheka (2002:41) stipulated that other duties of the preceptor include acting as a role model, providing clinical teaching, orientating students to different areas, supporting and guiding them, and conducting formative and summative evaluations.

These authors further stated that it would appear that students who have an identified preceptor report increased confidence, more effective feedback on performance and decreased stress levels. This study indicated the importance of the role played by preceptors in participants’ training by highlighting that, in the absence of preceptors, teaching and learning in the clinical areas became difficult, and therefore pleaded for their reinstatement to enhance positive clinical learning experiences.

4.4.6 Mentorship
Mentoring is an activity undertaken by a more qualified and experienced person who formally provides educational and personal support to a student over a period of time set by the professional nursing council of the country in which these nurses do their practice (Grossman, 2007:2-3; Mogale, 2011:25). Grossman further describes mentoring as a dynamic process of personal and professional development whereby a less skilled person learns from a more experienced person. The less skilled person is usually referred to as a mentee, student, protégé or novice. Hunt and Weintraub (2007:35,72) affirm that mentors and mentees interact in an ongoing relationship arranged in on-the-job learning opportunities that are frequently accompanied by a sense of emotional attachment between the two, using whatever coaching techniques. It is the duty of the mentor to remove obstacles, supply emotional support and encouragement, and to offer recognition and praise where it is due.

4.4.7 Clinical Supervision
Hancox, Lynch, Happel and Biondo (2004:200) describe clinical supervision as a process involving the supervisor and supervisee or more professionals in order to support and assist in the growth of nursing students to become professionally
mature. Mabuda (2009:32) affirms that the aim of supervision is to help the one who is less experienced to improve her/his performance to obtain job satisfaction, so that the ultimate goal of maintaining quality patient care is achieved. This means that pathways that allow transition into professional practice should be created to enable the student nurses to obtain the knowledge they require, to provide proper patient care under the supervision of a preceptor (Chisari, 2009:18). Kilminster and Folly (2000:133) substantiated that student supervision helps to maintain or improve standards of patient care because the students learn the correct practices. Students develop clinical skills under the supervision of the nurse educator during simulation practice, before independent application thereof in the clinical Setting.

Mills, Francis and Bonner (2005:410) in their study reviewing literature on “mentoring, clinical supervision and preceptoring: clarifying the conceptual definitions for Australian rural nurses” defined clinical supervision as a support mechanism for practising professionals within which they can share clinical, organisational, developmental and emotional experiences with another professional in a secure confidential environment in order to enhance knowledge and skills. Kilminster and Folly (2000:131) support that by defining clinical supervision as the provision of monitoring, guidance and feedback on matters of personal and professional development in the context of patient care. Clinical supervision ensures patient/client safety and promotes professional growth.

Davhana-Maselesele (2000:126) and Mabuda, Potgieter and Alberts (2008:23) concluded that the supervision of student nurses by professional nurses and nurse educators in clinical settings are currently ensuring that the students will be able to make the necessary connections between the theoretical and clinical components of nursing science.

Clinical supervision is very important in the professional development of the nursing student. The availability of nurse educators is very important to support nursing students during clinical practice, thereby reinforcing the acquired knowledge and emphasising its applicability to the patients’ needs. Therefore it is critically essential for lecturers to keep abreast with current trends of nursing practice in the clinical areas (Matome, 2002:76). Registered nurses as clinical facilitators are also expected to supervise and guide nursing students during their clinical placement in order to
verify whether they perform the clinical nursing skills accurately or not. Literature reported lack of supervision by both lecturers and registered nurses, resulting to experiences of frustration, despondence, feelings of inferiority and fear of the unknown, and powerlessness (Carlson et al., 2005:68).

4.5 Aspects in the clinical practice that negatively impacted on the learning experiences of nursing students

Issues that came to light and contributed to the detrimental effect on the preparedness of nursing students in this study may affect the professional image of the nursing profession. These included:

4.5.1 Theory-practice gap

Nxumalo (2011:2, citing Bezuidenhout) describes theory and practice integration as the science and art on which nursing students rely in mastering its application to the real clinical setting with the assistance of nurse educators despite their dynamic roles. Literature revealed lack of theory-practice integration, which negatively impacted on the clinical learning experiences of nursing students, resulting to confusion, frustration, despondence and lack of confidence to assume the professional nurses’ role (Rikhotso, 2010:48; Klerk, 2010:65; Hewison & Wildman, 2008:754, Shin, 2000:261). Lekhuleni et al. (2004:16) alluded to the fact that nursing students were unable to integrate theory and practice due to insufficient supervision, resulting in inadequate skill development on the part of nursing students. In this regard, Mongwe (2001:103) asserted that the correlation of theory and practice means aligning theory to practice in the clinical area, and that correlating theory to practice is linked to facilitation. Therefore, if there is no correlation of theory with practice (facilitation of learning), clinical placement of student nurses in the clinical area is meaningless. Findings by Davhana-Maselesele (2000:126) revealed that, amongst the people involved in clinical teaching, preceptors were 100% involved whilst nurse educators were not fully involved due to lack of time, knowledge and confidence to execute skills in clinical areas. This resulted in the inability of students to apply what they have learnt in the classroom to practice in the clinical area. Therefore nurse educators and unit supervisors have a teaching role to correlate
theory and practice, evaluate student nurses and assist student nurses to develop competencies (Lekhuleni et al., 2004:25).

In the study by Nxumalo (2011:287-292), several factors that affected theory-practice integration of student nurses at a selected campus of a nursing college in Limpopo Province were highlighted to support that nurse educators should have expert knowledge to teach nursing students so that the students would be able to comprehend what is taught in class and integrate it into practice. In these findings, to mention that which was common between lecturers and nursing students, it was revealed that nurse educators were inexperienced, both as lecturers and as professional nurses, and were unable to convey sufficient content (taking 10 to 30% of the time presenting a lecture in class) to students and could not relate theory to practice. They, at the same time, used one method of teaching (lecture method) only. There was a high failure rate in certain subjects (Biological Nursing Science mentioned) and inability of students to utilise the simulation laboratory. On the other hand, clinical staff displayed a negative attitude to guiding and supervising students to correlate theory with practice; shortage of resources; and differences between simulated skills and actual clinical procedures in the ward, which, in turn, made it difficult for students to gain clinical learning experience. Gillespie and McFetridge (2006:641) proclaimed that a clinical environment should be dynamic, with adequate resources at ward level, to ensure integration between teaching, supervision and practice to assist nursing students to link theory to practice, thereby achieving high quality learning.

4.5.2 Interpersonal relationships

Literature revealed that the interpersonal relationships between registered nurses and nursing students were problematic; some studies referred to them as poor and resulting in a negative impact on the facilitation of learning by educators and clinical staff, as well as on acquisition of knowledge by nursing students (Klerk, 2010:73; Mabuda, 2006:36; Rikhotso, 2010:50). In this regard, Mkhwanazi (2007:5), in her study on the role of the nurse educator in supporting pupil nurses, asserted that there should be mutual respect and admiration between the student and the teacher to develop a relationship of trust and support. Lekhuleni (2002:71) added that lack of support and trust from nurse educators and unit managers may result in poor performance on the part of nursing students.
For good interpersonal relationships during clinical learning facilitation by both nurse educators and clinical staff, there should be effective communication, as strained relations develop when professional nurses do not positively accept student nurses. Mabuda (2006:39, citing Lita et al., 2002) affirmed that poor interpersonal relations and poor communication between student nurses, registered nurses and lecturers creates stumbling blocks in the guidance of student nurses. This study concurs with these findings, as the participants reflected that attitudes of lecturers and clinical staff caused an emotional response which tampered with their learning experience, as reported in paragraphs 3.4.1.4.1. and 3.4.1.2.

4.5.3 **Shortage of staff**

Klerk (2010:78) concluded that the shortage of staff challenged the role of registered nurses, impacting negatively on the attitude, perception of learning and development of nursing students. The author further argued that shortage of staff increases workload, which, in turn, influences the efficiency levels of nurses. Increased workload and lack of resources compromise the teaching function of registered nurses, increase the theory-practice gap in the clinical practice because it becomes strenuous to ensure adequate nursing care and attend to nursing students’ learning needs at the same time (Klerk, 2010:40, citing Lita et al.).

However, in as much as there are complaints of a shortage of professional nurses in the clinical practice, there are times when wards are quiet and one would expect that professional nurses would utilise that time to teach student nurses, only to find that professional nurses just sit and chat, with no one willing to teach student nurses (Tshabalala, 2011:41). Contrary to that, Tiwari, Avery and Lai (2005:299) argue that it at times is difficult to maintain learning activities for nursing students due to changes in the routine of the clinical environment, highlighting the fact that some of the units are very busy, or giving care to critically sick patients that required urgent medical attention.

4.5.4 **Large numbers of nursing students in clinical areas**

According to Mabuda (2006:42), quoting Quinn (2000:425), the clinical learning environment should provide teaching and learning opportunities, space, sufficient equipment, and health and safety requirements for the students for appropriate and effective placement. Klerk (2010:42) has argued that most South African colleges of
nursing have been faced with the challenge of a large number of nursing students’ allocation for clinical practice. Many nursing students allocated in the same clinical practice area hamper learning and the ability to integrate theory and practice, because all of them are in need of learning opportunities (Morgan, 2006:). Therefore a large number of nursing students in a clinical area has a negative impact on teaching and learning experiences in the clinical practice.

4.6 Summary
This chapter has explored the existing literature on aspects that have an impact on the preparedness of final year nursing students to become registered nurses at a public college in the Eastern Cape Province. Chapter 5 deals with discussions, limitations, conclusions and recommendations.
CHAPTER 5: DISCUSSION, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction
Chapter 4 explored literature related to conceptualisation of the study. This chapter presents the discussion of findings, limitations, conclusions, and recommendations.

5.2 Discussion
The study explored and described the preparedness of final year nursing students for becoming registered nurses.

It emerged from the study that some of the final year nursing students experienced lack of preparedness and others felt adequately prepared to take on the role of a professional nurse. Lack of preparedness was attributed to factors that included curriculum-related aspects; clinical teaching and learning support; learning opportunities; interpersonal relationships between lecturers, students and clinical staff; equipment; and library resources during the course of training.

Regarding curriculum-related aspects, participants were of the opinion that the period of study for certain subjects needs to be extended. Subjects like pharmacology and community nursing science were mentioned. With pharmacology, participants experienced challenges related to medication in the wards, and in connection with community they felt that they anticipated knowledge inadequacy when placed for community service in the following year.

Some of the participants felt devastated that they could not claim their preparedness because the structure of the course disadvantaged them; there was a lot of content which led to confusion, strain, absconding and dropouts.

These findings were consistent with those of Phiri (2011:40), who reported that students verbalised that they were offered too much information in too short a space of time, resulting in them not paying attention during facilitation sessions.
According to the SANC Regulation R425, regulating the approval of and the minimum requirements for the education and training of a nurse (General, Psychiatry and Community) and Midwifery leading to registration, the curriculum for this programme consists of Pharmacology, which is presented as a semester course at first- and second-year level of training respectively. Community nursing science is presented for at least two academic years.

This implies that participants were not conversant with the stipulations or objectives of the curriculum. During induction, nursing students should be oriented to the curriculum; learning objectives should be clearly defined and strategies to improve the quality of learning should be discussed between the college and clinical practical areas (Lekhuleni et al., 2004). Also essential during the induction period is that participants need to express and stipulate their expectations and outcomes from the curriculum as introduced.

Nursing students also indicated that there were discrepancies between theory taught at the college by lecturers and clinical staff practices. The procedures demonstrated at the college by lecturers in the simulation laboratories differed from what is practised in the real clinical practice. This was attributed to the shortage of staff, the rushing because of ward routine by clinical staff (doing short cuts); inaccessibility of lecturers in the ward environment for student accompaniment; and the fact that the clinical staff was not cautioned to conform to the conventional and the right way of doing procedures for the benefit of students who were there to learn.

In paragraph 4.5.1, Mongwe (2001:103) is mentioned as asserting that the correlation of theory and practice means aligning theory to practice in the clinical area, and that correlating theory and practice is linked to facilitation. Therefore, if there is no correlation between theory and practice (facilitation of learning), clinical placement of student nurses in the clinical area is meaningless.

It was overwhelming to all participants that clinical teaching and learning support was not adequately conducted. Lecturers were not available to accompany or to support nursing students during clinical exposure, and they only came for clinical evaluations. This had a negative impact on the student nurses’ clinical experiences. Lecturers, while regarded as clinical accompanists who are responsible to support and guide nursing students, did not avail themselves to accompany the students, left
the students in the wards to be guided by clinical sisters who were always busy and grossly affected by shortage of staff. On the other hand, clinical staff also provided insufficient guidance and supervision to nursing students due to the busy ward schedule or unwillingness to guide the students in the wards. Students learnt through their own curiosity by following doctors during ward rounds. Therefore nurse educators should observe their accompaniment role and increase their availability to the students in the clinical areas. Nurse educators furthermore should set an example, so that the nursing staff will follow in supervising the students.

According to Lekhuleni et al. (2004:19) lecturers are charged with the responsibility of bridging the gap between the “world of academia” and service in clinical settings during student accompaniment. Therefore lecturers need to be reminded that student nurses learn best (as adult learners), in an atmosphere where there is support and guidance from mentors.

SANC (SANC, 2005, [SA]) requires nurse educators to spend at least 30 minutes per fortnight per student in the clinical accompaniment of students in clinical settings if they hope to ensure proper integration of theory and clinical practice for their student nurses. The teaching function is the obligation of the registered nurse, as stipulated by the scope of practice of registered nurse according to the SANC guidelines controlled by regulation R683, as amended (SANC, 2006). Therefore the registered nurse is expected to prescribe nursing care; show the student how to apply the skill to render the care; and accompany the student to ensure proper provision of nursing care. Clinical supervision should be utilised as a support mechanism for practising professionals within which they can share clinical, organisational, developmental and emotional experiences with nursing students and other professionals in an environment conducive to enhancing knowledge and skills. This implies that there must be collaboration between the college and service to ensure that wards have current procedure manuals; are provided with the learning objectives of each level of training; and orientation of clinical staff about objectives and the correct way of performing procedures to prevent discrepancies in the application of skills.

It emerged from this study that there were no preceptors on this college campus. Lack of clinical preceptors negatively affected the learning experience of nursing
students. Therefore all participants pleaded for the return of clinical preceptors so that positive clinical learning experience would be enhanced.

Preceptors support the development of clinical competence and confidence in a way that allows the junior nurse to grow professionally, taking him/her from dependency towards a state of independency. They are knowledgeable practitioners who teach, instruct, supervise and serve as role models for students for a set period in a formalised educational programme; students learn what they need to know through constructing their own knowledge and drawing their own conclusions from their contacts with the experienced nurses who support and guide them (Billings & Halstead, 2005:338).

It is therefore necessary for the college to hire sufficient clinical preceptors who may be distributed across all the levels of training to constantly guide and supervise student nurses during clinical experiences. This will not only ensure that what has been taught in theory is practised, but will also add to the confidence of students, by reaffirming the theory in practice.

Students develop clinical skills under the supervision of the nurse educator during simulation practice, before independent application thereof in the clinical setting. This study revealed that there is no standardised way of demonstrating procedures to the students during simulation periods, nor standardised evaluation tools for testing students’ competency in this college. These result in inconsistency on the part of lecturers when measuring the competency of the nursing students, which negatively affected the nursing students during feedback time, because each lecturer wanted students to do procedure feedbacks according to the lecturer’s own preferences, and students may be disadvantaged during OSCE times.

The participants indicated that they experienced inadequate learning opportunities in the clinical areas; allocation was too short (2 weeks only per clinical area), and they repeated the same units without being orientated. In addition, large numbers of students were allocated to the same ward, which limited their learning opportunities as all of them needed clinical practice, and they ended up going back to the college without grasping anything. Klerk (2010:42) and Mabuda (2009:42) confirmed these findings, stating that overcrowded clinical facilities have a negative impact on clinical teaching and learning. In this regard, Morgan confirmed that too many student
nurses in need of learning opportunities allocated to the same area at one time, hamper learning and ability to integrate theory and practice in clinical practice.

In the same vein, Klerk (2010:61) stated that short allocation deprives the students of adequate clinical placement and results in the inability of students to complete the learning objectives required for that particular area. Lack of orientation subjects the student to functioning ineffectively because, instead of focusing on nursing activity, the nursing student may roam around the ward looking for equipment without knowing the layout of the ward, leading to a negative impact on service delivery.

Findings revealed that nursing students were delegated duties which are not of their level of training and were sometimes made to do assistant nurses duties, at the same time being denied exposure to managerial duties to be able apply the theory they learnt from the college into practice (see 3.4.1.3.3). The college should improve its collaboration and communication strategies to ensure that what is conveyed during teaching is clinically practised.

Participants indicated that the interpersonal relationships between the lecturers, clinical staff and nursing students were not good. As a result, they experienced feelings of frustration, fear, and lack of confidence, which resulted in feeling inadequate and less prepared for the professional nurse’s role (see 3.4.1.4).

Shortage of equipment had a negative effect on the learning experience of the participants because demonstrations were not conducted properly by lecturers or the clinical staff. Increased workload and lack of resources compromise the teaching function of registered nurses, and increase the theory-practice gap in the clinical practice because it becomes strenuous to ensure adequate nursing care and attend to nursing students’ learning needs at the same time (Klerk, 2010:40, citing Lita et al.).

5.3 Limitations of the study
This research was only conducted on one campus of five campuses of the college and its clinical facilities and therefore findings cannot be generalised to all campuses of the Eastern Cape Province. Data were collected from final year nursing students and findings reflect experiences of fourth years only.
5.4 Conclusions
This study assisted the researcher to investigate experiences of final year nursing students regarding their preparedness to become registered nurses, with the aim of identifying gaps in their preparation. The objectives were to explore and describe the experiences of final year nursing students’ level of preparedness to become registered nurses, and to make recommendations regarding strategies to be applied for enhancing the preparedness of final year nursing students at Lilitha College of nursing on the East London campus.

The findings of this study suggest that aspects that impact on the preparation of final year nursing students should be considered and addressed, for professionally mature novice nurses to be produced. The participants revealed that they could not stand confidently and assert themselves as professional nurses. Therefore nurse educators and the registered nurses in the clinical areas should ensure that the learning opportunities are maximised with adequate human and material resources in the college as well as the clinical areas. The collaboration and communication between the college and the clinical areas in which nursing student practice is done should be improved.

5.5 Recommendations
These recommendations are made according to the preparation of final year nursing students in terms of findings arising from the focus group discussions.

After considering aspects at the college of study that negatively impacted on the adequate preparation of final year nursing students to become registered nurses, the following recommendations were made:

- Participants indicated that there was a dire need for the reinstatement of the preceptors at the college. Therefore the college should ensure that preceptors with clear role specifications are employed so that there will be no confusion between the lecturers, ward sisters and preceptors.
The clinical learning objectives and clinical teaching programmes should be drawn up and formalised between the college and the clinical areas where student placement takes place.

Standardised, well-structured procedure manuals must be available for both the college and the clinical placement areas, so that there may be standardised ways of demonstrating procedures to prevent confusion of the nursing students.

In-service education programmes should be conducted at a focal point between practice and education personnel so that there is common understanding of procedures specific for different levels of training, so that nursing students acquire specific procedures relevant for the particular level of training by the end of placement. These programmes could also provide lecturers, preceptors and clinical staff with up-to-date knowledge for keeping abreast with new trends of development.

Clinical accompaniment should be a shared responsibility and commitment between the lecturers, preceptors and clinical personnel. Roles of lecturers should be clearly defined for accompaniment, and accompaniment programmes should be submitted to the clinical settings.

Formalised communication and a collaboration system and provision of feedback on nursing student performance in the practical areas should be established between practice and education personnel to solve training problems.

Continuous feedback on student performance should be done in the form of exit evaluation on the part of the student, to identify learning needs, and a progress report on the part of practice and education management.

Motivation for employment of staff and purchasing of equipment conducive to the teaching and learning experience should be enhanced.

A provision should be made in the last clinical placement to delegate final year nursing students for managerial roles to build confidence and enhance professional competence.
5.6 Recommendation for further study
It is recommended that further research is conducted on the same study in other campuses as the results of this research cannot be generalised to all campuses of the college. This will enhance the preparedness of final year nursing students for practice, thereby improving the quality of nursing services rendered to the community, which will contribute to better health for all.

5.7 Final Conclusion
The findings of the study indicate that the learning needs of the nursing students were not adequately catered for and involving nursing students in evaluation of their learning facilitated the detection of shortfalls in both education and practice areas.

The study reminded the nursing fraternity that clinical learning is the integral part of both nursing education and practice. One area complements the other, therefore nurse educators and clinical staff have an obligation to ensure that clinical learning takes place in an environment full of support, guidance and understanding so that nursing students will develop from the point of dependency to that of independent professional nurse upon which the lives of patients rest. Therefore it is the duty of the registered nurse, the lecturer, the preceptor and mentor to bridge the gap between theory and practice.
REFERENCES


Lilitha College of Nursing, Eastern Cape Department of Health: Curriculum for the Diploma in Nursing Science (General, Psychiatry, Community) and Midwifery.


SECTION C

APPENDICES
ANNEXURE A: Ethical approval from University of Fort Hare

OFFICE OF THE DEPUTY VICE-CHANCELLOR:
ACADEMIC AFFAIRS AND RESEARCH
Private Bag X1314, Alice 5700
Tel: 04060 22403
Fax: 0666282944
fsnvdens@ufh.ac.za

UFH/UREC, 17 - REC-270710-028

Application for clearance from the University of Fort Hare’s Ethics Committee

Project title: Preparedness of final year nursing students at a Public College in the Eastern Cape

Chief Researcher: Fezeka Mampunge
Supervisor/Co-supervisor: Dr E Seekoe
Mrs Z Peter

Date of application: 29 March 2012

Having consulted the Dean of Research, I hereby grant permission to conduct the research.

[Signature]

Professor G de Wet
Deputy Vice-Chancellor
Chairperson of the interim Ethics Committee

10 April 2012
ANNEXURE B: Approval from the Eastern Cape Department of Health

Eastern Cape Department of Health

Enquiries: Zonwabele Merle
Tel No: 040 906 0830
Date: 20th June 2012
Fax No: 043 641 1409
e-mail address: zonwabele.merle@impilo.ecprov.gov.za

Dear Ms F Mampunga,

Re: Preparedness of final year nursing students at a public nursing college in the Eastern Cape

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.

2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.

3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.

4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the "Epidemiological Research & Surveillance Management". You may be invited to deliver the report to the Department of Health. Provide a copy of your research findings with your implementable recommendations.

5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

[Signature]
DEPUTY DIRECTOR: EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT
MEMORANDUM

TO
Ms F. Mampunge

FROM
Mrs N Links: Principal Lilitha College of Nursing

SUBJECT
Permission to conduct research in one of Lilitha College Campuses: (East London Campus)

DATE
23 July 2012

1. The subject matter above refers.

2. This correspondence serves to confirm that permission is hereby granted for you to conduct research in one of Lilitha Nursing College Campus: East London Campus.

3. The College will be waiting to be forwarded the results/recommendations from your study for implementation purpose by the college campuses.

4. The organization takes this opportunity to wish you success in your studies.

Mrs N Links: Principal Lilitha College of Nursing
ANNEXURE D: Permission from Mrs Dlabantu (Campus head)

Province of the
EASTERN CAPE
HEALTH

LILITHA COLLEGE OF NURSING IN ASSOCIATION WITH THE CONSORTIUM OF
UNIVERSITIES (WSU, NMMU & FORT HARE)
Private Bag X9023, EAST LONDON, 5200
Tel: (043) 742 0684 Fax: (043) 761 1802

Enquiries: X. M Mai

Date: 01 - 08 - 2012

TO: MRS F. SIKWENTU
LECTURER EAST LONDON
CAMPUS

SUBJECT: PERMISSION TO CONDUCT A RESEARCH STUDY AT THE EAST
LONDON CAMPUS

Your request for permission to conduct a research study at the campus is
granted. Let us know the date and time when you will doing the study.

We wish you success.

[Signature]

C N DLABANTU (CAMPUS HEAD)

CN/xmm
ANNEXURE E: Consent form

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

You are invited to participate in the research study. Please take some time to read the information presented below, which will explain details of this study. It is very important that you understand what this research entails and how you could be involved. Your participation is entirely voluntary and you are free to decline at any stage of the research, if you feel uncomfortable. This will not negatively affect you in any way whatsoever.

Title of the Research:

The final year nursing students’ preparedness at a public college in the Eastern Cape.

Researcher: Miss F. Mampunge

Purpose:

The main purpose of this study is to explore and describe the experiences of final year nursing students on their preparedness to become registered nurses in order to identify gaps and devise means to close the gaps. The proposed area is the Lilitha College of Nursing, East London Campus. This study will be guided by one broad open-ended question in unstructured interviews using focus groups of final year nursing students in the East London Hospital Complex and the primary health care services. Interviews will take approximately 30-45 minutes.

Potential Risks and Discomfort:

There are no known risks or discomfort associated with your participation in this research.
Potential Benefits:

You will not benefit directly from your participation in this study. However, the findings of the study may lead to the development of guidelines or strategies that will enhance the preparedness of transitional nurses, thus contributing to the improvement of the quality of health care services in the Eastern Cape Province.

Privacy and Confidentiality:

Confidentiality will be respected. Unless required by law, no information that might directly or indirectly reveal your identity will be released or published without your specific consent to the disclosure.

Right to Self-determination:

Participation to this research study is voluntary and the person can withdraw at any time without risk of penalty or prejudicial treatment.

Contact details:

If you have any questions, concerns or complaints about research you may contact my supervisor, Dr E. Seekoe at this number: 043 704 7594 or at eseekoe(g),ufh.ac.za

Rights of the research subject:

For questions about your rights while participating in this study, you may contact the Institutional Review Board at University of Fort Hare, The Research Ethics Committee at 043 704 7588.
My signature below indicates that I have agreed to participate in this study. You will be given a copy of this consent form to keep with your records.

Signature of Participant _______________________ Date _______________________

Printed Name of Participant _______________________

Date _______________________

Signature of Investigator _______________________

Printed Name of Investigator _______________________