FACTORS AFFECTING EXPERIENTIAL LEARNING FOR MIDWIFERY STUDENTS AT THE PUBLIC COLLEGE OF NURSING IN THE EASTERN CAPE

BY

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STUDENT NUMBER: 201415607

SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTERS IN NURSING

IN THE SCHOOL OF HEALTH SCIENCES

DEPARTMENT OF NURSING SCIENCE

UNIVERSITY OF FORT HARE

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DATE: JANUARY 2017
DECLARATION

I, Nomzekelo Pama, declare that ‘Factors affecting experiential learning for midwifery students at the public college of nursing in the Eastern Cape’ is my own work, that it has not been submitted for any degree or examination in any other university and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

............................................. .............................................
Signature Date
DEDICATION

This work is dedicated to Almighty God for granting me wisdom and for not failing to answer my prayers.

It is written in memory of my late father, Elliot Pama, for building values and the importance of education in the early stages of my life.

This work is further dedicated to all nurses and midwives who are committed to provide good quality health care services.
ACKNOWLEDGEMENTS

I would like to acknowledge everybody who contributed to this study and the following people for their valuable contribution to the success of this work:

To my supervisor, Mrs AN Mbatha, for the patience and support she gave me through all my personal, professional and academic challenges. Her passion, dedication, extremely high standards and work ethics have made me realise that I have been led by a true academic.

To Professor Mikko Saarikoski for allowing me to use his Clinical Learning Environment and Nurse Teacher (CLE+T) instrument for my study.

To the Eastern Cape Department of Health and Lilitha College of Nursing for granting me the permission to conduct research.

To the participants who made this study a success by providing me with all the information which was needed for the study.

The University of Fort Hare, Govan Mbeki Research Centre and HWSETA for financial support.

To Andrew Mandeya for professional assistance in statistical data analysis.

To my colleagues and friends, especially Nomaxabiso Mooi and Ntsiki Hanjana, I owe them a great deal for showing interest and encouraging me to register for my studies.

To my parents, Elsie (Manyawuza) Pama and my late father thank you for raising and educating me, all the sacrifices you made for me, your constant encouragement, guidance, support and love have made me who I am today.

To my siblings especially my only sister, Noluvuyo Pama, for the support and encouragement.

My children, especially my princess Thando Mene without your understanding, support, prayers and words of encouragement I wouldn’t be successful today.

To my loving husband, Xolani Mene, for supporting me through some of the most difficult times: your patience and assistance have helped me to succeed.
ABSTRACT

In nursing education, experiential learning is an important part of the curriculum and accounts for almost half of the requirements for the nursing programmes. A positive relationship with and collaboration between the training institutions and clinical placement facilities are vital for student achievement. Nurse educators are also expected to involve themselves in clinical accompaniment to bridge the theory-practice gap.

Student nurses placed in midwifery clinical learning environments experience difficulty in meeting their experiential learning outcomes and programme requirements. Due to the overcrowded clinical facilities, they compete for the limited learning opportunities and resources which make the integration of theory and practice difficult. Therefore, this leads to delay in the commencement of community service by some of the nursing students as they do not graduate because of not achieving midwifery clinical outcomes and programme requirements.

The purpose of the study is to assess factors affecting experiential learning for midwifery students at the public college of nursing in the Eastern Cape and the main objectives of the study were to:

- Identify the challenges affecting the quality of learning in the clinical learning environment.
- Determine the nature of supervision for experiential learning of midwifery students.
- Determine the role of a nurse educator in the experiential learning of student nurses in midwifery clinical learning environment.

Methods and analysis

A quantitative, descriptive survey was conducted by making use of the Clinical Learning Environment, Supervision and Nurse Teacher (CLES+T) evaluation scale. The CLES+T is a reliable and valid evaluation scale for the gathering of information on the clinical learning environment and supervision of student nurses. The CLES+T evaluation scale was completed by 115 student nurses within the selected sites. The CLES+T evaluation scale is subdivided into three main sections with additional subsections: (1) the learning environment (2) the supervisory relationship and (3) the role of the nurse teacher (lecturer).
Results

The experiential learning in the clinical learning environment was described as mostly positive and normal by most of the student nurses. However, there was a relationship between the duration of placement and clinical learning environment which confirmed that students who stayed longer in the clinical learning environment were more satisfied than those who stayed for a short duration.

The role of a nurse educator with regards to integration of theory and practice and the cooperation between placement staff and nurse educator were identified as areas of concern. These areas were described as challenges that would have been the cause of difficulty in meeting clinical practice requirements by the nursing students.

Recommendations to nurse educators, clinical midwives and supervisors with regard to improvement of experiential learning in the practice environment were discussed.

Conclusion

This study gave valuable insight into the status of the experiential learning in the clinical learning environment and of nursing students which can be useful to the Nursing Education Institution (NEI) in order to enhance the existing situation.
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<td>ANOVA</td>
<td>Analysis of Variance</td>
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<tr>
<td>CLE</td>
<td>Clinical Learning Environment</td>
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<td>CLES+T</td>
<td>Clinical Learning Environment, Supervision and Nurse Teacher</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human Immune Virus/Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>NEI</td>
<td>Nursing Education Institution</td>
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<td>SANC</td>
<td>South African Nursing Council</td>
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<td>SPSS</td>
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CHAPTER 1
ORIENTATION AND INTRODUCTION TO THE STUDY

1.1 Introduction and background

In nursing education, experiential learning within the clinical environment is an important part of the curriculum and accounts for almost half of the requirements for the nursing programmes. Consequently, experiential learning within clinical practice settings is a substantial component of undergraduate nursing education (Kern, Montgomery, Mossey, & Bailey, 2013:133). Therefore, supported experiential learning is the ideal medium to empower nursing students with confidence in their clinical abilities, autonomy, responsibility and decision making ability (Smith, Emmett & Woods, 2008:7).

Experiential learning within the practice environment is expected to provide the nursing students with relevant learning opportunities to achieve their clinical learning outcomes. According to Vermaak (2013:2), the clinical learning environment was originally established to ensure a suitable opportunity for nursing students to achieve the learning objectives of their programme, with the aim of ultimately being able to provide quality and competent nursing care.

The quality of the learning environment in which learners receive their knowledge and skills contributes to their learning experience (Hess, 2012:14). Placing student nurses in clinical learning environments will empower them with knowledge and skills to achieve experiential learning outcomes and programme requirements. The quality clinical placement is one that successfully achieves the aims of clinical education in the practice environment (Siggins Miller Consultants, 2012:3).

Globally, nursing education is currently in disrepute because of the challenges facing nursing students’ experiential learning in the clinical learning environment. According to Jamshidi (2012:3336) such challenges were identified in Iran arising from the traditional clinical training, crowded hospital wards, the density of other students and lack of communication between nursing staff and faculty members. With a nursing faculty shortage, particularly in the clinical setting, the nursing students are at risk of having a less meaningful learning experience because time with faculty must be shared with multiple other students (Rippie, 2015:2).
In Cameroon the nurse educators reported large numbers of students during clinical placement as challenging (Eta, Atanga, Atashili & D’Cruz, 2011:1939). With a large number of students in the clinical learning environment, achieving learning requirements can be a challenge. In addition, the number of students in the nursing colleges has increased to the extent that students are not given adequate opportunities to learn (Kaphagawani & Useh, 2013:182).

Challenges facing nursing education in South Africa would possibly affect the student nurses’ learning and integration of theory and practice. The results from a study conducted by Vermaak (2013:91) showed that the most negative factor identified by the students appeared to be the lack of supervision and occurrence of supervision in the clinical learning environment. Borrageiro (2014:4) also affirms that the students indicated that the clinical environment was not conducive to learning because they were part of the ward staff ratio dedicated to patient care and clinical supervision was inadequate.

In addition to the challenges facing nursing education in South African there are also challenges in some clinical facilities which limit the students in achieving their expected learning goals. For instance, according to Shisana (2010:406), the shortage of nurses and midwives, complaints from patients and the communities indicate a general dissatisfaction with the quality of care. In a study conducted by Mfundisi (2013:3) it was indicated that the mass exodus of staff caused the facilities to be short-staffed, led to a possible rendering of poor quality services, and may have affected patient satisfaction, because there were few midwives, and at times, the quality of patient care and students’ learning, especially student midwives, might have been compromised.

In the National Health Insurance Policy (2011:6) it has been indicated that in many areas access to health services has increased in the public sector, but the quality of health care has deteriorated or remained poor. Furthermore, any shortage in this professional cadre impacts negatively on access to health care and the quality of health care provided (Bimray, Le Roux and Fakude, 2013:116). Even the maternal and health care services have been affected by these factors hence WHO (2013:4) has indicated that it is already obvious that in many countries the target for maternal mortality reduction, Millennium Development Goals (MDG) 4 has not been met. If the situation is like this in the maternity units, it is obvious that the student midwives are
possibly affected because that cohort of learners needs to be where there is provision of quality care to patients in order to learn and acquire skills that pertain to acquisition of the competencies which address their learning needs.

However, there is a concern that the current situation in the health care facilities might probably compromise the quality of experiential learning in the clinical environment. As a result, it is clear that the environment or context in which experiential learning takes place can influence student learning, and should therefore be considered when seeking to improve learning in a clinical environment (Meyer, 2014:3).

In addition to the challenge indicated in the previous paragraph, the South African Nursing Council (SANC) accredited clinical facilities in the Eastern Cape which provides training, for a variety of students from different nursing education institutions (NEI). This leads to overcrowding in the clinical placement facilities making it difficult to achieve learning outcomes by student midwives. In a study conducted by Meyer (2012:60) in the Eastern Cape, many of the participants indicated that meeting the requirements proved to be difficult and frustrating because of insufficient time, too many students and too few learning experiences.

In spite of numerous challenges indicating a serious impairment in quality of health care in South Africa, especially in the Eastern Cape where the study was conducted, clinical facilities used for clinical placements of student nurses maintain their accreditation status with the South African Nursing Council (SANC). Therefore, one may speculate that in an environment as complex and problematic as the public clinical facilities, the clinical environment in which much of the teaching and experiential learning of health professionals takes place might be severely compromised.

1.2 Problem statement

The researcher as a nurse educator has observed with some concern that student nurses placed in midwifery facilities are having challenges in meeting their experiential learning outcomes and programme requirements. Student nurses also verbalise their frustration at having to compete for the limited learning opportunities and resources which makes the integration of theory and practice poorly attained. This leads to the delay in the commencement of community service by some of the
student nurses as they do not graduate because of not achieving midwifery experiential learning outcomes and programme requirements.

According to Bimray et al. (2013:119) the limited number of clinical sites to accommodate the large student numbers restricts the total number of students that can be placed at a given time. Instead, it is under such circumstances that Setumo (2013:33) verified that midwifery students did not meet the hours of experience as prescribed by the statutory body.

The accredited clinical facilities in Eastern Cape (EC) have to provide for a variety of students from the campuses, and satellite campuses, in addition to those they provide for nearby universities, often resulting in overcrowding in the placement facilities. These clinical facilities with multiple problems compromise the quality of experiential learning in the midwifery practice environment. Therefore, the need to assess the factors affecting experiential learning of midwifery students becomes imperative.

1.3 Aim of the study

The aim of the study was to assess factors affecting experiential learning for midwifery students at the public college of nursing in Eastern Cape.

1.4 Objectives of the study

The main objectives of the study were to:

- Identify the challenges affecting the quality of learning in the clinical learning environment.
- Determine the role of a nurse educator in experiential learning of student nurses in midwifery clinical learning environment.
- Determine the nature of supervision for the experiential learning of midwifery students.
1.5 Research questions

The questions of the research study were:

- What are the challenges that affect the quality of learning in the clinical learning environment?
- What is the role of a nurse educator in the experiential learning of student nurses in the midwifery facilities?
- What is the nature of supervision for experiential learning of midwifery students?

1.6 Significance of the study

The study may contribute to the body of knowledge in the improvement of the quality of the clinical learning environment and makes recommendations that might be beneficial to the following:

- The study may contribute towards improvement of the quality of experiential learning to make it a positive practise environment through the development of strategies and guidelines for clinical placement and accompaniment.
- This in turn may help student nurses to complete their learning requirements and become competent and independent nurse practitioners who will improve the quality of maternity health care services in our communities.
- The nurse educators might be able to identify the barriers and facilitators to effective experiential learning in the practice environment and implement strategies to effect good quality of learning.
- This study might guide the managers in the formulation and review of policies to improve the quality of health care in the practice environments.
- The findings of the study might assist identification of areas that need further research. This study will also be available as a form of reference for future researchers who might be interested in the same field of study.

1.7 Theoretical framework

The framework includes the concepts and relationships among concepts and propositions, which are sometimes represented in a model or a map (Grove, Burns &
Gray, 2013:638). Concepts and the linkages between them are represented graphically through boxes, arrows, or other symbols (Polit & Beck, 2010:197). The theoretical framework of the clinical learning environment, supervision and nurse teacher (CLES+T) (Sarrikoski, 2008) is presented and is linked to the study which also makes the use CLES+T scale. See figure 1 below.

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<td>Atmosphere</td>
<td>PEDAGOGICAL ATMOSPHERE</td>
</tr>
<tr>
<td>Teaching activities by staff nurses</td>
<td>Attitudes and communication</td>
<td>SUPERVISORY RELATIONSHIP</td>
</tr>
<tr>
<td>Supervisory system</td>
<td>Supervision, teaching</td>
<td>LEADERSHIP STYLE OF THE WARD MANAGER</td>
</tr>
<tr>
<td>Management and leadership on the ward</td>
<td>Facilities and resources for nursing, a common 'spirit' of the ward</td>
<td>PREMISES OF NURSING ON THE WARD</td>
</tr>
<tr>
<td>NT as expert of health sciences, expertise in pedagogical process</td>
<td>Working with students</td>
<td>ROLE OF NURSE TEACHER IN CLINICAL PRACTICE</td>
</tr>
<tr>
<td></td>
<td>Liaison, social actor</td>
<td></td>
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<td>Ped. support for staff</td>
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<td></td>
<td>Improving of theory</td>
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Clinical Learning Environment and Supervision (CLE) (Sarrikoski, 2008)

Figure 1: Theoretical Framework

The structure of the latest version of (CLES+T) as shown in the diagram of Sarrikoski (2008), is linked to the instrument that was used in assessing the factors affecting experiential learning. In a study conducted by Kachiwala (2006:8) the following main concepts were also framed according to the Clinical Learning Environment Scale: clinical learning environment, pedagogical atmosphere, supervisory relationship, leadership styles of the ward manager, nursing care in the ward and the role of the nurse educator in the clinical practice.

These concepts closely link with those constituting the model, hence it was found by the researcher as to be an appropriate model to guide this study. The concepts included by the researcher in designing the framework which guides the study were based on the ordinary nature of the experiential learning in the learning environment.

The concepts encompass the learning environment which further comprises of the ward atmosphere, the quality of nursing care, the supervisory relationships between students, clinical and college staff and the role of nurse educator. Therefore, there is
a link between the experiential learning and the clinical learning environment where the students are expected to achieve their learning goals.

The theoretical framework used in this study reflects a range of factors that contribute to students' experiential learning in the clinical environments. In positive practice environments the students can access learning opportunities that would develop them to become competent practitioners. Moreover, there is a relationship between the quality of nursing care and the quality of experiential learning in a practice environment where the students learn when quality care is provided to the patients. As such, the nurse educators make a significant contribution to educational process within the practice environment by providing support and guidance during clinical accompaniment.

1.8 Definition of concepts

1.8.1 Experiential learning

Smith, Emmett and Woods (2008:3) define experiential learning as where a learner tries out theory in practice and, as a result, forms new knowledge that captures their social reality. However, experiential learning, according to Setumo (2013:36), is learning by doing, rather than listening to other people or reading about it.

In this study experiential learning is when students learn from their own experiences as well as from the clinical staff and other experienced members through active involvement in activities of practice learning environments.

1.8.2 Clinical learning environment

Kachiwala (2006:7) defines the clinical learning environment as the hospital wards where students perform skills related to the needs of patients and provide physical, psychological, spiritual and social support to patients in order to promote and maintain safe, effective patient care.

In this study learning environment is the hospital maternity units used for the placement of student nurses to access the relevant learning opportunities with interaction and support to empower them with knowledge and skills to provide health care services.
1.8.3 Student nurses

Student nurse according to the Nursing Act (Act No. 33 of 2005) means a person registered as a learner nurse or a learner midwife who has complied with the prescribed conditions and has furnished the prescribed particulars for a training programme at a nursing education institution.

In this study the student nurses were the learners who were registered for the 4 year diploma which is the basic nursing education and training leading to registration as a nurse (general, psychiatric and community) and midwife, (SANC R425, 1985 as amended).

1.8.4 Clinical supervisor

A clinical supervisor is a registered nurse/midwife who is managing the activities of the ward, including the teaching and learning of student nurses. According to Kachiwala (2006:7) a clinical supervisor refers to the staff nurses, the registered nurses and nurse teachers who supervise students in the clinical placement areas.

1.8.5 Clinical supervision

Clinical supervision refers to the assistance and support extended to the student by the professional nurse or midwife in a clinical facility with the aim of developing a competent, independent practitioner (SANC 2011: 1). It refers to the process of encouraging, supporting and guiding student nurses to achieve their learning goals in the clinical learning environment.

1.8.6 Nurse educator

The South African Nursing Act 2005 (Act 33 2005 as amended) defines a nurse educator as a professional nurse with an additional qualification in nursing education and is registered as such with the South African Nursing Council (SANC).

According to Tom (2013:21) an educator is a person with either a diploma or a degree in nursing education who is involved in education and training of student nurses. In this study a nurse educator is someone who is responsible for theory and clinical facilitation of student nurses.
1.9 Research methodology

Grove, Burns and Gray (2013:707) define research methodology as the process or plan for conducting the specific steps of the study. Research methods are the techniques used to structure a study, and gather and analyse information in a systematic fashion (Polit & Beck, 2010:567).

Research methodology refers to the entire strategy of the study, from identification of the problem to the final defined structures for data collection (Setumo, 2013:41). According to Mntambo (2009:30) the selection of an appropriate research methodology or strategy is the key to finding the research design that facilitates the progress and success of a research project and it is probably the single most important decision that a researcher has to make.

1.9.1 Research approach

Research approach is defined as a formal, objective, systematic process to describe and set relationships, and to examine cause-and-effect interactions among variables (Grove, Burns & Gray, 2013:706). The researcher chose the quantitative approach for the study in order to give a detailed description of the factors affecting experiential learning for midwifery students.

1.9.2 Study design

According to Rees (2011:231) research design is a plan of action followed by the researcher to achieve the goals of research. Descriptive designs enable the researchers to draw conclusions about the current state of affairs regarding a situation or an issue but not about cause-and-effect relationships (Leedy & Ormrod, 2015:386).

For the purpose of this study which was to assess the factors affecting experiential learning for midwifery students, descriptive design was used because it allowed some understanding of the phenomenon (experiential learning), to measure objectively the variables involved, and to statistically analyse and interpret the data.

1.9.3 Research setting

According to Brink, van der Walt & Rensburg (2012:59) a research setting refers to the specific place or places where the data is collected. The study was conducted in
South Africa in the Eastern Cape Province which had a population of 7 million in 2016 making it the third most populous province in the country (Statistics South Africa, 2016).

Currently, there is one public college of nursing with five (5) main campuses and nineteen (19) sub-campuses distributed throughout the Eastern Cape Province.

The campuses that were selected for the purpose of the study were those offering the four year diploma which is a course leading to registration as a nurse (general, psychiatric, and community) and midwife (SANC Regulation R425 of 22 February 1985, as amended). The main campuses include East London, Lusikisiki, Mthatha, Port Elizabeth and Queenstown.

1.9.4 Population

Population means all elements (individuals, objects, events or substances) that meet the criteria for inclusion in a study (Grove & Burns, 2009:716). The population for this study was the nursing students registered at the public college of nursing in Eastern Cape for the four year comprehensive diploma leading to registration as a nurse (general, psychiatric, and community) and midwife (SANC Regulation R425 of 22 February 1985, as amended).

1.9.5 Target population

The target population is defined as the entire set of individuals or elements who meet the sampling criteria (Grove, Gray & Burns, 2015:250). The target population for this study was the nursing students who were in their fourth year of the four year comprehensive diploma leading to registration as a nurse (general, psychiatric, and community) and midwife (SANC Regulation R425 of 22 February 1985, as amended) irrespective of age, sex, colour or race. The total population size for 4th year student nurses in the Eastern Cape was n=348 which was distributed as follows:

- East London campus 78
- Lusikisiki campus 66
- Mthatha campus 72
- Port Elizabeth 67
- Queenstown campus 65
During data collection the population decreased from the initial n=348 to n=209 because only three (3) campuses participated in the research study. The reason for the decrease in the total target population was due to the fact that all the 4th year student nurses from two campuses (Mthatha and Port Elizabeth) were away for clinical placements during data collection.

1.9.6 Sampling process

According to Polit and Beck (2010:567); and Schneider, Whitehead and Elliott (2007:176), the sampling process is selecting a portion / sample of the population to represent the entire population of interest in a research investigation. Sampling involves selecting a group of people, events, objects or other elements with which to conduct a study sampling method (Grove, Gray & Burns, 2015:250).

1.9.7 Sampling method and sampling techniques

Probability sampling means random sampling techniques in which each member (element) in the population should have a greater than zero opportunity to be selected for a sample (Grove & Burns, 2009:717). Probability sampling was used, which also helped the researcher to generalise the findings of quantitative research.

The plan was to select the sample randomly, where all the participants had equal chance of being chosen, but at the time of data collection all the available participants who gave consent were included in the study.

1.9.8 Sample

Brink, van der Walt & Rensburg (2012:217) define a sample as a subset of the population that is selected by the researcher to represent the population. A convenient sample was used for participants who were available during data collection and who gave consent.

1.9.9 Sample size

It is often stated that a larger sample is advantageous in quantitative research studies (Brink, van der Walt & van Rensburg, 2012:143). The sample size of 115 (55%) from the total population (n=209) participated in the study.
1.9.10 Inclusion and exclusion criteria

Inclusion sampling criteria are characteristics that a subject or element must possess to be part of the target population (Grove, Burns & Gray, 2013:353). The student nurses who were included in the study irrespective of age, sex and race, were currently in their fourth year in the comprehensive diploma course leading to registration as a nurse (general, psychiatric, and community) and midwife (SANC Regulation R425 of 22 February 1985, as amended) and had been placed in three or more units in the midwifery clinical facilities for learning.

Exclusion sampling criteria are characteristics that can cause a person or element to be excluded from the target population (Grove, Burns & Gray, 2013:353). The 4th year student nurses who agreed to participate in the study but who were not available during data collection because they were placed in clinical facilities that are far from the NEI for clinical learning were excluded from the study.

1.10 Data collection

Data was collected, using a structured, self-administered questionnaire, during a block period. That was done in order to get all the students at the same time, to save the costs of having to visit each clinical facility on all the campuses and because it is not easy to get students in different scattered facilities. The duration for completing each questionnaire was 15 to 20 minutes. The use of questionnaires in this study was appropriate and cost effective because the campuses are scattered all over the Province and travelling can be very expensive.

1.10.1 Instrument

The data collection instrument that was used in the study was a structured clinical learning environment, supervision and nurse teacher (CLES+T) evaluation scale further developed from CLES and validated by Saarikoski, Isoaho, Warne & Leino-Kilpi (2008). The scale consists of 34 items forming five sub-dimensions:

- Pedagogical atmosphere consisting of nine items,
- Leadership style of the ward manager (WM) consisting of four items,
- Nursing care on the ward with four items,
- Supervisory relationship with eight items and
• Role of the nurse teacher/educator with nine items.

The CLES+T evaluation scale items were rated with a 5-point Likert scale: 1-fully disagree, 2-disagree to some extent, 3-neither agree nor disagree, 4-agree to some extent and 5- fully agree.

1.10.2 Validity

The research instrument used in the study was the clinical learning environment, supervision and nurse teacher (CLES+T) evaluation scale. The CLES+T scale was validated within a Finnish study (N=549) during 2007 (Saarikoski, Isoaho, Warne and Leino-Kilpi, 2008).

The instrument has been used by more than 30 countries and has been translated into 19 languages and these translations were assessed by the instrument’s author to confirm content validity. The psychometric properties of the scale and the full content of the items have reported elsewhere (Saarikoski et al., 2008). The instrument has also been used by some researchers in South Africa (Borrageiro, 2014 and Vermaak, 2013).

1.10.3 Reliability

Reliability was tested by calculation of Cronbach’s alpha coefficient per subscale to ensure that all items in the instrument have consistent measure. In the original instrument the Cronbach’s alpha values of the sub-dimensions of the scale ranged from high (0.96) to marginal (0.77). In the sample (n=1903) of the study conducted in nine European countries by Warne, Johansson, Papastavrou, Tichelaar, Tomieto, Van den Bossche, Moreno and Saarikoski (2010:3) the reliability coefficients of the sub-dimensions varied between 0.96 and 0.83.

1.11 Ethical considerations

Ethical issues arise out of our interaction with other people, other beings (animals) and the environment, especially where there is potential for, or a conflict of interest (Babbie & Mouton, 2001:520). Therefore the main ethical issues in this study involved the ethics committee’s approval of the research proposal to conduct the study, permission to conduct research and each participant’s consent. Furthermore
permission was obtained from Mikko Saarikoski to use the instrument and to make some minor changes to it to make it suitable for the environment where the study was conducted.

1.11.1 Ethical issues pertaining to the institutions

After presenting the research proposal for evaluation and approval of a clearance certificate was received from the Ethics Committee of the University of Fort Hare. The permission to conduct the research study was obtained from the Research, Epidemiology and Surveillance section, Eastern Cape Department of Health, and from the College Head of Lilitha College of nursing, including campus head of the campus, before conducting research.

1.11.2 Ethical issues pertaining to the participants

There was a clear explanation to the participants about the following issues: there was no discrimination against those who refused to participate, they had a right to withdraw at any time, a right to refuse to answer questions if they felt the questions were personal and private, and participants did not receive any remuneration. The consent form accompanying the questionnaires explained the purpose of the study and requested the participants to voluntarily and anonymously complete the questionnaires.

1.11.3 Anonymity and confidentiality

Confidentiality was maintained throughout the study until the results were published and the completed questionnaires were kept in a safe place. In this study the consent forms were collected separately from the questionnaires in order to ensure that there was no one who would link the personal information on the consent forms with the questionnaires.

1.11.4 Protection from harm and discomfort

If the research problem involves a potentially harmful intervention, it may have to be abandoned or restarted to allow investigation in an ethical environment (Brink, 2006:32). In this research participants were assured that there was no physical and psychological discomfort and harm involved because the study was not an
experimental research. The benefit of the research was for academic purposes which may eventually lead to improvement in the quality of experiential learning.

1.11.5 Signing of the consent form

The participants read the conditions in the information sheet that was accompanied the questionnaires stating the ethical issues involved in the study. After understanding the purpose of the study and all the ethical issues the participants then signed the consent form before completing the questionnaires.

1.12 Data analysis plan

A programmed computer Software Package for Social Sciences (SPSS) was used for data analysis after consultation with the statistician for assistance. The data was captured on an Excel spreadsheet and further analysis of data was done to determine means, frequency and standard deviation with the help of a statistician. Statistical methods enable the researcher to reduce, summarise, organise, manipulate, evaluate, interpret and communicate quantitative data (Brink, van der Walt & Rensburg, 2012:179).

1.13 Dissertation outline

This section of the research describes the layout of the chapters in the dissertation.

**Chapter 1** deals with the introduction and background to the problem, a brief description of methodology and a detailed description of the theoretical framework.

**Chapter 2** deals with the introduction to the literature review, and the reviewed literature related to experiential learning within the clinical learning environment.

**Chapter 3** describes the research methodology, that is, the research design, method, study population and sampling, and the data collection procedure and process, together with the validity and reliability of the research.

**Chapter 4** describes data analysis and the results which were presented.

**Chapter 5** deals with conclusions from the analysed data, recommendations proposed on improvement of the quality of experiential learning and further research and limitations of the study.
1.14 Conclusion

In this study the researcher was focusing on assessing the factors affecting experiential learning for midwifery students in the clinical learning environment.

Chapter one 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 and ethical considerations. The research problem was clearly stated in this chapter to show the need for conducting research.
CHAPTER 2
LITERATURE REVIEW

2.1 Introduction

Rees (2011:77) defines a literature review as the systematic and critical examination of the defined selection of published literature on a particular topic or issue. Furthermore, a literature review is described as an organised written presentation of what has been published on a topic by scholars (Brink, van der Walt & van Rensburg, 2012:70; Grove, Burns & Gray, 2012:97). In other words, a literature review is a critical summary of research on a topic of interest, often prepared to put a research problem in context thereby enabling the researcher to make a constructive critique of previous research.

The purpose of a literature review is to communicate to the reader what is currently known regarding the topic of interest. In quantitative research reviewing the literature is an important part of clarifying one’s ideas, in the early stages of the research process, particularly in justifying the need for such a study (Ress, 2011:34). It also facilitates identification of knowledge gaps that exist in the situation. Therefore, a literature review is done to form the map in order to generate a picture of information available on the topic so as to avoid duplication of the same topics, and to compare the findings.

The literature reviewed in this study provides a critical overview and analysis of the academic literature related to factors affecting experiential learning within the clinical learning environment. In addition, it affords an insight into how the increasing complexity of clinical learning environments, reveal the need for ongoing research on the impact the clinical environment can have on students’ experiential learning. As many factors impact on the clinical environment and thus directly and indirectly influence the learning environment for the students placed in these areas, the complexity of learning in the clinical environment has caused researchers to investigate the impact of various factors on clinical learning (Vermaak, 2013:24).

Experiential midwifery learning is diverse because it extends to four different midwifery areas, namely: the antenatal clinic, the labour ward, the puerperal ward and the neonatal ward. Moreover, the clinical learning experience is a form of
experiential learning which takes place in what is commonly known as the clinical learning environment (CLE) (Msiska, 2012:10). Therefore, the clinical learning environment, quality patient care, the role of nurse educators and clinical supervision can significantly influence experiential learning.

The importance of experiential learning and the role of the nurse educator in supporting students in the clinical learning environment has been a growing area of interest to the researcher over the years. This is due to the fact that the researcher has observed with some concern that student nurses placed in midwifery facilities are having challenges in meeting their experiential learning outcomes and programme requirements. In addition, there is a delay in the commencement of community service by some of the student nurses as they do not graduate because of not achieving midwifery experiential learning outcomes and programme requirements.

The reviewed literature highlighted that the relationship between students and their supervisors is crucial to their experiential learning in the practice environment, therefore, acquired knowledge from the reviewed literature would contribute to increasing the knowledge base around the factors that affect the experiential learning for midwifery students in clinical learning environments.

2.2 Literature search strategy

In an attempt to search for literature to guide the present study, the researcher conducted a literature search using selected electronic database platforms: Google Scholar, EBCO host, Science Direct, journals and books, studies from other researchers and information from experienced people in this field.

The inclusion criteria for selection of key items from reviewed literature included items which focused on experiential learning, clinical learning, the clinical learning environment, clinical supervision, midwifery clinical placements, nurse educators and quality patient care. The English publication literature retrieved was between the years 2010 and 2016, however; in some cases items from the literature of 2006 and 2009 appeared quite relevant and important for the study and were also included. From the literature reviewed the researcher identified the need and significance for conducting the present study.
2.3 Essential aspects in the operationalisation of experiential learning

The following aspects are important in ensuring learners are educated and trained to equip them with competencies that will make them respond to and meet the needs of the clients and patients to whom they render the health care services.

2.3.1 Clinical accompaniment and supervision

Clinical accompaniment and supervision entail the support and guidance of student nurses based on the students’ specific clinical needs by creating clinical learning opportunities in order to develop critical thinking nurse practitioners (Borrageiro, 2014:5). In addition, these practices are important in assisting student midwives to receive appropriate guidance and support in order to achieve their learning outcomes and become competent practitioners.

2.3.1.1 Clinical accompaniment

Clinical accompaniment is defined by the Nursing Act (Act No. 33 of 2005) as a structured process by a nursing education institution to facilitate assistance and support to the learner by the nurse educator at the clinical facility to ensure the achievement of the programme outcomes. Setumo (2013:24) states that during clinical placement of students in maternity units, it is essential that midwifery tutors visit students and physically facilitate learning in the clinical area. Mampunge (2013:61) affirms that the nurse educator should be visibly involved in student accompaniment in the clinical setting and should co-operate closely with the registered nurses/clinical preceptors in creating a positive learning environment for student nurses.

The nursing education institution offering the programme is responsible for ensuring quality clinical accompaniment of the student nurses to facilitate optimal achievement of the learning outcomes. Therefore, during clinical teaching, students are empowered through accompaniment and development skills and are encouraged to accept responsibility for their own learning (Setumo, 2013:21). On-going clinical accompaniment in approved CLEs by the nurse educators and registered nurses is the required support that should be offered to ensure the production of mature professionals (Kgafela, 2013:40).
Accompaniment of student midwives in the clinical setting involves ensuring that the environment is conducive to learning (Ayo, 2006:58). Therefore, through clinical accompaniment nursing students can achieve their learning outcomes and become clinically competent. Shezi (2014:4) states that nursing learners experience poor accompaniment in clinical practice where there are limited clinical facilities that are overloaded with learners, and experienced professional nurses who work under stressful conditions to ensure quality patient care.

2.3.1.2 Clinical supervision

The Nursing Act (Act No. 33 of 2005) defines clinical supervision as the assistance and support extended to the learner by the midwife at a clinical facility with the aim of developing a competent, independent practitioner. Borrageiro (2014:5) defines clinical supervision as guidance, support, assessment and the clinical teaching of student nurses based on their specific clinical needs by creating learning opportunities in order to develop critically thinking and competent nurses. Consequently, clinical supervision is regarded as a vital aspect in promoting student learning in a clinical environment in order to meet the clinical learning needs and requirements of student nurses.

Vos (2013:2); Setumo, (2013:23) state that effective clinical supervision would enable learner nurses to achieve their learning objectives and help them to improve patient/client care. Moreover, students in the clinical learning environment need to be guided, supported and supervised so that they can learn correct practices and, at the same time, achieve their clinical objectives (Kachiwala, 2006:12). In the same vein, Vermaak (2013:27) states that supervision in the clinical learning environment can contribute to significant improvement of theory and/or practice integration and comprehensive knowledge and skills development of both the student and the supervisor.

The need for adequate support and supervision of student midwives during their first three months was highlighted to ensure optimal learning if it occurs in a "non-threatening environment" (Zwane, 2011:26). As a result, lack of guidance and supervision due to shortage of staff and an excessive workload, according to Mampunge (2013:39), negatively affects nursing students' learning and competency.
2.4 The significance of experiential learning in the CLE

In nursing education there is a strong focus on clinical competence development of students through learning in a positive practice environment by integration of theory and practical knowledge and skills (Vermaak, 2013:19). In addition, Ndaba (2013:60) states that midwifery is a course that involves application of theory and practice in order to enable nurses to make informed decisions concerning their patients. In fact, the midwifery clinical setting is a significant environment for the integration of midwifery theory and practice for student midwives (Setumo, 2013:1).

Experiential learning enables the nursing students to understand the integrated nature of practice, to identify their learning needs and to acquire skills to deliver quality patient care. Smith et al. (2008:3) describe experiential learning as where a learner tries out theory and, as a result, forms new knowledge that captures the learner’s social reality. The same authors highlight that in experiential learning, students learn from their own experiences as well as third-person experience in order to enhance their learning outcomes. Therefore, experiential learning is maximised when the student is effectively partnered with a clinician, experiences are shared and there is interaction.

2.5 Factors influencing the quality of experiential learning

In the clinical learning environment, there are varieties of influences that can significantly promote and hinder the clinical learning among novice students at the entry level (Souza, Venkatesaperumal, Radhakrishnan, Balachandran & Shreedevi, 2013.25). In addition, Lekalakala- Mokgele Caka (2015:1) states that students can experience the clinical learning environment as being both facilitative and obstructive to their learning. Moreover, in the clinical learning environment, there are factors that can significantly promote and hinder the experiential learning of student nurses making it difficult for students to achieve their learning outcomes.

2.5.1 Factors enhancing the quality of clinical learning

Orientation into the clinical environment was reported to influence the student nurses’ experiential learning (Motseki, 2013:10). The midwifery lecturer should also ensure that the midwifery student is adequately orientated to the clinical environment in order to facilitate the fulfilment of clinical requirements (Meyer, 2012:65).
• Orientation of learners to clinical learning environment

During experiential learning, nursing students need to understand the latest information in order to render good quality care and achieve their learning outcomes. Therefore, orientation into the clinical learning environment was reported as a factor that influenced the student nurses’ experiential learning (Motseki, 2013:10), such that Setumo (2013:6) has attempted to identify how midwifery students are orientated in the midwifery units, especially with regard to new programmes and protocols.

Experiential learning is said to be effective when orientation, clinical teaching and learning outcomes have been achieved. For that reason, lack of clinical placement information causes confusion and inadequacy of learners if they do not know their rights and expectations (Makhate, 2010:1). For effective learning midwifery lecturers have to adequately orientate the students on how the midwifery register or case book should be filled in (Meyer, 2012:65).

• Nature and culture of clinical learning environment

The literature reveals that the nature of clinical learning environment is a complex social entity which covers many factors such as equipment, the members of staff, and different activities of the wards that influence student learning outcomes in the clinical setting (Papastavrou, Lambrinou, Tsangari Saarikoski & Leino-Kilpi, 2010:176 and Kachiwala, 2006:9).

According to Setumo (2013:31) a conducive learning environment is free from prejudice and threats and can be achieved by maintaining a non-threatening learning atmosphere in the unit by promoting a questioning attitude on the part of the students. Furthermore, the clinical learning environment is described by Vermaak (2013:20) as a vital component of the positive practice environment as it focuses on ensuring a positive educational arena for students and staff to learn, develop and practice experientially.

A quality clinical learning environment that nurtures effective supervision and mentoring, and offers learning opportunities for student nurses facilitates achievement of the best learning outcomes.
Although much learning takes place during clinical placements, the quality of the learning experience is compromised because of existing problems within the Clinical Learning Environment (Eygelaar & Stellenberg, 2012:104).

The culture and the environment in maternity services contribute to the preparation of confident and competent midwifery practitioners. According to Meyer (2014:3) it is clear that the environment or context in which clinical learning takes place can influence student learning, and should therefore be considered when seeking to improve learning in a clinical environment.

- The role of a nurse educator in clinical teaching

The clinical nurse educator’s role is to enhance learning through the provision of opportunities for learning (Kaphagawani & Useh, 2013:183). In addition, Msiska (2012:30) points out that the role of the nurse educator during clinical placements includes directing, motivating and facilitating, problem solving, advocating and troubleshooting and monitoring. In line with the previous author, Lascelles (2010:2) indicates that part of the role as a lecturer involves discussions with students about both their positive and negative experiences of learning in practice environment and the support they receive.

Mampunje (2013: 61) on the other hand emphasises that nurse educators should be visibly involved in student accompaniment in the clinical setting and should cooperate closely with the registered nurse/clinical preceptor in creating a positive learning environment for student nurses. The same author further states that 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.

When given the required support, students will be able to translate their theoretical knowledge and integrate it into practice (Ohaja, 2010:14.10). Therefore to ensure that students are able to correlate theory into practice and are supported academically, the nurse educators have to follow them to the clinical facilities to enhance translation of theory to practice.

The ability to apply knowledge to practice is essential in creating competent and highly skilled midwives. Vermaak (2013: 30) further alludes that it is important to
ensure that application and integration of theory is facilitated in a conducive environment for optimum outcomes as integration of theory and practice is extremely important for development of competence and critical thinking in nurses. Borrageiro, (2014:5) affirms that it is crucial for nurses to integrate the theoretical and practical components for the development of cognitive and practical skills.

- Role of the clinical personnel in providing a conducive learning environment for students

The supervisor in the clinical environment plays a key role in creating a positive ward atmosphere that is conducive to experiential learning. The role of the supervisor, according to Setumo (2013:24), is to provide a safe environment in which the supervisee can work through the developmental issues or challenges in order to gain the necessary motivation, autonomy and self-awareness to successfully move to the next level of development. In addition, the teaching staff should make sure that they create a conducive and welcoming learning environment and, moreover, allow students to practise nursing skills according to their learning objectives (Buthelezi, 2015:58).

In a conducive environment clinical teaching staff should ensure that there are adequate clinical learning opportunities which are utilised effectively by the nursing students. Therefore, it is the responsibility of the nursing staff and clinical supervisors to ensure that CLE is conducive for students to learn in the clinical setting (Buthelezi, 2015:3).

2.6.2 Factors hindering quality of clinical environment

The nursing students experience lack of support, inadequate mentoring and guidance, isolation from clinical activities, an inhumane attitude by clinical staff, a poor clinical environment and many other aspects as hindering students' learning (Rikhotso, Williams & de Wet, 2014:5). Although much learning takes place during clinical placements, the quality of the learning experience is compromised because of existing problems and challenges within the clinical learning environment (Eygelaar & Stellenberg, 2012:6).
• Short period of time spent in the units for experiential learning

There is inadequate time for students to complete their clinical learning objectives and that poses a challenge to their satisfactory performance and completion of tasks because their role and needs as students are not adequately met in the wards (Borrageiro, 2014:8; Ndaba, 2013:25). The student nurses should have adequate duration of clinical placements in order to be able to participate in learning opportunities to help them attain experiential learning outcomes and programme requirements.

In a study conducted by Makhate (2010:78) midwifery learners verbalised that they found the time for midwifery practice in the clinical field too short to meet the required outcomes from the college lecturers to enable them to write their examination. The learners stated that time allocated for midwifery clinical exposure is too short whilst there is so much compilation and filling in of clinical documents, for example the midwifery register. In addition to that, the programme which they undertake is too full and compacted (Makhate, 2010:72; Shezi, 2014:55).

• Shortage of experienced professional nurses to mentor students

Experiential learning in the practice environment can be achieved through the availability of the human and material resources in order to meet the outcomes and requirements of student nurses’ training. Therefore, without adequate staff and equipment midwives and nurses cannot provide quality care, and neither can students learn effectively under these circumstances.

Learning within the workplace is difficult due to the increasing demands of patient care, shortage of staff and material resources. There is a severe shortage of both material and human resources which make it difficult to perform certain procedures correctly and the clinical learning environment (CLE) seems to have severely deteriorated (Motseki, 2013:12 and Msiska, 2012:1).

• Large number of students in the clinical facilities

The number of students in the nursing colleges has increased such that students are not given adequate opportunities to learn (Kaphagawani & Useh, 2013:182). Furthermore, the prevalence of large numbers of students in the nursing colleges
may have an impact in the clinical areas, and inadvertently contribute to clinical incompetency and poor patient care (Ndaba, 2013:24).

According to Mampunje (2013:67) and Mabuda (2006:42) large number of nursing students allocated to one clinical area at the same time hampers effective learning and integration of theory and practice. Furthermore this also makes it impossible for teaching, coaching and supervising nursing students in the clinical learning environment.

As the number of learners is increasing and the number of normal vaginal deliveries become inadequate in number in relation to programme requirements, so it makes it difficult for the learners to get fifteen normal vaginal deliveries as they compete with other learners from multidisciplinary teams e.g. doctors who also require deliveries for their educational needs (Makhate, 2010:60). Moreover, many of the participants from a study conducted by Meyer (2012:64) indicated that meeting the requirements proved to be difficult and frustrating because of too many students and too few learning experiences. In view of the above, it becomes very difficult for student nurses to access learning opportunities that would facilitate the achievement of their experiential learning outcomes and requirements.

Over and above the large number of students, the limited number of clinical learning sites to accommodate the large student numbers limits the total number of students that can be placed at any given time (Bimray et al. 2013:119). Consequently, nursing learners experience poor accompaniment in clinical practice due to limited clinical facilities that are overloaded with learners, and experienced professional nurses working under stressful conditions to ensure quality patient care (Shezi, 2014:4).

2.7 Conclusion

In this chapter, the researcher presented an in-depth literature review regarding the factors affecting experiential learning of midwifery students in the clinical environment. Literature underlines and supports the role and importance of the clinical learning environment, supervision and clinical facilitation for student nurses during their experiential learning.

\textbf{It has been evident from the reviewed literature that many studies related to learning in the clinical learning environment have been conducted but there is lack of}
evidence that similar studies have been conducted for the experiential learning of midwifery students in public colleges of nursing in the Eastern Province. Chapter three will be discussing the research methodology and design.
CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter provides a discussion of the research approach and design, the research methods (sampling processes, data collection measurement instruments, and data gathering as well as methods to ensure validity and reliability of the measuring instrument) and the ethical considerations of the study applied, to uncover the factors that affect student midwives’ experiential learning in the clinical areas designated as learning facilities for the public college of nursing in the Eastern Cape Province. An attempt has been made to uncover new acumen, and understanding of the phenomenon under investigation.

Grove, Burns and Gray (2013:707) define research methodology as the process or plan for conducting the specific steps of the study. Research methods are the techniques used to structure a study and to gather and analyse information in a systematic fashion (Polit & Beck, 2010:567). Furthermore, the selection of an appropriate research methodology or strategy is the key to finding the research design that facilitates the progress and success of a research project and it is probably the single most important decision that a researcher has to make (Mntambo, 2009:30).

3.2 Research approach

The research approach is defined as a formal, objective, systematic process to describe and set relationships, and to examine cause-and-effect interactions among variables (Grove, Burns & Gray, 2013:706). The researcher chose the quantitative approach for the study in order to give a detailed description of the factors affecting experiential learning for midwifery students.

The purpose of the quantitative approach is to search for relationships between things in the world so that we can understand the way they act and relate together (Ress, 2011:18). Consequently, the approach chosen for the study allowed the researcher to study the relationship between the independent and dependent variables and be more objective about the findings of the research.
3.3 Research design

According to Rees (2011:231) the research design is a plan of action followed by the researcher to achieve the goals of research. Descriptive designs enable the researchers to draw conclusions about the current state of affairs regarding a situation or an issue but not about cause-and-effect relationships (Leedy & Ormrod, 2015:386). For the purpose of the study which is to assess the factors affecting experiential learning for midwifery students, descriptive design was used. According to Vermaak (2014:32) research design was selected to enable the researcher to anticipate what the appropriate research decisions should be so as to ensure the validity of the results.

3.4 Research setting

According to Brink, van der Walt & Rensburg (2012:59) a research setting refers to the specific place or places where the data is collected. The study was conducted in South Africa in the Eastern Cape Province which had the population of 7 million in 2016 making it the third most populous province in the country (Statistics South Africa, 2016).

Currently, there is one public college of nursing with five (5) main campuses and nineteen (19) sub-campuses distributed throughout the Eastern Cape Province and strategically positioned to meet the nurse training demands of the Eastern Cape (EC) health system.

These campuses offer a variety of basic and post basic training programmes and amongst these programmes is the four year diploma which is a course leading to registration as a nurse (general, psychiatric, and community) and midwife (SANC Regulation R425 of 22 February 1985, as amended). Programmes offered by this college are based on the demands and priorities of the health system and demographics of the EC Province.

The campuses that were selected for the purpose of the study were those offering the four year diploma. The main campuses include East London, Lusikisiki, Mthatha, Port Elizabeth and Queenstown. The nursing students from these campuses are
placed in accredited hospitals and clinics for experiential learning throughout the Province.

3.5 Population

Population means all elements (individuals, objects, events or substances) that meet the criteria for inclusion in a study (Grove & Burns, 2009:716). The population for this study was the student nurses registered at the public college of nursing in Eastern Cape for the four year diploma which is a course leading to registration as a nurse (general, psychiatric, and community) and midwife (SANC Regulation R425 of 22 February 1985, as amended).

3.5.1 Target population

Target population is defined as the entire set of individuals or elements who met the sampling criteria (Grove, Gray & Burns, 2015:250). The target population for this study was the student nurses who were in their fourth year of the four year diploma programme, irrespective of age, sex, colour or race. The total population size for 4th year student nurses in Eastern Cape was n=348 which was distributed as follows:

Table 1: Total population

<table>
<thead>
<tr>
<th>Campus</th>
<th>Population (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East London</td>
<td>78</td>
</tr>
<tr>
<td>Lusikisiki</td>
<td>66</td>
</tr>
<tr>
<td>Mthatha</td>
<td>72</td>
</tr>
<tr>
<td>Port Elizabeth</td>
<td>67</td>
</tr>
<tr>
<td>Queenstown</td>
<td>65</td>
</tr>
<tr>
<td>Total</td>
<td>348</td>
</tr>
</tbody>
</table>

During the time of data collection there was a decrease in the total population from 348 at the five campuses to 209 students at three campuses. The decrease in the total population was due to the fact that all the 4th year student nurses from the two campuses (Mthatha and Port Elizabeth) were not available during data collection as they were away for clinical placements.
3.6 Sampling

According to Polit and Beck (2010:567) and Schneider, Whitehead and Elliott (2007:176), the sampling process is selecting a portion/sample of the population to represent the entire population of interest in a research investigation. Sampling involves selecting a group of people, events, objects or other elements with which to conduct a study sampling method (Grove, Gray & Burns, 2015:250).

3.6.1 Sampling method

Probability sampling means random sampling techniques in which each member (element) in the population should have a greater than zero opportunity to be selected for a sample (Grove & Burns, 2009:717). Probability sampling was used, which also helped the researcher to generalise the findings of quantitative research.

3.6.3 Sample

Ress (2011:239) defines a sample as a section of a defined population used in a study to provide data. Convenient sampling was used to include all the participants who were available and who agreed to participate in the study. The sample was drawn from the three (3) campuses.

3.6.2 Sample size

It is often stated that a larger sample is advantageous in quantitative research studies (Brink et al, 2012:143). A sample of 115 (55%) of the total population (n=209) participated in the study. Simple random sampling was planned at the beginning but convenient sampling was used during data collection because other students were in the clinical areas busy with the practical assessments during the time of data collecting.

During the time when data was collected, some students were placed in the clinical facilities approved for clinical learning, and some were on theory block at the campuses. For that reason, it would have been difficult to do random sampling with the available student nurses; therefore, convenience sampling was used instead. The response rate was as follows:
Table 2: Response rate

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Total population</th>
<th>Frequency (n)</th>
<th>Response rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East London campus</td>
<td>78</td>
<td>49</td>
<td>42.6</td>
</tr>
<tr>
<td>Lusikisiki campus</td>
<td>66</td>
<td>24</td>
<td>20.9</td>
</tr>
<tr>
<td>Queenstown campus</td>
<td>65</td>
<td>42</td>
<td>36.5</td>
</tr>
<tr>
<td>Total response</td>
<td>209</td>
<td>115</td>
<td>55</td>
</tr>
</tbody>
</table>

3.5.6 Inclusion and exclusion criteria

Inclusion sampling criteria are characteristics that a subject or element must possess to be part of the target population (Grove, Burns & Gray, 2013:353). The students who were currently doing their fourth year of the said four year diploma and who had been placed for experiential learning in midwifery clinical facilities irrespective of age, sex and race were included in the study.

Exclusion sampling criteria are characteristics that can cause a person or element to be excluded from the target population (Grove, Burns & Gray 2013:353). The fourth year student nurses who were not available during data collection because they were either on sick leave or placed in clinical facilities that were far from the campuses for clinical learning were excluded from the study.

3.6 Data collection

Data collection is the identification of subjects and the precise, systematic gathering of information (data) relevant to the research purpose or the specific objectives, questions or hypothesis of a study (Grove, Gray & Burns, 2015:502).

Data was collected using a structured, self-administered questionnaire. During the month of data collection the students were on theory block and were assembled in classrooms. The reason for this was to get all the students at the same time, in order to minimise costs and time from having to visit each clinical placement facility throughout the Province and it would not be easy to reach students in different scattered clinical facilities.

An information sheet was given to the participants and consent forms were attached to the questionnaires. The participants were required to read the information sheet, sign a consent form and complete the questionnaires which took about 15-20
minutes. The researcher distributed the questionnaires with the assistance of colleagues. The questionnaires were collected and put in sealed envelopes and kept in a locked cupboard until the time of data analysis.

The use of questionnaires in this study was appropriate and cost effective because the campuses are scattered all over the Province and travelling could be very expensive.

3.6.1 Instruments

The data collection instrument that was used in the study was a structured clinical learning environment, supervision and nurse teacher (CLES+T) evaluation scale further developed from CLES and validated by Saarikoski, Isoaho, Warne & Leino-Kilpi (2008). The scale consists of 34 items forming five sub-dimensions and the four items of demographic data:

**Demographic data items**

Name of the campus (where participants came from)
Age of the participants in years
Gender
Duration of clinical placement

**Pedagogical atmosphere consisting of nine items**

The staff was easy to approach
I felt comfortable going to the unit at the start of my shift
during staff meetings (e.g. before shifts)
I felt comfortable taking part in the discussions
There was a positive atmosphere in the unit
The staff was generally interested in students supervision
The staff learned to know the student by their personal names
There were sufficient meaningful learning situations in the unit

**Leadership style of the ward manager (WM) consisting of four items**

The Unit Manager regarded the staff on her/his ward as a key resource
The Unit Manager was a team member
Feedback from the Unit Manager could easily be considered as a learning situation
The effort of individual employees was appreciated

Nursing care on the ward with four items

The wards’ nursing philosophy was clearly defined
Patients received individual nursing care
There were no problems in the information flow related to patients’ care
Documentation of nursing (e.g. nursing plans, daily recording of nursing procedures etc.) was clear

Supervisory relationship with eight items

My supervisor showed a positive attitude towards supervision
I felt that I received individual supervision
I continuously received feedback from my supervisor
Overall I am satisfied with the supervision I received
The supervision was based on a relationship of equality and promoted my learning
There was a mutual interaction in the supervisory relationship

Mutual respect and approval prevailed in the supervisory relationship
The supervisory relationship was characterized by a sense of trust

Role of the nurse teacher with nine items

In my opinion, the nurse educator was capable of integrating theoretical knowledge and everyday practice of nursing
The educator was capable of operationalising the learning goals of this clinical placement
The nurse educator helped me to reduce the theory-practice gap
The nurse educator was like a member of the nursing team
The nurse educator was capable of giving his or her pedagogical expertise to the clinical team.
The nurse educator and the clinical team worked together in supporting my learning
The common meetings between myself, mentor and nurse educator were comfortable experience
In our common meetings I felt that were colleagues
The focus of the meetings was on my learning needs

The demographic profile of the participants and the duration of clinical placement which were not in the original instrument were added. The CLES+T evaluation scale items were rated with a 5-point Likert scale: 1-fully disagree, 2-disagree to some extent, 3-neither agree nor disagree, 4-agree to some extent and 5-fully agree.

3.6.2 Validity

The research instrument used in the study was the clinical learning environment, supervision and nurse teacher (CLES+T) evaluation scale. The CLES+T scale has been validated within a Finnish study (N=549) during 2007 (Saarikoski, Isoaho, Warne and Leino-Kilpi, 2008).

The instrument was used in the past by more than 30 countries and has been translated into 19 languages and such translation was assessed by the instrument’s author to confirm content validity. The instrument has been used in the past by some researchers in South Africa, therefore, the instrument’s validity has been tested.

3.6.3 Reliability

According to Polit & Beck (2012:457) reliability is the consistency with which an instrument measures the target attribute. Reliability was tested by calculation of Cronbach’s alpha coefficient per subscale to ensure that all items in the instrument have consistent measure.

In the original instrument the Cronbach’s alpha values of the sub-dimensions of the scale ranged from high (0.96) to marginal (0.77). In the sample (n=1903) of the study conducted in nine European countries by Warne, Johansson, Papastavrou, Tichelaar, Tomieto, Van den Bossche, Moreno and Saarikoski (2010:3) the reliability coefficients of the sub-dimensions varied between 0.96 and 0.83.

3.7 Ethical considerations

Ethical issues arise out of our interaction with other people, other beings (animals) and the environment, especially where there is potential for, or there is a conflict of interest (Babbie & Mouton, 2001:520). Therefore, the main ethical issues in this
study involved the ethics committee approval of the research proposal to conduct the study, permission to conduct research and participants’ consent. Furthermore, permission was obtained from Mikko Saarikoski to use the instrument and to make some minor changes for it to be suitable for the environment where the study was conducted.

Participants were provided with full information about their participation in the research study, the conditions of the study and their rights when participating. The participants were informed that they would not be rewarded for participating in the study. All the relevant documents pertaining to the research were in sealed envelopes and stored in a locked cupboard.

3.7.1 Ethical issues pertaining to the institutions

After presenting the research proposal for evaluation, an approval and provision of clearance certificate was received from the Ethics Committee of the University of Fort Hare. The permission to conduct the research study was obtained from the Research, Epidemiology and Surveillance section, Eastern Cape Department of Health, and from the College Head of Lilitha college of Nursing, including heads of the campuses, before conducting research.

3.7.2 Ethical issues pertaining to the participants

There was a clear explanation to the participants about the following issues: there was no discrimination against those who refused to participate, they had a right to withdraw at any time, a right to refuse to answer questions if they felt the questions were personal and private and participants did not receive any remuneration. The consent forms were collected separately from the questionnaires and the participants were required not to write their names on the questionnaires.

3.7.3 Anonymity and confidentiality

According to Parahoo (2014:404) anonymity in research is used to describe circumstances when respondents remain unknown to the researcher.

In this study the consent forms were collected separately from the questionnaires in order to ensure that there was no one who would link the personal information on the consent forms with the questionnaires.
Confidentiality refers to the assurance given by the researcher that data collected from the participants would not be revealed to others who are not connected with the study (Parahoo, 2014:405). Confidentiality was maintained throughout the study until the results were published and the completed questionnaires were kept in a safe place. The participants were assured that the information they shared would be held in confidence.

3.7.4 Protection from harm and discomfort

The researcher screens out high risk subjects (those with heart conditions, mental breakdown, or seizures) if stress is involved and anticipates the danger of injury or physical attacks on research participants or assistants (Neuman, 2006:132). In this research participants were assured that there was no physical or psychological discomfort and harm involved because the study was not experimental research. The benefit of the research was for academic purposes which may eventually lead to improvement in the quality of experiential learning.

3.7.5 Signing of the consent form

According to Ress (2011:229) it is important that those taking part in the study or someone acting on their behalf should sign a consent form. The participants were informed about the nature and the purpose of the study in the information sheet that accompanied the questionnaires stating all the ethical issues involved in the study. The participants were also given the choice to either participate or not participate in the research study. After understanding the nature of the study and the ethical issues, the participants then signed the consent form before completing the questionnaires.

3.8 Conclusion

In this study the researcher focused on assessing the factors affecting experiential learning for midwifery students in the clinical learning environment.

This chapter discussed the research design and methodology that guided this study, the clear steps on how data was collected, the instruments and ethical considerations. The next chapter will present data analysis and the research findings.
CHAPTER 4
DATA ANALYSIS AND RESEARCH FINDINGS

4.1 Introduction

Statistical methods enable the researcher to reduce, summarise, organise, manipulate, evaluate, interpret and communicate quantitative data (Brink, van der Walt & Rensburg, 2012:179).

The data was captured on Excel spreadsheet there after it was analysed and interpreted after consultation with the statistician for assistance using the Software Package for Social Science (SPSS). At this point in time the plan was to calculate the mean standard deviation of item scores and the demographic data of the participants to summarise and describe data. To describe the differences between the groups the analysis variance (ANOVA) and cross-tabulated tests were used. The relationship between variables was calculated using Fisher’s exact test and t-test.

4.2 Variables description

The variables of interest in this analysis were campus, age group, gender, placement period, supervision occurrence, supervision scheduling, learning environment, leadership style, nursing care, supervisory relationship, theory-practice integration, educator-placement cooperation and student-mentor-educator relationship. The variables campus, age group, gender, placement period, supervision occurrence and supervision scheduling were measured on a categorical scale. The rest of the variables were constructs measured on a continuous scale.

4.3 Derivation of constructs

The questionnaire was divided into parts, with each part comprising a number of items designed to address a particular issue of interest to the study. Each such part would represent a new variable derived as the mean of the items in that part of the questionnaire. To determine if the items could be reliably measuring the same issue, the Cronbach’s reliability coefficient, \( \alpha \), was used as a measure of reliability of each construct. A Cronbach’s \( \alpha \) coefficient of at least 0.70 is considered to be reflective of adequate reliability. The results of the analysis are shown in the table below and they show that the lowest reliability coefficient was 0.69, which is 0.70 on rounding off.
Therefore the items in each section were combined into one variable, derived as the arithmetic mean of the items.

Table 3: Reliability and normality tests for the constructs

<table>
<thead>
<tr>
<th>Construct</th>
<th>Number of items</th>
<th>Cronbach’s alpha</th>
<th>Shapiro-Wilk’s W</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning environment</td>
<td>9</td>
<td>0.76</td>
<td>0.98</td>
<td>0.0436</td>
</tr>
<tr>
<td>Leadership style</td>
<td>4</td>
<td>0.79</td>
<td>0.93</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Nursing care</td>
<td>4</td>
<td>0.69</td>
<td>0.90</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Supervisory relationship</td>
<td>9</td>
<td>0.91</td>
<td>0.93</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Theory-practice integration</td>
<td>3</td>
<td>0.83</td>
<td>0.91</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Educator-placement cooperation</td>
<td>3</td>
<td>0.85</td>
<td>0.91</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Student-mentor-educator relationship</td>
<td>3</td>
<td>0.85</td>
<td>0.94</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

On combining the items, seven constructs were created from 35 items as shown in the table above. In order to decide on the statistical methods for analysing these constructs a test for the assumptions of parametric methods was conducted. The test for normality of constructs was carried out using the Shapiro-Wilk’s test. All the p-values for the test were less than 0.05, showing that all constructs were non-normal.

4.4 Sample description

The sample was made up of 115 participants of whom 78 (67.8%) were women and 81 (70.4%) were below the age of 30 years. For each of the placement units, at least 40% of the students had stayed for between three and four weeks. The highest was 48 (44.9%) students who had been placed in the newborn care unit for between three and four weeks. The majority of the participants, 49 (42.6%), were from the East London campus. The distribution of participants across levels of all the categorical variables is shown in the table below.
Table 4: Characteristics of respondents

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Level</th>
<th>Frequency (N=115)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus</td>
<td>East London</td>
<td>49</td>
<td>42.6</td>
</tr>
<tr>
<td></td>
<td>Lusikisiki</td>
<td>24</td>
<td>20.9</td>
</tr>
<tr>
<td></td>
<td>Queenstown</td>
<td>42</td>
<td>36.5</td>
</tr>
<tr>
<td>Age</td>
<td>Below 30 years</td>
<td>81</td>
<td>70.4</td>
</tr>
<tr>
<td></td>
<td>30-40 years</td>
<td>27</td>
<td>23.5</td>
</tr>
<tr>
<td></td>
<td>Over 40 years</td>
<td>7</td>
<td>6.1</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
<td>78</td>
<td>67.8</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>37</td>
<td>32.2</td>
</tr>
<tr>
<td>Antenatal placement</td>
<td>1-2weeks</td>
<td>38</td>
<td>33.9</td>
</tr>
<tr>
<td></td>
<td>2-3weeks</td>
<td>24</td>
<td>21.4</td>
</tr>
<tr>
<td></td>
<td>3-4weeks</td>
<td>46</td>
<td>41.1</td>
</tr>
<tr>
<td></td>
<td>Over 4 weeks</td>
<td>4</td>
<td>3.6</td>
</tr>
<tr>
<td></td>
<td>Missing</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Intrapartum placement</td>
<td>1-2weeks</td>
<td>27</td>
<td>24.3</td>
</tr>
<tr>
<td></td>
<td>2-3weeks</td>
<td>29</td>
<td>26.1</td>
</tr>
<tr>
<td></td>
<td>3-4weeks</td>
<td>45</td>
<td>40.6</td>
</tr>
<tr>
<td></td>
<td>Over 4 weeks</td>
<td>10</td>
<td>9.0</td>
</tr>
<tr>
<td></td>
<td>Missing</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Puerperium placement</td>
<td>1-2weeks</td>
<td>26</td>
<td>24.3</td>
</tr>
<tr>
<td></td>
<td>2-3weeks</td>
<td>25</td>
<td>23.4</td>
</tr>
<tr>
<td></td>
<td>3-4weeks</td>
<td>47</td>
<td>43.9</td>
</tr>
<tr>
<td></td>
<td>Over 4 weeks</td>
<td>9</td>
<td>8.4</td>
</tr>
<tr>
<td></td>
<td>Missing</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Newborn care placement</td>
<td>1-2weeks</td>
<td>34</td>
<td>31.8</td>
</tr>
<tr>
<td></td>
<td>2-3weeks</td>
<td>21</td>
<td>19.6</td>
</tr>
<tr>
<td></td>
<td>3-4weeks</td>
<td>48</td>
<td>44.9</td>
</tr>
<tr>
<td></td>
<td>Over 4 weeks</td>
<td>4</td>
<td>3.7</td>
</tr>
<tr>
<td></td>
<td>Missing</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Supervision occurrence</td>
<td>No supervision</td>
<td>26</td>
<td>24.3</td>
</tr>
<tr>
<td></td>
<td>Named supervisors</td>
<td>12</td>
<td>11.2</td>
</tr>
<tr>
<td></td>
<td>Shift dependent</td>
<td>69</td>
<td>64.5</td>
</tr>
<tr>
<td></td>
<td>Missing</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

4.5 Descriptive analysis of constructs

The descriptive analysis of the constructs was carried out by calculating the means and confidence intervals of the means. The results are shown in the table below. The results show that the student-mentor-educator relationship scored lowest with a mean score of 3.3, consistent with neutrality. The supervisory relationship fell in the same category with a mean score of 3.4 which points towards neutrality. The highest
score was 4.1 for the nursing care construct, which is consistent with satisfaction with nursing care in the unit. The leadership style scored a mean of 4.0 which shows satisfaction with the leadership style. The rest of the constructs scored between 3.6 and 3.8, which shows inclination towards some level of satisfaction with the learning environment, the nurse educator’s role in theory-practice integration and cooperation between educators and placement unit staff.

Table 5: Construct summary statistics and 95% confidence intervals of means

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean (n=115)</th>
<th>Lower 95% CL for Mean</th>
<th>Upper 95% CL for Mean</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning environment</td>
<td>3.6</td>
<td>3.49</td>
<td>3.74</td>
<td>3.7</td>
</tr>
<tr>
<td>Leadership style</td>
<td>4.0</td>
<td>3.83</td>
<td>4.14</td>
<td>4.3</td>
</tr>
<tr>
<td>Nursing care</td>
<td>4.1</td>
<td>3.99</td>
<td>4.27</td>
<td>4.3</td>
</tr>
<tr>
<td>Supervisory relationship</td>
<td>3.4</td>
<td>3.21</td>
<td>3.57</td>
<td>3.7</td>
</tr>
<tr>
<td>Theory-practice integration</td>
<td>3.8</td>
<td>3.67</td>
<td>4.03</td>
<td>4.0</td>
</tr>
<tr>
<td>Educator-placement cooperation</td>
<td>3.7</td>
<td>3.53</td>
<td>3.91</td>
<td>4.0</td>
</tr>
<tr>
<td>Student-mentor-educator relationship</td>
<td>3.3</td>
<td>3.10</td>
<td>3.54</td>
<td>3.7</td>
</tr>
</tbody>
</table>

However, from the tests for normality of the construct variables it was found that all the variables are not normally distributed. In such cases, the median is a better measure of analysis than the mean. The least median score was 3.7, which is higher than the least mean score. This means half of the participants scored 3.7 or higher on the learning environment, supervisory relationship and student-mentor-educator relationship constructs. Similarly, half the respondents scored 4.0 or higher on theory-practice integration and educator-placement cooperation constructs and 4.3 or higher on leadership style and nursing care constructs. This shows that half the respondents are at least satisfied with most of the issues around their training.

4.5.1 Tests for statistical significance

To determine if these scores depend on campus, age, gender, supervision occurrence and duration of placement in the different units, tests for statistical significance were carried out. Since the variables did not satisfy the normality assumption, the Kruskal-Wallis test was used for comparing the construct scores across campuses, age groups, placement duration and supervision occurrence and the Mann-Whitney test was used for comparing males to females. The results are presented below for each of the variables.
4.5.2 Campus comparison

Based on the Kruskal-Wallis test results shown in the table below, it was found that nursing care, supervisory relationship, educator-placement cooperation and student-mentor-educator relationship significantly depend on the campus. The campus effect on these constructs is such that Lusikisiki and Queenstown campuses scored significantly higher than East London campus on all those constructs. On all the other constructs, the campuses were not significantly different.

Table 6: Median scores and tests for significance of campus effect on constructs

<table>
<thead>
<tr>
<th>Variable</th>
<th>EL</th>
<th>LUSIKISIKI</th>
<th>QUEENSTOWN</th>
<th>Kruskal-Wallis W</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning environment</td>
<td>3.7</td>
<td>3.6</td>
<td>3.7</td>
<td>1.05</td>
<td>0.592</td>
</tr>
<tr>
<td>Leadership style</td>
<td>4.3</td>
<td>4.1</td>
<td>4.1</td>
<td>0.09</td>
<td>0.956</td>
</tr>
<tr>
<td>Nursing care</td>
<td>4.0</td>
<td>4.4</td>
<td>4.5</td>
<td>8.69</td>
<td>0.013*</td>
</tr>
<tr>
<td>Supervisory relationship</td>
<td>3.4</td>
<td>3.9</td>
<td>3.8</td>
<td>6.38</td>
<td>0.041*</td>
</tr>
<tr>
<td>Theory-practice integration</td>
<td>3.7</td>
<td>4.0</td>
<td>4.0</td>
<td>1.65</td>
<td>0.437</td>
</tr>
<tr>
<td>Educator-placement cooperation</td>
<td>3.7</td>
<td>4.0</td>
<td>4.0</td>
<td>7.97</td>
<td>0.019*</td>
</tr>
<tr>
<td>Student-mentor-educator relationship</td>
<td>3.0</td>
<td>4.0</td>
<td>3.8</td>
<td>7.39</td>
<td>0.025*</td>
</tr>
</tbody>
</table>

* - statistically significant at 5% significance level

4.5.3 Age group comparison

Age turned out to be not statistically significant on all constructs. This means that the levels of satisfaction of the respondents are the same regardless of campus on all constructs.

Table 7: Median scores and tests for significance of age effect on constructs

<table>
<thead>
<tr>
<th>Variable</th>
<th>Under 30yrs</th>
<th>30-40yrs</th>
<th>Over 40yrs</th>
<th>Kruskal-Wallis W</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning environment</td>
<td>3.6</td>
<td>4.1</td>
<td>3.7</td>
<td>2.97</td>
<td>0.226</td>
</tr>
<tr>
<td>Leadership style</td>
<td>4.0</td>
<td>4.3</td>
<td>4.3</td>
<td>2.45</td>
<td>0.293</td>
</tr>
<tr>
<td>Nursing care</td>
<td>4.3</td>
<td>4.3</td>
<td>4.8</td>
<td>2.35</td>
<td>0.310</td>
</tr>
<tr>
<td>Supervisory relationship</td>
<td>3.6</td>
<td>3.9</td>
<td>3.6</td>
<td>1.15</td>
<td>0.563</td>
</tr>
<tr>
<td>Theory-practice integration</td>
<td>4.0</td>
<td>4.3</td>
<td>3.7</td>
<td>3.00</td>
<td>0.223</td>
</tr>
<tr>
<td>Educator-placement cooperation</td>
<td>3.7</td>
<td>4.3</td>
<td>4.0</td>
<td>4.86</td>
<td>0.088</td>
</tr>
<tr>
<td>Student-mentor-educator relationship</td>
<td>3.3</td>
<td>4.0</td>
<td>3.3</td>
<td>2.16</td>
<td>0.340</td>
</tr>
</tbody>
</table>
4.5.4 Gender comparison

The Mann-Whitney test showed that supervisory relationship was significantly dependent on respondents' gender (Z=2.02; p=0.043). In this case males scored higher than females. However, it is important to note that the gender effect in this case is borderline since the p-value is quite close to the significance level. Males and females feel the same way on all the other issues addressed by the rest of the constructs.

Table 8: Median scores and tests for significance of gender effect on constructs

<table>
<thead>
<tr>
<th>Variable</th>
<th>Female</th>
<th>Male</th>
<th>Mann-Whitney Z</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning environment</td>
<td>3.7</td>
<td>3.6</td>
<td>0.53</td>
<td>0.598</td>
</tr>
<tr>
<td>Leadership style</td>
<td>4.3</td>
<td>4.0</td>
<td>-0.54</td>
<td>0.588</td>
</tr>
<tr>
<td>Nursing care</td>
<td>4.3</td>
<td>4.5</td>
<td>0.51</td>
<td>0.612</td>
</tr>
<tr>
<td>Supervisory relationship</td>
<td>3.6</td>
<td>3.8</td>
<td>2.02</td>
<td>0.043*</td>
</tr>
<tr>
<td>Theory-practice integration</td>
<td>4.0</td>
<td>4.0</td>
<td>0.24</td>
<td>0.809</td>
</tr>
<tr>
<td>Educator-placement cooperation</td>
<td>4.0</td>
<td>4.0</td>
<td>-0.83</td>
<td>0.404</td>
</tr>
<tr>
<td>Student-mentor-educator relationship</td>
<td>3.7</td>
<td>3.3</td>
<td>0.25</td>
<td>0.805</td>
</tr>
</tbody>
</table>

* - statistically significant at 5% significance level

4.5.5 Supervision occurrence comparison

The types of supervision identified in this study were no supervision or bad relationship with supervisor or supervision being shift dependent. Supervision occurrence was found to have a borderline significant effect on nursing care (W=6.17; p=0.046). The rest of the constructs were not significantly affected by supervision occurrence.

Table 9: Median scores and tests for significance of supervision effect on constructs

<table>
<thead>
<tr>
<th>Variable</th>
<th>None</th>
<th>Bad relationship</th>
<th>Shift dependent</th>
<th>Kruskal-Wallis W</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning environment</td>
<td>3.6</td>
<td>3.6</td>
<td>3.7</td>
<td>0.39</td>
<td>0.823</td>
</tr>
<tr>
<td>Leadership style</td>
<td>3.6</td>
<td>4.3</td>
<td>4.3</td>
<td>1.11</td>
<td>0.575</td>
</tr>
<tr>
<td>Nursing care</td>
<td>4.0</td>
<td>4.4</td>
<td>4.3</td>
<td>6.17</td>
<td>0.046*</td>
</tr>
<tr>
<td>Supervisory relationship</td>
<td>3.2</td>
<td>3.7</td>
<td>3.7</td>
<td>2.00</td>
<td>0.367</td>
</tr>
<tr>
<td>Theory-practice integration</td>
<td>3.7</td>
<td>3.8</td>
<td>4.0</td>
<td>2.67</td>
<td>0.264</td>
</tr>
<tr>
<td>Educator-placement cooperation</td>
<td>3.7</td>
<td>3.7</td>
<td>4.0</td>
<td>2.52</td>
<td>0.283</td>
</tr>
<tr>
<td>Student-mentor-educator relationship</td>
<td>3.0</td>
<td>2.7</td>
<td>3.7</td>
<td>5.40</td>
<td>0.067</td>
</tr>
</tbody>
</table>

* - statistically significant at 5% significance level
4.5.6 Antenatal placement duration

Duration of placement in the antenatal care unit did not have any statistically significant effect on any of the constructs under study. All the p-values in the table below are greater than the 5% significance level.

Table 10: Median scores and tests for significance of antenatal placement period effect on constructs

<table>
<thead>
<tr>
<th>Construct</th>
<th>1-2wks</th>
<th>2-3wks</th>
<th>3-4wks</th>
<th>Over 4wks</th>
<th>Kruskal-Wallis W</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning environment</td>
<td>3.4</td>
<td>4.0</td>
<td>3.6</td>
<td>3.8</td>
<td>5.93</td>
<td>0.115</td>
</tr>
<tr>
<td>Leadership style</td>
<td>4.0</td>
<td>4.4</td>
<td>4.3</td>
<td>3.3</td>
<td>1.91</td>
<td>0.591</td>
</tr>
<tr>
<td>Nursing care</td>
<td>4.3</td>
<td>4.5</td>
<td>4.3</td>
<td>4.3</td>
<td>5.18</td>
<td>0.163</td>
</tr>
<tr>
<td>Supervisory relationship</td>
<td>3.4</td>
<td>3.9</td>
<td>3.7</td>
<td>3.1</td>
<td>3.29</td>
<td>0.349</td>
</tr>
<tr>
<td>Theory-practice integration</td>
<td>3.8</td>
<td>4.2</td>
<td>3.7</td>
<td>3.3</td>
<td>5.94</td>
<td>0.115</td>
</tr>
<tr>
<td>Educator-placement cooperation</td>
<td>3.8</td>
<td>4.3</td>
<td>3.8</td>
<td>3.0</td>
<td>4.93</td>
<td>0.177</td>
</tr>
<tr>
<td>Student-mentor-educator relationship</td>
<td>3.3</td>
<td>4.0</td>
<td>3.3</td>
<td>2.8</td>
<td>6.66</td>
<td>0.084</td>
</tr>
</tbody>
</table>

4.5.7 Intrapartum placement duration

The table below shows the results of the comparison of the construct scores across the different levels of duration of placement in the intrapartum unit.

Table 11: Median scores and tests for significance of intrapartum placement period effect on constructs

<table>
<thead>
<tr>
<th>Construct</th>
<th>1-2wks</th>
<th>2-3wks</th>
<th>3-4wks</th>
<th>Over 4wks</th>
<th>Kruskal-Wallis W</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning environment</td>
<td>3.3</td>
<td>3.9</td>
<td>3.8</td>
<td>3.8</td>
<td>5.97</td>
<td>0.113</td>
</tr>
<tr>
<td>Leadership style</td>
<td>4.0</td>
<td>4.0</td>
<td>4.3</td>
<td>3.9</td>
<td>1.08</td>
<td>0.781</td>
</tr>
<tr>
<td>Nursing care</td>
<td>4.0</td>
<td>4.5</td>
<td>4.3</td>
<td>4.3</td>
<td>1.83</td>
<td>0.609</td>
</tr>
<tr>
<td>Supervisory relationship</td>
<td>3.4</td>
<td>3.9</td>
<td>3.7</td>
<td>3.4</td>
<td>1.52</td>
<td>0.676</td>
</tr>
<tr>
<td>Theory-practice integration</td>
<td>3.7</td>
<td>4.3</td>
<td>4.0</td>
<td>3.8</td>
<td>7.60</td>
<td>0.055</td>
</tr>
<tr>
<td>Educator-placement cooperation</td>
<td>3.7</td>
<td>4.3</td>
<td>4.0</td>
<td>3.0</td>
<td>8.62</td>
<td>0.035*</td>
</tr>
<tr>
<td>Student-mentor-educator relationship</td>
<td>3.0</td>
<td>4.0</td>
<td>3.7</td>
<td>3.2</td>
<td>3.82</td>
<td>0.282</td>
</tr>
</tbody>
</table>

*statistically significant at 5% significance level

The results show that only educator-placement cooperation is significantly affected by intrapartum placement duration (W=8.62; p=0.035). The effect is such that those in intrapartum placement for over four weeks scored lowest on the educator-placement cooperation construct followed by those with 1-2 weeks placement and those on 2-3 weeks placement scored highest. This suggests that staying too long or...
too short in intrapartum placement is linked to low cooperation between educator and placement staff. No other constructs were significantly affected by duration of stay in intrapartum placement.

4.5.8 Puerperium placement duration

Duration of puerperium placement was found to have a significant effect on theory-practice integration (W=6.38; p=0.044). The results in the table below show that those who were placed in the puerperium unit longer than four weeks scored lowest on this construct (median score 3.3), while those with 2-3 weeks placement scored highest (median score 4.3). The rest of the constructs were not significantly affected by the duration of placement in the puerperium unit.

Table 12: Median scores and tests for significance of puerperium placement period effect on constructs

<table>
<thead>
<tr>
<th>Construct</th>
<th>1-2wks</th>
<th>2-3wks</th>
<th>3-4wks</th>
<th>Over 4wks</th>
<th>Kruskal-Wallis W</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning environment</td>
<td>3.3</td>
<td>3.9</td>
<td>3.6</td>
<td>3.6</td>
<td>4.49</td>
<td>0.212</td>
</tr>
<tr>
<td>Leadership style</td>
<td>4.0</td>
<td>4.3</td>
<td>4.3</td>
<td>3.5</td>
<td>2.83</td>
<td>0.418</td>
</tr>
<tr>
<td>Nursing care</td>
<td>4.4</td>
<td>4.5</td>
<td>4.3</td>
<td>4.0</td>
<td>3.70</td>
<td>0.295</td>
</tr>
<tr>
<td>Supervisory relationship</td>
<td>3.6</td>
<td>3.9</td>
<td>3.7</td>
<td>3.3</td>
<td>1.91</td>
<td>0.591</td>
</tr>
<tr>
<td>Theory-practice integration</td>
<td>4.0</td>
<td>4.3</td>
<td>4.0</td>
<td>3.3</td>
<td>6.38</td>
<td>0.044*</td>
</tr>
<tr>
<td>Educator-placement cooperation</td>
<td>4.0</td>
<td>4.3</td>
<td>3.7</td>
<td>3.3</td>
<td>5.52</td>
<td>0.137</td>
</tr>
<tr>
<td>Student-mentor-educator relationship</td>
<td>3.3</td>
<td>4.0</td>
<td>3.3</td>
<td>3.0</td>
<td>3.63</td>
<td>0.304</td>
</tr>
</tbody>
</table>

* statistically significant at 5% significance level

4.5.9 New-born care placement duration

Only the learning environment scored was significantly affected by duration of placement in the new-born care unit (W=8.09; p=0.044). The results show that those who stayed for 1-2 weeks in the new-born care unit scored lowest (median score 3.4) followed by 3-4 weeks (median score 3.7) and then the other two constructs with median scores of at least 4.0. This means those with shorter placement in the new-born care unit are less satisfied with the learning environment than those who stay longer. No other construct showed statistically significant dependence on duration of stay in the new-born care unit.
Table 13: Median scores and tests for significance of newborn care placement period effect on constructs

<table>
<thead>
<tr>
<th>Construct</th>
<th>1-2wks</th>
<th>2-3wks</th>
<th>3-4wks</th>
<th>Over 4wks</th>
<th>Kruskal-Wallis W</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning environment</td>
<td>3.4</td>
<td>4.0</td>
<td>3.7</td>
<td>4.1</td>
<td>8.09</td>
<td>0.044*</td>
</tr>
<tr>
<td>Leadership style</td>
<td>4.1</td>
<td>4.3</td>
<td>4.3</td>
<td>4.0</td>
<td>1.11</td>
<td>0.774</td>
</tr>
<tr>
<td>Nursing care</td>
<td>4.1</td>
<td>4.5</td>
<td>4.3</td>
<td>4.3</td>
<td>3.74</td>
<td>0.291</td>
</tr>
<tr>
<td>Supervisory relationship</td>
<td>3.4</td>
<td>4.0</td>
<td>3.6</td>
<td>3.6</td>
<td>4.96</td>
<td>0.175</td>
</tr>
<tr>
<td>Theory-practice integration</td>
<td>3.7</td>
<td>4.3</td>
<td>4.0</td>
<td>4.3</td>
<td>5.64</td>
<td>0.130</td>
</tr>
<tr>
<td>Educator-placement cooperation</td>
<td>3.7</td>
<td>4.3</td>
<td>4.0</td>
<td>4.0</td>
<td>4.04</td>
<td>0.257</td>
</tr>
<tr>
<td>Student-mentor-educator relationship</td>
<td>3.3</td>
<td>4.0</td>
<td>3.7</td>
<td>3.5</td>
<td>2.09</td>
<td>0.553</td>
</tr>
</tbody>
</table>

*statistically significant at 5% significance level

4.6 Conclusion

Generally, the majority of the respondents are satisfied with most aspects of their training as reflected by median scores of at least 3.7 on all constructs. The results showed that students from those campuses are more satisfied than East London campus students on the stated constructs.

Males were found to be significantly more satisfied with the supervisory relationship than females and those who were not supervised at all were significantly more dissatisfied with the supervisory relationship than those who had some form of supervision.

Participants were significantly less satisfied with the educator-placement cooperation while those placed in the puerperium unit longer than four weeks were significantly more dissatisfied with the theory-practice integration. Students who got short newborn care placement were significantly less satisfied with the learning environment than those who had longer newborn care placement. Chapter five will be discussing discussion of the findings, conclusion and recommendations.
CHAPTER 5

DISCUSSION OF THE FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the discussion of the findings of this study in relation to earlier studies, limitations of this study, conclusion and recommendations. The main focus of this research was to assess factors affecting experiential learning for midwifery students.

The main objectives of the study were:

- Identify the challenges affecting the quality of learning in the clinical learning environment.
- Determine the nature of supervision for experiential learning of midwifery students.
- Determine the role of a nurse educator in experiential learning of student nurses in the midwifery clinical learning environment.

The findings were discussed on the basis of information that was obtained from the participants and literature related to the topic and also presented to address the objectives of the study.

5.2 Discussion of main findings

Effective experiential learning is achieved through a supportive clinical environment, which includes the atmosphere of the clinical placement unit, and the relationships shared with clinical staff supervisors and educators. Therefore, experiential learning in the practice environment is an important component of nursing education considering the fact that nursing is a practice-based profession. The main findings are discussed below:

5.2.1 Biographical data

The sample was made up of 115 participants of whom 78 (67.8%) were women, 37 (32, 2%) were men and 81 (70.4%) were below the age of 30 years. Although the number of males joining the nursing and midwifery profession is increasing, females
are still more than males. According to Kachiwala (2006:53) it is a common trend that most men view nursing as a female profession, as a result of which few males enrol for the nursing profession. Vermaak, (2013:44) also agrees that the majority of the students in the group were females and this was consistent with the international trend that nursing is a female dominated profession.

The results of this study confirm that males were significantly more satisfied with the supervisory relationship than females and those who were not supervised at all were significantly more dissatisfied with the supervisory relationship than those who had some form of supervision. The age turned out to be not statistically significant on all constructs in this study.

The results in view of the campuses prove that Queenstown and Lusikisiki campuses scored significantly higher than the East London campus in terms of nursing care, supervisory relationship, educator-placement cooperation and student-mentor-educator relationship. This means students from those campuses are more satisfied than East London campus students on the stated constructs. In view of the total population of the campuses that participated in the study the East London campus has got more numbers which makes it the biggest campus.

5.2.2 Clinical learning environment

The results from this study demonstrated that the participants who had a short newborn care placement were significantly less satisfied with the learning environment than those who had longer new-born care placement. Consequently, the duration of the placement according to Warne et al. (2010:6) has a connection to levels of satisfaction with the learning environment.

A positive learning environment that is conducive to learning should help learners achieve their programme outcomes. In a study conducted by Borrageiro (2014:19) the learning environment was experienced by the student nurses as positive which is congruent with an international study conducted in Europe (Saarikoski, et al. 2008; Warne, et al. 2010).

In another study conducted by Vermaak (2013:81) the participants were mostly satisfied with the clinical learning environment as a whole. Therefore, student nurses
in such an environment are likely to feel that their learning needs are supported, and that their clinical performance should improve.

Ensuring and maintaining a positive practice and clinical learning environment with emphasis on the critical factors of supervision and working relationships is important for student nurses to accomplish their learning goals. Consequently, a positive clinical learning environment supports student nurses in integration of the theoretical and clinical components and such an environment is regarded as the ideal place where cognitive knowledge can be applied.

Due to the complexity of the experiential learning in a learning environment there are many challenges that may affect the student learning and thus lead to failure in achievement of the training requirement.

Jamshidi (2012: 3336) supports this by identifying the challenges facing clinical learning as: the traditional clinical training, crowded hospital wards and the density of other students, lack of communication between nursing staff and faculty members. Consequently, in such an environment, experiential learning may be compromised making it difficult for nursing students to attain their learning outcomes and requirement for the programme. The challenges revealed by the study conducted are discussed below:

5.2.2.1 Duration of clinical placement

The results of this study proved that for each of the placement units, at least 40% of the students had stayed for between three and four weeks. The highest was 48 (44.9%) students who had been placed in the new-born care unit for between three and four weeks. In the antenatal care placement those who stayed for 1 – 2 weeks were 38 (33.9%), intrapartum placement 27 (24.3%), puerperium placement 26 (24.3%) and new-born care placement 34 (31.8%); therefore, this remained the area of concern and this may have been the cause of difficulty in meeting training outcomes and requirements as observed by the researcher and experienced by the student nurses.

The duration of the placement has a connection to levels of satisfaction because participants who stayed longer were not satisfied with the clinical learning environment and this proves that they were able to understand most of the issues around learning in the clinical environment. According to Warne et al. (2010:6) the
duration of the placement has a connection with levels of satisfaction and students with longer placements being more satisfied.

During short placements students might have learnt a range of technical skills but received fewer opportunities to integrate those skills with the development of their interpersonal skills in building effective and therapeutic relationships with their patients. Consequently, short duration of clinical placement is seen as a challenge in achieving experiential learning outcomes in the clinical learning environment.

5.2.2.2 Leadership style

Leadership style scored a mean of 4.0 which confirms that the participants were satisfied with the leadership style of the ward/unit manager. The leadership style should enhance team work and cohesiveness in the ward according to Kachiwala (2006:61) leading to effective experiential learning in the practice environment.

In a study conducted by Borrageiro (2014:11) the student nurses experienced the leadership style of the unit manager as positive because the range of mean values was between 3.40 and 3.64. Therefore, the ward/unit managers need to strengthen their leadership styles in order to ensure that effective learning is enhanced.

Positive leadership style of the unit manager encourages good working relationships leading to provision of good quality of care and effective experiential learning. Positive leadership also encourages effective communication between the unit managers and student nurses and that enhances the achievement of learning goals.

5.2.3 The role of the nurse teacher (educator)

The relationship amongst the student, clinical facilitator and lecturer was experienced positively by the student nurses. Borrageiro (2014:20) reported that the role of the nurse teacher (educator) was experienced as being positive because she provided a link between theory and practice, ensuring co-operation between hospital and lecturers. The role of the nurse teacher (educator) plays an important part in assisting the student nurses to access learning opportunities and achievement of learning outcomes.

5.2.3.1 The role of the nurse educator in theory-practice integration
Duration of puerperium placement was found to have a significant effect on theory-practice integration ($W=6.38; p=0.044$). The participants who were placed in the puerperium unit longer than four weeks were significantly more dissatisfied with the theory-practice integration. This shows that the participants who stayed longer in the puerperium unit were more dissatisfied regarding the integration of theory in the clinical settings.

The midwifery clinical setting is a significant environment for the integration of midwifery theory and practice for student midwives (Setumo, 2013:1). According to Vos (2013:60) the participants further revealed that learner nurses found it difficult to apply their theory in practice and to integrate the two because of the lack of support, guidance and assistance.

Lack of theory-practice in the clinical environment would probable affect the achievement of students' learning goals and the requirements of the programme. No or limited time was available for learners to learn and they were unable to integrate and apply theory and skills due to lack of support and assistance (Vos, 2013:50). The learners indicated that there is lack of collaboration between what they have been taught theoretically at the College of Nursing and what they find in the clinical areas (Makhate, 2010:88).

The findings of this study revealed that theory-practice integration which is a role of the nurse educator is a challenge. For that reason, the nurse educators have a big role to play in ensuring that there is theory-practice integration through effective clinical accompaniment.

5.2.3.2 Educator-placement cooperation

The participants who had intrapartum placement of more than four weeks were significantly less satisfied with the educator-placement cooperation. This suggests that staying duration in intrapartum placement is connected with the level of satisfaction.

Moreover, the role of a nurse educator is to participate in the clinical meetings, work together with the clinical team in supporting student learning and give his or her academic expertise to the students and the clinical team. Therefore, according to the
findings of this study the nurse educators were not working as a team with the clinical staff in supporting student experiential learning.

The co-operation between the hospitals and the nursing education institutions (where the nurse educators are appointed) is necessary to ensure continued open communication and adequate team work. **Vermaak** (2013:91) identified the following as the most positive factors relating to the role of the clinical facilitator (nurse teacher): enabling of the integration of theory and practice, cooperation between staff and the clinical facilitator and the relationship between the student, mentor and clinical facilitator.

5.2.4 Supervisory relationship

The results of this study demonstrated that the student-mentor-educator relationship scored lowest with a mean score of 3.3, consistent with neutrality. The supervisory relationship fell in the same category with a mean score of 3.4 which points towards neutrality. Therefore, a positive supervisory relationship is important because it enhances nursing student experiential learning.

Staff-student relationship, unity and positive learning atmosphere are important for student learning in the clinical environment. A study conducted by Kachiwala (2006:72) confirmed that the majority of the participants (75.34%) indicated that the nursing staff was easy to approach which means the participants had a good relationship with their supervisors.

A poor relationship may lead to frustration and demotivation thus negatively affecting students learning in acquisition of knowledge and skills to become competent practitioners (Kaphagawani et al. 2013:184). Setumo (2013:74) agrees that the students reported poor working relationships between themselves and the staff in maternity units, and the study proved that clinical staff did not support the students in achieving their learning outcomes.

Nursing students have identified poor interpersonal relationships with clinical staff as the barriers to learning within the clinical environment (Lawal, Weaver, Bryan & Lindo, 2015:32), although the results from this study demonstrated that student-mentor-educator relationship scored lowest with a mean score of 3.3. This indicates
that the working relationship with maternity unit staff was not allowing them to function effectively, which limits their chances of exploring the learning outcomes.

5.2.5 Occurrence of supervision

The results from this study revealed that 69 (64.5%) participants had a supervisor according to shift or place of work, 26 (24.3%) participants had no supervision at all while most of the participants were supervised by a shift supervisor. Therefore, the occurrence of a supervisory relationship was linked to the students’ level of satisfaction (Warne et al. 2010:5). Moreover, according to Kachiwala (2006:67) students are mostly supervised by the nurse who will be on duty during that shift.

Student nurses depend on their supervisors for guidance in order to achieve their learning outcomes and requirements and having no supervisor was regarded as an area of concern. As a result, the participants’ experiential learning and the quality of patient care would have been compromised due to the fact that the participants did not have supervisors.

Supervision is sometimes difficult in the clinical learning environment when supervisors are dealing with large numbers of nursing students. If clinical facilities are overcrowded, there will be competition for clinical opportunities and some students may not be able to achieve the learning outcomes (Nxumalo, 2013:291).

5.3 Recommendations

After completing the study, the researcher suggested some recommendations for the improvement of experiential learning in the clinical learning environment.

The findings from this study revealed some challenges that affect students’ learning leading to difficulty in achievement of learning outcomes and training requirements.

5.3.1 Recommendations to improve the experiential learning environment

The findings of the study confirmed that the majority of participants were satisfied with the clinical learning environment although there were some that were not satisfied and this is a concern if experiential learning is to be improved. Therefore, the clinical staff should make sure that they create a conducive and welcoming learning environment and, moreover, allow students to practice nursing skills according to their learning outcomes and requirements.
As a result, the researcher recommended that the managers and the educators should conduct workshops or in-service training for the clinical staff to empower them with skills and strategies that will enhance the conducive clinical learning environment.

It is also recommended that the clinical supervisors during clinical placements should provide in-depth orientation in order to ensure that students are able to deal with the challenges they face the clinical learning environment.

5.3.2 Recommendations to increase the duration of clinical placements

It is then recommended that the nursing education institution should develop guidelines for clinical placement in conjunction with the SANC requirements in order to increase the duration of placements which will improve the quality of clinical teaching and learning.

There should be the development of standardised and validated feedback forms in order to obtain feedback from the nursing students after every clinical placement. The findings from the study confirmed that participants who had short duration of placement were not satisfied with their learning making it difficult for them to achieve their learning outcomes. For that reason, the clinical placement schedules should be done in time and should reach the clinical placement areas early so that they are able to plan for their duty schedules to accommodate students for the purpose of teaching and guiding them.

5.3.3 Recommendations to improve theory practice integration

It is recommended that nurse educators should increase the frequency of visits to the wards when students are in clinical placement so that each student can have a chance of being supervised by them and integrate what they have taught in class to what is done in practice.

The frequent clinical accompaniment and supervision should be done by the nurse educators in order to facilitate clinical teachable moments within the ward and to close the theory-practice gap. This should increase interaction with open communication, trust, respect, and feedback as this influences the relationship between educators and nursing students and enhances effective learning.
5.3.4 Recommendations to improve co-operation between the clinical staff and NEI staff

There must be a plan to increase the hours of scheduled and unscheduled clinical accompaniment and supervision at the bedside with the clinical staff and to include the lecturer in this process. Regular meetings and visits to the clinical placement areas by the NEI staff will not only enhance effective communication but also strengthen the relationship between them.

The clinical staff should also be involved in the planning of learning outcomes and programme clinical requirements for student nurses. There should be co-operation between the clinical staff and NEI staff regarding student experiential learning.

5.3.5 Recommendations for clinical supervisory ratio

According to Warne et al. (2010:6) there was an ongoing transition process occurring that suggested a move from the group supervision approach to one-to-one. The encouragement of the individualised supervisory relationship is regarded as the best option to assist nursing students attain their experiential learning outcomes and programme requirements although this may be a challenge to other areas considering the shortage of staff in the clinical facilities.

Continuous monitoring of the number of nursing students during each placement is vital in order to avoid overpopulation in the wards if effective clinical supervision needs to be enhanced. This can be achieved by involvement of the clinical placement supervisors when planning the annual clinical placement programme for nursing students.

5.3.6 Recommendations for further research

It has been observed that the clinical staff and nurse educators also experience some challenges in guiding or supervising the nursing students. Therefore, a study can be conducted to explore their experiences regarding guiding and supervising midwifery students during their experiential learning.
5.4 Limitations of the study

The limitations of a research study are defined by Brink et al. (2012:214) as the weaknesses of the research study or uncontrolled variables. It is therefore important for a researcher to identify the limitations of the study as this may have an impact on the results.

The quantitative nature of the research study presents limitations in terms of the responses of the participants as they responded to the close ended questions. In this study the initial population included five campuses but during the time of data collection the researcher was unable to get the participants from two campuses as they were placed in scattered clinical facilities for learning so this posed a limitation.

Another limitation is the fact that the researcher who distributed the questionnaires to some of the participants of the study was responsible for the theory and practical components of their learning and therefore this could have contributed to a possible biased response by some student nurses.

5.4 Conclusion

The research findings for this study demonstrate that these findings are comparable to other studies done in institutions both locally as well as internationally. The problem identified was that students appear to experience difficulty in meeting the overall experiential learning requirements of the programme in the clinical learning environment.

As the placement of nursing students in a clinical learning environment is a legislative requirement and a vital component in all nursing programmes in South Africa, it is important to minimise all the challenges in order to enable nursing students to provide quality, competent and caring nursing care to patients. Therefore, the objectives of this study have been met because the challenges that affect experiential learning have been identified and discussed.

Based on the findings of the study, the following factors were identified as affecting experiential learning making difficult for the student nurses to achieve their learning outcomes:
• The duration of clinical placement in the learning environment was a challenge for the participants who stayed for a short period.
• The role of the nurse educator in theory-practice integration was also a challenge and it can be enhanced through effective regular clinical accompaniment by the nurse educators.
• The role of the nurse educator in cooperation with the clinical staff indicates that there is a problem in communication with the placement areas regarding student learning.
• The occurrence of supervision was achieved through shift supervisors but it remains a challenge when there are nursing students in the clinical environment without supervisors as this may compromise their learning or even the quality of care rendered to the patients.

The influence of the positive practice environment on experiential learning in midwifery placement areas has an influence on the quality of the training received by nursing students. The importance of the role of nurse educators and the impact they have within the clinical placement can really have a positive influence on student learning through the effective communication and relationship between nursing education institutions (NEIs) and clinical placement areas.

As the clinical placement of nursing students in a clinical learning environment for experiential learning is regarded as the requirement for all nursing programmes in South Africa the NEI should adhere to the SANC requirement in all the processes of student learning.
References


Kachiwala, A.Y. 2006. Student nurses’ opinions regarding the clinical learning environment and supervision at Malamulo Hospital, Malawi. Johannesburg: University of Witwatersrand. Masters Dissertation


Mampunge, F. 2013. Experiences of final year nursing students at a public college of nursing in the Eastern Cape Province regarding their preparedness to become registered nurses. Masters' Dissertation. University of Fort Hare, East London


Shezi, B.E. 2014. The needs of community service nurses with regard to supervision and clinical accompaniment. Masters’ Dissertation. North West University, Potchefstroom


South Africa. 1985. R425 Regulations relating to the minimum requirements as a nurse (general, community and psychiatry) and midwife. Pretoria: SANC.


WHO. 2015. Achieving Millennium Development Goals (MDGS)

Annexure A: Ethics clearance certificate

ETHICAL CLEARANCE CERTIFICATE
REC-270710-028-RA Level 01

Certificate Reference Number: MBA021SPAM01

Project title: Factors affecting experiential learning for Midwifery students at the public college of nursing in Eastern Cape

Nature of Project: Masters

Principal Researcher: Nomzekelo Pama

Supervisor: Mrs AN Mbatha
Co-supervisor:

On behalf of the University of Fort Hare’s Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research
The Principal Researcher must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

**Special conditions:** Research that includes children as per the official regulations of the act must take the following into account:

Note: The UREC is aware of the provisions of s71 of the National Health Act 61 of 2003 and that matters pertaining to obtaining the Minister’s consent are under discussion and remain unresolved. Nonetheless, as was decided at a meeting between the National Health Research Ethics Committee and stakeholders on 6 June 2013, university ethics committees may continue to grant ethical clearance for research involving children without the Minister’s consent, provided that the prescripts of the previous rules have been met. This certificate is granted in terms of this agreement.

The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
  - Any unethical principal or practices are revealed or suspected
  - Relevant information has been withheld or misrepresented
  - Regulatory changes of whatsoever nature so require
  - The conditions contained in the Certificate have not been adhered to

- Request access to any information or data at any time during the course or after completion of the project.

- In addition to the need to comply with the highest level of ethical conduct principle investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to the Dean of Research’s office

The Ethics Committee wished you well in your research.

Yours sincerely

[Signature]

Professor Gideon de Wet
Dean of Research

14 April 2015
Dear Ms N Pama

Re: Factors affecting experiential learning for midwifery students at a public college of nursing in the Eastern Cape. (EC_2015RP9_631)

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 the department to come and present 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.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE
MEMORANDUM

TO
MS NONZERELO PAMA

FROM
MRS N LINKS; PRINCIPAL: LILITHA COLLEGE OF NURSING 

SUBJECT
PERMISSION TO CONDUCT RESEARCH IN ALL OF LILITHA COLLEGE CAMPUSES: (E/L, PE, MTHATHA, LISIKISIKI AND QUEENSTOWN CAMPUSES)

DATE
03 JULY 2015

1. The subject matter above refers.

2. This correspondence serves to confirm that permission is hereby granted for you to conduct research in all of Lilitha Nursing College Campuses: E/L, PE, Mthatha, Lisikisiki and Queenstown 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
TO: UFH Master Degree student: Ms. N. Pama

FROM: East London Campus head: Mrs. F.B. Tom

DATE: 06 July 2015

SUBJECT: PERMISSION TO CONDUCT RESEARCH AT THE LILITHA COLLEGE OF NURSING: EAST LONDON CAMPUS.

Permission is hereby granted for you to conduct the research on "Factors affecting experiential learning for midwifery students at the public college of nursing in Eastern Cape" as per your submitted request.

The campus is looking forward to the findings and recommendations of this study.

Best wishes and success in your studies.

EAST LONDON CAMPUS HEAD: MRS. F.B. TOM

DATE 06/07/2015
Annexure E: Questionnaire

Title: Factors affecting experiential learning for midwifery students in the public college of nursing in the Eastern Cape

Scale: CLINICAL LEARNING ENVIRONMENT, SUPERVISION AND NURSE TEACHER (CLES+T) evaluation scale

Instruction: Please respond to the following statements by placing an x in the block next to the appropriate response.

Demographic data

Name of your campus

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<thead>
<tr>
<th>Campus</th>
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<tbody>
<tr>
<td>East London</td>
</tr>
<tr>
<td>Lusikisiki</td>
</tr>
<tr>
<td>Mthatha</td>
</tr>
<tr>
<td>Port Elizabeth</td>
</tr>
<tr>
<td>Queenstown</td>
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</tbody>
</table>

Age in years

<table>
<thead>
<tr>
<th>Age Group</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Under 20</td>
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<tr>
<td>20 – 30</td>
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<tr>
<td>31 – 40</td>
<td></td>
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<tr>
<td>41 – 50</td>
<td></td>
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<tr>
<td>51 – 60</td>
<td></td>
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</tbody>
</table>

Gender

<table>
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<tr>
<th>Gender</th>
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<tbody>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
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</table>

Period of placement in each unit per month

<table>
<thead>
<tr>
<th>Unit</th>
<th>Antenatal</th>
<th>Intrapartum</th>
<th>Puerperium</th>
<th>Neonatal care</th>
</tr>
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</tbody>
</table>
The following statements concerning the learning environment, supervision and the role of the nurse educator are separated into main areas, each with their own title.

For each statement, please choose the option that best describes your own opinion.

**Evaluation scale:**
1 = fully disagree
2 = disagree to some extent
3 = neither agree nor disagree
4 = agree to some extent
5 = fully agree

**The learning environment**

### Pedagogical atmosphere:

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The staff was easy to approach</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I felt comfortable going to the unit at the start of my shift</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>During staff meetings (e.g. before shifts) I felt comfortable taking part in the discussions</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was a positive atmosphere in the unit</td>
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<tr>
<td>The staff was generally interested in student supervision</td>
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<tr>
<td>The staff learned to know the student by his/her personal name</td>
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<tr>
<td>There were sufficient meaningful learning situations on the unit</td>
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<tr>
<td>The learning situations were multi-dimensional in terms of content</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The unit can be regarded as a good learning environment</td>
<td></td>
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<td></td>
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</tbody>
</table>

### Leadership style of the unit manager (UM):

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The UM regarded the staff on her/his ward as a key resource</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The UM was a team member</td>
<td></td>
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<td></td>
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<tr>
<td>Feedback from the UM could easily be considered as a learning situation</td>
<td></td>
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<tr>
<td>The effort of individual employees was appreciated</td>
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</tbody>
</table>
Nursing care on the unit:

The wards nursing philosophy was clearly defined 1 2 3 4 5

Patients received individual nursing care 1 2 3 4 5

There were no problems in the information flow related to patients’ care 1 2 3 4 5

Documentation of nursing (e.g. nursing plans, daily recording of nursing procedures etc.) was clear 1 2 3 4 5

The supervisory relationship

In this form, the concept of supervision refers to guiding, supporting and assessing of student nurses done by clinical staff nurses. Supervision can occur as individual supervision, or as group (or team) supervision.

The concept of mentor means a named personal supervisor.

Occupational title of supervisor: nurse 1
nurse specialist 2
assistant unit manager 3
sister/ unit manager 4
other, what? __________________________

Occurrence of supervision: (circle one alternative only)

I did not have a supervisor at all 1

A personal supervisor was named, but the relationship with this person did not work during the placement 2

The supervisor changed during the placement, even though no change had been planned 3

Supervisor varied according to shift or place of work 4

Same supervisor had several students and was a group supervisor rather than an individual supervisor 5

A personal supervisor was named and our relationship worked during this placement 6

Other method of supervision, please specify ..........................
How often did you have separate private unscheduled supervision with the supervisor (without the nurse educator):

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>1</td>
</tr>
<tr>
<td>once or twice during the course</td>
<td>2</td>
</tr>
<tr>
<td>less than once a week</td>
<td>3</td>
</tr>
<tr>
<td>about once a week</td>
<td>4</td>
</tr>
<tr>
<td>more often</td>
<td></td>
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</tbody>
</table>

**The content of supervisory relationship:**

The following statements concern the supervisory relationship. For each statement, please choose the option that best describes your own opinion.

- My supervisor showed a positive attitude towards supervision
- I felt that I received individual supervision
- I continuously received feedback from my supervisor
- Overall I am satisfied with the supervision I received
- The supervision was based on a relationship of equality and promoted my learning
- There was a mutual interaction in the supervisory relationship
- Mutual respect and approval prevailed in the supervisory relationship
- The supervisory relationship was characterized by a sense of trust

**Evaluation scale:**

- 1 = fully disagree
- 2 = disagree to some extent
- 3 = neither agree nor disagree
- 4 = agree to some extent
- 5 = fully agree

**Role of the nurse educator**

A nurse educator is a lecturer (employed by the University or College) who is responsible for the clinical placement. The following statements concerning the linking nurse educator are put into main areas, each with its own title.

**Nurse educator as enabling the integration of theory and practice:**

In my opinion, the nurse educator was capable of integrating
Theoretical knowledge and everyday practice of nursing: 1 2 3 4 5

The educator was capable of operationalising the learning goals of this clinical placement: 1 2 3 4 5

The nurse educator helped me to reduce the theory-practice gap: 1 2 3 4 5

Cooperation between placement staff and nurse educator:

The nurse educator was like a member of the nursing team: 1 2 3 4 5

The nurse educator was capable to give his or her pedagogical expertise to the clinical team: 1 2 3 4 5

The nurse educator and the clinical team worked together in supporting my learning: 1 2 3 4 5

Relationship among student, mentor and nurse educator:

The common meetings between myself, mentor and nurse educator were comfortable experience: 1 2 3 4 5

In our common meetings I felt that we are colleagues: 1 2 3 4 5

The focus of the meetings was on my learning needs: 1 2 3 4 5

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Thank you for your time and help!
Annexure F: Permission for using CLES+T instrument

Mikko Saarikoski  
RN, PhD, Adjunct Professor / Docent  
University of Turku, Department of Nursing Science  
e-mail: mikko.saarikoski@gmail.com  
Postal address:  
Leppäti 13, FIN-20 720 Turku  
Finland  
Agreement form  
15.04.2008

Agreement for using the Clinical Learning Environment, Supervision and Nurse Teacher (CLES+T) evaluation scale

I agree to abide by the following principles in using the CLES+T evaluation scale as a research tool in my/our empirical study:

- The CLES+T should only be used in its original form (minor alterations are permissible, for example in order to ensure the terminology of CLES+T reflects different cultural aspects). All other changes should be reported to the authors.
- Any research reports that have used the CLES+T should acknowledge the original source by using the following reference: Saarikoski et al. 2008. The nurse teacher in clinical practice: Developing the new sub-dimension to the Clinical Learning Environment and Supervision (CLES) scale. International Journal of Nursing Studies 45: 1233-1237.
- The instrument cannot be published in its original form (e.g. as Appendix) without the permission of the copyright holder, Elsevier Science Ltd. UK. The CLES+T scale has been published originally in the above article.
- Authors should be sent one copy of publications in which the CLES+T scale has been used as a research instrument (see the address above)

Name of the re-user:  
Nomzekelo Anna

Your signature

Research organisation:  
University of Forth Hare S.A.

Address:  
38 Kingston Crescent  
AmirDOWN EAST LONDON SW47

Name of the research (or research project)  
EVALUATION OF THE QUALITY OF CLE IN FACILITIES USED FOR MIDWIFE PLACEMENTS.

Language version:  
English

I give the permission:  
Mikko Saarikoski  
Turku 14th Oct, 2014

Date:

Please, complete this form informing about your study and send two signed copies to the address above (or scan a copy - signed by you - as *.pdf-file and send it to me using e-mail). The filled form (signed by me) will be returned to you.
Informed consent form

I hereby agree to participate in research regarding ‘Factors affecting experiential learning for midwifery students at the public college of nursing in the Eastern Cape’. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop completing the questionnaire at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project and the purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise when completing a questionnaire.

I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

I understand that if at all possible, feedback will be given to my college on the results of the completed research.

...........................................

Signature of participant            Date................................
Annexure H: letter from language editor

8 Nahoon Valley Place
Nahoon Valley
East London
5241
20 January 2017

TO WHOM IT MAY CONCERN

I hereby confirm that I have edited the following master’s thesis using the Windows “Tracking” system to reflect my comments and suggested corrections for the student to action:

Factors affecting experiential learning for midwifery students at the Public College of Nursing in the Eastern Cape by NOMZEKELO PAMA, submitted in fulfilment of the requirements for the degree of Masters in Nursing in the School of Health Sciences at the University of Fort Hare.

Brian Carlson (B.A., M.Ed.)
Professional Editor

Email: bcarlson521@gmail.com
Cell: 0834596647

Disclaimer: Although I have made comments and suggested corrections, the responsibility for the quality of the final document lies with the student in the first instance and not with myself as the editor.

BK & AJ Carlson Professional Editing Services