CLINICAL EXPERIENCES OF THIRD-YEAR STUDENT NURSES IN A PUBLIC COLLEGE IN THE EASTERN CAPE

by

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DISSERTATION

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DECLARATION

I, Mandisa Tyanti, hereby declare that this dissertation, *Clinical experiences of third-year student nurses in a public nursing college in the Eastern Cape Province*, submitted for the Master's degree in Nursing Science has not been submitted previously at this or any other university, and that it is my own work and all reference material contained herein has been duly acknowledged.

Signature: Date:

DEDICATION

This dissertation is dedicated to the lecturing staff and the student nurses at the Lilitha College of Nursing (East London campus) who participated in this study.

ACKNOWLEDGEMENTS

I hereby wish to express my sincere gratitude to the following individuals:

ABSTRACT

Clinical experience has always been an important part of nursing education. Nursing colleges require students to be placed in clinical areas in order to acquire new knowledge and skills.

The purpose of the study was to explore and describe the clinical experiences during their clinical placement of the third-year student nurses at a public college in the Eastern Cape.

The objectives of this study were: to explore and describe the experiences of the third-year student of a public nursing college in the Eastern Cape, and to describe strategies for the improvement of student learning during clinical practice.

A qualitative, explorative and descriptive research design was used to describe the clinical experiences of these student nurses and the strategies for the improvement of student learning during clinical practice. Data were collected from focus group interviews, using a purposive and convenience sample from one college campus in the Eastern Cape. Tesch's method of data analysis (in Creswell, 2003) was used to analyse data.

Trustworthiness was ensured in this research by using Guba's model (in Lincoln & Guba, 1985) of qualitative research. Ethical approval was obtained from the University of Fort Hare Research Ethics Committee, the Department of Health, Eastern Cape, the Head of the Nursing College, the Campus Head and the participants and ethical consideration was ensured throughout the research process.

Themes and sub-themes emerged from data collected about the clinical experiences of the nurses. The study brought to light the experiences of third-year student nurses during allocation to clinical areas.

The findings from this study revealed the need for proper clinical accompaniment by college staff to ensure that clinical learning is taking place. Strategies to improve learning in the clinical areas are described. and recommendations for nursing education and nursing practice are made. If this is applied, it will help the student nurses to be better professionals.

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

This study sought to investigate and describe clinical experiences of third-year student nurses at a public nursing college in the Eastern Cape during their clinical placement at designated clinical facilities.

The process of educating student nurses involves didactic courses, as well as clinical courses during which student nurses have the opportunity to apply what they learned in the classroom in a variety of health care settings (Anthony & Yastik, 2011:140). In a study conducted in Ireland, the standard of preparation for placement was viewed positively, though some aspects of preparation required critical thinking towards meeting the student's needs (Chesser-Smyth 2005:320).

Providing quality clinical experiences for nursing students is vital to the development of competent professional nurses (Killam, Luhanga & Bakker, 2011:437). In Turkey, clinical nurse educators who worked with students for eight hours a day were faculty members at the nursing schools. There was no mentorship system and the nurses working at the clinics were not directly responsible for the student's clinical education (Elcigil & Sari, 2007:494).

In South Africa, the rationalisation of nursing colleges in 2003 has affected nursing education. In the Eastern Cape, all the colleges of nursing merged to form one college. This merger led to many challenges in nursing education. This college consists of five campuses. The South African Nursing Council's (SANC, 1992:9) minimum requirements and guidelines relating to clinical learning states that "the overall objective of clinical practice is to provide student nurses with meaningful learning opportunities in every area of placement according to their level of training, to ensure that on completion of the program the student nurse is able to nurse efficiently".

In a study conducted in Port Elizabeth, Eastern Cape, it was noted that student nurses were experiencing awareness of insufficient knowledge and fear of making mistakes (Carlson, Kotze & Van Rooyen, 2005:66).

The student nurses participating in the current study were student nurses undergoing a four-year integrated diploma course leading to registration as a nurse (general, psychiatry, community) and midwife, according to Regulation R425 of 22 February 1985, as amended (SANC, 1985). The focus of the researcher was on one of the five campuses of this public

college in the Eastern Cape. At this campus, student nurses were placed in two hospitals and two community health centres, as well as in a number of clinics around the area for their clinical learning experiences. During this placement the students were expected to acquire new knowledge and skills in practical situations in order to become competent nurse practitioners. At this campus where the researcher was undertaking the study, the student nurses are allocated in various clinical areas according to their level of training.

For a student of nursing, fifty per cent of the learning takes place within the clinical environment (Peate, 2007:445). Nursing practice requires a high level of cognitive development and independent thinking. Time spent on nursing education in the clinical field is essential because this is where the students experience the science of nursing in real-life situations under the supervision of clinical facilitators (Uys & Meyer, 2005:12).

1.2 PROBLEM STATEMENT

Student nurses are allocated to the clinical areas in order to acquire clinical skills. On the other hand, reports from the clinical areas indicate that most students undergoing the four-year integrated diploma course leading to registration as a nurse (general, psychiatry, community) and midwife according to Regulation R425 of 22 February 1985, as amended, absent themselves from the designated clinical areas. This results in poor patient care because the duties allocated to the students have to be done by someone else who has his/her own allocated duties, or they are not done at all.

This problem has been researched in many countries during previous years: by Elcigil and Sari (2007) in Turkey, and by Hutchings, in England. In South Africa, this problem was investigated by Tlakula and Uys (1993) who reported that student nurses identified hindering experiences in the clinical areas.

The researcher, who has been involved in nursing education for eight years, noticed, when visiting clinical areas for accompaniment, that student nurses disappeared without the knowledge of the clinical staff. When asked about this behaviour, they expressed concern and dissatisfaction pertaining to their clinical learning experiences. This generated interest for the researcher to formally investigate the clinical experiences that the third-year student nurses have in their designated clinical areas.

There was also a feeling that professional nurses in the clinical areas were not always actively involved in clinical teaching, and nurse educators were unable to accompany student nurses properly because of staff shortage (Cele, Gumede & Khubheka, 2002:41).

Tlakula and Uys (1993:28) stated that the way in which the ward staff and the nursing students interact and the type of teaching that takes place were not clear.

The question was, what clinical experiences do third-year students at a public nursing college in the Eastern Cape have in their designated clinical areas?

1.3 LITERATURE REVIEW

Clinical experience has always been an important part of nursing education. Nursing colleges require students to be placed in clinical areas so that they may acquire new knowledge and skills. The South African Nursing Council's (SANC 1992:9) minimum requirements and guidelines relating to clinical learning states that the overall objective of clinical practice is to provide student nurses with meaningful learning opportunities in every area of placement according to the level of training, to ensure that, on completion of the program, the student nurse is able to nurse efficiently.

In the clinical areas, students have the possibility of learning more about the health problems of patients and the practice, and to develop communication skills. The goal of the nursing college is to equip student nurses with skills necessary to provide optimal patient care (Swinny & Brady, 2010). The purpose of this study was to investigate the clinical experiences of the third-year student nurses participating in the study, and to identify whether the student nurses were learning when allocated to the clinical areas. Student nurses are provided with learning objectives that need to be met according to their level of training.

As pointed out by Elcigil and Sari (2007:491), clinical education is a vital part of nursing education. Nurse educators have an important role to fulfil in the successful completion of clinical education, and the clinical approach, experience and knowledge that they have can have an influence on the student. In this study findings pointed out that "evaluation by clinical educators" was a problem to students in that they became anxious about how they would be evaluated. That led to focusing on passing clinical training rather than concentrating on learning.

Clinical practice is an essential part of the student nurses' education because it allows the student the opportunity to link theory with the practice of caring for clients (Chapman & Orb, 2000). Student nurses generally enjoy being allocated clinical practice, but on some occasions they feel scared, nervous and stressed.

The placement of student nurses in the clinical environment has challenges that reflect their self-awareness, confidence, anxiety and professional issues. Mabuda, Potgieter and Albert

(2008:20) also indicated this in their study undertaken in the Limpopo Province, South Africa, which reported that student nurses experienced clinical learning placement negatively. That consequently affected teaching and learning support, opportunities for learning, integration of theory into practice and interpersonal relationships between the college, educators, students and staff.

According to Tlakula and Uys (1993), nursing students associate clinical learning with poor interpersonal relationships, bad attitudes of ward nursing staff, mistakes corrected in the presence of patients and situational demands surrounding death. Perception of clinical learning included hindering experiences in clinical areas. They mentioned specific factors such as poor interpersonal relationships, bad attitudes of ward nursing staff, mistakes corrected in the presence of patients. Similar findings emerged from the study conducted in the Czech Republic by Adamczyk (2006:183), namely that theory and practice are understood as different entities that complement each other, and to link the two is often neglected. The suggestion was to maintain lively contacts between the college that delivers theoretical lectures and the clinical staff.

A qualitative study conducted in Iran by Sharif and Masoumi (2005) supported Adamczyk and indicated that there is a discrepancy between what is taught in the classroom and what is experienced by the nursing students in clinical areas. The findings from the students' point of view concerned initial clinical anxiety, theory-practice gap, and clinical supervision as the important factors in clinical experience. These made them feel incompetent and lacking in professional nursing skills and knowledge to take care of various patients in the clinical setting. In this study student nurses identified clinical experience as one of the most anxiety-producing components of the nursing programme. They further mentioned that their lack of experience, unfamiliar areas, difficult patients, fear of making mistakes and being evaluated by the faculty members created anxiety-producing situations in their initial clinical experience.

According to Anthony and Yastik (2011:140) most students hold little power in the clinical areas and are particularly susceptible to becoming neglected by clinical staff.

In a study conducted in Indiana, it was pointed out that clinical placement of student nurses in learning situations presents challenges for nursing education. This occurs in areas where more than one nursing programme competes for clinical facilities that provide care to patients in need of such services (Riedford, 2011:337).

One study conducted in Canada reported that the theme of knowledge and skill incompetence reflected a student's failure or inability to demonstrate knowledge and skill development at a level compatible with the year of study (Killam *et al.*, 2011:441).

1.4 DEFINITION OF CONCEPTS

1.4.1 Experience:

In this study, experience refers to lived experience of the facts, events and knowledge of the third-year student nurses allocated to clinical facilities in the Eastern Cape.

1.4.2 Student Nurse:

In this study, a student nurse is a nurse in a nursing college in the Eastern Cape undergoing a four-year integrated diploma course leading to registration as a nurse (general, psychiatry, community) and midwife, according to R425 of 22 February 1985, as amended.

1.4.3 Clinical Area:

In this study, the clinical area is a practical situation where there is interaction of clinical staff and patients/ clients with student nurses for the purpose of acquiring learning experiences and gaining skills at public hospitals and clinics.

1.4.4 Nursing College:

In this study a nursing college means a post-secondary educational institution which offers professional nursing education at basic and post basic level where such nursing education has been approved (Nursing Act 50 of 1978 Reg.R425). The nursing college the researcher is referring to in this study is the public nursing college in East London.

1.5 SIGNIFICANCE OF THE STUDY

The researcher noted that students have experiences in their clinical learning environment that make it impossible for them to be as competent as expected .They are unable to apply what was taught in class into practice in the clinical areas. They complained of not having enough time to practise the required skills.

This study focused on the nursing students in the third year of study because they were close to completing their studies and had been allocated to most clinical areas during their training. This study was undertaken to help to find out if student nurses experience learning during their placement in the clinical areas.

Pearcy and Draper (2007:565) elaborated on this by stating that clinical placement is crucial to forming a professional nursing identity that will encompass the aspects of the 'nurse' role.

The findings of this study might help to understand the type of clinical learning provided in the clinical areas of the Eastern Cape and identify strategies for improvement of clinical

learning. This might help the college to produce competent professional nurses who will be able to function independently in various health care settings. In addition, the quality of patient care will be improved. On completion of their training the student nurses will go out knowledgeable and prepared to face the outside world.

The Eastern Cape Province would benefit from this study because no similar study known to the researcher has been done at the campus, on clinical experiences of the third-year student nurses at a public nursing college in the Eastern Cape.

1.6 AIM OF THE STUDY

The aim of the study was to describe the clinical experiences of the third year nursing students during their placement, at a public nursing college in the Eastern Cape Province in order to describe strategies for improvement of learning in the clinical facilities.

1.7 RESEARCH OBJECTIVES

The objectives of this study were to:

- Explore and describe experiences of third-year student nurses at a public college in the Eastern Cape.

- Describe strategies for the improvement of student learning during clinical practice.

1.8 RESEARCH QUESTIONS

- What experiences do third year student nurses have in the clinical areas at a public college in the Eastern Cape?

- How could learning be improved during clinical practice?

1.9 RESEARCH DESIGN AND METHOD

The Research design is the overall plan for gathering data in a research study. (Brink 2011:207). A qualitative approach was used by the researcher in this study to explore the meaning, or to promote understanding of human experiences (Brink, 2011:113).

The research design that was used to investigate the experiences of the third-year student nurses in the clinical areas was an explorative and descriptive research design. The researcher used this design in order to identify problems within the current practice and

provide a picture of situations as they naturally happen at this nursing college (Burn & Grove, 2009:237).

1.10 POPULATION

Population refers to a complete set of persons or objects that possess some common characteristics that are of interest to the researcher (Brink, 2011:206).

The population for this research project consisted of all the third-year student nurses on the campus registered for a course leading to registration as a nurse (general, psychiatry, community) and midwife according to Regulation R425, as amended. The total number of third years was one hundred and eighty-nine (189).

1.11 SAMPLE AND SAMPLING METHOD

The sample refers to a subset of the population that has been selected to represent the population (Brink, 2011:207). A purposive sample was taken from the third-year student nurses who were available at the time of research at the campus where data were collected. Burns and Grove (2009:355) describe purposive sampling as the type of sampling by which information-rich cases are selected. De Vos (2000:198) describes a purposive sample as the one that is composed of elements which contain the most characteristics or typical attributes of the population.

The sample constituted of third-year students who were doing their third year for the first time in 2012 and had had no previous nursing experience before commencing training.

1.12 INCLUSION CRITERIA

Burns and Grove (2009:345) describe the inclusion criteria as those characteristics that the participants must possess to be part of the target population. In this study, only the third-year student nurses of the public college in the Eastern Cape registered for a course leading to registration as a nurse (general, psychiatry, community) and midwife, according to Regulation R425 of 22 February, as amended, were included.

This group of students was chosen to participate because they have been allocated to various clinical facilities during their training, and to help with the planned remedial process

before exiting from the programme.

1.13 EXCLUSION CRITERIA

Burns and Grove (2009:345) describe exclusion criteria as those characteristics that can cause a person to be excluded from the target group.

- The first, second and fourth-year student nurses of the public college in the Eastern Cape were excluded from this study.

- Students who were repeating the third year of study were excluded.

- Students with previous nursing experience were excluded.

1.14 DATA COLLECTION

The data that were collected concerned the clinical experiences of third-year students in their designated clinical facilities. Focus group interviews were used to obtain the participants' perceptions in a setting that was permissive and non-threatening. In the focus group, participants were able to report and verbalise their feelings (Burns & Grove, 2009:513). Focus groups sought to illuminate group opinion of a particular phenomenon (Mack, Woodsong, MacQueen, Guest & Namey, 2005:51) and also allow the participants to share their thoughts with each other before answering the researcher's questions (Brink, 2011:152).blue

A pilot study is a smaller version of a proposed study conducted to develop or refine methodology (Burns & Grove, 2009:713). This was conducted on six student nurses who were also third years to allow the researcher to test knowledge of questions skills, the ability to probe and keep discussion on track and the actual data collection process (Mack *et al.,* 2005:59). Any problems encountered were refined in the actual study. The participants in the pilot study did not participate in the actual study.

The advantage of focus groups is that they yield a large amount of information over a relatively short period of time and the richness of focus group data emerges from group dynamics and the diversity of the group. The session was tape-recorded after permission had been obtained from the participants and was transcribed verbatim. The researcher (interviewer) led the discussion by asking participants to respond to open-ended questions; that is, questions that require an in-depth response. The second researcher, usually a colleague (note-taker), took detailed notes of the discussion (Mack et al., 2005:52).

The researcher conducted three (3) focus group interviews with groups of ten (10) participants each. Data collection continued until the researcher believed that saturation had

been achieved, that is, when no new themes emerged from the participants and the data were being repeated (Streubert Speziale & Carpenter, 2007:95).

1.15 DATA ANALYSIS

Data analysis was conducted to reduce, organise, and give meaning to data (Burns & Grove, 2009:695). Streubert Speziale and Carpenter (2007:96) indicated that data analysis requires the researcher to dwell with or become immersed in the data. Data from focus groups are complex in that analysis is required at both the individual level and at group level, considering interactions among individuals and the group and making comparison across groups (Burns & Grove, 2009:524).

In qualitative research studies, data analysis is done concurrently with data collection and, when analysing data, the data are converted to smaller, more manageable, and more manipulatable units that can be retrieved easily. Data analysis was done using Tesch's technique (as cited in Creswell, 2003:155-156). During data analysis, the researcher read and reread the verbatim transcriptions or written responses and listened to audio tapes of participants' verbal descriptions. Statements were transcribed and recorded and related themes were grouped together. The data collected during the interview was organised for the purpose of coding, and trustworthiness of the coding was checked by having another person encoding the same data (Brink, 2011:185). In descriptive studies, concrete categories are used where the related concepts are grouped together to facilitate the coding process (Polit, Beck & Hungler, 2001:384).This was done to analyse them and a colleague was asked to assist and check trustworthiness. Data verification was done as soon as data analysis had been completed.

1.16 TRUSTWORTHINESS

Brink (2011:118) refers to trustworthiness as qualitative validity and reliability and concerned with accuracy and consistency of findings. Lincoln and Guba's model (1985:316-327) suggested four strategies for establishing the trustworthiness: credibility, dependability, confirmability and transferability.

Focus group interviews were conducted by the researcher using sound recordings. Field notes were taken during the interview sessions.

- **Credibility**

This was achieved in this study by remaining in the field for a long period and by peer debriefing. Brink (2011:118) described peer debriefing as when the researcher exposes herself to a disinterested peer who probes the researcher's biases, explores meanings and clarifies the basis for particular interpretations.

- **Dependability**

According to Brink (2011), dependability refers to the provision of evidence such that, if the study were to be repeated with the same participants in the same context, its findings would be similar. In this study, dependability was achieved by allowing the data and relevant supporting documents to be scrutinised by an external reviewer.

- **Confirmability**

Confirmability guarantees that the findings are supported by the data and that there is internal agreement between the investigator's interpretation and the actual evidence (Brink 2011:119). This was ensured by keeping a record of activities over time that individuals could follow.

- **Transferability**

This refers to the probability that the findings of the study have meaning to others in similar situations (Streubert Speziale & Carpenter, 2007:49). This was ensured by keeping all the data collected to retain a chain of evidence.

1.17 ETHICAL CONSIDERATION

Ethics as a system of moral values concerned with the degree to which research procedures adhere to professional, legal and social obligations to the research subject.

Ethics approval was obtained from the University of Fort Hare Ethics Committee.

Permission to conduct the study was obtained from:

- The Department of Health, Eastern Cape

- The Head of the Nursing College

- The Head of the campus

- Participants

1.17.1 Informed consent

Informed consent was obtained from study participants after explaining in detail what the study was about, the benefits and risks involved, if any, so that each participant would fully understand what they could expect (Brink, 2011:36). Additional permission to use an audio recorder during the focus group interview was sought and assurance was given all the information would be destroyed at the end of the research project. Consent was required to be signed by the participants only if they agreed to participate in the study.

1.17.2 Justice

This principle includes the participants' right to fair selection and treatment (Brink, 2011:33). This was ensured by through fair selection, as respondents selected to be part of the sample were included in the sample because they were directly related to the problem being researched, not for any other reason.

1.17.3 Confidentiality and anonymity

Confidentiality means that no information provided by a candidate should be divulged in any way, except for research purposes (Pera & Van Tonder, 2011:335). The study participants were requested not to mention each other by name but as Nurse A, B, etcetera.

1.17.4 Privacy

The dignity of study participants was maintained throughout the research study.

Privacy was ensured through keeping the information provided by participants in a safe place so that it was could not be accessed by anyone who was not part of the research. No invasive questions were asked during interviews (Brink, 2011:33).

1.17.5 Self-determination

The right to self-determination was ensured by allowing participants the right to voluntarily decide whether to participate in the study or not. At the same time, they had the right to withdraw at any time, or to refuse to give any information pertaining to the research (Brink, 2011:32).

1.18 OUTLINE OF CHAPTERS

Chapter 1: An introduction to the study

Chapter 2: Research methodology

Chapter 3: Presentation of findings

Chapter 4: Conceptualisation

Chapter 5: Discussion, recommendations and limitations.

1.19 CONCLUSION

The researcher had identified that student nurses at the East London campus had experiences regarding clinical teaching which required investigation. In this chapter, the research problem and the motivation for the study have therefore been described. The next chapter contains a discussion of the research methodology.

CHAPTER 2

RESEARCH METHODOLOGY

2.1 INTRODUCTION

The purpose of this chapter is to describe the research methodology applied by the researcher to investigate and describe the clinical experiences of the third-year student nurses participating in the study. Methodological research is defined by Brink (2011:204) as research studies that are concerned with the development, testing and evaluation of research instruments and methods.

2.2 RESEARCH APPROACH

Burns and Grove (2009:717) describe qualitative research as a systematic, interactive, subjective approach used to describe life experiences and give them meaning. This design was used in order to identify problems within the current practice and provide a picture of the situation as it naturally occurs (Burns & Grove, 2009:237). Sam (cited in Cormack, 2001:141) further explained this by stating that qualitative approaches seek to understand the interpretations and motivations of people.

2.3 RESEARCH DESIGN

The research design is the overall plan for gathering data in a research study (Brink, 2011:207). Burns and Grove (2009:696) support this by stating that a design is a blueprint for conducting a study that maximises control over factors that could interfere with the validity of the findings.

A qualitative, explorative, and descriptive research design was used. The purpose was to explore and describe the clinical experiences of the third-year student nurses and to identify strategies to improve clinical learning at the public nursing college in the Eastern Cape.

2.3.1 Descriptive research

Descriptive study design was developed to gain more information about characteristic within a particular field of study and to provide a picture of situations as they naturally occur (Burns & Grove, 2009:696).

Descriptive research was relevant for this study as the researcher wanted the participants to describe the experiences that they have when placed in the clinical areas. The design was appropriate because the information was obtained directly from participants.

2.3.2 Explorative research

Explorative design was used to obtain in-depth information from the participants regarding the topic researched (Burns & Grove, 2011:256). This design was relevant for this study as the researcher attempted to get in-depth information from the participants. In this study, the participants were allowed to express themselves freely concerning their experiences when allocated in the clinical areas.

2.4 AIM OF THE STUDY

The purpose of the study was to describe the experiences of the third-year student nurses during their clinical placement at a public nursing college in the Eastern Cape in order to identify strategies for improvement of learning in the clinical facilities.

2.5 RESEARCH OBJECTIVES

The objectives of this study were:

- To explore and describe both the experiences of the third-year student nurses of a public college in the Eastern Cape, and
- To describe strategies for improvement of learning during clinical practice.

2.6 RESEARCH SETTING

The location in which the research is conducted is called a setting (Burns & Grove, 2009:40). The research study was conducted at the Public College of Nursing in the Eastern Cape. One college campus was used to conduct the study.

The college comprises five campuses and various programmes are offered at this college, namely a four-year course leading to registration as a nurse (general, psychiatry, community) and midwife, Post Basic courses and an a course towards graduating as an Enrolled Nursing Assistant.

There were 189 third-year student nurses at the campus under study, of which 120 students were doing third-year studies for the first time, 41 were repeating their third year of study and 28 had previous nursing experience.

The environment was a natural setting, which was regarded as a real-life situation, which was not manipulated for the study by the researcher (Burns & Grove, 2009:362). The researcher allowed participants to select a setting that would be convenient and comfortable to them. The participants chose the classroom as a proper place for interview sessions.

2.7 POPULATION

In research, population refers to a complete set of persons or objects that possess some common characteristics that are of interest to the researcher (Brink, 2011:206).

The population for this study consisted of all the third-year student nurses of the college campus, registered for a course leading to registration as a nurse (general, psychiatry, community) and midwife, according to Regulation R425 of 1985, as amended. The total number of the third-year students was one hundred and eighty-nine (189).

2.8 SAMPLE AND SAMPLING METHOD

A sample is a subset of the population that is selected to represent the population (Brink, 2011:207). A purposive sample was taken from the third-year student nurses who were available at the time of research at the campus where data were collected.

Burns and Grove (2009:355) describe purposive sampling as the type of sampling by which information-rich cases are selected and the researcher selects certain participants to include in the study. De Vos (2000:198) further describes a purposive sample as the one that is composed of elements which contain the most characteristics or typical attributes of the population.

The sample was purposively selected from the third-year student nurses who were doing their third year for the first time in 2012 and had had no previous nursing experience before commencing training. The reason for selecting these students was to understand their experiences since they, as skilled and future professional nurses, would be expected to have the ability to lead, as well as to provide guidance to student nurses after the completion of training. The researcher used this approach because in-depth knowledge about the problem that had been identified was needed.

This sampling method was inexpensive as the study was conducted amongst students who were attending classes and there was no need to arrange transport for fetching them from the clinical area. The researcher was also an employee of the college.

2.9 INCLUSION CRITERIA

Burns and Grove (2009:345) describe inclusion criteria as those characteristics that the participants must possess to be part of the target population. In this study, only third-year student nurses studying at the public college in Eastern Cape who were registered for a course leading to registration as a nurse (general, psychiatry, community) and midwife, according to Regulation R425 of 22 February 1985, as amended, were included.

This group of students was chosen because they had all been allocated to various clinical facilities during their training and any suggestions arising from the research would be able to help these students through a remedial process before they exited the programme. The remedial process was planned to be undertaken by both the college and the clinical staff according to what the students mentioned as their experiences during clinical placement.

2.10 EXCLUSION CRITERIA

Burns and Grove (2009:345) describe exclusion criteria as those characteristics that can cause a person to be excluded from the target group.

- The first-, second- and fourth-year student nurses of the public college in the Eastern Cape did not meet the criteria for inclusion and were therefore excluded from this study.

- The students who were repeating the third year of study were excluded.

- The students who had previous nursing experience were excluded.

2.11 DATA COLLECTION

In qualitative studies, this process is complex because data collection occurs simultaneously with data analysis (Burns & Grove, 2009:507). The researcher employed this design in the current study because the researcher desired to gain information about the essence of student nurses' experiences.

The method used for collecting data in this study was the focus group interview. A focus group is a qualitative data collection method in which one or two researchers and several participants meet as a group to discuss a given research topic (Mack *et al.*, 2005:51).

- ➢ **Recruitment**

    - ❖ The student nurses were approached while they were in class. The aim of the study was explained to them, they were informed that there would be no potential risks involved and that confidentiality and anonymity would be maintained.

    - ❖ The required number of participants was also explained, which was six (6) groups of ten (10) participants each, and each group needed to include two (2) male student nurses.

    - ❖ Those student nurses who were interested in participating in the study were required to identify themselves as nurse A, B, up to J for each group.

    - ❖ There were many student nurses who showed interest in being part of the focus groups, but could not be allowed to participate as this would have exceeded the required number.

    - ❖ The advantage of using a focus group is that focus groups yield a large amount of information over a relatively short period of time and the richness of focus group data emerges from the group dynamics and the diversity of the group (Mack and others, 2005:52).

- ➢ **Preparation**

    - ❖ Permission to conduct focus group interviews was requested from the campus head of the nursing college under study and the participants. The focus group interviews were conducted in class and there were no disturbances. The environment was quiet, and enough time was given to each group.

    - ❖ Chairs were arranged in a circle to facilitate face-to-face interaction. This was done to create a non-threatening and informal atmosphere. The researcher and the note taker were part of the circle. The researcher and the note taker introduced themselves to the participants and the researcher welcomed the participants.

    - ❖ The note taker was a qualified a nurse educator with a Master's degree and had experience in conducting research. The role of the note taker was to operate the tape recorder and take notes whilst the researcher was busy asking

questions. That was done in order that the note taker would be able to document everything that might be missed by the tape recorder, like non-verbal communication, and to guide against bias.

❖ The purpose of the interview was explained to the participants. That included that the participants were required to talk about their experiences during clinical placement at a public nursing college, and to describe strategies to improve clinical learning. Probing questions were also asked in order to clarify statements by the participants. According to Brink (2011:152), probes are prompting questions that encourage the respondent to elaborate on the topic.

❖ The note taker took charge of the voice recorder. The participants were reassured that the voice recording would not be used against them. The student nurses were advised not to mention their names when addressing each other for purposes of confidentiality, but to call each other Nurse A, B, or C, etc..

❖ Before the focus group interview began, a debriefing session was conducted by which an open and warm climate was created. Ground rules were set by the researcher, the note taker and the participants, such as valuing each other's contributions and giving each other chance to talk.

➢ **Conducting the interview**

❖ The sessions were voice-recorded after permission had been obtained from the participants and were transcribed verbatim. The researcher (interviewer) led the discussion by asking participants to respond to open-ended questions that is, questions that required an in-depth response. The second researcher, the colleague who acted as note-taker and had experience in conducting research, took detailed notes of the discussion.

❖ The student nurses were given the option of using narratives if they were not comfortable talking within groups, but none of them took the option as they spoke freely.

❖ The dominant participants were controlled in a tactful manner not to make other participants' contributions seem unimportant.

❖ The research questions that guided the interview were:

- What experiences did you have when allocated in the clinical areas?

- How could learning be improved during clinical practice?

❖ The planned number of focus groups to be interviewed was six (6), with ten (10) participants in each group. However, after three (3) focus groups had been interviewed, the researcher realised that the information was repetitive and decided not to continue. The researcher believed that saturation had been achieved; that is, no new themes emerged from the participants and the data were being repeated (Streubert Speziale & Carpenter, 2007:95).

❖ The focus group interviews were used to obtain the participants' perceptions in a setting that was permissive and non-threatening. In focus group, participants were able to report and verbalise their feelings (Burns & Grove, 2009:513).

❖ The total number of participants that were interviewed was 30, with two males in each group and the rest being females, of which three were coloured females, and the rest being Africans.

❖ The disadvantage of focus group interviews is that some people feel uncomfortable about talking in groups.

❖ The researcher is a nurse educator, with eight (8) years' experience in teaching student nurses following a basic programme and she freed herself from bias by setting aside personal assumptions arising from these experiences.

❖ Bracketing became important in securing trustworthiness in this instance. This was ensured by keeping in mind what the researcher already knew about the topic. It was used throughout the study in order to avoid being biased during the research process.

2.12 DATA ANALYSIS

An overview of data analysis is given at this point by the researcher and a detailed presentation of findings will be discussed in Chapter 3. In qualitative research studies, data analysis is done concurrently with data collection and when analysing data, the data should be converted into smaller, more manageable, and more manipulatable units that can be retrieved easily (Brink, 2011:184).

Data analysis is conducted to reduce, organise, and give meaning to data (Burns & Grove, 2009:695). Streubert Speziale & Carpenter (2007:96) indicate that data analysis requires the researcher to dwell with or become immersed in the data. Data from focus groups are complex, in that analysis is required at both the individual level and at group level. Interactions among individuals and the group are considered and comparisons across the groups are made (Burns & Grove, 2009:524).

Tesch's (in Creswell, 2003:155-156) technique of qualitative data analysis was used to analyse data by the researcher and the co-coder.

Recordings were listened to as soon as possible after the interview to avoid the piling up of data. The researcher read and reread the verbatim transcriptions and written responses, and listened to audio tapes of participants' verbal descriptions. Statements were transcribed and recorded and themes that were related were grouped together. The data collected in the interview were organised for the purpose of coding, and trustworthiness of the coding was checked by having another person encoding the same data (Brink, 2011:185).

In descriptive studies, concrete categories are used in which the related concepts are grouped together to facilitate the coding process (Polit *et al.*, 2001:384). This is done to analyse them, and the researcher had the help of the supervisor, who had experience in qualitative studies, to assist and check trustworthiness. Data verification was done as soon as data analysis had been completed.

2.13 TRUSTWORTHINESS

Brink, Van der Walt and Van Rensburg (2012:171) refer to trustworthiness as qualitative validity and reliability concerned with accuracy and consistency of findings. Lincoln and Guba's model (1985:316-327) suggests four criteria for establishing such trustworthiness: credibility, dependability, confirmability, and transferability.

❖ **Credibility**

Credibility is regarded as confidence in the truth (Polit & Beck, 2008:538).

This was achieved in this study by remaining in the field for a long period.

Prolonged engagement was achieved, not only through time spent with students during interviews, but in addition through the researcher being a nurse educator with eight (8) years' experience in teaching students and continuous involvement with the research topic.

Data triangulation was achieved through reviewing relevant literature, and by collecting data via focus group interviews from the third-year student nurses.

❖ **Dependability**

According to Brink et al. (2012:127), dependability refers to the provision of evidence such that if the research were to be repeated with the same participants in the same context, its findings would be similar. Dependability in this study was achieved by allowing the data and relevant supporting documents to be scrutinised by the study supervisor. Independent

checking by the study supervisor where a consensus was reached with the researcher ensured that the study was dependable.

❖ **Confirmability**

This guarantees that the findings are supported by the data and that there is internal agreement between the investigator's interpretation and the actual evidence (Brink *et al.* 2012:127). This was ensured by keeping the recording of interview activities over time so that individuals can follow what was done.

❖ **Transferability**

This refers to the probability that the study findings have meaning to other similar situations (Streubert Speziale & Carpenter, 2007:49). The researcher purposively selected the participants because their background knowledge would assist the researcher in eliciting experiences with regard to clinical practice.

2.14 ETHICAL CONSIDERATION

Ethics is a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to the research subject.

Ethics approval was obtained from the University of Fort Hare Ethics Committee.

Permission to conduct the study was obtained from:

- The Department of Health, Eastern Cape
- The Head of the Nursing College
- The Head of the campus
- Participants

❖ **Informed consent**

This was obtained from study participants after explaining in detail what the study was about, as well as its benefits and the risks involved, if any, so that each participant fully understood what could be expected (Brink *et al*., 2012:38). Additional permission to use an audio recorder during the focus group interviews was sought and assurance was given all information would be destroyed at the end of the research project.

Consent was required to be signed by the study participants only if they agreed to participate in the study.

❖ **Justice**

This principle includes the participants' right to fair selection and treatment (Brink, 2011:33)

This was ensured through fair selection, as respondents selected to be part of the sample were included because they were directly related to the problem being researched, and not for any other reason.

❖ **Confidentiality and anonymity**

Confidentiality means that no information provided by a candidate should be divulged in any way except for research purposes (Pera & Van Tonder, 2011:335). The participants were requested not address each other by their names, but as Nurse A, B, etcetera.

❖ **Privacy**

The dignity of the participants was maintained throughout the research study. Privacy was ensured through keeping the information provided by the participants in a safe place so that it could not be accessed by anyone who was not part of the research. No invasive questions were asked during interviews (Brink 2011:33).

❖ **Self-determination**

The right to self-determination was ensured by giving participants a right to voluntarily decide whether to participate in the study or not. They also had the right to withdraw at any time or even to refuse to give information pertaining to research that they did not want to divulge (Brink, 2011:32).

2.15 CONCLUSION

The researcher provided a review of methodology followed for the research study in this chapter. All the steps of the research process were outlined and described. The analysis and the presentation of the research findings are discussed in the next chapter.

CHAPTER 3

PRESENTATION OF FINDINGS

3.1 INTRODUCTION

The purpose of the study was to explore and describe the clinical experiences of the third-year student nurses during their clinical placement at a public nursing college in the Eastern Cape.

This chapter is focused on identifying themes derived from the data collected. The data analysed during the present study were obtained from focus group interviews conducted with the third-year student nurses of the East London campus.

The research questions that were put to the students were:

What experiences did you have when placed in the clinical areas? How could learning be improved during clinical practice?

3.2 OPERATIONALISATION OF DATA

The researcher had intended to interview six (6) groups of ten (10) participants each; however, after three (3) groups had been interviewed, she realised that the information was being repeated and decided not to continue as originally planned.

Data analysis was done using Tesch's technique, as discussed in Creswell (2003:155-156).

3.2.1 Characteristics of participants

➢ The ages of participants ranged from 21 to 39 years,

➢ Each group comprised eight female and two male students,

➢ Twenty-six of the participants were Xhosa-speaking,

➢ Only four students were Afrikaans-speaking,

➢ The campus did not have White students,

➢ The students preferred to be interviewed in English, since it is their medium of instruction.

The focus group interviews lasted for approximately one hour each. Debriefing was done with the observer after each focus group interview. Recorded interviews were listened to and the content of the tape was transcribed.

The researcher read and re-read the verbatim transcriptions. Statements were transcribed and themes that are related were grouped together.

Student nurses were very co-operative during the interview sessions and were willing to share their experiences.

3.3 THEMES IDENTIFIED

The themes that were identified during data analysis and reporting of negative experiences were more intense than that of the positive experiences. The themes, their sub-themes and the categories are illustrated in Table 3.1 and are discussed in the sections that follow. Three themes were identified: Theme 1 presented two sub-themes and three categories, Theme 2 had three sub-themes and 13 categories, Theme 3 had three sub-themes and each sub-theme had one category.

Table 3.1: Identified Themes, Sub-themes and Categories

	Themes	Sub-themes	Categories
1.	Positive experiences of student nurses in the clinical areas	1.1 Clinical teaching	1.1.1 Availability of a teaching programme.
			1.1.2 Given homework on a diagnosis to come and discuss.
		1.2 Interpersonal relations	1.2.1 Students given time to go and perform skills
2.	Negative experiences of student nurses in the clinical areas	2.1 Attitude of clinical staff	2.1.1 Preference over other students
			2.1.2 Students not shown certain skills
			2.1.3 Students regarded as thieves
			2.1.4 Doctors not doing round with students
		2.2 Lack of caring environment	2.2.1 Lack of orientation
		2.3 Lack of clinical teaching	2.3.1 Students used as workforce
			2.3.2 Students not allocated properly to

			responsibilities relevant to students' level of training
			2.3.3 Shortage of equipment
			2.3.4 Shortage of staff
			2.3.5 Not allowed to practise what was shown in the college
			2.3.6 No objectives in place
3.	Strategies for improvement of clinical learning	3.1 Clinical department	3.1.1 Clinical facilitators to follow students when in clinical areas.
		3.2 Structured in-service education	3.2.1 Should be compulsory for clinical staff to attend.
		3.3 Improved relationships	3.3.1 Visit students when in clinical areas.

3.3.1   Theme1: Positive experiences of student nurses in the clinical areas

Sub-themes that emerged under positive experiences were identified as clinical teaching and support and interpersonal relationships.

3.3.1.1 Sub-theme 1: Clinical teaching and support

A study by Paul *et al.* (2011:765) reported that student nurses perceived that when staff members made themselves available to them, they felt that the learning experience was positive because they felt supported and did well when given patients to care.

One student who participated in the current study mentioned that:

"*When we were allocated in the psychiatric institutions, we noticed some things different from the general wards. We got acknowledgement, warmth and assistance we need".*

A teaching programme is designed according to our objectives. Another participant said:

"*…it is so interesting being allocated in [a] psychiatric institution because every day you learn something new".*

That enabled the students to correlate what they had learnt in class.

Student nurses noted that, in some clinical areas, a member of staff who is an expert in a particular skill would demonstrate for other staff members. That helped the student nurses to master that skill.

"…to be honest mam, some sisters in the clinical areas are willing to teach us, but do not have a chance to do that because of staff shortage."

Another participant:

"I have a good experience in the clinical areas in that, in class we learn theory about things we never saw before and when you get to the clinical areas you see some of the things you were taught in class."

There were some clinical staff members who were devoted in their work and keen to assist students. They would give students homework pertaining to the condition of the patient, so that *"we shared information that we came up with"*.

When allocated to the clinics, the students were given a chance to give health talks to the clients every Wednesday. Students had a chance to consult clients, took history and arrived at a diagnosis. One student stated:

"That makes me to be remember things that happened years ago when I was not a student nurse and now I know what the cause of that occurrence was."

This was supported by Windsor (1987:150), who reported that nursing students were indeed learning in the clinical areas and the major categories were: nursing skills, time management and professional socialisation.

3.3.1.2 Sub-theme 2: Interpersonal relationships

In a study conducted in Australia by Hart and Rotem (1994:26), it was reported that students valued positive relations with ward staff and appreciated recognition for their contribution in patient care.

Student nurses in the current study mentioned that some staff members interact with them and show them how certain skills are performed.

One student stated that:

"In some wards we work nicely with the clinical staff and when we completed the routine they release us to go and do the skills."

Another student said:

"…even though they use us as a workforce I don't mind because I know if I managed to complete my allocated duties, sister would release me [to] do the skills."

Findings in a study by Sharif and Masoumi (2005) supported this, saying that some of the nursing staff had good interactions with nursing students and were interested in helping them.

3.3.2 Theme 2: Negative experiences of student nurses in the clinical areas

The negative experiences were marked more by the student nurses. The themes that emerged included attitude of clinical staff, lack of caring environment and lack of a standard clinical teaching programme

3.3.2.1 Sub-theme 1: Attitude of clinical staff

The attitude of clinical staff was one of the major factors that the student nurses were concerned of, as it affected their clinical learning.

3.3.2.1.1 Category 1: Preference over other students

Student nurses complained of unequal treatment when allocated to the clinical areas. If one student nurse performed a skill better than the other students, staff members would prefer that student and did not care about the others.

One student quoted an example and said:

"If you happen to know how to do intravenous infusion, you will do them until you last day in that area."

Student nurses noted that the private and the university students are preferred over them (college students). Perhaps this happens because they are always accompanied by their clinical facilitators. These students would be shown everything and when the college students tried to involve themselves, the staff member, according to one participant, would say,

 "No, no wait I will start with these students and will come back to you and will never come back".

3.3.2.1.2 Category 2: Students not shown certain skills

Clinical staff were reported as always claiming to be busy all the time and not having time to show student nurses how things are done in that particular unit.

"Uhm... mam (referring to the interviewer) *I think clinical staff are not interested in what they are doing or maybe they don't understand that it is their duty to teach students."*

3.3.2.1.3 Category 3: Students regarded as thieves

Student nurses were not being allowed to dispense medication when allocated to the clinics and were being labelled as thieves because of one student nurse that had been caught previously.

One participant verbalised that,

"*Mam I hate being called names and accused of something I didn't do*" (furious)

Student nurses were being ill-treated by the clinical staff, because of the attitude of the previous group that had been allocated to that area. If something did not go well in the unit, they would blame the students and say,

"It is those students".

3.3.2.1.4 Category 4: Doctors not willing to take rounds with students

Students expressed the feeling of being deprived an opportunity to learn about patient care. If the doctors saw you as a student preparing to do ward rounds with him, he would ask where the nursing sister is.

One student said:

"…by taking rounds with the doctor, that gives an opportunity to ask whatever I do not understand pertaining to patients' conditions".

3.3.2.2 Sub-theme 2: Lack of caring environment

The environment in which the students are practising should be caring and conducive so that the student nurses should be able to learn.

3.3.2.2.1 Category 1: Lack of orientation

Students who are new in an area need more clinical support than usual, and this may be arranged between the student and the clinical facilitator (White & Ewan 1991:123).

One student participant said: *"We are not orientated on our first day in the clinical areas and we feel not welcomed."*

Clinical staff did not acknowledge their presence; instead would ask fellow student nurses (university students) to show them certain procedures.

"As student nurses who are new in an area, we expected staff members to introduce themselves and we do likewise but that never happened."

Student nurses were not shown the physical layout and where things are kept in that particular unit.

"It's not nice when you are asked to fetch something and you don't know where to find it, I felt so stupid." (angry)

Student nurses expressed the fact that when they arrived in the area for the first time, they were expected to know everything. The clinical staff told them that they had to know because they had been taught that in class, but students felt that it was not easy to practise what you have been taught without supervision.

3.3.2.3 Sub-theme 3: Lack of clinical teaching

Opportunities for students to be actively involved with the clinical teacher are valuable and to be encouraged (White & Ewan, 1991:139). Problems that arose in this regard were recorded under six categories.

3.3.2.3.1 Category 1: Students used as a workforce

Students felt that they were used as a workforce when allocated to the clinical areas. Student nurses did not feel comfortable being delegated the care givers' responsibilities that were supposed to be done by them. When they reported the matter to the unit manager, she would say,

"Don't come with your attitude here, these caregivers have been here long enough more than you, you better listen to them and they can tell you anything even if I'm not around."

The unit managers granted their staff members leave when student nurses were allocated to the clinical areas and that deprived students of learning.

The student nurses ended up doing their allocated duties and no learning was taking place.

3.3.2.3.2 Category 2: Students not allocated properly to responsibilities relevant to students' level of training

Student nurses were not allocated properly to responsibilities relevant to their level of training. They were expected to perform duties beyond their scope of practice, e.g. running errands.

Students expressed the fact that they were not gaining anything when allocated to the clinical areas. The clinical staff would allocate duties of testing urine and measuring blood pressure which they had been doing since their first year of training.

"In that situation I ended up taking three hours for lunch, because there's nothing I'm missing in the unit."

3.3.2.3.3 Category 3: Shortage of equipment

Shortage of equipment was another thing that impeded the learning of students when allocated to the clinical areas. When student nurses wanted to perform a certain procedure on the patient, they would go up and down the hospital looking for equipment that was not there. Sometimes the students would establish that the equipment was not sterile.

When such circumstances were prevalent, the clinical staff would not allow the students to practise skills and say there were not enough packs.

3.3.2.3.4 Category 4: Shortage of staff to support programme

In a study conducted in Canada, difficulty in accessing registered nurses was seen as an impeding factor to student learning (Paul *et al.*, 2011:765). In this study, the students cited similar situations.

One student mentioned that,

"*Mam* (addressing to the interviewer) *I don't think staff shortage is a problem as the clinical staff claimed it to be."*

"*Sometimes mam you will find out that sometimes the unit is not that busy, but the clinical staff would be sitting down chatting about their own things that are not work related."*

Students felt that that time should have been utilised for teaching.

Student nurses also were concerned about being deprived of an opportunity to practise what they had been taught in the college. They mentioned that, in a certain clinic, they had an argument with the doctor who was furious when he was asked by the students to verify his prescription. The doctor was furious, asking them who had allowed them to dispense medication because they were going to kill clients.

"How could I kill clients when I'm asking what I don't understand and how would I know that I'm able to give out medication if I don't practise?"

3.3.2.3.5 Category 5: Not allowed to practise what was shown in the college

Some staff members did not allow student nurses to work independently, even when doing tasks within their scope of practice, saying that they were hazards to the patients.

In some cases when student nurses asked to be supervised when practising skills, the clinical staff would say they were busy, and say,

"Where are your clinical facilitators to teach and supervise you, because your lecturers knew that we are busy here?"

"I so wish that the professional nurses in the clinical areas could know and understand that they have a teaching function which is their independent function."

At times students noticed that the skills that are demonstrated to them in the college are performed differently in the clinical areas, and when they tried to correct the clinical staff, they would say,

"No my child this is not OSCE, we do things like this here and we don't have time to do them the way you are doing in the college."

Paul *et al.* (2011:765), in support of this, pointed out that balancing learning with independence contribute to students' learning.

3.3.2.3.6 Category 6: No objectives in place

The issue of objectives was also cited by Mabuda, Potgieter and Alberts (2008:25) in their study mentioning the frustration and confusion experienced by the student nurses. They are being left alone with no one to rely on.

Student nurses experienced the situation of there being no objectives in place to guide student nurses when they go to the clinical areas. Whenever the student nurses were allocated to the clinical areas, the clinical staff would ask for their objectives. One student participant said:

"I don't know whether it's an excuse or it's a fact that the college doesn't provide the clinical areas with our objectives."

Students felt that there was no way that the clinical staff could not know what to teach them, as they have been receiving third-year student nurses during the previous years. The clinical staff would even tell the students that there was nothing they could do if there were no learning objectives to guide their practice.

3.3.3   Theme 3: Strategies for clinical learning

During the focus group interviews, the student nurses were asked to cite any ways or means which they deemed appropriate to improve learning during clinical practice.

3.3.3.1 Sub-theme 1: Clinical department

The student nurses responded as follows:

Student nurses thought that the clinical department should be brought back. The college had to provide student nurses with clinical facilitators to accompany them when allocated to the clinical areas.

It was of importance for lecturers to follow the students when in clinical areas, and to check whether they were learning what they were supposed to learn. When student nurses come to class, the lecturers needed to ask students about their experiences.

Students felt that, if they could spend more time in the clinical areas, they could learn more. Student nurses also felt that, it would be better if lecturers could demonstrate while teaching a particular content, e.g. when teaching about financial liability, the lecturer should take student nurses to the ward and show them everything concerning financial liability.

3.3.3.2 Sub-theme 2: In-service education department

According to the students, the structured in-service education department should be revived and it should be compulsory for the ward staff to attend the sessions offered there. The college staff should also attend in order to be familiar with the new inventions, and that could lead to improvement of learning in the clinical areas.

One student participant mentioned:

"*Clinical teaching should be a routine and be controlled at departmental level not in the unit.*"

3.3.3.3 Sub-theme 3: Improved relationships

Mabuda *et al.* (2008:29) emphasised that lack of effective communication between the college tutors and the clinical staff made it impossible for the unit managers to understand the learning objectives of student nurses.

Students expressed the opinion that, if there would be sound relationships between lecturers and the clinical staff, the clinical learning would also be improved. They were of the opinion that the lecturers should communicate with the clinical staff so that they could know that, when students were in the clinical areas, they are there to learn, not to replenish the shortage of staff.

Students found it difficult to ask to be allowed to go to do the skills because of short staff.

One student commented that the clinical staff would ask,

"Where are your lecturers, because they are supposed to teach you, we are very busy."

3.4 CONCLUSION

In this chapter, the focus was on the analysis of data obtained through focus group interviews. Through the process of data analysis, the identification of themes, sub-themes and categories were followed.

The researcher believed that she had identified the core issues essential for the clinical experiences of the third-year student nurses at this campus. The issues are supported by the literature consulted.

CHAPTER 4

CONCEPTUALISATION

4.1 INTRODUCTION

The purpose of this chapter is to conceptualise the findings of the study regarding the clinical experiences of the third-year student nurses as indicated in Table 3.1.

The literature discussed in this chapter reflects previous research studies on clinical experiences. In the current study, the researcher aimed at investigating and describing the clinical experiences of student nurses during their clinical placement. Clinical areas comprise a practical situation where there is interaction of clinical staff and patients/clients with student nurses for the purpose of acquiring learning experiences and gaining skills. In the clinical areas, student nurses are enabled to learn more about the health problems of patients, practise skills and develop communication skills (Swinny & Brady, 2010).

4.2 CLINICAL EXPERIENCE

In this study clinical experiences refer to the entirety of activities in which the students engage in the practice of nursing with clients to meet health care needs (Billings & Halstead, 1998:284). Providing quality clinical experiences for nursing students is vital to the development of a safe and competent professional nurse (Killam *et al.*, 2011:437). The time spent on recording nursing education in the clinical field is essential, because this is where students experience the science of nursing in real-life situations under the supervision of clinical facilitators (Uys & Meyer, 2005:12). In the previously published studies, these experiences were viewed as both negative and positive clinical experiences.

4.3 POSITIVE EXPERIENCES RELATED TO CLINICAL LEARNING

When the student nurses are allocated in the clinical areas, they are expected to be guided, coached and directed towards professionalism.

4.3.1 Opportunities for learning

Learning is defined by Peate (2007:446) as a change of behaviour and therefore it assumes that a person has to perform in order to learn. The clinical field provides a unique and pivotal role in the preparation of the learner for a professional role (Midgley, 2006:343). In this study

this was regarded as one of the positive experiences between staff and student nurses. One student even said

" *in some clinical areas we were given homework on a particular condition so that we present it the following day*"

According to Anthony and Yastik's (2011:142) research, students had numerous experiences which affirmed their desire to be registered nurses. They reported feeling eager and excited to be on patient care units learning nursing process and procedures. They further related that they felt included by the staff nurses in patient care and when the nurse initiated interaction with them. Students were appreciative of being taught by many nurses and obtaining as many learning opportunities as they could while in the clinical setting.

In a study by Mabuda *et al.*, (2008:23) student nurses were motivated by the unit managers who assigned them challenging activities during their clinical practice, such as administrative duties, and by the use of teaching strategies such as assignments, case presentation and post-clinical conferences. Student nurses enjoyed activities such as given opportunities to run the unit which encouraged them to be more responsible and accountable.

Student nurses indicated a sense of satisfaction while working in the clinical areas. They indicated that satisfaction did not lie in taking charge of a health clinic only, but also in the socialisation with and acceptance of health personnel and the community (Lipinge & Venter, 2003:8). Being trusted and accepted as a member of the health team contributed to the feelings of satisfaction. In this study they further pointed out that they were involved in aspects of an administrative or managerial nature.

In a study by Brown, Herd, Humphries and Parton (2005:87), the discussion which took place between the students and lecturer was perceived positively by students, as it facilitated the teasing out of learning from clinical experiences. In a study conducted in Sweden, this was termed a space for learning, which meant that the preceptors created a place where the students could feel secure and which allowed them to learn, grow, mature and acquire professional competence (Ohrling & Hallberg, 2000:29).

Suggestions were that when students and staff knew policies and acted in accordance with these policies, it was easier for students to learn their role and establish boundaries (Paul *et al.*, 2011:765). In this study there were elements that were perceived to contribute to students' success which are balancing learning with independence, creating a safe environment, setting boundaries, providing guidelines, and helping students to feel valued.

In a study by Windsor (1987:150), results revealed that student nurses were indeed learning in the clinical areas and the major categories of learning were classified as nursing skills, time management and professional socialisation.

4.3.2 Support

There are stakeholders in the clinical areas who will be providing support to help the student gain as much from clinical learning experience as possible. These stakeholders are the patient, the student, the college, lecturers and mentors (Peate, 2007:457). It was indicated in a study by Chesser-Smyth (2005:325) that, when nurses felt supported and appreciated emotionally, and had a role model, they also felt able to care for patients in an emotional way. In this study, the students found that the additional support of the new role of clinical placement co-ordinator helped consolidate the theoretical and practical acquisition of knowledge.

Students expressed a feeling of being safe with their personal tutors and that it not only fostered a sense of belonging, but developed the students' capacity to work together and learn from each other (Braine & Parnell, 2011:8).

The study by Brown *et al.* (2005:88) reported that students felt that the presence of the lecturer or the possibility that they might arrive in the placement area helped to keep them on their toes, meaning that they considered the lecturer-preceptor relationship created an omnipresence which persisted even in their absence and somehow promoted good standards.

The students perceived that when staff members made themselves available to them, the learning experience was positive because they felt supported and did well when given patients to care for (Paul *et al.*, 2011:765).

White and Ewan (1991:123) stated that student nurses who are new in an area need more support than usual and this may be arranged between the student and the clinical teacher. This would free the student from anxiety about being left without necessary direction.

Student nurses fully trusted that preceptors would guide and support them during clinical practice. In the current study preceptors were perceived as experts in the field and were expected to recognise students' concerns and abilities (Leh, 2011:625).

In a study by Metz (2011:393) it was stated that students who felt supported by family, friends and preceptors tended to report higher identification with nursing and increased the likelihood of student success.

The facilitation model adopted in Australia demonstrated effectiveness in supporting students during their clinical practice and that students felt more comfortable discussing negative experiences with a clinical facilitator not associated with the hospital. This strong relationship of support contributed to high scores on a scale specifically designed to measure psycho-social aspects of the learning environment (Henderson, Twentyman, Heel & Lloyd, 2006:565).

4.3.3   Interpersonal relations

As reported in a study conducted in Australia by Hart and Rotem (1994:26), students valued positive relations with ward staff and appreciated recognition of their contribution to patient care. Students enjoyed being busy and having appropriate levels of autonomy, but found this difficult to achieve unless their role as students was clear to ward staff.

The findings in a study by Sharif and Masoumi (2005) were that some of the nursing staff had good interaction with nursing students and were interested in helping them in clinical placement but they were not aware of the skills and strategies which were necessary in clinical education.

Spouse, in Henderson *et al.,* indicated that student nurses value the preceptor/student relationship as more of a partnership where ideas and knowledge are shared, as opposed to the normal teacher/student role (Henderson *et al.,* 2006:566).

4.3.4 Self-development

Students experienced clinical placement as a challenge to developing self-confidence and responsibility within the work situation but some learned to be responsible and accountable because they handled different and complicated cases (Lipinge & Venter, 2003:8). Some students indicated that exposure to clinical areas gave greater room for learning in terms of clinical practice, and allowed the improvement of skills.

4.4 NEGATIVE EXPERIENCES RELATED TO CLINICAL LEARNING

All the student nurses in this nursing college have the right to learn in an environment where they feel free to participate without fear of being intimidated.

4.4.1 Interpersonal relationships

Regarding interpersonal relationships, students reported that difficulty in developing relationships with the educator or patient compromised safety (Killam *et al.*, 2011:439). Such difficulty concerned lack of communication between the college and the ward, and poor interpersonal relationships between the ward staff and the students.

4.4.1.1 Lack of communication between the college and the ward

Lack of communication between the college and the ward also contributed to the negative experience of student nurses, particularly during placement in the hospital setting. As college tutors were not communicating effectively with the clinical facilities staff, the unit managers could not understand the learning objectives of student nurses. Students complained of being left alone with no one to rely on, which caused further frustration and confusion for them (Mabuda *et al.*, 2008:25).

Killam *et al.*, (2011:439) reported that poor communication included unsatisfactory verbal and nonverbal cues that occurred between the student, clinical staff, the clinical educator, or patients.

In a study conducted amongst United Kingdom tutors, it was revealed that they were perceived as being disinterested in their personal students, that is, students allocated to them for supervision purposes, and students expressed lack of interest in their personal tutors, stating that they had not tried to contact them while in clinical areas (Braine & Parnell, 2011:2). The students also identified less positive encounters regarding their personal tutors, including their perceived accessibility and approachability, although accessibility may be attributed to a number of factors, like student-tutor ratio.

Some nurse educators had a negative attitude towards bedside work and lost sight of what a nurse educator really is. In certain places, clinical facilities were some distance away from an educational institution and the teaching staff could manage no more than two visits a week, and that was used as an excuse for not accompanying student nurses at all (Brink, 1994:49).

4.4.1.2 Poor interpersonal relationships between ward staff and the students

Communication is a fundamental component of nursing practice and if there is a lack of it amongst clinical staff it will frustrate students and impact negatively on their practical experiences.

In a study conducted in Limpopo, Mabuda *et al.* (2005:24) stated that interpersonal relationships during clinical placement were a problem, with student nurses being called names, being harassed, and used as scapegoats for any wrong-doing in the wards. Students suggested the existence of an element of an inferiority complex among the unit managers/ward sisters who were singly qualified, which might have influenced the nature of their relationships with them. Students' negative experiences were characterised by negative emotions such as embarrassment, unhappiness, fear, frustration and anger while in the clinical learning environment, mainly because they were harassed and not supported by the ward sisters. They were often scolded in the presence of patients and colleagues.

In the same study, poor interpersonal relationships amongst the ward sisters themselves were a cause of concern to student nurses, as they found themselves not knowing who to report to or side with, and when they had problems, they were tossed from one supervisor to another by ward sisters.

In a study conducted in Finland by Saarikoski, Warne, Kaila and Leino-Kilpi (2009:599), students reported the experience of relationships between students, mentor and nurse educator as being good, but the nurse educator perceived co-operation with the staff of the clinical placement as more problematic.

4.4.2 Lack of support

Student nurses expressed their frustration on account of a lack of support and guidance by the lecturers and complained about certain aspects in their practical registers that were unclear to them (Lipinge & Venter, 2003:10). In the same study, the lack of support systems was noted, i.e. lack of transport and other means of communication contributed to the frustration and negative experiences of students. Students indicated that there was no ambulance at the clinic and it took three hours to come for seriously sick patients.

A study by Mabuda *et al.* (2008:22) found that college tutors were not accompanying student nurses during clinical practice. Students reported that the college tutors were only seen in clinical areas when they came to evaluate the student nurses. Students were left to rely on ward sisters, who also could not offer the necessary guidance due to heavy workloads and shortage of staff. They were also required to carry out procedures on their own, without any supervision by registered nurses, and stated that tutors demonstrated procedures using dolls, but never did follow-up in real patient care settings. This was supported by Sharif and Masoumi (2005) who indicated that students formed perception that their instructors had a more evaluative role than a teaching role.

Another study conducted in Scotland identified the need for support as the predominant feature; students felt abandoned when moved away from the university into clinical placement. Some students reported that they felt alone and that a friendly face made a difference to their experience of placement, even when visits were infrequent (Brown *et al*., 2005:87).

The shortage of registered nurses has been a prevalent issue everywhere and this presented challenges to the students. Difficulty in accessing registered nurses was seen as the main impeding factor in the students' learning (Paul *et al*., 2011:765). In the current study some units were less supportive and students did not feel welcomed by staff and were isolated in terms patient care activities.

4.4.3 Integration of theory and practice

The ability to apply knowledge to practice is fundamental in creating competent and highly skilled practitioners (Frankel, 2009:25).Theory and practice are understood as dichotomous poles that complement each other, but the link between the two is often neglected (Adamczyk, 2006:183). In this study it was suggested to maintain lively contacts between the faculty who deliver theoretical lectures and the clinical staff; unfortunately that is not always the case.

In a study by Mabuda et al. (2008:23), students indicated that some aspects of the curriculum were only taught after they had been exposed to the clinical setting. There were discrepancies between theory taught at the college and the actual practices in the clinical setting. This confused the student nurses, as they stood by helplessly when they saw the difference between what they had been taught and what was practised. Students' level of training was not considered when delegation of tasks was done, which compromised the integration of theory and practice. This finding is supported by the study undertaken by Sharif and Masoumi (2005), who found that the existence of a theory-practice gap in nursing had been an issue of concern for many years, as it has been shown to delay student learning.

Knowledge and skill incompetence at the student's level of study places patients at risk of clinical errors. This is reflected by the students' failure or inability to demonstrate knowledge and skills development at a level compatible with their year of study (Killam *et al*., 2011:441).

4.4.4   Self-development

In a study conducted in Namibia, students expressed the fact that, although pre-visits were paid to various health centres for orientation, their expectations were not met and number of managers described the uncertainty they had to deal with (Lipinge and Venter, 2003:10).

4.5 CONCLUSION

The purpose of reviewing literature was to sensitise the researcher to issues involved in the clinical learning experiences of students. Two themes emerged from the literature:-

- The positive clinical experiences

- The negative clinical experiences

CHAPTER 5

DISCUSSION OF LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter, various recommendations are suggested based on the data obtained from the focus group interviews regarding clinical experiences of the third-year student nurses. The findings of this study will be made available to the college staff and management to advise them about the students' learning experiences in the clinical areas, as they had requested.

5.2 DISCUSSION

The discussions presented in this chapter are based on the aim of this study, which was:

To describe the clinical experiences of the third-year student nurses at a public college in the Eastern Cape during their clinical placement, in order to derive strategies for improvement of learning in the clinical facilities.

During data analysis, it was evident that there were more negative experiences than the positive experiences.

5.2.1   The student nurses' positive experiences

➢ The students pointed out that there were certain areas where they felt welcomed by staff members. They were particularly impressed by the psychiatric institutions where they received warmth on their arrival and by the teaching programme that was in these facilities. The student nurses emphasised that they learned more in some institutions than general hospital.

➢ It also emerged from the findings that the student nurses had developed good relationships with clinical staff in some areas. This was verbalised by some students when they said that, after they had completed routines or the tasks allocated to them, they were released to perform other skills.

5.2.2 The student nurses' negative experiences

The findings from this study also showed that there were experiences that contributed negatively to the students' learning.

➢ The participants indicated that clinical staff did not treat all students in the same way; they favoured some students over the others. The fact that the university students were always accompanied by their facilitators when in clinical areas put them at an advantage. The clinical staff would orientate them and show them everything while the college students would be left behind.

➢ Student participants stated that the clinical staff always claimed to be too busy to show them certain skills.
  - Students agreed that the clinical areas were always full of patients, but the clinical staff did not show any interest in teaching them.

➢ The student nurses expressed the view that the doctors did not want to do ward rounds with students, thereby depriving them from learning.

➢ The student nurses observed that the stealing of medication by students had become an issue in the clinical areas, consequently students were not allowed to enter certain areas.
  - The students felt that they being accused may have been because of one student who was caught stealing.

➢ Generally, student nurses felt alienated in an area when they had not even been orientated.
  - They indicated that they felt stupid when asked to bring something and did not know where to find it.

➢ Expectations of clinical staff that suggested that students had to know everything pertaining to the ward when they arrived in clinical areas was distressing to the students.

➢ The findings showed that clinical teaching was lacking in the clinical areas.
  - Student nurses were used as a workforce. This was evidenced by the remark of one participant who said:
    "*In one unit the unit manager granted most of the staff members because we were coming to the wards, and was very disappointed when we left before the scheduled time.*"
  - No proper allocation of responsibilities. One student participant verbalised that:
    "*As third-year students, we were allocated first-year skills, e.g. testing of urine and measurement of blood pressures which are not challenging to our level of training.*"

- Shortage of equipment was found to be another factor that impeded student learning. Student nurses stated that they had to search throughout the hospital looking for packs in order to perform a particular skill.
- It was found that student nurses in the clinical areas were obliged to use one pack for many patients because the clinical staff hid the packs, saying that they were wasting the clinical resources.
- It was evident from the findings that the shortage of staff was a real problem, but that should not be regarded as an excuse for clinical teaching not to take place.

➢ The results showed that students did not perform skills in the clinical areas in the way they were shown in the college. The reason in most situations was the shortage of staff and equipment.

➢ The availability of learning objectives in the clinical areas was also seen as an issue because there were some clinical areas that were in possession of the required objectives. However, the student nurses did not understand why some clinical areas had knowledge of the learning objectives and others did not have such knowledge.

➢ Mabuda *et al.* (2008:25) also found in their study that lack of effective communication between the college tutors and the clinical staff contributed to the negative experience of student nurses, particularly during placement in the hospital setting.

5.2.3   Strategies for improvement of clinical learning

The strategies that are suggested pertain to the question: How could clinical learning be improved during clinical practice?

In this study, the word "strategy" refers to the means or ways that can be applied or followed to remedy the situation.

➢ Findings revealed that student nurses wanted the clinical department to be reinstated at the college, so that they would be supervised during clinical practice.
- The students' main complaints centred around three factors:
  1) The students felt abandoned when placed in the clinical areas because there were no tutors to accompany them, unlike university students who were accompanied by their facilitators.
     - The nursing students wanted more exposure to the clinical areas as they said that, if they could spend more time in the clinical areas they could learn more.
  2) They also voiced the need for lecturers to follow student nurses when in clinical areas; this would also help.

- The students expressed the thought that, if the lecturers could visit them when in clinical areas, learning could be improved because the student nurses would be able to ask about whatever they did not understand.

3) There was a suggestion for the structured in-service education department to be functioning effectively and where compulsory attendance of lecturers and clinical staff could be monitored.

- With that in mind, student nurses felt that relations would improve and that that would lead to improvement of clinical learning.

5.3 LIMITATIONS OF THE STUDY

This study had the following limitations:

- The findings of the study were specific to one campus only.
- Data were collected only from student nurses in their third year of study in the East London campus.

5.4 RECOMMENDATIONS

Based on the findings of the study and in relation to the objectives stated in Chapter 3, the following recommendations are made:

- The clinical department should be re-instated and the lecturers and ward sisters who are interested in student learning could be allocated to the department.
    - This would enable the students to practise the required skills.

- Lecturers have to do follow-up when student nurses are allocated to the clinical areas.
    - A programme should be drawn up so that students know when to expect a visit from their lecturers.
    - This would help students to do the revision of clinical skills.

- Lecturers should demonstrate what has been taught in class immediately.
    - In essence, the correlation of theory and practice would be mastered and re-enforced.

- Structured in-service education should be attended by both the clinical staff and the lecturers.

- This would help them to acquire an idea of new clinical practices.
- Relations between clinical staff and lecturers will also be improved.
- Ordering of equipment should be decentralised to campus level where the student nurses would have access to equipment in a controlled manner.

5.5 CONCLUSION

The findings of the study showed that both positive and negative experiences prevail in the clinical programme for the third-year nursing students. Recommendations for the improvement of clinical teaching have been highlighted.

BIBLIOGRAPHY

Adamczyk, R. (2006). The nursing education paradigm and beyond. Linking theory to practice. *Nursing Education in Practice*, *6*, 183-184.

Anthony, M., & Yastik, J. (2011). Nursing students' experiences with incivility in clinical education. *Journal of Nursing Education*, *50*(3), 140-144.

Billings, D. M., & Halstead, J. A. (1998). *Teaching in nursing: A guide for a faculty.* Philadelphia: Saunders.

Braine, M. E., & Parnell, J. (2011). Exploring students' perceptions and experience of personal tutors. *Nurse Education Today,* 1-12.

Brink, H. (2011). *Fundamentals of Research Methodology for Health Care Professionals* (2nd ed.). Cape Town: Bevan Group.

Brink, H., Van der Walt, C. L., & Van Rensburg, G. (2012). *Fundamentals of research methodology for healthcare professionals* (3rd ed.). Cape Town: Impressum Print Solutions.

Brown, L., Herd, K., Humphries, G., & Parton, M. (2005). The role of the lecturer in practice placements: What do students think*? Nurse Education in Practice*, 5, 84-90.

Burns, N., & Grove, S. K. (2011). *The practice of nursing research* (4th ed.). Philadelphia: Saunders.

Burns, N., & Grove, S.K. (2009). *The practice of nursing research: Appraisal, synthesis & generation of evidence* (6th ed.). Philadelphia: Elsevier.

Carlson, D., Kotze, W. J., & Van Rooyen, D. (2005). Experiences of final year nursing students in their preparedness to become registered nurses. *Curationis, 28*(4), 65-73.

Cele, S. C., Gumede, H. A., & Kubheka, B. A. (2002). An investigation of the roles and functions of nurse preceptors in clinical areas. *Curationis, 25*(1), 41-51.

Chapman, R., & Orb, A. (2000). The nursing students' lived experiences of clinical practice. *AEJNE, 5*(2).

Chesser-Smyth, P.A. (2005). The lived experiences of general student nurses on their first clinical placement. A phenomenological study. *Nurse Education in Practice*, *5*(6), 320-337.

Cormack, D. F. S. (2001). *The research process in nursing* (3rd ed.). Scotland: Blackwell Science.

Creswell, J. W. (2003). Research design: *Qualitative and quantitative approach*. London. Sage.

De Vos, A. S. (2000). *Research at grass roots. A primer for the caring professions* (2nd ed.). Pretoria: Van Schaik.

Elcigil, A., & Sari, Y. S. (2007). Determining problems experienced by student nurses in their work with clinical educators in Turkey. *Nurse Education Today*, *27*(5), 491-498.

Frankel, A. (2009). Nurses' learning styles: Promoting better integration of theory into practice. *Nursing Times*, *105*(2), 24-27.

Hart, G., & Rotem, A. (1994). The best and the worst: Students' experiences of clinical education. *Australian Journal of Advanced Nursing*, *11*(3), 26-33.

Henderson, A., Twentyman, M., Heel, H., & Lloyd, B. (2006). Students' perception of the psycho-social clinical learning environment: An evaluation of placement models. *Nurse Education Today, 7*(26), 564-571.

Hutchings, A., Williamson, G. R., & Humphreys, A. 2005). Supporting learners in clinical practice: Capacity issues. *Journal of Clinical Nursing*, *14*(8), 945-955.

Killam, L. A., Luhanga, F., & Bakker, D. (2011). Characteristics of unsafe undergraduate nursing students in clinical practice: An integrative literature review. *Nursing Education, 50*(8), 437-445.

Leh, S. K. (2011). Nursing students' preconceptions of the community health clinical experiences: Implications for nursing education. *Journal of Nursing Education, 50*(11), 620-627.

Lincoln, Y., & Guba, E. G. (1985). *Naturalistic enquiry*. Newbury Park: Sage.

Lipinge, S. N. & Venter, E. S. (2003). Nursing students' experiences during a rural community placement programme in Namibia – 2001. *Curationis,* 12, 5-12.

Mabuda, B. T., Potgieter, E., & Alberts, U. U. (2008). Student nurses' experiences during clinical practice in the Limpopo Province. *Curationis*, *31*(1), 19-27.

Mack, N., Woodsong, C., MacQueen, K. M., Guest, G., & Namey, E. (2005). *Qualitative research methods: A data collector's field guide*. North Carolina. USAID.

Ohrling, K., & Hallberg, I. R. (2000). Student nurses' lived experiences of preceptorship. Part 2 - The preceptor-preceptee relationship. *International Journal of Nursing Studies,* 37(1), 25-36.

Paul, P., Olson, J., Jackman, D., Gauthier, S., Gibson, B., Kabotoff, W., Weddel, A., & Hungler, K. (2011). Perceptions of extrinsic factors that contribute to a nursing internship experience. *Nursing Education Today*, *31*(.12)), 763-767.

Pearcy, P., & Draper, P. (2008). Exploring clinical nursing experiences: Listening to students. *Nurse Education Today*, 2*8*(5), 595-601.

Peate, I. (2007). *Becoming a nurse in the 21st century*. Great Britain. TJ International.

Pera, S., & Van Tonder, S. (2011). *Ethics in healthcare* (3rd ed.). Lansdowne. Juta.

Polit, D. F., Beck, C. T., & Hungler, B. P. (2001). *Essentials of nursing research* 5th ed.). Philadelphia: Lippincott.

Polit, D. F., & Beck, C. T. (2008). *Nursing research: Generating and assessing evidence for nursing practice.* Philadelphia. Lippincott.

Riedford, K. B. (2011). Bridging the gap between clinical experience and client access. *Nursing Education Today*, *50*(6), 337-340.

Saarikoski, M., Warne, T., Kaila, P., & Leino-Kilpi, H. (2009). The role of a nurse teacher in clinical practice: An empirical study of Finnish student nurses' experiences. *Nurse Education Today*, *29*(6), 595-600.

Sharif, F., & Masoumi, S. (2005). *A qualitative study of nursing student experiences of clinical practice*, 4(6). Available from: PubMed Central: BoiMed Central. <http://creativecommons.org/licence/by 2.0> [Accessed 9 November 2005].

South African Nursing Council. (1992). *Minimum requirements for training and guide concerning teaching of students in the programme leading to registration as a nurse (general, psychiatry and community) and midwife. (R425 of February 1985).* Pretoria: Government Printers.

South African Nursing Council. (1985). *SANC Regulation No. R425, 22 February 1985.* Pretoria. Government Printers.

Streubert Speziale, H. J. & Carpenter, D. R. (2007). *Qualitative research in nursing. Advancing the humanistic imperative* (4th ed.). Philadelphia. Lippincott.

Swinny, B. & Brady, M. (2010). The benefits and challenges of providing nursing student clinical rotation in the intensive care unit. *Critical Care Nursing Q.Pubmed. 33*(1), 60-6.

Tlakula, N. R. C. , & Uys, L. R. (1993). Nursing students' perception of clinical learning experiences as provided by the nursing staff in the wards. *Curationis*, *16*(4), 595-601.

Uys, B. Y., & Meyer, S. M. (2005). Critical thinking of student nurses during clinical accompaniment. *Curationis*, *28*(3), 11-18.

Windsor, A. (1987). Nursing students' perceptions of clinical experience. *The Journal of Nursing Education,* 26(4), 150-154.

White, R., & Ewan, C. (1991). *Clinical teaching in nursing*. Norfolk, Great Britain: Page Bros.

ANNEXURE A: LETTER OF APPLICATION TO THE UNIVERSITY OF FORT HARE RESEARCH ETHICS COMMITTEE

1667 N.U.16

Mdantsane

5219

30 May 2012

University of Fort Hare Research Ethics Committee

University of Fort Hare

Alice

REQUEST FOR APPROVAL TO CONDUCT A RESEARCH STUDY

I am currently a Master's in Nursing Science degree (M Cur) student at the University of Fort Hare, East London branch. One of the requirements for this qualification is to conduct a research study in the related field. The research study that I have proposed to do is "Clinical experiences of the third year student nurses at a public nursing college in the Eastern Cape".

The main purpose of this study is to explore and describe the clinical experiences of the third-year student nurses during their clinical placement at the public nursing college. Benefits of this study to the department is that a summary of findings will be made available on request to the HRD unit at all three levels and that more nurses will succeed in their training and qualify as professional nurses which will result in high quality patient care.

The proposed area is East London Campus of Lilitha College of Nursing and data will be collected from student nurses.

I hope my request will receive your favourable consideration.

Yours faithfully,

M. Tyanti

ANNEXURE B: REQUEST FOR APPROVAL TO THE PROVINCIAL DEPARTMENT OF HEALTH

1667 N.U.16

Mdantsane

5219

30 May 2012

Eastern Cape Department of Health Ethics Committee

Eastern Cape Department of Health

Bisho

5609

REQUEST FOR APPROVAL TO CONDUCT A RESEARCH STUDY

I am currently a Master's Nursing Science degree (M Cur) student at the University of Fort Hare, East London. One of the requirements for this qualification is to conduct a research study in the related field. The research study that I have proposed to do is "Clinical experiences of the third year student nurses at a public nursing college in the Eastern Cape."

The main purpose of this study is to explore and describe the clinical experiences of the third year student nurses during their clinical placement.

Benefit of this study to the department is that a summary of findings will be made available on request to the Department of Health at all three levels and that more nurses will succeed in their training and qualify as professional nurses which will result in high patient care.

The proposed area is East London Campus of Lilitha College of Nursing and data will be collected from student nurses.

I hope my request will receive your favourable consideration.

Yours faithfully

M. Tyanti

ANNEXURE C: REQUEST FOR PERMISSION TO CONDUCT THE STUDY TO THE COLLEGE HEAD

1667 N.U 16

Mdantsane

5219

30 July 2012

The College Head

Lilitha College of Nursing

BISHO

5609

Re: Request for permission to conduct a research project in East London Campus

Dear Madam

I, Mandisa Tyanti, a postgraduate MCur Degree student of Nursing Science Department of Fort Hare University hereby request permission to conduct a research project in your institution (East London Campus) as part of the requirements for the completion of the degree.

The title of the research study is: Clinical experiences of the third year student nurses at a campus college of nursing in East London in the Eastern Cape.

The researcher will use student nurses as participants for the study.

The findings of the study will be of benefit to the college and the institution where the research will be conducted because the recommendations that will be made will directly or indirectly contribute to the improvement of clinical learning of student nurses. This will improve clinical learning of student nurses and the quality of nursing education, leading to production of competent, and efficient nursing professionals.

Attached is: The protocol for this project and the ethics clearance certificate from the University of Fort Hare Ethics Committee.

I hope my request will receive your favourable consideration.

Yours faithfully

M. Tyanti

ANNEXURE D: REQUEST FOR PERMISSION TO CONDUCT THE STUDY TO THE CAMPUS HEAD

1667 N.U 16

Mdantsane

5219

30 July 2012

The Campus Head

East London Campus

East London

5200

Re: Request for permission to conduct a research project in East London Campus

Dear Madam

I, Mandisa Tyanti, a postgraduate MCur Degree student of Nursing Science Department of Fort Hare University hereby request permission to conduct a research project in your institution (East London Campus) as part of the requirements for the completion of the degree.

The title of the research study is: Clinical experiences of the third year student nurses at a campus college of nursing in East London in the Eastern Cape. The researcher will use student nurses as participants for the study.

The findings of the study will be of benefit to the college and the institution where the research will be conducted because the recommendations that will be made will directly or indirectly contribute to the improvement of clinical learning of student nurses. This will improve clinical learning of student nurses and the quality of nursing education, leading to production of competent, efficient and responsible nursing professionals.

Attached is: The protocol for this project and the ethics clearance certificate from the University of Fort Hare Ethics Committee.

I hope my request will receive your favourable consideration.

Yours faithfully

M.Tyanti

ANNEXURE E: CONSENT TO PARTICIPATE IN A RESEARCH PROJECT

1667 N.U.16

Mdantsane

5219

30 July 2012

Dear prospective participant

Re- request for participation in a research study which is to be conducted in your institution. East London in the Eastern Cape Province.

I, Mandisa Tyanti a postgraduate MCur Degree student of Nursing Science Department of Fort Hare University hereby request you to participate in a research study which is to be conducted in your institution (East London campus) as part of the requirements for the completion of the degree.

The title of the research study is: **Clinical experiences of the third year student nurses at a public nursing college in the Eastern Cape .**

As a participant you will be expected to answer questions in an interview setting. I will be grateful if you can spare an hour of your time answering interview questions. Data obtained will be used for academic purposes. The information collected will be treated confidentially. The venue and time will be arranged and communicated with you beforehand.

Although this study will not benefit you financially, your input will contribute to the maintenance and/or improvement of clinical learning in your institution. This will improve clinical learning of student nurses, therefore the quality of nursing education, leading to production of competent, efficient and responsible nursing professionals.

There are no risks involved to you as a person. The answering in the interview will signify your willingness to consent and your voluntary participation in the study.

Do not hesitate to call me if you are in need of more clarity. My contact number is: 083317 0928.

Your participation is valued

Signature of the participant: …………………………………   Date…………………………

ANNEXURE F: VERBATIM TRANSCRIPTION OF STUDENTS

FOCUS GROUP INTERVIEW ON CLINICAL EXPERIENCES OF THIRD YEAR STUDENT NURSE

       KEY: I: INTERVIEWER

          P: PARTICIPANT

<u>**FOCUS GROUP 1**</u>

VENUE: Classroom

DATE: 18 September

TIME: 11h00

INTRODUCTION: Confidentiality will be maintained throughout the interview session

WELCOME: Good day and welcome to the interview session. Thank you for availing yourselves to come and share your experiences regarding learning in the clinical areas. My name is Mandisa Tyanti, a Master's student at the university of Fort Hare, and with me is Mr Tenge who will be taking notes during the interview session. Please feel free to share your views.

GROUND RULES:

> ➢ This is a research project and no information will be used against you.
> ➢ Sessions will be tape-recorded.
> ➢ Your names will not be attached to your comments.
> ➢ Sessions will last for an hour and there will not be any break.
> ➢ Feel free to move out if you wish to stretch.
> ➢ Please say exactly your experiences.

STUDENT NURSES INTERVIEW QUESTIONS

1. What are your experiences when allocated in the clinical areas?

2. How could learning be improved during clinical practice?

Probing questions will be guided by the responses.

I: What are your experiences when allocated in the clinical areas?

P-C: Oh.. Mam, the attitude of clinical staff.

I: What do you mean by attitude if I may ask?

P-C: For instance mam, we are not taking bloods as students, and if you show interest in that they do not show you.

I: Thank you. Nurse C. What else?

P-J: You know mam, what Nurse C is saying is true, because you'll find out that even on your first day in the unit you are not welcome.

I: Could you explain further about that.

P-J: I mean mam, when it's your first time in the unit you expect to be orientated, shown the structure of the unit and where some things are kept.

I: Thank you. Nurse J. Anything else?

P-I: Unavailability of clinical staff.

I: What do you mean when you say they are unavailable?

P-I: Mam... I mean, they always say they are busy and do not avail themselves to show us certain procedures.

I: Anything else?

P-B: The clinical staff regarded us as wasting.

I: Tell me more about that.

P-B: They hide gloves and paper towels.

I: What do you do in that case?

P-D: I end up doing activities that do not require gloves, like doing observations on patients.

P-B: In some areas the sisters are willing to teach us, but the problem is that if one unit manager has taught a skill the other will teach you the other way round.

I: Tell me more about that?

P-B: For an example mam, in maternity I was shown to plot partograph by the day staff and when the sister doing night duty arrived, she screamed at me when she saw me plotting, saying that, that was a legal document, I was not supposed to write there.

I: What does that make you feel?

P-B: Yho! mam, I felt so little and my question was that, why was I being shown to plot the partograph and if I'm not writing in the document how will I know that I can plot the partograph?

I: Thank you. Nurse B.

P-D: There is also preference of university and private students over college students.

I: Tell me more about that.

P-D: In some instances, those degree students will be called to show us (diploma students) certain procedures.

P-A: I agree with Nurse D mam, even amongst ourselves there is preference, for instance if one student performs a skill better than the others, staff members would prefer that student.

I: What does that make you feel?

P-A: You feel as a nuisance in the unit, because no one cares about you.

I: Thank you. Nurse D and A. What else?

P-E: When we arrive in the units, the unit managers always ask our objectives, and say that there is nothing that they can do about us if we do not have objectives.

I: In that case, how do you feel?

P-E: I always ask myself whether it's just an excuse or it's a fact that they do not have our objectives.

P-H: And mam, to add on what Nurse E is saying, how did they deal with the third year students previously if they do not have our objectives?

I: Thank you Nurse E and H.

P-F: In the clinical areas they always complain of staff shortage.

I: Are you saying that is not true?

(Silence)

P-F: No mam, I don't think that is a problem as they claim it is, because you'll find out sometimes they are not that busy but they actually sit down chatting about their own things that are not work related.

P-G: Yes mam, Nurse F is quite right because they are not interested in teaching us, forgetting that they have a teaching function. They will ask where our tutors are because they are busy.

I: How do you feel about that then?

P-G: That makes me feel abandoned and not cared for when allocated in clinical areas, and sometimes I dodge from the unit because I don't see anything challenging.

I: Thank you, Nurse F and G.

P-B: In the clinical areas, we are being used as a workforce.

I: What do you mean by workforce?

P-B: I mean mam, we are not shown the exact things that we are supposed to be taught, for example we are doing all the work that is supposed to be done by Enrolled Nurses and Enrolled Nursing Assistants.

P-C: Another instance I would like to share mam, I was allocated in a particular ward, the sister granted most of her staff members vacation leave. That time we were there for two weeks and she was not aware of that, thinking that we'll stay for a month.

I: What happened then?

P-C: When we were about to leave she was so frustrated because her staff was not due to come back yet, asking what she was going to do then.

(All laughing)

I: Thank you Nurse B and C, anyone who would like to say something?

P-E: Oh mam, shortage of equipment, for instance if you want to perform a skill you will go up and down the institution looking for equipment and [it] is not there.

I: What do you do in that case?

P-E: We end up improvising, doing things that we were not taught at the college.

I: Thank you Nurse E. Anything else?

P-I: When I was allocated in the clinic, the Doctor was so furious when I asked him to clarify the medication he ordered for the client.

P-A: hahaha... mam, I was present in that clinic when he asked who allowed us to dispense medication because we are going to kill patients (laughing).

I: And.........

P-A: My argument was that, how could I kill clients because I asked what I do not understand.

I: Thank you. Nurse I and A. Is there anything you would like to say?

P-J: Yes mam, another thing I hate especially in the clinics, let's say there was a group who was working there before you came and it happened that they caught a student nurse stealing medication they will say to you, no don't touch there, students are thieves they cannot enter dispensary.

I: What did that make you feel?

P-J: I felt being judged for something I didn't do, because of one student who behaved like that and also felt that I chose a wrong profession.

P-H: Mam... to be honest there is nothing interesting in the clinical areas, attitude is very bad there, but there are staff members who are willing to teach us, but they are a minority.

P-E: The things we are experiencing make me to want to go on top and my colleagues used to laugh at me because every time I come from the clinical areas, I ask God to help me because I would like to be in control of a position one day and make these people change or do what is supposed to be done.

(Laughing)

I: W

I: Thank you very much for sharing your experiences with me. Having said that, how do you think learning could be improved in the clinical areas?

P-A: If we can have backup as students because as college students you will wish to be a university student because they have backup.

I: What do you mean by backup?

P-A: I mean mam; if our lecturers could follow us when allocated in the clinical areas [it] would make a big difference.

P-E: Another thing mam, [for] the in-service education department to be brought back so that the clinical staff could be aware of students' needs.

I: Can you mention some of those needs?

P-E: The need to be taught when allocated in the wards and shown everything about that particular ward.

I: Thank you Nurse E. Anything else?

P-A: Also mam... I think teaching of students in the clinical areas should be a routine and should be controlled because the students are the ones who are going to fill those posts in the future.

P-C: Another thing mam, I think it would be better if our tutors could have good relationships with the clinical staff.

I: Anything else that you think might help?

P-I: Also mam, if the college could furnish them with the our objectives, as they are claiming not to have them.

P-G: Once more mam, if there could be a way of getting equipment when you need it, and it should be controlled.

I: Thank you very much for participating and sharing your experiences .If I need to clarify some issues; may I have your permission to do so?

All: Yes mam.

Thank you