EXPERIENCES OF STUDENT NURSES IN THE NORTHERN CAPE REGARDING THEIR CLINICAL ACCOMPANIMENT

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DECLARATION

i. I, Nancy Nomthandazo Mothobi declare that the master's research dissertation that I herewith submit at the University of the Free State, is my independent work and that I have not previously submitted it for a qualification at another institution of higher education.

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Nancy Mothobi Date

DEDICATION

Thank You, Lord, for the many blessings you have bestowed upon me.

I dedicate this dissertation to my late parents Mr Norman Siyengo and Mrs Rosy Siyengo (nee Lani), my late brothers Velaphi and Baxoleleni, who believed in me and encouraged me to work hard.

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LANGUAGE EDITING

DECLARATION

30 January 2017

TO WHOM IT MAY CONCERN

I herewith declare that I did the language editing of this research report (script), but without viewing the final version. The track changes function was used and the student was responsible for accepting/rejecting the changes and recommendations, and for finalising the document.

Title & student's name: ***Experiences of student nurses in the Northern Cape regarding their clinical accompaniment*** by N. Mothobi.

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CLARIFICATION OF CONCEPTS

At this point it is deemed necessary to explain key concepts that are used in this study for the purpose of clarification.

Experiences

According to Van den Bos (2007: 354), experiences are conscious occurrences that one has undergone. The Oxford English Dictionary (2011: Online) defines experiences as the practical contact with and observation of facts or events, including knowledge and skills gained over time.

In this study 'experiences' means feelings, opinions and thoughts about clinical accompaniment.

Student nurse

A student nurse is a person who follows a programme of education and training that was approved by the South African Nursing Council (SANC 1988, 1985, 1989 and 1975).

In this study a student nurse will be as per above definition and the student nurse will have been in clinical placement at clinical facilities for the purpose of clinical experiential learning. The student nurses are registered as per Regulation 753; as well as Regulation 425 leading to the acquirement of a qualification as a nurse (General, Psychiatric and Community) and Midwife, leading to registration, Regulation 683, relating to the minimum requirements for a bridging course for Enrolled Nurses, leading to registration as a General Nurse or a Psychiatric Nurse.

Clinical accompaniment

The Nursing Act (33 of 2005) describes clinical accompaniment as a structured process followed by the nursing education institution and is done by the clinical lecturer in order to facilitate, assist and support the student nurse at the clinical facility to achieve the programme outcomes.

In this study clinical accompaniment is a structured process followed by the designated college and is done by the clinical lecturer.

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LIST OF ABBREVIATIONS

CD	Compact Disc
HSREC	Health Sciences Research Committee of the University of the Free State
ICD	Intercostal Drainage
IMCI	Integrated Management of Childhood Illnesses
NC	Northern Cape
NEI	Nursing Education Institutions
SANC	South African Nursing Council

CHAPTER 1: ORIENTATION AND INTRODUCTION

1.1 BACKGROUND AND PROBLEM STATEMENT

Clinical accompaniment of nursing students is a very important dimension of nursing education and training. Clinical experiences for nursing students during their undergraduate programme are an essential component of their preparation for clinical practice. However, little agreement exists on what constitutes ideal clinical learning experiences.

1.1.1 Introduction

Clinical education, being the corner stone of nursing education, is a dynamic process whereby nursing students gradually acquire knowledge and skills at the patients' bedside. During clinical accompaniment students integrate theory and practice while interacting with staff in the clinical learning environment (Severinsson and Sand 2010:670). For years this aspect of education has been founded on the learning-by-doing methods of teaching for the achievement of competence and professional development. As Jeggels, Traut and Kwast (2010:52) attest, the traditional way of making use of the real setting for the development of students` clinical skills is not a viable option, as it is not safe for either patients or students. The practice is not safe in the sense that the needs of students receive minimal attention, and their lack of experience and confidence poses harm to the patients (Jeggels *et al.* 2010:52; Monareng, Jooste and Dube 2009:113).

In some nurse training institutions, this method of skills training is preceded by simulation, whereby students are allowed to practise the skills that will be needed in the clinical areas in a simulation area. This is a safe clinical learning environment that allows students to make mistakes and rectify them before accessing the real patient (Jeggels *et al.* 2010: 52). This is an ideal situation, but one that is rarely practised at the institution concerned in this study, mainly due to the unavailability of advanced equipment required for simulation.

After the simulation, students need a well-structured orientation and supervision by the nurse educator from the institution that allows a smooth transition from the simulation laboratories to the real patients' world (Houghton, Casey, Shaw and Murphy 2013:13-14). This supervision is essential as many students have demonstrated that the initial placement at the clinical facility caused much stress and anxiety (Sharif and Masoumi 2005:Online). The stress and anxiety are associated with factors such as lack of clinical experience, lack of confidence, unfamiliar clinical learning environment, and concerns about making mistakes due to inadequate knowledge and skills (Monareng *et al.* 2009:113). Clinical accompaniment, therefore, is founded on these concerns and it supports students to perform psychomotor skills, make sound clinical judgements, practise inter-professionally, and ensure safe patient care (Carlson, Wann-Hanson and Pilhammar 2009:525-526).

According to the Nursing Act (33 of 2005) clinical accompaniment is described as a structured process followed by a nursing college in order to facilitate, assist and support the student nurses at the clinical facility, with the aim of achieving the programme outcomes. The programme outcomes in nursing are identified as competencies (knowledge, skills and attitude) that define professionals who are capable of providing safe practice in any setting (Moleki and Mogotlane 2013: 81). The achievement of these competencies is dependent on the quality of the clinical accompaniment in the clinical learning areas (Uys and Meyer 2005:11).

Nationally and internationally clinical accompaniment is done by preceptors under the supervision of the faculty members or nurse educators from the training institutions. The concept 'preceptor' is used interchangeably with clinical instructor, clinical educator, clinical lecturer, or mentor. Nonetheless, these concepts have been coined to name the person who assists students in their clinical placement (Omer, Suliman; Thomas and Joseph 2013:155-156). Preceptors are experienced practitioners who teach, instruct, supervise, guide and act as role models for students in the clinical areas (Lucas and Bischof 2014: Online). The preceptorship model guides the students' transition from a simulated environment to the clinical facility (Carlson *et al*. 2009: 522-526). According to the model, the preceptor is expected to meet regularly with the

nurse educators for the purposes of planning, evaluating and ensuring that the gap between theory and practice is bridged in the education and training of the student nurse (Omer *et al.* 2013:155-156).

In many nursing colleges in South Africa, including the college designated for this study, the clinical accompaniment has gone through paradigm shifts. At present, the scope of practice for the development of student nurses mandates the lecturers to do clinical accompaniment, with the aim of setting and maintaining the standards of nursing education and practice (Uys and Meyer 2005:11). However, the shortage of nurse educators has brought about another dimension according to which the professional nurses in the clinical areas are assigned the teaching role as they work hand in hand with the student nurses (Botma, Jeggels and Uys 2012:74). This dimension of clinical accompaniment is based on the fact that integration of theory and practice never will be adequately realised without the help of other staff in the hospitals, as these professionals have the opportunities to utilise teachable moments (Adelman-Mullally, Mulder, McCarter–Spalding, Hangler, Gaberson, Hanner, Oermann, Speakman, Yoder – Wise and Young 2012:29). In this regard, professional nurses employed in the clinical learning areas play an important role in the clinical education and training of the students, as they spend most of the students' time in the clinical area with the students. Besides spending quality time with the students, the staff is believed to exemplify certain skills, which most lecturers may lack due to their lack of involvement in clinical settings (Adelman-Mullally *et al*. 2012:30). This role of the professional nurses in the clinical area is also acknowledged by the regulating body of nursing education, in that these work-based hours of training are to be supervised by the professional nurses in the clinical area The Nursing Act (33 of 2005). This model of clinical accompaniment, however, is challenged by a shortage of professional nurses in the clinical areas and often ensues in burnout syndrome. The result of the burnout syndrome among professional nurses often is students being neglected or receiving information that is contradicting what they have learned in class (Botma,Greeff,Mulaudzi and Wright. 2010:74). This creates negative experiences for the students, and adds more stress.

The strategic plan for nursing education as stipulated by the National Department of Health asserts that the shortage of professional nurses and lecturers can only be addressed if the number of student nurses increases (South Africa The National Department of Health: Strategic plan for nursing education, Training and Practice 2012/2017:17). In endeavours to realise this strategic plan**,** many colleges have increased their intake of student nurses, who need exposure to different clinical areas to learn and develop their professional skills and identity (Mntambo 2009:6). In the light of the shortage of professional nurses in the clinical areas, these student nurses are likely to be considered as part of the workforce (Mulder and Uys 2012:59). In such situations, clinical teaching leads to negative or positive experiences for the student nurses; positive in the sense that students may learn to be independent, and negative, as there will be little supervision.

This study was conducted at the nursing college providing education and training for student nurses in the Northern Cape. The Nursing College offers the following programmes: Regulation R.425 leading to the requirement of a qualification as a nurse (General, Psychiatric and Community) and Midwife, leading to registration, R.254 Regulations for the Course for the Diploma in Midwifery for Registration as Midwife; Regulation 683, relating to the minimum requirements for a bridging course for Enrolled Nurses, leading to registration as a General Nurse or a Psychiatric Nurse. In Table 1.1 the numbers of student nurses and lecturers at this college are given.

Table 1.1: Ratio of lecturers and student nurses at the college involved in this study

Category of student nurses	Number of students	Number of lecturers
R425 1st year	84	2
R425 2nd year	35	1
R425 3rd year	34	1
R425 4th year	27	3
R683 Bridging course	32	3

These lecturers are responsible for the theoretical teaching, as well as clinical accompaniment of student nurses. This was manageable when clinical accompaniment was done in one district where the nursing college is situated. However, the student nurses did not have sufficient exposure to the prescribed learning opportunities as stipulated by South African Nursing Council (SANC), due the large number of student nurses, the number of facilities and shortage of staff in the clinical facilities. In September 2011, the SANC visited the nursing college and the outcome of that visit was the accreditation of two additional clinical facilities (SANC Accreditation Report 2011:1).

The accreditation of those clinical facilities brought about clinical accompaniment challenges for the college designated for this study. First, the nursing education institution is situated quite a distance from the newly accredited clinical facilities. This resulted in little or no clinical accompaniment by the lecturers. When lecturers did accompany students in the clinical areas, the clinical accompaniment was used for the purpose of assessment, with negative consequences. As Xaba (2015:Online) attests, clinical accompaniment that concentrates on assessment more than supervision is appraised negatively by many nursing students.

As the lecturers' clinical accompaniment role decreased to the absolute minimum, the professional nurses in these clinical facilities were expected to take on a teaching role. Botma *et al.* (2012:74) purport that the shortage of professional nurses in many hospitals in South Africa hampers learning and the integration of theory and practice.

Against the background of reduced clinical accompaniment by the lecturers and the reality of a shortage of professional nurses in the clinical facilities, it was deemed necessary to understand the experiences of student nurses regarding their clinical accompaniment in the Northern Cape. This provided the rationale for this study, and based on the results of the study, the researcher planned to make recommendations to the Northern Cape Department of Health and the Nursing College regarding this important component of nursing education, namely clinical accompaniment.

1.1.2 Research question

Against this background, two questions, based on the purpose of the investigation were formulated to guide the data collection in the study. These questions were:

What are the experiences of student nurses regarding clinical accompaniment?

1.1.3 Purpose of the study

The purpose of this study was to explore and describe the experiences of student nurses regarding their clinical accompaniment, and, based on the findings, to suggest strategies for addressing the concerns regarding clinical accompaniment.

1.2 THE PARADIGM

According to Polit and Beck (2012:736), a paradigm is a worldview that defines for its holder the nature of the "world", the individual's place in it, and the range of possible relationships to that world and its parts. The paradigm responds to basic philosophical questions such as: *What is the nature of reality?* (ontology) - as there was interaction amongst the students, this interactive process could shape their subjective experiences. *What is the role of values in the inquiry?* (axiology); and: *How will evidence be obtained best?* (methodology) (Polit and Beck 2012:13). Epistemology is the field of knowledge (Botma, Greeff, Mulaudzi and Wright 2010:40). The phenomenon of interest in this study was the experiences of student nurses regarding clinical accompaniment and entailed the representation of the individual students from their own subjective meaning. The appropriate paradigm was according to constructivism, as this paradigm was orientated towards a belief that human beings create their own reality through the subjective meaning of their experiences (Botma *et al*. 2010:288; Creswell 2014:8).

The ontological assumption underlying this paradigm describes reality as being multiple, complex and inter-subjective, constructed by a group of individuals (Botma *et al.* 2010:288). The researcher believes that student nurses need structured support while they are placed in clinical facilities. As there was interaction between the

students and the inquirer, the epistemological assumption was a creation of the interactive process that was shaped by their subjective experiences (Polit and Beck 2012:13). The role of values in this study was inevitable, as subjective experiences of the student nurses were negotiated and shaped by individual beliefs and values.

Methodological assumptions deal with the way in which information is retrieved or obtained from the participants. The study was concerned with experiences, and these are very complex and subjective; thus, the research design proposed for the methodological assumptions should respond to the complexity of these experiences (Botma *et al.* 2010:288-289). Thus, focus group interviews were used for data collection.

The focus of the study was the lived experiences of student nurses regarding their clinical accompaniment. As these experiences have been translated into the constructivist worldview, qualitative methods and procedures suited a specific strategy of inquiry that enabled evidence to be obtained (Creswell 2009:5). The study, therefore, called for a research design that is qualitative, phenomenological, exploratory, descriptive, and contextual in nature.

1.3 RESEARCH DESIGN

The research design is defined as a plan that includes everything that addresses the research question and specifies the development of the research`s authenticity (Polit and Beck 2012:741). As an architectural backbone of the study, the design dictates how data will be collected, as well as the steps that will be followed for gathering the data and data analysis (Polit and Beck 2012:741).

1.3.1 Qualitative research

Experiences are complex and subjective in nature, thus information on the experiences of the student nurses regarding clinical accompaniment was acquired by qualitative research. This approach acknowledges the inherent complexity of humans and their ability to create and shape their experiences (Polit and Beck 2012:14). The phenomenon studied was the experiences of students, and this study entailed an in-

depth investigation of the qualities, characteristics or properties of a phenomenon of interest (Botma *et al.* 2010:182). Experiences of the students regarding clinical accompaniment are real for the students, and the focus was on how these experiences unfolded (Botma *et al.* 2010:182). Brink, Van der Walt and Van Rensburg (2012:11) assert that a qualitative research design unfolds in multiple beliefs, viewpoints and insights of participants related to a specific phenomenon. The experiences of the student nurses, therefore, unfolded as a collective view that consisted of narratives to understand them better. The type of qualitative design that was suitable for the study is the phenomenological approach.

1.3.2 Phenomenology

The philosophy of the researcher was that the subjective reality of the participants is the truth, unless tested otherwise. This philosophy, therefore, underpins the choice of this phenomenological research. The purpose of phenomenological research is to describe what people experience on a daily basis with regard to a certain phenomenon, as well as how they interpret these experiences or what meaning the experiences hold for them (Botma *et al.* 2010:190). The focus of the study was on the daily lives of the individual student nurses: What was important about their experiences and what was done to change or to improve the experience of their clinical accompaniment? (Botma *et al.* 2010:190). In this study the phenomenological approach was used because the researcher wanted to understand and to explore the context of those lived experiences.

1.3.3 Exploratory design

The experiences of student nurses of the college regarding clinical accompaniment had been delved into for the first time. Thus, their constructive view was breaking ground in understanding the nature or extent of the phenomenon of interest (Polit and Beck 2012: 18,727). The purpose of explorative designs is to give insight in or in-depth understanding of a phenomenon (Polit and Beck 2012:18), as it only is through understanding that one can give an accurate description of a phenomenon.

1.3.4 Descriptive design

The purpose of the study was to explore, understand and be able to describe accurately the experiences of student nurses regarding clinical accompaniment. That called for a descriptive type of design, as the purpose of descriptive design is to seek, uncover and clarify why human beings in a particular setting do things in a certain way (Neuman 2011:39). This study, therefore, rendered new knowledge for this specific nursing college with regard to clinical accompaniment of student nurses, as the students described the current practice of accompaniment.

1.3.5 Contextual design

Context implies the geographical, temporal, cultural or aesthetic setting within which action takes place (Neuman 2011:175). The context of the study was the clinical facilities used by the designated college in the Northern Cape. The college provides training to students from the five districts of Northern Cape, however, the college utilises accredited facilities in only three districts, namely Frances Baard, John Taolo Gaetsewe and ZF Mgcawu.

1.4 RESEARCH TECHNIQUES

Since studying the experiences of the students required a qualitative research design, it was necessary to execute the research techniques that would make possible giving appropriate answers to the research questions. In qualitative research, several techniques are used for data collection, amongst which are interviews (Botma *et al.* 2010:204-205). The researcher used focus group interviews, because a focus group can be used to interview a group of participants sharing the same experiences, which in this study was clinical accompaniment. This interview technique was adopted for this study mainly because of two reasons:

- Focus group interviews accommodate more participants at the same time than would be possible with individual interviews (Brink *et al.* 2012:158). Thus, students from two programmes offered at this college were interviewed on experiences regarding their clinical accompaniment.

- Focus group interviews allow participants to share thoughts and consider many opinions before answering questions (Brink *et al.* 2012:158).

Though the focus group interviews have many advantages, this method is not without disadvantages. According to Brink *et al*. (2012:158-159), focus group interviews may allow some participants to remain quiet during the interview. Therefore, in this study a skilled facilitator was used to direct the discussion and encourage all to participate. Some participants tended to dominate the group, but the facilitator ensured that all participants got a chance to talk (B*o*tma *et al*. 2010:212-213; Polit and Beck 2012:537-538).

1.5 POPULATION

A group of people that has all the requirements needed for the study is referred to as the population (Brink *et al*. 2012:131-132). In this study the population consisted of all registered student nurses at the Nursing College involved.

1.5.1 Unit of analysis

Polit and Beck (2012:745) describe a unit of analysis as the main unit that yields data for analysis. The unit of analysis is described as the object of study from whom the inquirer would like to get the final results (Botma *et al*. 2010:51). All student nurses who met the inclusion criteria formed the unit of analysis. The students voluntarily participated in the study because they were accompanied at the clinical facilities.

1.5.2 Sampling

Sampling refers to selecting a group of people, who are informed about the research topic, and therefore able to provide required information (Neuman 2011:241).

Purposive sampling identifies participants on purpose to be selected as the unit of analysis (Brink *et al*. 2012:132; Polit and Beck 2012:742). Purposive sampling makes use of inclusion and exclusion criteria. The advantage of purposive sampling is that it allows the researcher to choose the sample based on knowledge of the phenomenon

being researched. The disadvantages may be the probability of sampling bias, the use of a sample that does not represent the population, and limitations in compiling the results (Brink *et al.* 2012:141).

In this study, the unit of analysis comprised the student nurses from the nursing college, who complied with the following inclusion criteria:

- Second-, third- and fourth-year R425 students
- Bridging course students
- All participants who were at the clinical learning areas for more than a year, (as this extended period would enable the student nurses to make sense of the clinical accompaniment)
- Students placed in the newly accredited clinical facilities for experiential learning
- Students who agreed voluntarily to participate in the study
- Students who understood English. The exclusion criteria for the study were:
- All first-year student nurses
- All one-year diploma midwifery students.

1.6 EXPLORATORY INTERVIEW

An exploratory interview is a small-scale study that is used to develop and enhance the methodology or data collection process in preparation for the major study (Polit and Beck 2012:195). In this study, eight fourth-year students who met the inclusion criteria were interviewed, so as to examine the relevance and effectiveness of the research questions, as advised by Botma *et al.* (2010:291). The research questions yielded the expected data, and therefore became part of the study.

1.7 DATA COLLECTION PROCESS

Data collection is a process of collecting data for addressing a research problem (Polit and Beck 2012:725), that is, gathering relevant information from the participants in order to process and analyse it with a view to finding answers to the research questions in an endeavor to solve the stated problem.

1.7.1 Gaining access through gate keepers

The first step in data gathering is to gain permission from involved parties. Permission to conduct the study was obtained from the following authorities:

As the study involved human participants the Health Sciences Research Ethics Committee of the University of the Free State (HSREC UFS) (see addendum C) gave approval for the study to be conducted, as in the proposal for the study it was explained unequivocally that ethical matters were attended to and considered; therefore, the participants would be protected completely from any harm. After providing the ethics number, the Head of Department of Health (DoH) in the Northern Cape Province (see addendum E), and the Principal of the nursing college were requested to grant permission, which they did (see addendum D). Permission also was requested from the principal of the nursing college to use a venue at the college to conduct the focus group interviews.

1.7.2 Data collection

After having obtained the relevant permission, the researcher recruited participants who expressed willingness to participate in the study. The recruitment of the participants was done during break time. The researcher took ten (10) minutes talking to the students about the study. The students who showed willingness to participate were informed about voluntary informed consent that needed signatures. The date, time and venue for the interview were communicated to the willing participants.

The focus group interviews were conducted in a relaxed atmosphere and quiet venue. As Botma *et al. (*2010:211) advise, six to eight students comprised a group for the interviews. Brink *et al.* (2012:158) recommend that focus group interviews should consist of five to fifteen participants. In this study seven focus group interviews were conducted with groups consisting of between eight to ten participants. The number of focus group interviews was determined by the saturation of data.

On the day of the interviews, the researcher introduced herself and the facilitator to the students. The participants were given the informed consent forms to read and sign. Permission was requested from the participants to use a tape recorder during interviews, as Botma *et al*. (2010:214) attest that a tape recorder provides the researcher with a 'much fuller' record than capturing notes only. The tape recorder was not visible during the interviews, because a tape recorder might disturb and make participants restless.

The following two questions were used to elicit responses about the experience:

1. ***Will you please describe what you understand under the term 'clinical accompaniment'?***
2. ***Please tell me what your feelings and opinions are about your experiences during clinical accompaniment.***

The facilitator gave the participants time to respond and explain their responses, and used probing to gain more information. Good listening and probing skills were required to ensure full understanding of the information provided by the participants (Botma *et al.* 2010:208). The researcher took field notes during the interview, to remind the researcher of details that might not be captured by the tape recorder. Non-verbal communication cues were observed and noted.

On completion of every focus group interview, the facilitator transcribed the captured information immediately while the information was still fresh, and the field notes were linked to the information (Polit and Beck, 2012:535).

1.7.3 The role of the researcher

In this report the role of the researcher is discussed in detail in Chapter 2.

1.7.4 The role of the facilitator

The role of the facilitator is discussed in full in Chapter 2 of this report.

1.8 MEASURES TO ENHANCE TRUSTWORTHINESS

In this study credibility, dependability, confirmability, and transferability criteria were used to ensure trustworthiness. A comprehensive discussion of this will be provided in Chapter 2.

1.9 ETHICAL CONSIDERATIONS

The ethical principles of respect for persons, beneficence, justice, informed consent and confidentiality informed this study, and a detailed discussion will be given in Chapter 2.

1.10 DATA ANALYSIS

In this study Tesch`s steps, as stated in Creswell (2009: 186), were used for the data analysis. An extensive discussion of the data analysis process is provided in Chapter 2.

1.11 THE OUTLINE OF THE STUDY CHAPTERS

This study report consists of the following chapters:

Chapter 1, Orientation and introduction, consists of an orientation to the topic and an introduction to the study. The study paradigm is briefly described, and ethics approval and approval for conducting the study are explained. Specific concepts used in the study are clarified.

Chapter 2, **Research methodology,** outlines the research methodology (design and methods used in this study).

In **Chapter 3, Data presentation and literature control,** the data are presented and the literature control is described.

Chapter 4, presents a discussion of the findings and the conclusions reached. Recommendations are made, and the limitations experienced during the research are elucidated. The study is concluded with this chapter.

1.12 CONCLUSION

In this chapter the researcher introduced the topic in the introduction and provided the problem statement. The purpose of the study, concept clarification and the procedures followed in implementing the study methodology were also explicated.

In Chapter 2 the research methodology is discussed in full.

CHAPTER 2: RESEARCH METHODOLOGY

2.1 INTRODUCTION

Research methodology refers a systematic, theoretical description of the methods applied to a field of study. Typically, it encompasses concepts such as paradigm, theoretical model, phases, and quantitative or qualitative techniques. A methodology is not the same as a method. Instead, a methodology refers to the theoretical underpinning for understanding which method, set of methods, or best practice can be applied to a specific case, for example, to gain specific results.

In Chapter 1 the introduction, problem statement and a brief summary of the research methodology were discussed. The purpose of the study was to describe and explore the experiences of student nurses regarding their clinical accompaniment; therefore, in this chapter the methodology (research design, unit of analysis, measuring strategy, measures to ensure trustworthiness and ethical considerations) that was followed to answer the research questions is discussed.

2.2 RESEARCH DESIGN

The research design is defined as a plan or blueprint for addressing the research question, which includes conditions for enhancing the truthfulness of the study (Polit and Beck 2012:741). The design guides the researcher to find answers to the research questions and to identify the steps to follow with a view to achieving results (De Vos, Strydom, Fourie and Delport 2012:109-110). The research design, therefore, is seen as the broader plan for conducting an enquiry.

In this study the researcher used a qualitative, phenomenological, explorative, descriptive and contextual design.

2.2.1 Qualitative research

Qualitative research is an approach that assists researchers who want to explore and describe the lived experiences of people, and gives a clear understanding of what happened (Brink *et al*. 2012:120). In this study, students lived experiences regarding their clinical accompaniment during their placements in clinical areas were researched. Qualitative research focuses on participants′ descriptions of a phenomenon with which they are familiar, in their own words rather than numbers (Botma *et al* 2010:182).

A qualitative design digs deeper for more understanding of a phenomenon of interest such as the student nurses′ experiences regarding their clinical accompaniment in the clinical facilities. Qualitative design sheds light on the subjective issues under discussion and therefore assists to produce data in the form of feelings, behaviours and views of the participants (Botma *et al*. 2010:182). The researcher sought to determine a sense of a phenomenon from the opinions of the participants (Creswell 2014:19). The researcher observed the participants' behaviours when they were in a group and shared their experiences. Information gathered consisted of behaviours, viewpoints, opinions and actions with no or little reference to numbers (Botma *et al.* 2010:182). Qualitative research constitutes an in-depth investigation of the qualities of a phenomenon for better understanding and a clearer description of the phenomenon. In qualitative research the researcher collects data from participants, but without the use questionnaires; in some cases, open-ended questions may be used (Botma *et al*. 2010:182).

During the focus group interviews in this study the participants were allowed to explore and describe their experiences regarding their clinical accompaniment. The strategy of inquiry that was used in this study was phenomenological in nature. The strength of the qualitative approach to research lies in the freedom it allows for using multiple designs (Creswell 2014:185). In this study phenomenology, explorative, descriptive and contextual designs were used.

2.2.2 Phenomenological design

Creswell (2014:14) defines phenomenological research as a design of a study whereby the researcher explains the lived experiences of individuals about an event that has occurred. During the focus group interviews the facilitator explored the lived experiences of participants as they were accompanied at the clinical facilities. Polit and Beck (2012:494) states that phenomenological researchers use the lived experiences of individuals as a tool for better understanding the context in which the experiences occurred.

The phenomenological approach was the most appropriate for this study, because a phenomenological approach allows participants to express their own opinions, views and ideas about a specific topic, occurrence or phenomenon. In this study the participants had the opportunity to elicit meaning from their experiences of clinical accompaniment through focus group interviews, and express their opinions and views in their own words.

2.2.3 Descriptive design

The purpose of the descriptive approach in the design is to observe, describe and document aspects of human behaviour as it naturally occurs in a particular setting (Polit and Beck 2012:226). As the aim is to uncover how and why things happen in a specific situation (Neuman 2011: 38), this concurred with the need to understand the student's experiences regarding clinical accompaniment. Researchers use a descriptive design when there is little information known about the topic under discussion (Botma *et al*. 2010:110). The topic of the experiences of student nurses regarding clinical accompaniment was new to the Nursing College in the Northern Cape Province, therefore, it was deemed necessary to conduct such a study.

The researcher used a descriptive approach too, because the descriptive nature of the approach would allow more liberty to use direct quotes and subtle descriptions and perceptions (De Vos *et al*. 2012:96), to report on and explain the data collected from the student nurses regarding their experiences about clinical accompaniment.

Descriptive designs are used to investigate the research question (Botma, Neuman *et al*. 2010:110). This means that the student nurses explored their experiences regarding their clinical accompaniment when they were placed for experiential learning, and were provided the opportunity to describe the experience in their own words.

A descriptive design is used to recognize problems (Botma, Neuman *et al*. 2010:110). The student nurses mentioned that they experienced a lot of issues regarding their clinical accompaniment. The descriptive design is useful to describe the meaning and interpretation the participants give to an occurrence (phenomenon) in their everyday lives (De Vos *et.al.* 2012:96).

Advantages of a descriptive design allowed the facilitator to collect accurate data (Brink *et al.* 2012:113). It also allowed the facilitator to listen to the experiences of student nurses regarding their clinical accompaniment, and to be able to describe the meaning they gave to it, and also to observe them during the interviews and make specific inferences, which added to the rich descriptions in the report.

2.2.4 Exploratory design

The purpose of exploratory research is to discover an initial understanding of a phenomenon (Botma, Neuman *et al.* 2010:50). Explorative research refers to a design that is aimed at understanding the main issue related to the topic (phenomenon) under study (De Vos *et al.* 2012:95-96); thus, the facilitator probed deeper during the interviews with the students in order to explore the topics more profoundly, that is, to collect more data regarding their clinical accompaniment. Exploratory research is used to explore (enquire about) the topic until an accurate description of an event or a situation is provided - how it started and other related factors (Polit and Beck 2012:18).

In this study the researcher used the exploratory design to get more information, to come to a clear understanding, and to discover new ideas, opinions and views of the student nurses regarding their experiences during their clinical accompaniment

(Botma *et al*. 2012:185). The researcher therefore entered the research field with curiosity - from the point of not knowing, and to gain new data regarding the phenomenon in the predetermined context.

2.2.5 Contextual design

Context or setting defines the geographical, temporal, cultural or aesthetic setting within which an action takes place (Neuman 2011:175).

The Northern Cape comprises five districts, namely Frances Baard, John Taolo Gaetsewe, Pixley Ka Seme, ZF Mgcawu and Namakwa and the students that enrol in the nursing programmes are from these districts. The nursing college under study is situated in Kimberley in the Frances Baard district within the Sol Plaatje municipality. The Sol Plaatje is an urban municipality. Nursing students are placed for clinical training in the three accredited districts, namely the Frances Baard, John Taolo Gaetsewe and ZF Mgcawu districts. Upington and Kuruman have newly accredited hospitals, which are based in John Taolo Gaetsewe and ZF Mgcawu, and both these districts are far from the training college. The distance from the nursing college and these newly accredited clinical facilities is between 4 0 0 kilometres. The distance therefore may pose a challenge for placement and accompaniment.

A map of the five districts in the Northern Cape where student nurses have to go for clinical placement is provided in Figure 2.1.

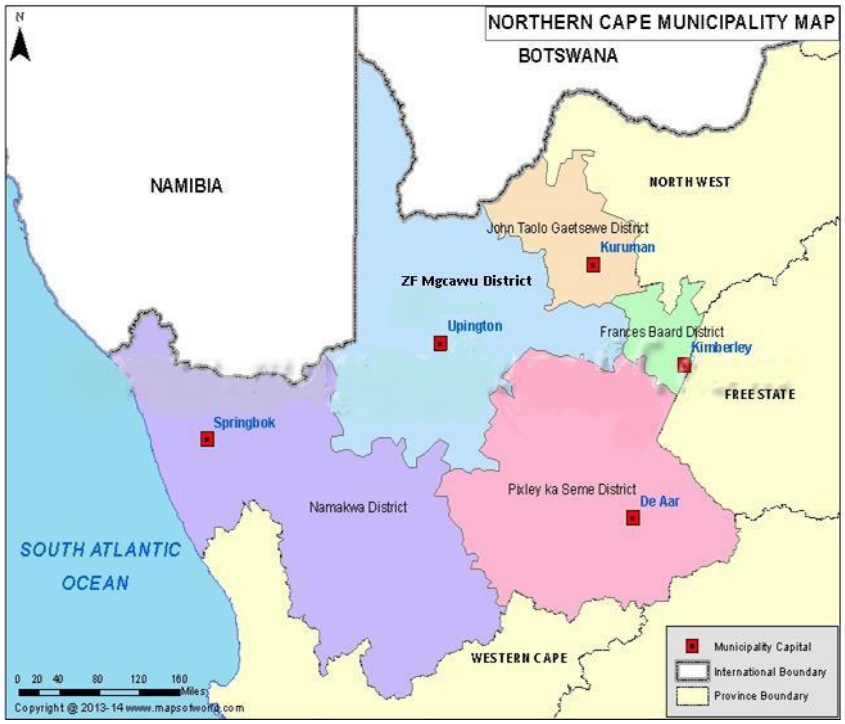

Figure 2.1: A map of the Northern Cape showing the five districts

2.3 POPULATION

The population in a study refers to people who possess the attributes that are required for the study (Brink *et al.* 2012:131–132). In this study the population consisted of all the student nurses who were registered at the Nursing College involved.

2.3.1 Unit of analysis

Polit and Beck (2012:745) describe a unit of analysis as the main unit that yields data for analysis. The unit of analysis is described as the object of study from which the inquirer would like to get the final results (Botma *et al*. 2010:51). All student nurses who met the inclusion criteria formed the unit of analysis. The students voluntarily participated in the research because they were accompanied at the clinical facilities.

A sample is a group of people selected from the population and they are relevant to the research topic as they can provide important information (Neuman 2011:241). Selecting these participants is referred to as sampling, which can be done by means of a number of sampling techniques. In this study use was made of purposive sampling. Purposive sampling identifies participants with a specific purpose to be selected as the unit of analysis (Brink *et al*. 2012:132).

The advantage of purposive sampling is found in it allowing the researcher to choose the sample based on knowledge of the phenomenon being researched. Purposive sampling makes use of inclusion and exclusion criteria (Botma *et al.* 2010:201). In this study, the unit of analysis comprised the student nurses from the nursing college who complied with the following inclusion criteria:

- 2nd, 3rd and 4th year R425 students;
- bridging course students;
- all student nurses who were at the clinical learning areas for more than a year, as this extended period enabled the student nurse to make sense of the clinical accompaniment;
- all student nurses placed in the newly accredited clinical facilities for experiential learning;
- all students who agreed to participate in the study voluntarily;
- all students who understood English.

The exclusion criteria for participation in the study were:

- All first-year student nurses,
- all one-year diploma midwifery students.

2.4 RESEARCH TECHNIQUE

A research technique is the method that the researcher chooses for gathering information, for example, by means of interviews, questionnaires, checklists and observations (Botma *et al*. 2010:273). For this study the researcher chose focus group interviews for data collection. Focus group interviews were regarded the best technique as the researcher was interested in eliciting information on the experiences of the participants. Focus group interviews are unstructured and are conducted more like a casual talk but with determination to dig deeper for information (Brink *et al*. 2012:158).

2.4.1 Focus group interview

Focus groups are prepared group interviews intended to obtain views and opinions of participants on a topic in a setting conducive to in-depth discussions (Brink *et al*. 2012:158-159). Focus groups are well-planned conversations aimed at exploring the experiences of participants about a phenomenon in an encouraging environment, conducive to sharing opinions and views (De Vos *et al.* 2012:361). Focus groups are a special qualitative research technique whereby participants are casually interviewed during a group discussion in a suitable setting (Neuman 2011:459).

2.4.1.1 Advantages of focus group interviews

Focus group interviews hold a number of advantages for a qualitative study, as discussed below:

- Focus group interviews are a special qualitative research technique that allows the researcher to be the observer and allows participants to express themselves freely (Neuman 2011:460). The participants were expressing themselves without any fears and relevant information was given.
- Focus group interviews accommodate more participation at the same time during interaction (Polit and Beck 2012:537). More participation of participants was encouraged during the focus group interviews.
- Focus group interviews are planned conversations intended to gain views on a defined area of interest in a permissive and non-threatening setting (Polit and Beck 2012:537). The participants were welcomed and made comfortable. The facilitator encouraged the students to work hard and to make their studies their priority - this was to break the ice and put the students at ease. Doors were marked “Interviews in progress”, so as to avoid disturbances by unauthorized people. The students were served snacks before the focus group interviews, as the researcher wanted to prevent students getting up and thus lose focus.
- A focus group interview is a method that allows for listening to others and learning from them, thereby creating lines of communication (Neuman 2012:459-460).
- Focus group interviews are well organised and more information is obtained in an economical way (Polit and Beck 2012:537).

- Focus groups hold the advantage that participants respond to the views of others, and that leads to more information regarding the research topic (Polit and Beck 2012:537).
- Focus group interviews allow the researcher to realize the reason why humans feel the way they do (Bryman 2012:503).
- Brink *et al*. (2012:158) assert that a smaller group of participants allows participants to express their experiences and viewpoints freely as a group.

2.4.1.2 Disadvantages of focus groups interviews

Focus group interviews, however, also have some disadvantages, such as the following:

- Problems related to taping the interview may arise, for example, the tape recorder might malfunction; part of information provided may be lost due to battery failure; or some participants may be loud while others talk softly and that may create problems to capture the responses clearly (De Vos *et al*. 2012: 371). To prevent such mishaps, the researcher used two tape recorders and made provision for extra batteries in case the power failed. All the participants′ voices could be heard clearly in the recordings.
- According to Brink et al. (2012:158-159), focus group interviews may allow some participants to remain quiet during the interviews. Therefore, a skilled facilitator conducted the interviews, using a direct form of addressing the participants and encouraging all to participate. Some participants tended to be dominating in the group, but the facilitator ensured that all participants had a fair chance to air their views and opinions.

2.4.2 Exploratory interview

Brink *et al*. (2012:174) describe an exploratory interview as small-scale study or pilot study used to develop and enhance the methodology or data collection process in preparation for the major study. An exploratory interview is defined as an initial study conducted to explore the research question in order to check its relevancy to the study (De Vos *et al*. 2012:95).

Arrangements for the exploratory study were made with the college principal who granted permission. The participants (eight fourth-year students) were informed about the study and that participation in this study was voluntarily. After explaining the process of data collection to the eight fourth-year students who participated voluntarily the interview was conducted.

The exploratory interview proved that the data collection technique was relevant and effective. The responses of the participants indicated the relevancy of the questions to the purpose of the study. Participants expressed their experiences, opinions and views on accompaniment during clinical work. Thus, the research question was not changed and the data collected formed part of the main study.

2.5 DATA COLLECTION PROCESS

Data collection is a process of collecting data for addressing a research problem (Polit and Beck 2012:725).

2.5.1 Gaining access through gate keepers

Permission was granted by the Health Sciences Research Committee of the University of the Free State (HSREC UFS) (see addendum C), Northern Cape Department of Health (see addendum E) and the Nursing College (see addendum D).

The researcher arranged a meeting with the principal of the college and gave a brief explanation of the proposed research and how data collection would take place. The researcher explained to the principal that an experienced facilitator would conduct the focus group interviews. The researcher and the principal agreed on the date for the interviews. The principal identified a lecturer to assist with the logistics. The researcher contacted the facilitator to discuss the date and time. The researcher and the facilitator agreed on the date and time.

2.5.2 Data collection

The researcher made an appointment with the students at the different levels of training and explained the purpose of the research and the informed consent form (Addendum A, B). The researcher explained to the students that the focus group interviews would be conducted by a skilled facilitator. No student would be penalised if deciding to withdraw. Students willing to participate were provided with an information leaflet to take home (Addendum A) to give them time to make a decision regarding their participation. The students were informed that follow-up communications would confirm the venue, date and time. To ensure that the interviews proceeded properly, the researcher made sure to book a venue with adequate space, and the necessary equipment such as the tape recorders and batteries, and verified the date, time and venue with the participants. The researcher confirmed that everything was in order the day prior to the interview date (De Vos *et al.* 2012:266).

Two classrooms were reserved for use during the interviews. A written note indicating "Interviews in progress" was attached to the door of one room and the other one was used as a waiting room.

The researcher arrived at the venue earlier than the participants to check if everything was still in order as left the previous day. On the arrival of the facilitator the researcher took her to the principal for an introduction. The researcher also introduced the facilitator to the participants.

The classrooms were well ventilated, warm and clean, with adequate space. The surrounding was quite private and accessible. The participants took place in a U-shaped arrangement - a group format that was important because the facilitator was allowed to see all the participants at a glance to obtain different ideas from participants quickly (De Vos *et al.* 2012:371-372). Participants were provided with pens to complete the informed consent form. They also were informed about the tape recorders before the onset of the interview to allay any fears, and permission was requested from participants to use the tape recorders during the interviews. Two tape recorders, a cell phone and extra batteries were available for recording (Polit and Beck 2012:540).

The facilitator commenced with general talk to break the ice. The interviews were tape recorded and field notes were taken, ensuring reliability of information and avoidance of data loss (Botma *et al*. 2010:211). According to Polit and Beck (2012: 537), a focus group may comprise six to twelve participants. In this study, seven focus groups interviews were conducted and each group consisted of eight to ten participants. The focus group interviews lasted approximately one hour each. Participants once again were informed that participation was voluntarily. The ethical principles of confidentiality and anonymity were raised by the facilitator before commencing with the focus group interviews (Botma *et al*. 2010:17,18,19). The interviews were conducted in English, which is the medium of instruction at the Nursing College.

The focus group interviews were conducted on the students' class-free days; therefore, the students participated comfortably and freely and were not in a hurry. All focus groups interviews were conducted by the facilitator in the same manner to avoid inconsistency.

2.5.3 The focus group questions

The following two questions were asked during focus group interviews:

1. ***Will you please describe what you understand under the term 'clinical accompaniment'?***
2. ***Please tell me what your feelings and opinions are about your experiences during clinical accompaniment.***

2.5.4 The role of the researcher

The researcher was responsible for recruiting the participants and for providing them with an information leaflet and informed consent forms. The researcher also operated the tape recorder, and took field notes. She informed the clinical psychologist at the Wellness Centre of the hospital regarding the possibility of participants that may need counselling afterwards (Botma *et al*. 2010:212-213; Polit and Beck 2012:534).

2.5.5 The role of the facilitator

The facilitator familiarised herself with the purpose of the study and the research questions. The facilitator concerned possesses good communication and listening skills, and was well-informed of the topic because she is a nurse with a PhD degree and a clinical master's degree in Psychiatric Nursing. The facilitator has experience in focus group interviewing and had been involved in diverse research projects in the Northern Cape. She commenced the interview with casual talk to gain the participants' attention. After breaking the ice, the facilitator introduced the research questions and then used her communication skills to facilitate the discussions. The facilitator showed a good sense of humour.

2.6 FIELD NOTES

Field notes are important notes made during interviews and inform the interviewer about how the process of the interviews turned out (De Vos *et al*. 2012:359). Field notes are written descriptions of what the researcher has observed and listened to, and serve as a reminder of what has happened during the focus group process. These notes are used to explain the context in which the responses were provided (Botma *et al*. 2010:217).

Types of field notes used by the researcher were observational notes, methodological notes and personal notes. A detailed discussion of the field notes is provided in Chapter 3.

2.7 MEASURES TO ENHANCE THE TRUSTWORTHINESS OF THE RESULTS

In this study the researcher applied specific measures to ensure that the trustworthiness of the study was maintained. Ensuring trustworthiness includes checking whether data were a true reflection of the experiences and feelings stated by the participants. When conducting qualitative research, specific criteria apply to measure trustworthiness, namely credibility, transferability, dependability and confirmability (Botma *et al*. 2010:233). In Table 2.2 the strategies used to establish trustworthiness are summarised.

Table 2.1: Strategies assisting in establishing trustworthiness (Krefting 1991:217)

Standards	Strategies	Criteria
Truth value	Credibility	Authority of the facilitator Interview technique Triangulation
Applicability	Transferability	Thick or dense description Selection of sources /sampling Saturation of data
Consistency	Dependability	Using an expert facilitator Using a co–coder Thick and dense description of the methodology
Neutrality	Confirmability	Reflexivity

2.7.1 Credibility

Credibility means the truthfulness and relevancy of the data as recognised by participants (Botma *et al*. 2010:233).

To enhance credibility, the following techniques were used:

2.7.1.1 Authority of the facilitator

The facilitator is a qualified nurse with a doctorate degree in Psychiatric Nursing. She is skilled and experienced in conducting qualitative interviews.

2.7.1.2 Interview technique

Focus group interviews were conducted by an experienced facilitator of the University of the Free State. The purpose was to explore and describe the experiences of student nurses regarding their clinical accompaniment. The research questions were:

1. ***Will you please describe what you understand under the term 'clinical accompaniment'?***
2. ***Please tell me what your feelings and opinions are about your experiences during clinical accompaniment*** (Botma *et al. 2010:201-205).*

The focus group interviews yielded relevant and useful information.

2.7.1.3 Triangulation

In this study the focus group interviews were used as the data collection technique; field notes were made and the findings were grounded and confirmed with the literature control. Data analysis was done by the researcher and a co-coder.

2.7.2 Transferability

Transferability refers to the extent to which the results can be conveyed to similar situations in order for the study to be meaningful in other similar contexts and situations (Polit and Beck 2012:585,825).

2.7.2.1 Thick or dense description

In this study, the facilitator pursued transferability by providing a detailed description of the settings, and the outcomes that represented the participants' experiences. The researcher allows others the opportunity to choose for themselves whether or not the outcomes are transferable to their situations, as indicated by Polit and Beck (2012:585, 858).

2.7.2.2 Selection of sources or sampling

Purposeful (purposive) sampling was done by using inclusion and exclusion criteria, in order for the researcher to identify participants who would be able to yield information relevant to the study. The participants were selected because they shared commonalities applicable to the topic and were part of clinical accompaniment. During the focus group interviews with the different groups of participants the facilitator and

researcher obtained valuable information on the phenomenon studied (Brink *et al*. 2012:141).

2.7.2.3 Saturation of data

During the focus group interviews the facilitator probed for more information from the participants until no new data emerged and the participants started repeating the same information. The facilitator and the researcher came to agree that data saturation was reached after the seventh focus group interview had been conducted.

2.7.3 Dependability

Dependability means consistency of data over time and that if the study would be repeated the results would remain the same (Polit and Beck 2012:585). The participants were selected to participate in the study because they had been part of the clinical accompaniment process, and thus would be able to answer the research questions appropriately; therefore, if the same participants were to be asked to participate in this study again, the data would be the same and relevant (Brink *et al*. 2012:172-173).

Dependability refers to a thorough and clear explanation of how the information was assembled by the investigator, and of the type of information that was collected (Botma *et al*. 2010:233).

2.7.3.1 Using an expert facilitator

The researcher made use of a skillful and experienced facilitator (Botma *et al*. 2010:212). The facilitator is a qualified nurse with a doctorate degree in Psychiatric Nursing, and thus is skilled in interviewing individuals and groups. She had trained numerous people in interview skills and qualitative methodology. During the interview sessions for this study she facilitated effective interaction between group members by applying different communication techniques, for example, probing, validating, reflecting and summarising.

2.7.3.2 Making use of a co-coder

The researcher transcribed the interviews from the tapes and compiled the data. The researcher compiled the field notes. After compilation of data, a co-coder was identified and the protocol for data analysis was given to the co-coder. After the co-coder had coded the data independently, the researcher and the co-coder met and reached consensus on the identified categories and themes (Botma *et al*. 2010:226). The co-coder is qualified in MSocSc in Psychiatric Nursing and was studying for a PhD at the time. Therefore, she was skilled in qualitative methodology and the analysis of qualitative data.

2.7.3.3 Thick and dense description

In this study the researcher gave a thick description of the methodology that was followed in gathering information on the experiences of students regarding their clinical accompaniment. This also applies to the explanations regarding the findings of the study.

2.7.4 Confirmability

Confirmability is described as a measure of the objectivity of information. The information has confirmed the findings to ensure trustworthiness (Moule and Goodman 2009:190). Confirmability is described as the extent to which study outcomes are resulting from the features of participants and the research study, not from the prejudices of the investigator (Polit and Beck 2012:175).

In this study data were gained from the views of the participants as they participated actively and expressed their ideas and opinions during the focus group interviews. The facilitator and the researcher remained neutral and purposefully avoided being biased or forming their own opinions (Polit and Beck 2012:585).

2.7.4.1 Triangulation

During the focus group interviews student nurses expressed their opinions, ideas and views on their experiences during clinical accompaniment. A skilful facilitator conducted the interviews and the researcher made field notes. Triangulation refers to different types of sources providing insight into the same occurrence – in this study several focus group interviews were conducted, collecting information from different sources, the researcher's field notes were used to triangulate the data collected from the interviews, and a co-coder was employed to assist with the coding. The inputs of the facilitator, researcher and co-coder ensured a variety of perspectives that gave a more truthful and complete picture of the data, thus it served as triangulation.

2.7.4.2 Reflexivity

Polit and Beck (2012:179-180) define reflexivity as a self-reflective process whereby the researcher avoids own biases, opinions, emotions and perspectives that could contribute negatively to the study. Reflexivity is a process of examining both oneself as researcher and the research relationship (Merriam Webster: Online).

In this study the researcher was interested in exploring the experiences of students regarding their clinical accompaniment. The researcher was a lecturer at the college under study. The researcher chose the topic because of the problems identified during accompaniment at the clinical facilities. At the beginning of the study the researcher was not sure whether the researcher would be able to complete the research study due to changes made to the topic, but the researcher gained confidence when the proposal reached the Ethics Committee and was approved. The researcher was anxious and stressed because the researcher had to juggle between work, family and studies. Monetary expenditures travelling to Bloemfontein for classes, buying books, paying language editors, co-coders and the data collection process really drained the researcher. The process, however, improved my reasoning abilities. The study turned me to be more focused. This study was an eye opener; and it also has improved my computer skills. The researcher has gained more confidence because the researcher believe that this will enable the researcher to provide support to other novice researchers. The researcher have seen growth herself and

becoming more knowledgeable and matured professionally. This research has taught me how to write and analyse. The researcher would like to see change in the clinical accompaniment of students, support from the Department of Health and the nursing college. The researcher would like to see changes at the clinical facilities and change in the attitudes of professional nurses and other healthcare workers towards the students. During the data collection process the researcher could see how the lack of clinical accompaniment had affected the students. This research has given the researcher more courage and a brighter future. The researcher would like to continue with research and even write books. The study has enhanced my growth and confidence as a person. The results of the study may bring improvements and growth to the clinical accompaniment of students in the clinical facilities in future. The focus group interviews were conducted by an independent facilitator, skilled and qualified in conducting qualitative interviews. The researcher took field notes. She was sitting quietly and at a distance from the participants and facilitator to avoid interferences and biases during the interviews. Students participated voluntarily, this means that the students were not promised or given any rewards.

2.8 ETHICAL CONSIDERATIONS

Ethics is a composition of moral values concerned with the processes followed by researchers in meeting the professional, legal and social obligations when conducting an inquiry (Polit and Beck 2012:150-151). Permission to conduct the study was obtained from the committees and departments mentioned in the discussion of the data collection process. This approval from the committees was based on the fact that the researcher requested permission from participants and maintained confidentiality. When research involves human participants, their rights must be respected and protected throughout the study. Thus, ethical principles, beneficence, respect for persons, and justice were implemented during the study (Polit and Beck 2012:152).

2.8.1 Respect for persons

The participants' rights were not violated; the facilitator emphasized voluntary participation and that it meant that students who did not participate would in no way be discriminated against. All student nurses were requested to sign an informed

consent form before taking part in the study and were made aware of their role in the study. Those student nurses who decided not to participate or to withdraw later were not punished in any way and no detrimental action was taken against them (Brink *et al*. 2012:35). The researcher explained the research in detail to the participants, and what the benefits would be for future students, as well as what the researcher and the facilitator were supposed to do. The students were informed that there would be no reward for participants (Polit and Beck 2012:154).

Respect for persons is determined by informed consent, by upholding participants′ anonymity, and confidentiality (Botma *et al.* 2010:17).

2.8.1.1 Informed consent by the participants

Informed consent is concerned with providing information regarding the study, the purpose of the study, involvement of participants, the data collection process, and the duration of the interviews (Botma *et al.* 2010:16). Participants clearly understood and were able to explain it when requested. Participants were given information leaflets to read and those willing to participate were requested to sign the forms. Participants were given an opportunity to verbalise their views regarding the study and were informed that there was a consent form that would be signed before participation in the data collection process (Botma *et al.* 2010:13-14, 15, 346-349). The participants also were informed that they were free to choose whether they wanted to participate or decline participation, and that they could withdraw at any time (Brink *et al.* 2012: 38- 40; De Vos *et al*. 2012:117-118).

2.8.1.2 Anonymity

Upholding anonymity is described as not making someone’s name known or identifying a person (*Concise Oxford Dictionary* 2008: 43).

Anonymity in qualitative research is impossible to be accomplished because interviews are conducted in a group during focus group interviews (Botma *et al*. 2010:17).

In this study, it was not possible to maintain anonymity because focus group interviews were used for data collection. Participants were informed that no information discussed during the focus group interviews should be shared with anybody or any person who was not part of the inquiry. In the report the researcher did not mention any names or gave information on the basis of which a participant could be recognised by an outsider.

2.8.1.3 Confidentiality

Confidentiality means that the researcher ensured that participants' information would not be divulged to any person who was not part of the study (Polit and Beck 2012:162). Confidentiality is grounded as follows: A person can select with whom to share information, a person is not forced to reveal everything; a person may hold on to secrets and the person who receives the information in confidence has the duty to keep it confidential (Botma *et al.* 2010:17).

Key areas in which to maintain confidentiality

- **The content of data capturing forms**

Participants' names were kept safely in the master list. The master list was kept in a locked place far from the data. The master list was discarded as soon as the study came to an end. Informed consent forms were kept in the same place with the master list. The data were kept under lock and key at the researcher's premises. To ensure that participants could be traced if a need arose to follow a participant back to the data, the names allocated to the data-collection sheets were available on a master list. The researcher was the only person who had access to the names of participants. The facilitator did not ask the participants' names during the focus group interviews.

- **Limited access to data**

Participants were informed that it would boil down to a breach of confidentiality if information were leaked to a person who was not part of the study (Botma *et al.* 2010:18). In qualitative studies confidentiality is difficult to be maintained. No person would have access to the data apart from the researcher, facilitator, co-coder and supervisors. Although the participants in the focus group interviews were asked not to divulge the information because it was confidential, there was no guarantee that they would keep the information confidential (Botma *et al.* 2010:18). The participants were informed that they would be briefed about the outcome of the research once it was completed (Brink *et al*. 2012:38; Botma *et al.* 2010:13, 14, 17, 18). The researcher planned to make a presentation about the research to students, the Northern Cape Department of Health, the nursing college staff and the clinical facilitators.

- **Safe and secure storage of data**

Data security is a problem when the data are stored electronically; therefore, the typed transcriptions and a CD (compact disc) were kept safely locked in a secure cabinet in the researcher's house. Confidentiality was maintained by identifying and keeping the information of participants that was important on the data sheet. The researcher used a laptop with a security password for typing the transcriptions, and the researcher was the only person who had access to the laptop. According to Botma *et al.'s (*2010:19) recommendation, all tapes, CDs and other information will be discarded on completion of the research.

2.8.1.4 Beneficence

According to Botma *et al.* (2010:346) beneficence is explained as the participants in the study having the right to be protected from harm and discomfort**.** The principle of beneficence means every individual should do his/her best to avoid harm (Botma *et al.* 2010:200). People should be treated in an ethical manner which means their well-being should be secured (Botma *et al.* 2010:346). The principle of beneficence consists of the risk: benefit ratio.

a) Risks

Risks are associated with harm/injury and this means that a risk is something harmful that may occur in the future (Botma *et al.* 2010:22). In this study, no risks or harm was expected to occur to the participating individuals. The participants were protected from harm and discomfort during the focus group interviews by keeping the duration of the interviews within one hour (Botma *et al*. 2010:211-212). The skilled and experienced facilitator was able to identify stress and discomfort among the participants. Arrangements were made with the clinical psychologist to support participants who might require this, but that was not needed because no problems manifested during the focus group interviews. The researcher showed respect to the college where the participants were studying and the image of the college was protected; its name was not mentioned during the study (Brink *et al*. 2012:35-36; Polit and Beck 2012:152-154).

b) Benefits

The *Concise Oxford Dictionary* (2008:102) explains a 'benefit' as a gain or profit obtained from something. The study held no direct benefits for the participants and this was communicated to them when they were approached to participate. Participation in the study was voluntary.

In this study the participants gained knowledge about the research process and self-confidence through being part of the focus group where they shared their experiences. Such a study was new to the college, and therefore it was a learning experience for the students too. The students also benefited by knowing that by participating they possibly were making a contribution to an improved experience in the clinical areas for future students. The researcher and the department that she worked for may benefit from the study if the results can be applied to improve clinical accompaniment. The researcher gained knowledge about the topic of clinical accompaniment, as well as about the research process and research in nursing education in particular. This may open doors for and may encourage researchers in the Department of Health to do research. The community and participants all then will benefit if more research is conducted as that will improve the quality of nursing students' education and training and thereby the quality of the nursing practice. (Botma *et al.* 2010:22).

The main benefit of the study, however, will be that the findings may bring improvement and growth to the clinical accompaniment of students in the clinical facilities in future.

2.8.1.5 Justice

Participants were selected fairly and all received similar treatment, meaning that participants could withdraw from the study at any time after having agreed to participate and no action would have been taken against them. The decisions of participants who decided to withdraw after having agreed to participate were respected, and they were informed that if they should decide later to participate again, they would be allowed to do that (Polit and Beck 2012:155). Student nurses were treated equally during the study. Participants were selected for the study because they met the inclusion criteria (Botma *et al*. 2010:19).

2.9 DATA ANALYSIS

Data analysis is the orderly process of continuous reflection about the researched data (De Vos *et al*. 2012:397). It involves the gathering of data for analysis, digging deeper and deeper for clarity in the data (Creswell 2009:83,184; Polit and Beck 2012:725). Content analysis is the process of combining individual statements into categories, themes and sub-themes. According to Brink *et al.* (2012:176) data analysis results in categorising, selecting themes and the construction of a summary of the information collected, as well as discussing these findings in purposeful terms (this process was followed in the study).

2.9.1 Addressing the challenges of data analysis

The researcher was a novice in research, but an experienced facilitator was used to conduct the focus group interviews. The researcher used one tape recorder and a cell phone during the focus group interviews to make sure data were not lost (De Vos *et al.* 2012:371). An independent co-coder was used (De Vos *et al.* 2012:371).

2.9.2 The process of data analysis

The transcribed interviews and field notes were analysed. Tesch`s steps, as stated in Creswell (2009:186) were used for data analysis.

- The transcripts were read by the researcher to understand the data, to obtain the required background of the information and gain a sense of the whole.
- The researcher wrote every idea, or information that she remembered, down.
- The researcher picked up the most interesting interviews and went through them to see if there was meaning and thoughtfulness.
- The researcher chose the vital topics and wrote them in the margin.
- The researcher went through each transcript and similar topics were assembled together and were defined as major topics.
- The researcher took the list and returned to the data**.** The topics were abbreviated as codes and the codes were written next to the appropriate segments of the text.
- The researcher and co-coder came together and agreed on the most descriptive wording for the topics and grouped these in categories.
- The researcher and co-coder looked for ways of reducing the total list of categories. To avoid long lists of categories, topics that were related were grouped together.
- All topics identified as ‘leftovers’ were grouped in a separate column.
- Lines were drawn between the categories to show interrelationships.
- The final decision was made on the abbreviation for each category and categories were arranged alphabetically.
- The data in each category were clustered, gathered in one place, and a preliminary analysis was done.
- Data that were not relevant to the topic were discarded.

2.10 THE PROCESS OF CO-CODING

The researcher compiled the data from the transcriptions and the field notes. After compilation of data a co-coder was identified and the data were coded by the co-coder too. The transcriptions were handed to the co-coder, as well as Tesch`s guidelines according to which the coding was to be done. After the co-coder had coded the data independently, the researcher and the co-coder met to discuss the coding. They then reached consensus on a final list of categories and themes, based on those they had identified independently (Botma *et al*. 2010:226).

2.11 CONCLUSION

In this chapter, the researcher discussed the research design, data collection, trustworthiness, ethical considerations and data analysis applied in the study. In the next chapter, a discussion of the data analysis and literature control will continue this report.

CHAPTER 3: DATA PRESENTATION AND LITERATURE CONTROL

3.1 INTRODUCTION

The research methodology was discussed in Chapter 2. This chapter will be devoted to discussing the research findings of seven focus group interviews on the experiences of student nurses in the Northern Cape regarding their clinical accompaniment. The findings of these experiences will be discussed and analysed in the context of the literature control, so as to foster conceptualization of these experiences.

After the focus group interviews, the researcher repeatedly listened to the audio-taped interviews and read and re-read the verbatim transcripts. The audio-taped interviews were transcribed into verbatim transcripts for the purpose of analysis. The researcher and the identified co-coder independently analysed the data and after that the researcher and co-coder came together for a consensus discussion.

The data were condensed into categories, sub-categories and themes.

A brief overview of research data which were generated by focus group participants will be discussed, followed by a discussion of identified categories, sub-categories and themes.

Eight categories and nine sub-categories were identified.

The categories and their sub-categories are as follows:

- Inability to reach objectives
    - Workforce
    - Availability of lecturers
    - Conflicting expectations
- Integration of theory and practice
- Support
    - Lecturers

- Role models
- Peers
- Debriefing

- Professional conduct
  - Lecturers
  - Professional nurses
- Clinical learning opportunities
- Consistent accompaniment
- Resources
- Communication.

3.2 CATEGORIES, SUB-CATEGORIES AND THEMES

In Table 3.1 the categories, sub-categories and themes are given together with relevant extracts from the data collected.

Table 3.1: Categories, sub-categories and themes

Categories	Sub-categories	Themes
Inability to reach objectives	Workforce	*"… Not enough staff …"* *"… Sisters are swamped to help us do the procedures …"* *"… You go to work; you just work but your own work is not done. You work like permanent staff …"*
	Availability of lecturers	*"… With my accompaniment I feel like they should put more lecturers ... just put lecturers specifically for clinical accompaniment …"* *"… Sometimes is frustrating - one lecturer has to accompany a lot of students…"* *"… Sometimes you go in the ward you just work for how many days not being accompanied and you feel is a waste of time I would have done so many procedures if there was a person…"* *"… If it's just to go and check the student how are they doing in the clinical setting…"* *"… Sometimes you are placed in the ward; for the whole two months you have never seen a lecturer …"* *"… If we can have lecturers every day at KH…"*
	Conflicting expectations	*"… Trying to ignore the fact that I am 4th year student, I am expected to do this one, two, three and I am in 4th year but still I do 1st year stuff like every day…"*

		"… Unfair placement due to mismanagement of discipline…"
Integration of theory and practice		*"… Lecturers may come to see if I am doing the right thing they taught you in class…"* *"… You have to do things theoretically and then you go back, you need guidance but there is no guidance…"* *"… My feeling with clinical accompaniment is like I don't know what you were taught in the college and what is happening in the institution…"* *"… And the other problem is that what we are taught at the college and what is happening in the hospital are two different things from what you are taught …"*
Support	Lecturers	*"… If we can have lecturers everyday…"* *"… Lecturers to come or that registered nurse to take your hand and say its fine this is how we do things…"* *"… My personal experience from my level you don't get support at all…"* *"… There is no accompaniment at all…"*
	Role models	*"…She said come the next day and then she refuses …"* *"… You get chopped along the line, I am busy can`t do it…"* *"…There is no one to guide you…"* *"… The ward becomes so busy that you don't actually get support…"* *"… According to me is that we don't have support, there is no one who will sit with the student …"* *"… If we can have nurses responsible for a group of students…"*
	Peers	*"… If Mr X [colleague] does not help me I can go to Mr Y[colleague]…"* *"… I have seen the biggest support system in the clinical setting is between 1st and 2nd year and 2nd year always provide support…"* *"… But for me I would rather ask the senior student than the sister…"*
	Debriefing	*"I was terrified to deliver a baby"* *" … with regard to the labour ward … especially in terms of males who have never seen babies being born and are just placed there by the college without getting support…"* *"… my colleague at the Paediatric ward saw the baby sick and dying and there is no one to support…"*

Professional conduct	Lecturers	*"… She keeps interrupting you, can`t derail you…"* *"… they must keep quiet, listen to the procedure and then remedial sequence…"* *"… Are rude and ignorant…"* *"… Lecturer doesn't even let you know that she is going to be late…"* *"… They are not marking you correctly because they are in a hurry…"*
	Professional nurses	*"… You feel like giving up sometimes because at work the sisters most of the time they are rude and ignorant and the college even if you go there and complain they don't do anything…"* *"… Sometimes is very much frustrating…"* *"… She tells you she does not have time…"* *"… She says come the next day and then she refuses …"* *"… You get chopped along the line, I am busy, can`t do it…"*
Clinical learning opportunities		*"…So they go to check if learners achieve their objectives…"* *"…It's not fair they put you in a discipline with no equipment…"* *"… Surgical procedures like ICD and wounds are in surgical wards, however, one is placed in medical ward where you don't have such procedure …"*
Consistent accompani-ment		*"… She must accompany us and make sure we are competent and have our own skills in practice…"* *"… Clinical accompaniment is accompaniment full time and doing clinical and is a person working full time …"* *" … from the college in terms of assessment and what is done in the practical areas - it differs …"* *"… Ongoing assessment and even mention of a lecturer whereby she has to make sure that the student is competent…"* *"… Sometimes frustrating and one lecturer has to accompany a lot of students…"*
Resources		*"… It is just the fact that you need equipment; they just tell you I am in the ward…"* *"… Now you had to start running around looking for a patient …"* *"…That even frustrates worse - the hospital does not have all the equipment and now you had to run around…"*

Communi-cation		"… *It involves good communication and personal relationships between lecturers and students…"* "… *I think that if there was enough communication between college and the institution…"* "… *They send you outside Kimberley when you get there, nurses don't even know about you…*"

3.3 DISCUSSION OF THE RESULTS

The discussions of data will be followed by identified categories, sub-categories and themes.

3.3.1 Inability to reach objectives

A core component of nursing education is for students to practise and understand how to care for patients in a clinical placement. Clinical placement has a dominating influence on the learning processes and interpersonal relationship which are critical for student nurse's success, and afford them with opportunities to practise nursing skills which imitate a professional nurse (Grobecker 2015:180). Learning objectives can help students to make sense of what they have learnt and what they have gained from their clinical placement. During clinical placement students develop confidence and competency, and a range of skills (Dale, Leland and Dale 2013:1-7).

The student nurses participating in the study indicated that they were unable to reach their learning objectives during their placement at the clinical facilities due to problems encountered. Aktas and Karabulut (2015:124-128) assert that every registered nurse has a responsibility and is accountable for the quality of care given to the patient and as a result registered nurses have a moral duty to teach, mentor and supervise nursing students to ensure that they can deliver quality care to the patients and ensure patient safety. The students, however, expressed their feelings and experiences regarding their clinical accompaniment as that they were unable to obtain their learning objectives when they were at the clinical facilities (Rikhotso, Williams, and de Wet 2014: 6). The learning environment and the relationships between students and professional nurses were not conducive to learning and this needed to be mentioned. According to Hakimzadeh, Ghodrati, Karamdost, Ghodrati and Mirmosavi (2013:738),

students occasionally complain about unacceptable behaviours of professional nurses. The clinical environment provides the setting for learning and at the same time plays a role as a participant in teaching and learning. The learning environment has been described as having an effect on the development of student nurses′ cognitive, affective and psychomotor skills (Hakimzadeh *et al*. 2013:728). Clinical accompaniment must be planned in accordance with the learning objectives of the individual student and closely monitored so as to best achieve course objectives. Students should have knowledge of what is required from them and staff should know what to expect of students (Khoza 2015:110).

3.3.1.1 Workforce

Workforce is defined as individuals involved in or available for work, either in a setting or in a certain company or organization (Concise Oxford Dictionary: Online).

Participants mentioned that they were seen as permanent staff or workers and not as student nurses.

- *"… At the end you feel you are there in the ward to do one, two, three objectives but now it is like you are now part of the permanent staff you are now the workforce, because you are just doing what the routine is saying, but what you are supposed to do in the ward is neglected…"*
- *"… There's not enough staff in the clinical facilities to facilitate student practical hours and the procedures that we are supposed to do at the clinical level - sometimes sisters are swamped to help us to do the procedures…"*
- *"…I know that there is a shortage of staff but they need to be reminded that they are also part of our learning experience in the ward..."*

Participants indicated that they were disappointed with the clinical accompaniment at the clinical facilities, whereby professional nurses saw them as part of the workforce; sometimes they were not taught by permanent staff. Students expressed helplessness and a feeling of negligence in the clinical areas due to the shortage of staff. Participants felt that they should be given an opportunity for learning so that they could improve their theoretical and practical results and give quality patient care.

Participants indicated that they were not happy during their clinical exposure; it means that their motivation to learn was hampered. Participants felt that quality patient care was not rendered as supposed, because they rushed when performing tasks in order to finish.

The clinical learning environment should be seen as a place of collaboration: considerate, helpful, supportive, thoughtful, and inclusive. The professional nurses' and lecturers' task is to teach students and they should make sure that placement areas are optimal for the student learning (Smedley and Morey 2009:78) Students indicated that they depended on professional nurses at the clinical facilities to teach them in order for them to meet their learning objectives effectively. Students were placed at the clinical facilities to accumulate certain hours of practical work, and learning the skills and values of the profession, with the aim of attaining the learning objectives as stipulated by the nursing education institution (Tenza 2015:Online). However, the students′ learning opportunities were compromised due to the increased workload. According to Kaphagawani and Useh (2013:181 – 185) learning also takes place if students are provided with opportunities to practise real nursing by doing, but these learning opportunities are neglected if students are performing routine tasks and sometimes non-nursing duties. Nkoana (2015:15) asserts that when students are used as working forces in the clinical environment, it may lead to absenteeism of student nurses in the wards. Nonetheless, Mulaudzi, Daniels and Direko (2012: 97) are of the opinion that the use of students as work force may be beneficial if it is well coordinated and managed by good leadership.

Nurses in training need to be placed in a variety of clinical environments to obtain hands-on work experience, and to gain real-life opportunities to apply theory to practice. These clinical learning areas may impact on the achievement of students' learning objectives either positively or negatively (Purfeerst 2011: Online). In this study, the participants indicated that more lecturers and professional nurses should be available in the wards to help students achieve their objectives. The Nursing Act (33 of 2005) states that a student should acquire the learning outcomes set in a specific, identified field as part of their training, in order to be regarded competent to practise as a professional nurse in the practical area.

3.3.1.2 Availability of lecturers

Availability is described as the situation of not being too busy to perform something (Macmillan English Dictionary 2012: Online). According to the Thesaurus Dictionary (Online), availability is defined as the situation of being able to be attained or used.

Student nurses participating in the study expressed the opinion that more lecturers were required at the clinical facilities. Lecturers being more readily available in the clinical areas would assist students in mastering skills that would enable them to provide safe and high quality patient care and thus ensure that they achieve their learning objectives.

- *"… I feel like they should put more lecturers…"*
- *"… You get one lecturer maybe allocated for twenty students…"*
- *"… Sometimes is frustrating - one lecturer has to accompany lot of students…"*
- *"… A lecturer has to accompany a group of students…"*
- *"… With my accompaniment I feel like they should put more people in the clinical set up - sometimes you go in the ward you just work for how many days not being accompanied and you feel it is a waste of time; I could do so many procedures if there was a person…"*
- *"… You are placed in the ward the whole month in a certain ward and the lecturer never comes even once…"*
- *"… Is very frustrating at times you are being thrown in …"*
- *"… I couldn't perform the procedures because the lecturers were not available to assist…"*
- *"… I feel like they should put more people in clinical set up; just put lecturers specifically for clinical accompaniment."*

The lecturers in the nursing college involved in this study have two functions: one is performing theoretical teaching and the other is clinical teaching. Each lecturer is allocated to a group of students for clinical accompaniment, according to their level of training. As clinical teaching is the most important function of the role of the lecturers, most of the clinical teaching of student nurses is performed by lecturers, due to a shortage of professional nurses. Participants indicated that one lecturer was

responsible for more than twenty students; thus, this one lecturer could not accompany all the students and most students felt that they were neglected. Berntsen and Bjork (2010:18) also proclaim that experiences in the clinical facilities support students in bringing together cognitive, psychomotor, and affective skills in performing nursing duties and caring for patients. Students perceived that guidance by lecturers could have a positive influence on their learning outcomes. Student indicated that they felt insecure and anxious during their placements; they were expecting to see lecturers in the wards regularly. Participants perceived that the shortage of lecturers at the nursing college also affected their clinical teaching and learning outcomes negatively. Emanuel and Pryce-Miller (2013:18-20) purport that anxiety, lack of clinical supervision and a lack of role models for their professional role are factors that impact negatively on students' clinical experience, and this might have a detrimental effect on the quality of patient care and, on the other hand, it may contribute to anxiety and fear of the unknown.

Participants voiced the concern that little was done by the nursing college to support students to meet their learning outcomes during clinical experience. The participants specifically complained that the lecturers allocated for their support in the clinical setting, provide limited support and guidance. Students maintained that the lecturers always were in a hurry and sometimes they assessed students incorrectly. These students indicated that this could be the cause of their poor performance in class (theory) and clinical (practical) work. Letswalo (2015: Online) states that students who are not effectively attended to during clinical placement find it difficult to achieve their learning objectives. In accordance with this, the majority of the students in this study were unhappy with the clinical accompaniment, verbalising that poor accompaniment led to students failing their summative assessment during practicum. The nursing college and the clinical facilities are accountable for the training of student nurses, thereby ensuring that they are able to handle the complex nature of clinical practice (Emanuel and Pryce-Miller 2013:18).

Participants indicated that they were expecting to see lecturers being visible at the clinical facilities when placed there for clinical training. The participants maintained that sometimes they were placed in the two newly accredited clinical facilities, which are situated far from the nursing college, where students would remain for days or

weeks without lecturers being available to support, teach or guide them. These participants proclaimed that during weekends they were left on duty alone - the lecturers were not visible, and no clinical accompaniment was done. The students (participants) indicated that they wanted to see lecturers for accompaniment during weekends, as most of the time the professional nurses were busy with routine matters and forgot about the students. According to Nkoana (2015: Online), the shortage of lecturers ensued in the unavailability of lecturers at the clinical facilities and this resulted in the students not achieving their learning objectives. Clinical experience is the “heart of professional education” as it provides student nurses with an opportunity to strengthen their knowledge, to socialize in the professional role, and to attain professional values. Careful planning is required to succeed in this, and to provide close observation, so as to accomplish the programme outcomes (Khoza 2015: Online). Participants in the interviews had the perception that the rural hospitals where they were placed for experiential learning were not conducive to learning. This was because old methods were still in use for carrying out procedures, a shortage of staff reigned, there was a lack of nursing equipment and the unavailability of lecturers.

Mbirimtengerenji, Daniels and Martins (2015:708) state that nursing is a profession that requires two kinds of teaching and learning, namely teaching in theory (in class) and practicum (clinical training). Students expressed the opinion that with more clinical lecturers in the clinical facilities, students would be able to complete their practical work books and pass the theory and practicum. Accompaniment of students requires showing commitment in a caring manner, which involves taking part in the learning process face to face with the students (Moleki and Mogotlane 2011:91).

Being unsupervised and unsupported in an unpredictable environment could lead to the students feeling anxious, overwhelmed and vulnerable. These feelings increased when they are uncertain about their role and unnecessarily concerned about making mistakes and harming patients while they care for them. Anxiety further has a negative effect on the ability to learn as it affects the individual’s concentration, memory and health (Bracket, Rivers and Salovey 2011:90). Students in this study posited that more clinical preceptors were seriously needed at the clinical facilities.

The key feature for having a positive learning experience is found in the relationship between the student and lecturers. Consistent feedback and practical guidance from the lecturers are vital factors for improving the student's practical competence, confidence, motivation and self-esteem (Dale *et al*. 2013:5). The Nursing Act (33 of 2005) states that empowered professional nurses and midwives are to assist, guide and support nursing students throughout their training, with the aim of developing competent, independent nurse practitioners by creating an environment conducive to learning. Students' clinical experience is the key to their learning, professional development and their future practice in the work place (Skaalvik, Normann & Henriksen 2011:2294). The participants indicated that they desired a close relationship with their lecturers. They mentioned that positive relationships were important in their achievements of the clinical practice outcomes.

3.3.1.3 Conflicting expectations

According to the Macmillan English Dictionary (2009: Online), 'conflicting' is defined as two or more ideas that cannot all be correct or cannot all occur simultaneously. Conflicting also may be described as a vigorous disagreement between two people with differing views or beliefs (Cambridge English Dictionary:Online).

- *"… Trying to ignore the fact that I am a 4th-year student I am expected to do this one, two, three and I am in my 4th year but still do 1st year stuff like every day…"*
- *"… Unfair placement due to mismanagement of discipline…"*
- *"… I am first year allocated in the ward, the sisters are there but not happy, they just give you work to do - do this and that…"*

Students said that they wanted to feel like students when they were placed in the clinical facilities, but they merely felt like another pair of hands (to do the work). Students believed that the clinical facilities where they were placed should be relevant to the learning objectives according to their level of training. Literature shows that students learn better in an environment that facilitates learning and shows support to the students, ensuring that they feel that they are part of the team (Emanuel and Pryce- Miller 2013:18-19). Khoza (2015: Online) also states that

student nurses would learn better if different learning opportunities are provided according to each skill they have to master; therefore, student nurses need correct and meaningful introductions and orientation to the learning opportunities. The clinical environment comprises all involved in the student's teaching, learning and training, and all of these role players have the likelihood of positively or negatively impacting students' sense of belonging (Grobecker 2015:180). Tension may develop when students and ward staff do not agree on the reality of the everyday clinical setting (Sedgwick and Rougeau 2010: 1569). Henderson, Cooke; Creedy and Walker (2012:299) also aver that efficient education requires the integration of students into unit activities, staff engagement to address individual student learning needs, and innovative teaching strategies.

3.3.2 Integration of theory and practice

Integration of theory and practice is described as the process that brings together the students′ knowledge, values, and skills learned in the classroom and the practical areas (Carelsen and Dykes 2013: 2). The theory – practice gap is described as the inequality between what has been learnt in the lecture room and what is practised in the clinical setting (Kaphagawani and Useh 2013:184).

Nursing comprises two components: one is theory (what is taught in class) and the other is the practical component (student practising what they have learnt in class). These two components are inseparable (Van Zyl 2014:102). In nursing education the integration of theory and practice poses a challenge. Student nurses lament that when they go to the clinical facilities it is difficult for them to apply what they have learned in class. Students are trying hard to close the gap between theory and practice when they have to apply what they have learnt during theoretical learning to the cases that they come across in the clinical learning areas (Dadgaran, Parvizy and Peyrovi 2012:333). Students in this study mentioned that when they were allocated to clinical areas for practicum they found out that at the clinical facilities professional nurses used other methods in practice than those they had been taught, for example, different ways of dressing wounds than what the lecturers used. Students mentioned that this caused confusion and they ended up not knowing what was right or wrong. The participants (students) complained that the professional nurses did not provide

them with sufficient support, especially when they wanted to do things in the way they were taught in class. The students indicated that even when they reported this at the college, nothing had been done.

- *"… When you are in the clinical setting and any lecturer may come to see if I am doing the right thing or doing the things they taught me …"*
- *Supporting you in a way that at practical side you do the right thing that you were taught in class…"*

In the nursing profession, practical and theoretical knowledge should be highly integrated and clinical practice is important for the professional growth of student nurses (Carlson *et al*. 2009:522). Students indicated that a gap existed between theory and practice at the nursing college and in the clinical facilities. What they had learnt in class and in simulation laboratories was different from what they had to do in practice. It is, therefore, important that professional nurses develop an interest in assisting with theoretical and practical teaching in the placement areas (Khoza 2015: Online). The quality of nurse education rests on the quality of clinical experience that student nurses obtain at the clinical facilities (Khoza 2015:Online). Students participating in this study indicated that it was important for them to integrate theory and practice when placed in the clinical facilities because their training depended on both theory and practice. Theory should be integrated with practice as it expands the acceleration and development of personal and professional values in students as potential health care professionals (Beukes, Nolte and Arries 2010:5). However, students aired the view that it was difficult for them to implement what they had been taught in class or in the simulation laboratory, as this did not necessarily correspond with what they had learned in the clinical facilities, because they were regarded as permanent staff and that they had to do what they were supposed to do. Students explained that they were faced by difficult clinical situations, where they were torn between what they had learnt at the nursing college and what was expected of them in the clinical facilities. This ensued in negative attitudes, preventing support and guidance of student nurses whilst in the clinical facilities for experiential learning. Conflicting practices between the theoretical setting and that of clinical practice causes confusion, stress and anxiety, showing that students are not learning efficiently to

prepare them for the work they would perform after training (Kaphagawani and Useh 2013:182). Participants advised that there should be better communication between the nursing college and the clinical facilities in order to bridge the theory – practice gap. D'Souza, Venkatesaperumal. Radhakrisshran and Balachandran (2013:28) states that it is vital that quality clinical time is used efficiently and productively as planned.

In the nursing practice, there always has been a challenge regarding closing the gap between theory and practice, and that has a negative influence on the student nurses learning clinical skills. Student nurses find it difficult to integrate theory and practice (Nxumalo 2011:30). That caused confusion and anxiety among the participants because what they had learned in class was different from what was done in the practical setting (D`Souza *et al.* 2013:28). Students shared that they felt that they did not get help from the lecturers and the clinical staff at all. It is important for lecturers and professional nurses to keep themselves updated regarding the new technology in the clinical placement to make sure that the support they provide to students is built on theory and in practice (Nxumalo 2011:30).

At the end of training student nurses would be required to have knowledge and skills and be able to transform competencies into effective performance (Kaphagawani and Useh 2013:182). According to the Nursing Act (33 of 2005) clinical experience must take place in a variety of clinical environments and other clinical learning areas that support the success of the programme outcomes. Students attest that it is important that students be able to put into practice what they have learned in the classroom. The gap between theory and practice can lead to the decline of patient care and decline in performance (Hezaveh, Rafii, and Seyedfatemi. 2013:219).

Wrenn and Wrenn (2009:258) explain the value of theory and practice as follows:

- The programme outcomes may groom the students to grow and become professional practitioners in their selected field of practice.
- Lecturers would like to see students appreciating the importance of both classroom and practical educational experiences and learn that there is nothing more practical than good theory.

- The best learning environment is created when theory and practical work are integrated within a course, rather than partitioned throughout multiple courses in the curriculum.

3.3.3 Support

Support is described as providing assistance to an individual or something (Merriam-Webster 2012: Online).

Student nurses need to be supported by professional nurses and lecturers in the clinical learning areas. A supportive clinical learning environment is important to the achievement of the teaching learning process (D′Souza *et al*. 2013:25–32.). The clinical learning environment constitutes the staff, clinical setting and the patients. It is the responsibility of the Department of Health together with the nursing college to groom the student nurses in order for them to cope with the complicated environment of clinical practice. Students that were supported and supervised were knowledgeable, skilful and provided effective and efficient patient care (Emanuel and Pryce-Miller 2013:18 -20).

Students indicated that the clinical learning environment was frustrating, and explained that this was the reason why they were mostly absent from the clinical facilities where they were placed for experiential learning. According Emanuel and Pryce-Miller (2013: 18-20), students felt that they were vulnerable at the clinical facilities because they were alone, no-one cared and provided support. Participants felt that learning at the clinical learning areas presented an enormous stress to students - other than learning in the classroom. Mzolo (2015:43) states that every person needs support, whether from the lecturers, professional nurses or colleagues. Rikhotso *et al.* (2014: 5) asserted that there were certain reasons that led to poor guidance and support of students, namely large numbers of students in one learning environment, shortage of staff, lack of confidence of professional nurses and their unavailability.

3.3.3.1 Lecturers

Lecturers in this context are defined as persons who give lectures at a nursing college or university (Cambridge Advanced Learners Dictionary:Online). The Collins English Dictionary (Online) defines a lecturer as a teacher at a university or college.

The Nursing Act (33 of 2005) states that the nursing college is accountable for the training of student nurses and should take accountability for and offer evidence of clinical accompaniment. Furthermore, it asserts that accompaniment of student nurses is vital in the clinical environment and that all professional nurses and midwives have to be accountable in the accompaniment of student nurses in clinical environment. The lecturer in the clinical facilities builds a relational integrity through trusting relationships that encourage and persuade students to learn and think. The student who is tutored, encouraged and inspired acquires a sense of trust and establishes a repertoire of knowledge and skills that will support their learning in future (Adelman-Mullally *et al.* 2012:31).

- *"… If we can have lecturers every day or nurses responsible for a group of students…"*
- *"… Lecturers to come take your hand and say it's fine, this is how we do things …"*
- *"… It gives you that satisfaction to know that there's someone I can run to …"*
- *… You don't get support at all …"*
- *"… You need the lecturer and the lecturer cannot be available …"*
- *"…When you need their assistance it is very frustrating at times because it is like being thrown in ..."*

Participants indicated that the lecturers actually had to come to the clinical learning areas not only when they had to do a procedure. Adelman-Mullally *et al*. (2012:31) stated that the quality of support obtained from the lecturers allowed students to put an effort into their learning. Students in this study specified that if they could have clinical lecturers at the clinical facilities who could accompany them regularly, it would be beneficial as the ward sisters were always busy and they did not have time to spend with the student nurses. Lecturers are supposed to function as change agents and leaders, and utilize their leadership skills in training students for ever-

changing complicated healthcare settings (Adelman-Mullally *et al*. (2012:31). Students wished for lecturers to "just take their hands and say it's fine", clinical accompaniment is expected of all those who are responsible for students, including professional nurses. Caring is the key and heart of the nursing profession (Labrague, McEnroe-Petite, Papathanasiou, Edet, Arulappan, Tsaras and Fronda 2016:45). Students need a "sense of belonging" this is a crucial concept, which influences students' acceptance of and connectedness with lecturers and nurses in a clinical environment (Grobecker 2015:179).

Lecturers are tasked with the responsibility of creating a learning milieu and learning opportunities that are attractive, demanding and motivating, that encourage students to master critical thinking and problem-solving skills (Mbirimtengerenji *et al.* 2015: 709). Lecturers could reduce the anxiety of student nurses by demonstrating procedures in the simulation laboratory prior to placement. By doing so, students will be given full explanations of what to expect in the practical environment. The nursing college and the clinical facilities should have a healthy relationship that addresses clinical learning issues of students within the clinical facilities (Emanuel and Pryce-Miller 2013:19).

Student nurses acquire information, values and examples from role models, whether the learning obtained from their example is intended or unintended. Caring is the key and heart of the nursing profession. Lecturers are in an excellent and critically important position to role model the students by including caring as an important element in a nursing curriculum (Labrague *et al*. 2016:179). Care is described as providing for what is essential for the health, welfare, maintenance, and protection of someone or something (Concise Oxford Dictionary 2008:172). Student nurses (participants in the study) contended that they did not have role models, neither at the nursing college, nor in the clinical facilities. These participants were convinced that the visibility of lecturers changed the attitudes of other staff and that the lecturers protected them and talked on their behalf. Clinical experience was recognised by students as one of the greatest anxiety-producing components during training. Furthermore, clinical experience also needs to develop an ability to provide safe and effective care to other human beings in different clinical areas (Purfeest 2011:26). Role modelling is a powerful approach through which to inculcate professional

behaviour in students through learning by observation (Jochemsen-van der Leew, van Dyk, van Etten-Jamaludin and Wieringa 2013:4). The study participants complained that the lecturers always were in a hurry because of the number of students they had to see at the clinical learning areas. The nursing college providing training is responsible and accountable for ensuring quality clinical accompaniment of the student nurses to facilitate optimal achievement of the learning objectives of the Nursing Act (33 of 2005). The student participants indicated that there was no-one to guide the students when they reported for duty for the first time at the clinical facilities. Sometimes the ward was not informed about the students' coming and then the students had to explain. The participating students were of the opinion that clinical accompaniment could be done every day; it would enhance their learning and development and build their confidence. Students were of the opinion that clinical accompaniment should take place full time.

Participants emphasised that support was important for the students; if they were not supported they lost interest in their studies. Lack of support also led to absenteeism, poor performance in class and practicum, and incomplete practical workbooks, which all resulted in some students deciding to leave the course or abscond.

The lecturers are supposed to evaluate not only the students' knowledge, but also the students' expectations of themselves, other staff and the clinical setting. Students have to increase their social awareness and clinical awareness. Furthermore, preparations should include everyone in the clinical environment who is involved in the students' experience so that they might come to learn not only what students know, but how to work together with other students. In that way, the clinical environment is supportive of students' learning and changes to the professional role of nurses (Sedgwick and Rougeau 2010:1569).

3.3.3.2 Role models

A role model is described as a person who serves as an example of the values, attitudes, and behaviours associated with a role (English Oxford Dictionary: Online).

The Nursing Act (33 of 2005) describes a professional nurse as a "person who is qualified and competent to independently practise comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice".

Students perceived that professional nurses were their role models at the clinical facilities and expected that they should act accordingly. Participants indicated that they would like to see professional nurses with the following attributes: compassion, easy to work with, cooperative, leadership skills, caring, communicating with patients and students, committed to rendering quality patient care, displaying professionalism, taking responsibility as a professional nurse, coping with difficult situations and continuously updating her/his knowledge. The Nursing Act (33 of 2005) states that a professional nurse should ascertain and support a setting in which care is provided in a safe and conducive manner.

Students indicated that they wanted to have role models, someone who could guide them, especially when they are in the clinical facilities.

Fundamentally, role modelling involves teaching students by example, that is, students watching the clinical staff executing a task or an intervention, which the student is expected to repeat (Adelman-Mullally *et al.* 2103: 34).

- *"… There is nobody who can guide you …"*
- *"… So busy you don't actually get the correct support…"*
- *"… They are outdated, there are shortcuts…"*
- *"… There is no-one to assist you…"*
- *"… You get chopped along the line, I am busy, can`t do it…"*

Student nurses acquire knowledge, values, skills and attitudes from role models, whether the learning obtained from their example is intended or unintended. Caring is the key and heart of the nursing profession (Labrague *et al*. 2016:180). Care is described as providing that which is essential for the health, welfare, maintenance,

and protection of someone or something (Concise Oxford Dictionary 2008:172). Student nurses participating in this study maintained that they did not have role models neither at the nursing college nor at the clinical facilities, although both lecturers and professional nurses were involved in the clinical teaching of students. Developing the clinical performance of the students is reliant on the lecturers and professional nurses; thus, it is important that students should be accompanied when in the clinical facilities. It is important for professional nurses to be empowered with knowledge, skills and positive attitudes in order for them to transfer the knowledge and address the challenges encountered by students in the clinical learning areas (Steivy, Lawrence and Juan Jose 2015:66 - 75).

Role modelling is a powerful approach by which to inculcate professional behaviour in students through learning by observation (Jochemsen-van der Leew *et al*. 2013:26). Student nurses mentioned that the shortage of professional nurses hampered the attainment of their programme outcomes. The students were of the opinion that the shortage of professional nurses was the result of the large intake of student nurses for training, which ensued in a smaller number of students completing their studies at the nursing college successfully, high attrition rates, the ageing of students, and some students leaving the profession for better salaries and better working conditions. The Northern Cape has only one nursing college responsible for student training. Students should be supported and permitted to communicate with patients and the communities in clinical facilities, to increase and attain critical thinking skills, decision-making, psychomotor and affective skills (Rikhotso *et al*. 2014:1164). Participants indicated that although they kept on asking for more support from professional nurses, they agreed that they knew professional nurses were working under stressful conditions such as a shortage of staff, a lack of resources and not getting support from the nursing college and management. Participants indicated that there was nobody to whom they could turn for assistance and support, because the professional nurses always were busy; therefore, as a student they just did what they thought they were supposed to do. These students experienced this as professional nurses at the clinical facilities being of the opinion that providing support to students was just an additional burden for them while they already were swamped with work. Participants proclaimed that they needed more nurses at the clinical facilities during their clinical exposure.

Learning takes place when nurses display good practice, impart knowledge through conversations and discussions and also when these nurses give positive responses to students. These types of interactions take place when positive leadership practices encourage trust and openness among staff. Clinical facilities that encourage staff and students to learn through the application of knowledge in practice might encourage experienced nurses to examine and look into their own practices (Henderson *et al.* 2012: 196 – 202). “Role modelling is a tool that assists clinical nurses acting as examples to transform theory into practice so that they can share their skills with student nurses. The shared knowledge is called ’craft knowledge’; the ’craft’ of nursing being considered as to be that which happens when nurses combine practice observations, clinical experience, knowledge and skills to a specific patient-centred purpose” (Perry 2009:36 - 44.).

3.3.3.3 Peers

‘Peers’ refers to a group of people of approximately the same age, status, and interests (Concise Oxford Dictionary 2008:859). Merriam-Webster (Online) describes a peer as an individual who is in the similar age group, company or social standing as somebody else.

- *“… If Mr X [Colleague] does not help me I can go to Mr Y [Colleague)…”*
- *“… I have seen the biggest support system in the clinical area is between 1st and 2nd years, and 2nd years always provide support…”*
- *“… But for me I would rather ask the senior student than the sister…”*

Emanuel and Pryce-Miller (2013:18-20) state that students learn more effectively in an environment that facilitates learning. When students are supported and guided they are encouraged to learn and feel part of the team. Student nurses proclaimed that they wanted support form lecturers and the clinical staff but the only support they received was from their peers. One student said that she regarded the support system existing between 1st- and 2nd-year students as the biggest support system in the clinical facilities. According to Grobecker (2015:178), a sense of belonging was seen as a basic human need, which, when satisfied, has a positive influence and effect on

students' education, motivation and confidence. Student nurses who did not get support felt rejected and lonely. Some students might even leave the programme.

A sense of belonging permitted students to move forward and requested help and support during work in the clinical setting (Borrot, Day, Sedgewick and Levett-Jones 2016:29–34). Students expressed the need to be accepted by the clinical staff and the lecturers. In a clinical setting that is unstable, unstructured and demotivating, students are left with feelings of vulnerability and anxiety (Emanuel & Pryce-Miller 2013:18-20). Students in this study explained that the support they got from peers was not sufficient, because peers also needed support.

3.3.3.4 Debriefing

According to the Mosby's medical, nursing, and allied health dictionary (2005: Online), debriefing is described as a meeting held after a powerful incident or disaster where the viewpoints of participants regarding the disaster are deliberated and investigated. Debriefing also is defined as a critical-incident stress-reducing process that comprises structured stages of a group discussion (Cant and Cooper 2011:45). A structured, facilitated debriefing is a vital approach to involving students in learning (Cant and Cooper. 2011:40).

Regular feedback and practical advice from the lecturers are important for improving the student's practical competence, confidence, motivation and self- esteem (Dale *et al.* 2013:Online).

- *"I was terrified to deliver a baby"*
- *" … with regard to the labour ward … especially in terms of males who have never seen babies being born and are just placed there by the college without getting support…"*
- *"My colleague at the Paediatric ward saw the baby sick and dying and there was no one to support her.*

Debriefing is a way by which students can process their reactions and viewpoints associated with working in the clinical settings. The lecturers and the registered nurses' roles are to create a safe learning environment for the students to learn, and structuring a seemingly unstructured learning event is vital to the success of the period spent in the clinical area (Wickers 2010: e83-e86). Students in the study reported that no debriefing sessions occurred in the clinical learning environments, and expressed the desire for such sessions to take place. Students explained that they had experienced traumatic incidences in the clinical facilities and that resulted in a lack of performance. Debriefing, therefore, is a vital strategy to apply to ensure meaningful teaching and learning in the clinical learning environments. One student (participant in the study) mentioned that she saw a baby that was sick and dying, and there was no one to help her at the time and later she also received no support, such as a debriefing session would have offered. Planned and facilitated debriefing is a vital approach to involve students in learning, to assist them to see matters in perspective and to help them to relieve stress; therefore, it also is crucial in simulation training. Debriefing increases learning opportunities and allows students to learn from their faults (Cant and Cooper 2011:37). The students participating in the study surmised that debriefing could be done with the support of the professional nurses and lecturers. According to Joseph (2013: Online), debriefing might be done at the place where the situation to be debriefed occurred. Debriefing needs a two-way communication process between the student and the professional nurse/ lecturer. Cant and Cooper (2011:37) state that the debriefing process assists the students to reflect on their feelings and actions during the specific incident, and therefore empowers them with creative strategies that may boost their future performances.

Students indicated that they had been exposed to traumatic situations and no counselling was provided afterwards. When a person has been exposed to a critical incident, either briefly or long term, this exposure can have a considerable effect on the person's general functioning (Joseph 2013: Online). The professional nurses and lecturers were ill-equipped to deal with such incidences at the clinical learning environment.

3.3.4 Professional conduct

Professional conduct is described as the way in which a nurse practitioner should conduct herself/himself while acting in his/her professional capacity (Nursing Act (33 of 2005). Professional conduct thus refers to the behaviour, actions and attitudes of nurses qualified to work in a professional capacity.

3.3.4.1 Lecturers

A lecturer refers to an individual who lectures (Collins English Dictionary: Online). The Cobuild Advanced English Dictionary (Online) describes a lecturer as an educator at a university department or a college.

- *"… She keeps interrupting you …"*
- *"… Are rude and ignorant …"*
- *"… Lecturer doesn't even let you know that she is going to be late …"*
- *"… They are not marking you correctly because they are in a hurry …"*

Professional conduct of lecturers may impact positively or negatively on the learning experience of the students. Accompaniment of students is meant to show commitment and a caring attitude towards the students and patients, and it involves being a role model in face to face teaching and learning, as well as the process of caring for patients. The findings of this study are contrary to what Nicolaides (2014: 2-3) calls the "expansion of a culture of ethical conduct", in which lecturers act as role-models for their students. The students in this study mentioned that lecturers did not pay attention to their professional behaviour - they did not even let students know that they were going to be late. The demand for role modelling is also stated in the [South Africa 2005] Nursing Act, (Act 33 of 2005) According to this Act, lecturers are expected to act as role models for students with regard to professional and community activities. Furthermore, the Nursing Act (33 of 2005) states that lecturers should create a working relationship with students and encourage a positive learning environment.

3.3.4.2 Professional nurses

The Nursing Act (33 of 2005) describes a professional nurse as a "person who is qualified and competent to independently practise comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice".

Clinical education is one of the key issues that contribute to the perception students have of the clinical environment and its influence on their professional growth (Dadgaran *et al.* 2012: 330-337); thus, it is vital for professional nurses to look for ways to promote and reinforce students' clinical abilities in a clinical environment.

- *"… There is no one who can guide you …"*
- *"… So busy you don't actual get the correct support …"*
- *"… We don't have support…"*
- *"… She said, come the next day, and then she refuses …"*
- *"… The sisters were there but they are not happy with the students - they just give work …"*

Henderson *et al*. (2011:197) state that professional nurses working in the clinical facilities should be aware that they are observed by students. They are judged by students according to their actions and interactions. Students continuously observe these role models' behaviours and attitudes either negatively or positively. The student nurses in this study indicated that the sisters (professional nurses) were present, but that they never seemed to be satisfied with the students; they just gave them work to do. Professional nurses are important in role-modelling attitudes and behaviours; therefore, the staff with whom students come into contact in the clinical environment clearly affects how students perform their practice, create a sense of their knowledge, and support safe and ongoing care (Henderson *et al*. 2011:197).

Proper clinical facilities are essential for nursing students' education. Such facilities provide students with the opportunity to learn practical skills and acquire knowledge; thus, student learning in these facilities depends on the quality of support registered nurses provide as role models (Emanuel and Price-Miller 2013:18-20). Professional nurses in the clinical facilities should share their knowledge and experience freely with the students through talking and demonstration of procedures, or during routine activities. Students, when supported, become more confident and caring, knowing that they were role-modelled by experienced and knowledgeable Professional nurses (Steivy *et al.* 2015:70). Participants indicated that there was no-one who could (or would) guide them and acted as true role models. According to these participants, some Professional nurses were downright rude towards the students. In this regard Nkoana (2015:17) maintains that a lack of support of students may lead to narrowed down or redundant knowledge. Every person needs support, whether from a colleague, lecturer or the registered nurse in the ward (Mzolo 2015:43). According to the participants in the current study, Professional nurses sometimes refused to assist them and asked why the lecturers did not come to the clinical areas to assist the students. The reasons they gave for this behaviour were that they were 'swamped' or that assisting students was not in their scope of practice. Students indicated that some professional nurses were willing to assist and guide them, but some would negatively influence the other Professional nurses. Participants, however, elucidated on this aspect and admitted that not all Professional nurses were rude, but that the majority did not know how to address or communicate with the students.

3.3.5 Clinical learning opportunities

Clinical learning opportunities are described as the variety of learning experiences obtainable in the clinical facilities or other experiential learning areas created or made available for students to master clinical the Nursing Act (33 of 2005).

- *"… So they go to check if learners achieve their objectives…"*
- *… Surgical procedures like ICD and wounds are in surgical wards, however, one is placed in medical wards where you don't have such procedures…"*

According to the Nursing Act (33 of 2005) the curriculum should support personal and professional development of students, so that at the end of the course students are capable of managing health service components effectively and efficiently. Clinical learning should occur in accredited clinical facilities and other learning areas that facilitate the attainment of the programme outcomes of the Nursing Act (33 of 2005). Students were concerned about the clinical facilities that did not have the equipment or resources required for the performance of certain skills or for rendering patient care. Students indicated that they had to run around to find equipment in order to practise a specific skill. The students indicated that sometimes they had to go from one ward to another, and after having had to run around to find required equipment the professional nurses would tell them that they were too busy to help them. Students would learn better if there were useful and efficient learning opportunities provided in regard of each skill. The learning facilities are expected to offer opportunities that cater for the cognitive, affective and psychomotor development of the students in order to achieve the approved programme outcomes of the Nursing Act (33 of 2005).

One aspect considered essential and crucial for the students is an appropriate introduction and orientation of students with regard to the learning opportunities available in the wards in which they are placed. With good orientation, students would know immediately what is expected of them. As Khoza (2015: Online) attests, students do consider orientation to clinical practice as an important learning opportunity from the beginning of their placement.

3.3.6 Consistent accompaniment

Clinical accompaniment is described as a structured process followed by the college and is done by lecturers or preceptors in order to facilitate, assist and support the student nurses in the clinical facility to achieve the programme outcomes Nursing Act (33 of 2005). The Concise Oxford Dictionary (2008:7) defines accompaniment as something that supplements or complements something else.

Clinical accompaniment is seen as an important component of a nursing education programme and is aimed at providing support to the students (Kgafele 2014: online).

- *"… She must accompany us and make sure we are competent and have our own skills in practice…"*
- *"… Clinical accompaniment is accompaniment full time and doing clinical and is a person working full time …"*
- *"… It becomes a struggle for the students because what is expected from the college in terms of assessment…"*
- *"… You lack almost the knowledge to fulfil the expectations of the college…"*
- *"… Ongoing assessment and even mention of a lecturer whereby she has to make sure that the student is competent…"*

Clinical accompaniment in the education and training of student nurses is crucial and interrelated; it ensures the integration of theory and practice. Xaba (2015: Online) asserts that clinical accompaniment is a process whereby there is direct engagement and visibility of a lecturer who balances the work with guidelines and learning resources to close the theory – practice gap. Students (participants in the study) indicated that they would like to see lecturers in the clinical facilities as frequently as possible, not necessarily for procedures, but for moral support. The nursing college, however, is responsible for the training of students and should take responsibility for and give evidence of clinical accompaniment Nursing Act (33 of 2005).

Student nurses are placed in the clinical areas for clinical exposure and clinical learning opportunities, including integrating theoretical knowledge with practical skills and professional socialisation under guidance and with support from professional nurses (Rikhotso *et al.* 2014:1-6). Accompaniment of student nurses is essential in the clinical settings and professional nurses, lecturers and midwives are responsible for the accompaniment of student nurses in the clinical setting Nursing Act (33 of 2005). Participants in the study expressed the view that the lecturers had to accompany them to make sure that they were competent and had mastered the required skills during the clinical practice period.

The accompaniment of student nurses was found to be a problem in most clinical facilities for reasons mentioned by the participants, for example, a shortage of lecturers and professional nurses. Participants perceived clinical accompaniment as a problem and as clinical accompaniment was supposed to occur from the students' first year of study, it constituted a major issue, because in their first- y e a r students particularly needed the support and supervision of the preceptor. According to Motlhaping (2016:4), there was an urgent need for the implementation of satellite colleges in various districts in the Northern Cape in an effort to curb the demoralizing shortage of staff. Furthermore, Motlhaping (2016:4) asserts that such satellite colleges would have increased the intake for training of students which would have countered the shortage of staff that currently reigns. He also calls for the urgent establishment of a Centre for Clinical Healthcare Excellence, claiming that the Centre would assist in improving the clinical skills of professionals, especially of nurses.

The participants felt that clinical accompaniment was like a security policy for student nurses. On the negative side, however, most participants emphasised that there was no visibility of lecturers or professional nurses to accompany them during their clinical training. According to the Nursing Act (33 of 2005), lecturers were required to accompany nursing students in the clinical facilities and give guidance and support and to assist with the integration of theory and practice.

The participants also mentioned that the nursing college was the responsible body that should have ensured that the learners in the clinical placement areas achieved their learning objectives; therefore, the lecturers should have gone to the clinical areas to see whether students were fine, were achieving their learning objectives and were progressing well. Furthermore, Xaba (2015:Online) asserts that failed accompaniment in the clinical settings deterred students professional and cognitive growth.

Participants were well aware that clinical accompaniment was imperative for them because it ensured that students would be competent to do what they were taught in class, so as to prevent adverse events that might occur, and basically to ensure that

students were competent to do the work that they were supposed to do. Students are the future assets of the health system; if they are not supported and guided correctly, patients and communities will be in danger. Nursing students' performance plays an important role in producing best quality care in the health fraternity. Supporting students to learn is an important function for both lecturers and professional nurses (Sunshine, Lawrence and Juan Jose 2015: 62).

Unsatisfactory clinical accompaniment of student nurses was reported in a study done by (Letswalo 2015:Online). They reported on the neglect of students' status by nursing staff, hostile clinical placement areas and the absence of supervision. The study found that no responsibility was shown by professional nurses in teaching student nurses and in providing quality care to patients under their care. Participants raised issues of concern regarding clinical accompaniment, namely that the lecturers were not visible and that the professional nurses did not have time to teach them, thus students supported each other.

3.3.7 Resources

The Concise Oxford Dictionary (2008: 995) defines resources as stock or supply of material or assets. Merriam Webster (Online) describes resources as a place or item that offers something beneficial.

- *"… You need equipment's…"*
- *"… You run around looking for instruments…"*
- *"… The hospital does not have all the equipment - you had to run around…"*
- *"… That even frustrates you worse…"*

A lack of resources was mentioned by participants as it hampered the learning process. Participants indicated that the shortage of resources affected patient care and students' training; they could not render effective and efficient patient care.

Students felt that lecturers should oblige when appointments were made with students to observe, because practising a skill was very stressful. The students were compelled

to run around looking for equipment and in the end the lecturer often would cancel the appointment. Such occurrences were experienced as distressing by the students and left them despondent and negative.

A hospital that retains key pieces of medical equipment at hand at all times is a hospital that is ready for any situation that might pass through their doors. The nature of medical treatment requires that in order to provide complete care, the institution must be in possession of complete equipment (AKW Medical 2011:Online).

Students are supposed to be provided with relevant resources so that they can be in a position to perform their procedures while working in the clinical learning environment. The researcher has accompanied students at the clinical facilities and found a gross shortage of resources. Students sometimes are told by professional nurses that they should use what is available and just go with the flow. This elucidation of the situation in the clinical learning areas shows that students do not receive quality teaching and training, and some of the students participating in the study were frustrated because they could not complete their practical work books on time.

Participants expressed their concern that their education was compromised by the lack of resources in the clinical learning areas. The nursing college is responsible for the teaching and learning of students. The quality of nursing education is determined by the quality of the clinical experience planned in the curriculum. Clinical learning experiences as the "heart" of professional education should provide students with opportunities to extend and establish knowledge, to socialize in their professional role and to acquire professional values (D`Souza *et al*. 2013:25, Khoza 2015:Online).

3.3.8 Communication

Communication is described as a process occurring when two people talk to each other or convey information to each other through verbal or non-verbal means (Longman Wordwise Dictionary 2004:118). Merriam Webster`s Learner`s Dictionary (Online) defines communication as a process by which information is transferred between individuals through symbols or behaviour, verbal or non-verbal.

- *"… It involves good communication and personal relationships between lecturers and students…"*
- *"… I think that if there was enough communication between college and the institution …"*
- *"… They send you outside Kimberley; when you get there, the nurse`s they don't even know …"*

Participants in the study believed that communication between the nursing college and the clinical facilities is very limited. They maintained that the nursing college did not care about the students, because they were just thrown in or left in the deep side of the clinical area and expected to fend for themselves. Students said that when placed in clinical facilities they would work for weeks or even months without seeing lecturers, especially when placed in a clinical area far from the college. Participants indicated that two accredited clinical areas are situated far from the college, about 400 km outside of Kimberley. The participants would be placed there without any communication between the nursing college and the clinical facility. Sometimes the manager did not even receive any communication about the students' placement from the college, and when she enquired she would be told that the information had been sent a long time back. Participants complained that such miscommunications frustrated them. Timely and effective communication emerges as a challenge in areas of nursing. Much as the students complained about that during their accompaniment, Easly, Miedema, Carroll, Manca, O'Brien, Webster and Grunfeld (2016:608) confirm that effective and timely communication affects decision-making and therefore prevents impaired rapport between the two parties involved.

A student stated that there was no communication between the nursing college and the clinical facilities, and this was causing problems. The student mentioned that the professional nurses in such cases behaved in an unfriendly manner, which was interpreted as carrying negative communication cues.

3.3.9 Conclusion

The findings and the literature control discussed in this chapter clearly laid bare the many problems and issues nursing students experienced during their placement in the clinical training facilities. A discussion of the findings and the limitations of the study, as well as recommendations and conclusions will be discussed in next chapter.

3.4 FIELD NOTES

Field notes are important notes made by the researcher during the qualitative interviews to recall and record the actions, incidents and other features of an observation (Schwandt 2015: Online). Notes are the record keeping methods for interviews (Brink *et al*. 2012:159).

3.4.1 Observational notes

Observational notes are defined as objective descriptions of what took place in the field (Polit and Beck 2012:548). The researcher took notes which are understandable and reasonable, about settings, actions and behaviours and talks that were observed (Polit and Beck 2012:548–549; Emerson 2011:Online).

During the focus group interviews the researcher observed the following: Before the interviews commenced participants were communicating to each other, laughing, joking and appeared happy. During the interviews, when the first question was asked, participants “laughed” and there was a moment of silence. Some participants appeared scared because it was the first time they participated in a focus group interview. As the interviews continued, some participants avoided eye contact, closing their eyes, clenching hands; others were talking loudly when expressing their experiences. Some were angry, disappointed and this the researcher could identify from their voices. Others, at the beginning, were quiet, but as the interviews continued they started opening up. Some participants were talking very softly, and as a result it was difficult for the facilitator and the researcher to ascertain what they were trying to say; the facilitator encouraged them to talk louder for the sake of the tape recording. Some participants were laughing as they talked about their experiences.

3.4.2 Theoretical notes

Theoretical notes are the researchers’ thinking in efforts to determine what had happened in the field (Polit and Beck 2012:549).

Eight categories and nine sub-categories were identified in the data gathered during the focus group interviews. The categories and their sub-categories identified were: Inability to achieve objectives (students mentioned workforce, availability of lecturers, conflicting expectations); Integration of theory and practice (no sub-categories); Support (students spoke about lecturers, role models, peers and debriefing); Professional conduct (students mentioned lecturers and professional nurses); Clinical learning opportunities (consistent accompaniment); Resources and communication (no sub-categories). Participants emphasised the importance of clinical accompaniment for the achievement of their objectives.

3.4.3 Methodological notes

Methodological notes are defined as notes that the researcher reflected on about the approaches used during data collection (Polit and Beck 2012:549).

Participants appeared happy and relaxed. All participants who volunteered to participate were present. The facilitator explained to the participants the research purpose, their voluntary participation and that they were free to leave if they wanted to they would not be prevented by anyone. During the interviews the facilitator requested the participants to feel free express their views regarding their experiences. The facilitator was friendly and approachable; participants could share their experiences freely. Some participants were laughing and happy and other participants wanted to ask questions continuously. Participants showed how they enjoyed to be part of the focus group interviews.

3.4.4 Personal notes

Personal notes are described as the researcher's comments about the observations made during the focus group interviews (Polit and Beck 2012: 549).

The researcher experienced the data collection process as very stressful. Availability of participants was the most strenuous part, because they were participating voluntarily. The researcher wished for the smooth running of the interviews. During tea time, The researcher was informed that some participants had left, but that did

not affect the interviews. The researcher was excited and happy when listening to the participants expressing their views and opinions. The researcher was shocked to hear about how professional nurses and lecturers were treating students at the clinical learning environment. The researcher is a lecturer at the nursing college and also an accompanist, and realised that there seemed to be much room for improvement at the nursing college regarding students' clinical accompaniment.

3.5 CONCLUSION

Analysis if the data indicated that the themes of support and inability to achieve learning objectives had most sub-categories. Some participants indicated that not all lecturers were inefficient, but clinical accompaniment was compromised by the nursing college.

In the end, participants cooperated fully and made valuable inputs. The comments can be seen in Addendum F (Polit and Beck 2012:549).

CHAPTER 4: DISCUSSION OF RESEARCH FINDINGS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

4.1 INTRODUCTION

The previous chapter presented a discussion of the research findings. The categories, sub-categories and themes supported by literature and quotations from the focus group interviews were used to substantiate the findings.

This chapter will be devoted to a discussion of the research findings, recommendations based on the findings, and limitations of the study, as well as the conclusion of the research report.

4.1.1 Summary of the findings

From the data collected during the focus group interviews, a number of categories and sub-categories were identified. The categories and sub-categories are presented in Table 4.1.

Table 4.1: Summary of categories and sub-categories

Categories	**Sub-categories**
Inability to achieve objectives	Workforce Availability of lecturers Conflicting expectations
Integration of theory and practice	
Support	Lecturers Role models Peers Debriefing
Professional conduct	Lecturers Professional nurses
Clinical learning opportunities	
Consistent accompaniment	
Resources	
Communication	

The discussion of the findings, conclusions and recommendations will be done according to the main categories.

4.2 INABILITY TO ACHIEVE OBJECTIVES

If students cannot achieve the objectives set for clinical training, it seems to be a futile exercise. Therefore it is important to establish the reasons for this situation, and make recommendations to remedy the situation.

4.2.1 Discussion

Findings regarding the category of inability to reach objectives reveal that the students were dissatisfied with the way clinical accompaniment was conducted. The students ascribed the inability to reach their objectives to the fact that they were seen as a workforce, as well as the non-availability of lecturers and conflicting expectations. The findings in this regard reveal that the students were used as workforce due to a shortage of staff at the clinical facilities. Indeed, the training of nursing students includes a component where students are supported to achieve their objectives in terms of the provision of patient care. This is the social contract that society signs with the nursing profession, which stipulates that the training of nurses will also happen within the realm of patient care. However, this obligation needs to be coordinated by all the stakeholders. The nursing education of students is the priority of Nursing college, while patient care is the priority of the Department of Health, which facilities are used for the clinical training. The Nursing Act (33 of 2005) states that a student should acquire learning outcomes in an identified field after completion of training, in order to become competent to practise as a professional nurse. The lecturers are supposed to visit the clinical facilities while the students are trained there, but this obviously did not happen. This probably is due to the expectation that lecturers in this college have to perform various roles in the education of nurses, one of which is teaching theory and the other is doing clinical accompaniment. The non-availability of lecturers in the clinical areas deprives the students of sound introduction and orientation to the learning opportunities in clinical facilities. This scenario leads to conflicting expectations.

4.2.2 Conclusions

It may be concluded that the perception of students that they merely are regarded as part of the workforce is based on the lack of coordination and planning between the two institutions, namely the nursing college and the Department of Health. A lack of clear and regular communication and poor coordination and planning have an impact on the students' ability to learn and obtain outcomes. The non-availability of lecturers in the clinical areas and the shortage of professional nurses add to students' feelings of being neglected as far as clinical accompaniment is concerned, as they do not receive proper guidance, ensuing in conflicting expectations.

4.2.3 Recommendations

- The researcher suggests that the nursing college should allocate students properly, in order for them to achieve their objectives and for the lecturers to manage the students more easily.
- The researcher suggests that lecturers should be trained in a preceptorship programme. Clinical preceptors are the connection between nursing college and the clinical facilities (Botma, *et al.* 2012:75). The nursing college has a good relationship with the University of the Free State. This collaboration may be strengthened so that the university can assist with preceptorship training as they have experts offering preceptors' training.
- The nursing college and the clinical facilities need to build a strong relationship and come to a clear agreement regarding student training.
- The researcher suggests that the nursing college compile a structured clinical accompaniment plan; this could assist in guiding the lecturers during clinical accompaniment. The structured accompaniment plan should be disseminated and communicated to all involved with students.
- The nursing college and clinical facilities can identify mentors who can provide continuous support to students and by doing that, students will become more independent and provide patient care of a high standard (Emanuel and Pryce-Miller 2013: 18-20)

4.3 INTEGRATION OF THEORY AND PRACTICE

When nursing students are placed in clinical facilities, one of the main aims is to create opportunities for the students to apply their theoretical knowledge in practice, and to master and hone clinical skills. The integration of theory and practice, therefore is of utmost importance if the nursing college wants to deliver well trained professional nurses.

4.3.1 Discussion

The findings reveal that the students are frustrated and confused because of the theory - practice gap. The students perceived this situation as putting them in a helpless and exposed position. Students expected the practical environment to be similar to the theoretical environment, only to learn that things were done differently. Skills were performed differently than what they were used to by the professional nurses in the clinical facilities. Many of the participants also emphasized the lack of resources as impacting on providing effective and efficient patient care. Enough equipment in hospitals and clinical facilities for a successful clinical experience for students is imperative. Lecturers also need to prepare the students for working in the outside world. Student nurses were under the impression that clinical learning areas were well resourced and would enable them to practise skills and provide optimal care to patients; that however, was not the case. Professional nurses are overworked, but the students expected to get support and assistance from them. Those working in Primary Health Care, specifically, have many patients that need attention, thus they often do not have the time to support the students. Sometimes they would sacrifice some part of their busy schedules to demonstrate skills for the students' benefit. The researcher is a lecturer and did clinical accompaniment for students and saw professional nurses demonstrating skills in the morning, especially when there were only a few patients. Therefore, students should be sensitised and show understanding when professional nurses sometimes do not have time available to support them properly. Students also need more time with the lecturers; the lecturers could not spend sufficient time with students, because they have to perform two functions, namely teaching and being a clinical lecturer. Lack of support by lecturers leads to students not knowing how to correlate theory and practice. The distance lecturers have to travel to support students in the clinical areas contributes to their lack of time.

4.3.2 Conclusions

In order to provide quality nursing care, students need to learn theoretical knowledge as well as practical skills at the college and in the clinical facilities. The theory-practice gap contributes to inadequate patient care and also to poor performance of students, theoretically and practically.

4.3.3 Recommendations

- Students should be taught to improvise if there is no equipment at the clinical facilities by increasing their critical thinking skills.
- During theoretical teaching lecturers should use examples relevant to the clinical setting in order to promote theory-practice integration.
- Simulation laboratories might have the equipment that is not available in the clinical facilities. The nursing college can avail these simulation laboratories for the students to practise the skills, not only for demonstrating the skills to students. Students should be willing to sacrifice leisure time to practise skills in simulation laboratories at the college.

4.4 SUPPORT

Nursing students have a real need of support from lecturers and professional nurses, as they are preparing for a profession in which they need to care for people and where a mistake may have serious consequences. While they study nurses to be often suffer from stress and anxiety, because they realise the big responsibility they will have to carry. Therefore, support, assistance and reassurance are of major importance to ensure they will become responsible, well-trained nurses.

4.4.1 Discussion

The findings regarding the category of support reveal that the students were frustrated and felt insecure, due to the way support was provided. The emphasize was on lecturers, role models, peers and debriefing. Lack of support by lecturers and

professional nurses was emphasised by participants. The students perceived that the clinical facilities and the college where they were supposed to receive support and guidance from lectures and professional nurses (role models) as not conducive to learning. The contributory factors are clinical facilities using old and new technology, or malfunctioning equipment. The distance between the college and clinical learning facilities, lack of clinical skills in professional nurses, the number of students allocated to lecturers for clinical accompaniment, and also a shortage of professional nurses and lecturers were identified as reasons for the students' anxiety and frustration. The participants in the study (students) maintained that they were afraid to perform nursing tasks with confidence because they were afraid of making mistakes. They always felt anxious because they did not receive the support they had expected. When students are well supported, they become knowledgeable, skilful and self-confident. There were no debriefing sessions for students. Debriefing sessions can play an important supportive role for students. Debriefing allows students to share their frustrations about their clinical setting experiences and to reflect on their actions. Students expressed negative perceptions about role models at the clinical setting, as in their opinion the lecturers and professional nurses did not act as role models whose example they could follow: They did not teach, they ignored them and always said things that might hurt students. They were seen by students as having inhumane attitudes. Other students, however, said that sometimes they did come across professional nurses in clinical facilities who treated them well. Role modelling enhances students' competence and skills in the clinical setting, provides an exemplary way of supporting students and decreasing anxiety in the learning environment. Peer support was also mentioned, but participants experienced it as negative. However, peer support can play a positive role in the clinical learning area if coordinated correctly by the nursing college and in the clinical learning areas. Junior students can benefit if supported by senior students. Junior students can share their learning experiences with the senior students.

4.4.2 Conclusion

The nursing students should be supported throughout their training during placement at the clinical learning areas to gain more knowledge and skills. Lack of support to students may impact negatively on students' learning. Good role models are essential

for students to foster the values, attitudes and behaviour they would require as professional nurses.

4.4.3 Recommendations

- A peer mentoring programme for students may be established at the college. Such a programme will contribute to reducing students' clinical anxiety and assist in creating a supportive and non-threatening learning setting (Purfeerst 2011:Online).
- Senior students may assist in mentoring other students, especially those commencing with training.
- Debriefing sessions should be conducted for students. Debriefing is a vital approach to involve students in learning (Cant and Cooper 2011:40).
- Proper counselling services ought to be made available. Such services should be youth friendly so that students will utilize them.
- The nursing college should identify lecturers who can guide the students and intercede on her behalf when necessary

4.5 PROFESSIONAL CONDUCT

Nursing is a profession; therefore, nurses ought to act accordingly and always make sure that their conduct is professional. Professional conduct includes behaviour, values, and attitudes.

4.5.1 Discussion

Findings in this category of this study revealed that the conduct of the professional nurses and lecturers was detrimental to student learning and patient care, and did not exemplify professional conduct. Lecturers and professional nurses need to change their attitudes. The student nurses complained about inappropriate behaviour of lecturers and professional nurses. This conduct resulted in students not feeling supported and guided correctly. Students maintained that the lecturers and professional nurses should treat them with respect as they expected respect from

students. Students were sent hither and thither, and were ignored, and that frustrated the students. Lecturers did not honour their appointments, were always in a hurry, sometimes they marked students inconsistently, and they hurried through the skills - they did not listen to students. Different criteria and preferences were used by lecturers to mark students for the same skill. Appointments were not honoured by professional nurses and this frustrated the students because they had to run around again to prepare for the skill. Sometimes professional nurses were not really busy, but refused to demonstrate a skill, and usually they asked where the lecturer was, implying that it was the lecturer's responsibility and not theirs. Some students indicated that placement frustrated them because sometimes they had not been told in time by the lecturers that they were to be placed outside the city at the newly accredited hospital. Then they had to plan in a hurry and leave. Such behaviour may result in student learning being affected; relationships may suffer and quality patient care may be neglected in the clinical areas. Participants perceived such behaviour of professional nurses and lecturers as disturbing; it affected them emotionally and physically. Such unprofessional conduct may lead to students absenting themselves.

4.5.2 Conclusion

Professional conduct of lecturers and professional nurses affect students in the provision of quality patient care and their learning ability.

4.5.3 Recommendations

- The lecturers and professional nurses need to establish a positive student-staff relationship. The sustainability of this depends on the development of team work, mutual trust, respect and strong leadership skills. The professional nurses need to be empowered with related skills by senior staff in or leaders /managers of the clinical facilities.
- The nursing college needs to empower lecturers in student-lecturer relationships by arranging social activities. The college hosts a student day once a year, and lecturers and students attend the event. That is a way of building the relationship.

- Professional nurses and lecturers should have monthly meetings. Meetings will address the interpersonal relations, improve the clinical accompaniment of students and address the student learning progress.
- Team building sessions for students, professional nurses and lecturers should be encouraged as this may bring them together and foster knowing each other personally. By doing this, the behaviour of professional nurses and lecturers might improve towards students.

4.6 CLINICAL LEARNING OPPORTUNITIES

The findings of this study revealed that students recognised the lack of clinical learning opportunities in the clinical facilities, resulted in students not achieving their programme outcomes. The students put much emphasis on the aspect related to placement in clinical facilities. Placement of students was important as it provided students with different learning opportunities. Students, however, had the perception that placement sometimes disadvantaged them. Students were placed in one learning area for months and that contributed to students not being exposed to other learning opportunities in different learning areas. The college should ensure that the period of placement for students is sufficient for students to use the learning opportunities.

4.6.1 Conclusions

The availability of clinical learning opportunities is important for the enhancement of the students' learning and development to become independent and skilful professional nurses.

4.6.2 Recommendations

- The nursing college should ensure that students are placed in clinical areas with relevant and sufficient learning opportunities.
- Students should be exposed to all learning facilities in order for them to achieve their objectives.
- The South African Nursing Council as the quality assurance body should only accredit facilities with learning opportunities for students.

- The nursing college needs to prevent placing students for too long in one clinical area and rotate the students through the different clinical areas.
- The nursing college should allow student nurses to practise skills in the simulation laboratories before placement at the clinical facilities.

4.7 CONSISTENT ACCOMPANIMENT

Clinical accompaniment has to offer students the opportunity to learn. When students move through the clinical areas on their own without accompaniment it causes anxiety, and instead of being a meaningful learning opportunity it becomes a work situation without the required learning taking place.

4.7.1 Discussion

The findings regarding the category consistent accompaniment revealed that students were dissatisfied with how clinical accompaniment was conducted. Students complained about the lack of accompaniment by lecturers and professional nurses. These participants emphasized that students need to be accompanied consistently, especially during their first and second year, because students are vulnerable and anxious. Consistent accompaniment by lecturers will build students' confidence, it will reduce their anxieties and frustrations, learning will improve and patient care of high quality can be rendered. The students perceived consistent accompaniment also as building a good relationship between lecturers and professional nurses. If a good relationship exists between lecturers and professional nurses, students are motivated to learn and provide optimal patient care. Consistent accompaniment can assist in student development, increased competence and improvement in their performance in practising clinical skills. Professional nurses will also sacrifice more time and guide students if respect and teamwork are experienced.

4.7.2 Conclusion

The responsibilities of the lecturer towards students include to ensure that the student becomes competent and has the knowledge and skills to practise as an independent professional nurse. Students need to be consistently accompanied by lecturers to achieve their objectives and to gain confidence in providing quality patient care.

4.7.3 Recommendations

- The nursing college may appoint and train preceptors. A preceptor is a professional nurse who guides and supports a student in the clinical facilities.
- The nursing college may have a structured accompaniment plan that is shared with the staff at the clinical facilities. Students' learning objectives should be made available at all clinical facilities according to their level of training.
- The nursing college and the clinical facilities should have regular meetings to discuss the performance of the students in the clinical facilities.
- Senior students may be appointed at the facilities and the nursing college to support junior students.
- The nursing college should appoint students to participate in a peer support programme. This programme will assist students to communicate better with their peers.

4.8 RESOURCES

It is well-known in South Africa that many public health care facilities suffer from a lack of physical and human resources. When students have to undergo clinical training at such a facility it may have one of two outcomes: on the one hand, it may result in students becoming creative and mastering the skill to be innovative in nursing care and to improvise, but on the other hand it may hamper their learning and result in frustration and them not being used to work with modern equipment and in properly staffed facilities.

4.8.1 Discussion

The findings in the category of resources revealed that students were dissatisfied about the lack of resources, whether human or physical. The resources include professional nurses and equipment. Most of the student participants in the study

emphasized the importance of having access to resources in the ward. A well-resourced clinical facility encourages positive learning and rendering quality patient care. Lack of resources results in poor rendering of patient care: nursing tasks are delayed and often not performed correctly, and students do not master the required practical skills. Participants also lamented that it was difficult for them to work in clinical facilities without proper resources. Performing nursing tasks was a challenge; they needed basic equipment, for example blood pressure machines, haemoglobin machines and blood sugar measuring apparatus. The students had to improvise in order to provide quality patient care.

4.8.2 Conclusion

In conclusion: the sustained shortage in equipment, lecturers and professional nurses influenced the quality patient care and student learning negatively.

4.8.3 Recommendations

- The appointment and training of preceptors will relieve professional nurses' heavy workload.
- The Nursing college should teach students the value of improvisation if challenged with a lack of resources.
- Strategies on cost-containment ought to be developed.

4.9 COMMUNICATION

In a human- and care-oriented discipline/profession, communication always plays a major role. A lack of good communication channels among students, the educational institution and the clinical facilities will hamper student learning and training.

4.9.1 Discussion

The findings in this category (communication) of the data reveal that participants complained about the lack of communication between the Nursing college and the clinical facilities. The college sometimes frustrated the students by placing them

in faraway clinical facilities and then failed to communicate with the facilities. There was little or no communication between the college and the clinical facilities, no communication between lecturers and professional nurses and also between the students and professional nurses. Breakdown in communication resulted in students being neglected and overlooked. The students emphasized that the two newly accredited facilities are a good idea, but the biggest challenge with these facilities is the distance between the nursing college and the clinical facilities. The distance between the nursing college and the two clinical facilities is about 400 km. It was only possible for the nursing college to send a lecturer for clinical accompaniment for one week per month and after that students were left without lecturing staff for the remaining time of placement.

4.9.2 Conclusion

Effective and timely communication may create an environment conducive to learning, where everyone is satisfied and happy, student learning improves and quality patient care is rendered.

4.9.3 Recommendations

- The nursing college and clinical facilities should have regular meetings. Meetings improve the communication between clinical learning environments and with the academic staff at the nursing college.
- Mutual trust and respect between lecturers and students should be encouraged. During their visits to the clinical facilities lecturers should lead by example: greet the staff, make enquiries about the students' well-being and progress and then meet the students for accompaniment.
- The nursing college timeously should communicate with the clinical facilities about students' placement, and inform the students accordingly.
- The nursing college should communicate in time with the clinical facilities regarding any changes made regarding students placement.
- As stated previously, the appointment of preceptors can also address this problem of a lack of communication.

4.10 LIMITATIONS OF THE STUDY

The researcher wished to expand the research to include lecturers, professional nurses and nursing managers. The reason the researcher didn't do the research with the above stake holders, the researcher wanted first to explore the experiences of student nurses regarding clinical accompaniment. Also, in retrospect, it seems that the students were afraid to fully share their experiences regarding clinical accompaniment, although they had been informed of the confidentiality of the study. The responses then might have provided more information on the two research questions asked to participants. The study was on the experiences of student nurses in the Northern Cape regarding their clinical accompaniment. The sample size excluded the first-year students and students in the one year diploma in midwifery. These students might be included in future studies. The study included students from the second year, third year, fourth year and the bridging course.

4.11 CONCLUSIONS

In this chapter the discussion was on the research findings, limitations and recommendations of the study. From this discussion it can be inferred that much can be done to improve the experiences of nursing students in the clinical areas. It is trusted that the findings will be discussed at the nursing college concerned and that attention will be paid to the recommendations. It is also recommended that the study be followed up with an investigation of the experiences of lecturers and professional nurses in terms of clinical accompaniment, and that all concerned will make renewed efforts to enhance students' clinical training. In the light of the shortage of professional nurses in South Africa, a deliberate effort should be made to ensure that the clinical training of nursing students be of high quality.

REFERENCES

Adelman–Mullally, T., Mulder, C.K., McCarter–Spalding, D.E., Hangler, D.A., Gaberson, K.B., Hanner, M.B., Oermann, M.H., Speakman., E.T. Yoder – Wise, P. S. & Young, P.K. 2012. The clinical nurse educator as leader. *Nurse education in Practice,* 13(1):29–34. http://ac.els-cdn.com/S1471595312001370/1-s2.0-S1471595312001370-main.pdf?_tid=ae841484-564f-11e7-9364-00000aacb35f&acdnat=1498028768_f8147b68769f58f3cc1756e6fb6f4e8f Date of access: 26 Nov.2016.

Aktas, Y.Y & Karabulut, N. 2015.A Survey on Turkish students' perception of clinical learning environment and its association with academic motivation and clinical decision making*. Nurse Education Today,* 36:124-128.

AKW medical, Inc. 2011. New and Refurbished Medical Equipment Supplier. Europe: SAN Diego.

Berntsen, K. & Bjork, I.T. 2010. Nursing students' perceptions of the clinical learning environment in nursing homes*. Journal of Nursing education,* 49(1):17-22.

Beukes, S., Nolte, A.W.F & Arries. E. 2010. Value-sensitive clinical accompaniment in community nursing science. *Health SA Gesondheid. Curationis,*15(1):1-7.

Botma, Y., Greeff, M., Mulaudzi, F.M. & Wright, S.C.D. 2010. *Research in Health Sciences*. (1st ed). Cape Town: Heineman.

Botma, Y., Jeggels, J. & Uys, L.R. 2012. Preparation of clinical preceptors. Trends in Nursing*.* Pretoria: Fundisa*.*

Bracket, M.A., Rivers, S.E, & Salovey. P. 2011*.* Emotional intelligence: Implications for personal, social, academic and workplace success*. Social and Personality Psychology,* 5(1):81-92. http://onlinelibrary.wiley.com/doi/10.1111/j.1751-9004.2010.00334.x/pdf Date of access: 3 Nov.2016.

Borrot, N., Day, G.E., Sedgewick, M. & Levett – Jones, T. 2016. Nursing students' belonginess and workplace satisfaction: Quantitative findings of a mixed methods study. *Nurse Education Today*, 45:29-34.

Brink, H., van der Walt, C. & van Rensburg, G. 2012. *Fundamentals of research methodology for health care professionals*. (3rd ed.). Cape Town: Juta & Co. Ltd.
Bryman, A. 2012. *Social Research Methods*. (4th ed.) New York. Oxford University Press.

Carelsen, S. & Dykes, G. 2013: Integration of theory and practice in social work challenges and triumphs. *Social work/Maatkaaplike Werk,* 50(4). Doi: http://socialwork journals.ac.za/pub . Date of access: 10 Dec 2016.

Carlson, E., Wann-Hansson, C.W. & Pilhammar, E. 2009. Teaching during clinical practice: Strategies and techniques used by preceptors in nursing education. *Nurse Education Today,* 29:525-526.

Cambridge advanced learners dictionary. Online. http: dictionary.cambridge.org. Cambridge: Cambridge University Press Date of access: 2 Dec. 2016.

Cant, R.P. & Cooper, S.J. 2011. The benefits of debriefing as formative feedback in nurse education. *Australian Journal of Advanced Nursing,* 29(1):37 – 47.

Creswell, J.W.2009. *Research Design: Qualitative, Quantitative and mixed methods approaches (*3rd ed.*)* London: Sage Publication.

Creswell, J.W. 2014. *Research design: Qualitative, quantitative and mixed methods approaches*. (4th ed.). London: Sage Publication.

Cobuild English Dictionary.2003. (4th ed.).
http://collins.co.uk/category/English+language+teaching/cobuild+reference Harpers Collins Publisher Date access. 30 Jan.2017.

Collins English Dictionary. 2014. (12th ed.). http://collins.co.uk/category/English+language+teaching/cobuild+reference Harper Collins Publisher Date of access: 30 May. 2015.

Concise Oxford Dictionary. 2008. (9th ed.). Cape Town: Oxford: Oxford University Press Southern Africa.

Dadgaran, S.A.; Parvizy, S. Peyrovi, H. 2012. Passing through rocky way to rich the pick of clinical competency: A theory study on nursing students clinical learning. *Iranian Journal of Nursing and Midwifery Research*, 17(5):330–337.

Dale, B., Leland, A. & Dale, G.J. 2013. What factors facilitate Good Learning Experiences in Clinical Studies in Nursing: Bachelor Students` Perceptions. *ISRN Nursing*, (1):1-7 https://www.hindawi.com/journals/isrn/2013/628679/cta/ Date of access: 1 Nov. 2016.

D`Souza, M. S., Venkatesaperumal, R., Radhakrishnan, J. & Balachandran, S. 2013. Engagement in clinical learning environment among nursing students: Role of nurse educator. *Open Journal of Nursing,* 3:25–32.

De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C.S.L. 2012. *Research at Grass Roots: For the Social Sciences and Human Service Professions*. (4th ed.). Pretoria: VanSchaik.

Easley, J., Miedema, B., Carroll, J.C., Manca, D.P., O'Brien, M.A., Webster, F. and Grunfeld, E**.** 2016. Coordination of cancer care between family physicians and cancer specialists. *Journal of Canadian Family Physicians, 62: e608-e615.*

Emanual, V. & Pryce–Miller, M. 2013. Creating supportive environments for students. *Nursing Practice,*109(37):18-20.

Emerson, M., Fretz, R.I. & Shaw, L.L. 2011. *Writing Ethnographic Fieldnotes*. (2nd ed.).

Chicago: University of Chicago Press. Pages:1-320. https://is.muni.cz/el/1423/jaro2013/SAN105/um/Emerson_R.M._Fretz_R.I._Shaw_L.L._Writing_ethnographic_fieldnotes.pdf Date of Access: 2 Dec. 2016

Grobecker, P.A. 2015. A sense of belonging and perceived stress among baccalaureate nursing students in clinical placements. *Nurse Education Today,* 36:178–183.

Hakimzadeh, R., Ghodrati, A., Karamdost, N., Ghodrati, H. & Mirmosavi, J. 2013. Factors affecting the teaching – learning in nursing education. WorldConferences.net Date of access: 2 Dec.2016.

Henderson, A., Briggs, J., Schoonbeek, S. & Paterson, K. 2011. A framework to develop a clinical learning culture in health facilities: Ideas from the literature. *International Nursing Review,* 58,196–202.

Henderson, A., Cooke, M., Creedy, D.K. & Walker, R. 2012. Nursing students′ perceptions of learning in practice environments: A review. *Nurse Education Today,* 32(3):299-302.

Hezaveh, M.S., Rafii, F. & Seyedfatemi, N. 2013. Novice Nurses′ Experiences of Unpreparedness at the Beginning of the Work. *Global Journal of Health Science*, 6(1):215-222.

Houghton, C.E., Casey, D., Shaw, D. & Murphy, K. 2013. Students' experiences of implementing clinical skills in the real world of practice. *Journal Clinical Nursing,* 22: 13-14.

Jeggels, J.D., Traut, A. & Kwast, M. 2010. Revitalization of clinical skills training at the University of the Western Cape. *Curations,* 33(2):51-59.

Jochemsen-van der Leew, R., van Dijk, N., van Etten–Jamaludin, F.S. & Wieringa - de Waard, M. 2013. The attributes of the clinical Trainer as a role model: A systemic review. *Academic medicine,* 88(1):1-6.

Joseph, A. D. 2013. Critical Incident Stress Debriefing from a Traumatic Event. *Psychology today.* www.psychology today.com>blog Date of access:26 Jan. 2017.

Kaphagawani, N.C. & Useh, U. 2013. Analysis of nursing students learning experiences in clinical practice: Literature review*. Ethno Med,*7(3):181–185.

Kgafele, N.S. 2014. Views of Pre-Graduate Students regarding clinical accompaniment at a Nursing Education Institution in Gauteng. South Africa. Pretoria: University of Pretoria. (Dissertation).

Khoza, L.B. 2015. Nursing Students′ Perceptions of Clinical Learning Experiences*. Journal of Human ecology*, 51(1-2):103-110. http://krepublishers.com/02-Journals/JHE/JHE-51-0-000-15-Web/JHE-51-1-2-000-15-Abst-PDF/JHE-51-1,2-103-15-2836-Khoza-L-B/JHE-51-1,2-103-15-2836-Khoza-L-B-Ab[14].pmd.pdf Date of access: 5 Oct. 2016.

Krefting, L. 1991. Rigour in Qualitative Research: The assessment of Trustworthiness*. The American Journal of Occupational Therapy,* 45(3):214-222.

Labrague, L.J., McEnroe-Petite, D.M., Papathanasiou, L.V., Edet, O.B., Arulappan, J., Tsaras, K., & Fronda, D.C. 2016. Nursing students′ perceptions of their instructors′ caring behaviours. A four – country study. *Nurse Education Today,* 41:44-49.

Letswalo, P.M.D. 2015. Perceptions of student nurses regarding accompaniment in the clinical environment in Gauteng Province, South Africa. Pretoria: UP. (Dissertation) http: hdl.handle.net/2263/51496 Date of access: 9 Oct.2016.

Longman Wordwise Dictionary. 2004. (2nd ed.) United States of America Pearson Education.

Lucas, D. & Bischof, J. 2014. Advancing Nurse Practitioner Preceptor and Student Engagement in Evidence–based at the Point of Care. *The Journal for Nurse Practitioners,* 10(8) http://ac.els-cdn.com/S1555415514003833/1-s2.0-S1555415514003833-main.pdf?_tid=f41e76b6-564e-11e7-b508-00000aab0f6b&acdnat=1498028456_770e44fc1b17296bc0fa7a921149a3b3 Date of access: 8 Dec. 2016.

Macmillan English Dictionary for Advanced Learners. 2012. Macmillan Publisher http://www.macmillandictionary.com/dictionary/british Date of access: 3 Dec 2016.

Mbirimtengerenji, N.D., Daniels, F. & Martins, P. 2015. Challenges of Nurse Tutors` Classroom and Clinical Performance When Teaching. *Open Journal of Nursing* ,5, 707-724.

Merriam Webster`s Learners Dictionary. 2012. www.merriam-webster.com>med Date of access: 31 Jan. 2017.

Mntambo, S.N. 2009. *Student nurses` experiences of clinical accompaniment in a public hospital in Gauteng Province.* Pretoria: UNISA. (Dissertation).

Mosby`s Medical, Nursing, & Allied Health Dictionary. 2005. www.ncbi.nlm.nih.gov>nlmcatalog Mosby. Date of access: 22 Jan. 2017.

Moleki, M.M.& Mogotlane, S.M. 2011. Critical care student nurses′ experiences of clinical accompaniment in open distance learning: A phenomenological approach, *Africa Journal of Nursing and Midwifery,* 13(1):81-92.

Monareng, L.V., Jooste, K. & Dube. 2009. Preceptors′ and preceptees′ views on student nurses' clinical accompaniment in Botswana. *Curationis,*11(2):113– 127.

Motlhaping, L. 2016. MEC takes aim at nursing shortage: International Nurses Day. *The New Age*: 4,13 May.

Moule, P.& Goodman, M. 2009. *Nursing Research. An introduction.* (1st ed.). London: Sage.

Mulaudzi, F.M., Daniels, F.M. & Direko, K.K 2012. Guidelines for the preparation of nurse educators or health professional educators. *Trends in nursing,* Pretoria: Fundisa.

Mulder, M. & Uys, L. 2012. Baseline measurement of the implementation process of the proposed model for clinical nursing education and training in South Africa. *Trends in nursing,* Pretoria: Fundisa.

Mzolo, M.P. 2015.*Exploring family support for adolescent after rehabilitation for drug abuse*. Tshwane: UNISA. (Dissertation).

Neuman, W.L. 2011. *Social research methods: Qualitative and qualitative Approaches*. (7th ed.). Boston: Pearson.

Nicolaides, A. 2014. The critical role of ethics training in medical education. *African Journal of Hospitality,* 3(1):1-15.

Nkoana, N.L. 2015. Community service nurses' experiences regarding health care services at Tshwane district Public Hospital. Tshwane: UNISA. (Dissertation). http://uir.unisa.ac.za/bitstream/handle/10500/20039/dissertation_nkoane_nl.pdf?sequence=1 Date of access: 23 Dec. 2016.

Nxumalo, S.J. 2011. Factors that affect theory – practice integration of student nurses at a selected campus of a nursing college in the Limpopo Province. Limpopo: UNISA. (Dissertation).

Omer, T.Y., Suliman, W.A., Thomas, L. & Joseph, J. 2013. Perception of nursing students to two models of preceptorship in clinical training. *Nurse Education in Practice,*13:155-160.

Oxford English Dictionary. 2011. Oxford: www.oxforddictionaries.com Oxford University Press Date of access: 2 Jul. 2015.

Perry, B. 2009. Role modelling excellence in clinical nursing practice. *Nurse Education Today,* 9(1):36-44.

Purfeerst, C.R. 2011. Decreasing Anxiety in Nursing Student. http://Sophia.stkate.edu/ma_nursing St Paul, Minnesota: St. Catherine University Date of access: 12 Dec 2016.

Polit, D.F. & Beck, C.T. 2012. *Nursing research: Generating and assessing evidence for nursing practice*. (9th ed.). Philadelphia: Lippincott Williams & Wilkins.

Rikhotso, S.R., Williams, M.J.S. & de Wet, G. 2014. Student nurses′ perceptions of guidance and support in rural hospitals′. *Curationis,*37(1):1-6.

Schwandt, T.A. 2015. The sage dictionary of qualitative inquiry. (4th ed). Thousand Oaks: Sage. Info@education.illionois.edu

Sedgwick, M.G. & Rougeau, J. 2010. Points of tension: a qualitative descriptive study of significant events that influence undergraduate nursing students' sense of belonging. *Rural Remote Health*, 10(4):1569.

Severinsson, E. & Sand, Å. 2010. Evaluation of the clinical supervision and professional development of student nurses. *Journal of Nursing Management*, 18(6): 669-677.

Sharif, F. & Masoumi, S. 2005. A qualitative study of nursing student experiences of clinical practice. *Bio Med Central Nursing*, 4(6). www.biomedical.com /1472-6955/4/6 Date of access: 6 0ct 2014.

Skaalvik, M.W., Normann, H.K. & Henriksen, N. 2011. Clinical learning environment and supervision: experiences of Norwegian nursing students – questionnaire survey. *Journal of Clinical Nursing*, 20:2294–2304.

Smedley, A. & Morey, P. 2009. Improving learning in the clinical nursing environment perceptions of senior Australian bachelor of nursing students. *Journal of Research in Nursing,* 15(1):75-88.

South Africa. 2005. Nursing Act, Act 33 of 2005. www.sanc.co.za/ Date of access: 11 Oct. 2013.

South Africa. 2011. Nursing Act, Act No 33 of 2005. South African Nursing Council Accreditation Report. (SANC Ref. S1117).

South Africa. 2005.Nursing Act, Act 33 of 2005. www.sanc.co.za/ (SANC Regulation 1988, 1985, 1989 and 1975). Date of access: 3 Sep. 2012.

South Africa. 2012- 2017. National Department of Health: Strategic Plan for Nursing Education, Training and Practice. Pretoria: Government Printer.

Sunshine, B.A., Lawrence, C.C. & Juan Jose, T.D. 2015. Factors Affecting the Academic Performance of the Nurses of BSU. *International Journal of Nursing Science*, 5(2): 60-66

Stedman's Medical Dictionary. Available from: www.com/public/learnmore.aspx?resourseIDw=Medica Date of access:28 Oct. 2014.

Steivy, U.T., Lawrence. C.C., Juan Jose, T.D. 2015. The Real World: Lived Experiences of Student Nurses during Clinical Practice. *International Journal of Nursing Science,* 5(2):66-75.

Tenza, I.S. 2015. Clinical facilitation: undergraduate nurses' perceptions of best practice in an academic hospital in Johannesburg*: Johannesburg:* Wits. (Dissertation). http://wiredspace.wits.ac.za/bitstream/handle/10539/18653/Research%20report.pdf?sequence=1&isAllowed=y Date of access: 7 Dec. 2016.

Thesaurus Dictionary, 2007. www.dictionary .com/browse/thesaurus Date of access. 30 Jan.2017.

Uys, B.Y. & Meyer, S.M. 2005. Critical thinking of student nurses during clinical accompaniment. *DENSA Curations,* 28(3): 9-11.

Van den Bos, G.R. 2007. APA Dictionary of Psychology. www.apa.org>...>APA Books Washington: American Psychological Association. Date of access. 30 Sep 2014.

Van Zyl, A.E. 2014. Exploring the potential theory practice gap in the teaching methods of nurse educators. Stellenbosch: US. (Dissertation).

Wickers, M.P. 2010. Establishing the climate for a successful debriefing. *Clinical Simulation in Nursing,* 6(3): e83-e86.

Wrenn, J.&. Wrenn, B. 2009. Enhancing Learning by Integrating Theory and Practice. *International Journal of Teaching and Learning in Higher Education*,21(2):258– 265.

Van den Bos, G.R. 2007. APA Dictionary of Psychology. www.apa.org>...>APA Books Washington: American Psychological Association. Date of access. 30 Sep 2014.

Van Zyl, A.E. 2014. Exploring the potential theory practice gap in the teaching methods of nurse educators. Stellenbosch: US. (Dissertation).

Xaba, N.P. 2015. The assessment of facilitation of the clinical training component of an undergraduate Nursing Programme at a University of Technology. Durban: DUT. (Dissertation).https://ir.dut.ac.za/xmlui/bitstream/handle/10321/1319/XABA_2015.pdf?sequence=1&isAllowed=y Date of access: 4 Dec.20016.

Addendum A

PARTICIPANTS' INFORMATION LEAFLET

INFORMATION FOR PARTICIPANTS

STUDY TITLE: EXPERIENCES OF STUDENT NURSES IN THE NORTHERN CAPE REGARDING THEIR CLINICAL ACCOMPANIMENT

RESEARCHER: MRS NANCY MOTHOBI CELL NO: 0797461136

Dear Student

Greetings

I am a master's student at the School of Nursing, University of the Free State, and I am doing research on *Experiences of student nurses in the Northern Cape regarding their clinical accompaniment*. The supervisors in the study are Ms M Mpeli and Dr L van Rhyn.

Research is the process to learn the answer to a question.

The purpose of the study is to describe and explore the experiences of student nurses regarding their clinical accompaniment. You are requested to participate in this study during a focus group interview session in order to share your views on clinical accompaniment.

Your participation in this study will be highly appreciated. If you agree, you will be requested to sign a consent form. Your decision to participate in the data collection process is absolutely voluntary. After having consented to take part, you may withdraw from the study at any time without giving any explanation to the researcher. You will not be discriminated against in any way if you withdraw from the study.

Should you agree to become part of the study, you will be informed about the venue and time for the focus group interview. The interview will not take up more than an hour and a half at the most of your time, and will take place at a venue at the College. No risk, harm or injury will be involved. The focus group interviews will be conducted by a skilled facilitator - she has been facilitating focus group interviews for years. I (as researcher) shall operate the audio-tape and take field notes. The study data, as well as the audio-tape will be kept confidentially; no names or identifying data will be used.

The participants' selection to be part of the study is based on the following criteria:

- You have been working in the clinical area for more than a year.
- You have been working in the clinical facilities that were newly accredited and far from the nursing college.
- You understand written and spoken English and can express your ideas and opinions in English.

If the session of the focus group interview appears to be stressful for any participant, she will be referred for counselling to the clinical psychologist at the provincial office of the Department of Health.

No compensation is available for participation in this study.

No risk, harm or injury will be involved regarding your participation in this study. The research results will be published in a peer reviewed journal.

Your unbiased and truthful participation will mean a great deal to future students as well as the nursing profession.

Should you agree to participate, you will be requested to sign the consent form. Once you have been fully informed about the nature and procedures of the study and your role in it a copy of the information consent form will be handed to you personally.

If you have any complaints or queries before, during or after the study you may contact the Secretariat and/or Chair of the Health Sciences Research Ethics Committee of the Faculty of Health Sciences, University of the Free State.

The telephone number to use is (051) 4017795.

You can also contact the researcher at telephone number: 0797461136

Thank you for your attention. I will highly appreciate your participation.

Thank you

Yours sincerely

Ms Nancy Nomthandazo Mothobi

Student number: 2004164188

Addendum B

INFORMED CONSENT

INFORMED CONSENT FORM FOR PARTICIPATION IN FOCUS GROUP INTERVIEWS

STUDY TITLE: EXPERIENCES OF STUDENT NURSES IN THE NORTHERN CAPE REGARDING THEIR CLINICAL ACCOMPANIMENT

RESEARCHER: Mrs N. Mothobi Cellular Number: 0797461136

The following information is provided for you to decide if you will participate in the data collection session of the above-mentioned study. Your participation is voluntary and you have the right to withdraw at any time without affecting your relationship with the researcher.

The purpose of this data collection session is to describe and explore the experiences of student nurses regarding clinical accompaniment. You are requested to participate in one of these focus group interview sessions. The duration of the session will be about 1-2 hours.

Individuals involved will be you and your college nursing student colleagues involved in the data collection session of focus group interview.

You are allowed to ask questions regarding the interviews before signing the consent form for participation.

The focus group interview will be conducted by a facilitator, and the researcher will operate the audio- tape and take field notes during the focus group interview. The study data as well as the audio-tape will be kept confidential; no names or identifying data will be used and codes will be used instead. The facilitator has been facilitating focus group interviews for years.

If you agree to participate, you will be given a signed copy of this document, as well as the participant information sheet, which is a written summary of the research.

No known risks are associated with this study.

No compensation is available for participation in this study.

Thank you

Ms Nancy Mothobi (researcher)

****

Date: …….

The study, including the above information, has been verbally described and explained to me. I understand what my involvement in the study means, and I voluntarily agree to participate.

I, …… am willing to participate in the focus group interview.

_____	_____
Signature of Participant	Date
_____	_____
Signature of Witness	Date
_____	_____
Signature of Researcher	Date

Addendum C

LETTER FROM ETHICS COMMITTEE

VERSITY OF THE FREE STATE
RSITEIT VAN DIE VRYSTAAT
YUNIVESITHI YA FREISTATA
UFS·UV
HEALTH SCIENCES
GESONDHEIDSWETENSKAPPE

Research Division
Internal Post Box G40
☎(051) 401-7795
Fax (051) 4444359

Ms M Marais

E-mail address: EthicsFHS@ufs.ac.za

2015-04-14

REC Reference nr 230408-011
IRB nr 00006240

MRS NN MOTHOBI
DEPT OF NURSING
UNIVERSITY OF THE FREE STATE
BLOEMFONTEIN

Dear Ms Mothobi

ECUFS NR 20/2015
PROJECT TITLE: EXPERIENCES OF STUDENT NURSES IN THE NORTHERN CAPE REGARDING THEIR CLINICAL ACCOMPANIMENT

1. You are hereby kindly informed that at the meeting held on 7 April 2015 the Ethics Committee approved the above project after all conditions have been met.

2. Committee guidance documents: Declaration of Helsinki, ICH, GCP and MRC Guidelines on Bio Medical Research. Clinical Trial Guidelines 2000 Department of Health RSA; Ethics in Health Research: Principles Structure and Processes Department of Health RSA 2004; Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa, Second Edition (2006); the Constitution of the Ethics Committee of the Faculty of Health Sciences and the Guidelines of the SA Medicines Control Council as well as Laws and Regulations with regard to the Control of Medicines.

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

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

5. All relevant documents e.g. signed permission letters from the authorities, institutions, changes to the protocol, questionnaires etc. have to be submitted to the Ethics Committee before the study may be conducted (if applicable).

6. A progress report should be submitted within one year of approval of long term studies and a final report at completion of both short term and long term studies.

7. Kindly refer to the ECUFS reference number in correspondence to the Ethics Committee secretariat.

Yours faithfully

.....
DR SM LE GRANGE
CHAIR: ETHICS COMMITTEE

Cc Ms MR Mpeli

Addendum D

PERMISSION LETTER FROM COLLEGE

DEPARTMENT OF HEALTH

LEFAPHA LA BOITEKANELO

ISEBE LEZEMPILO

DEPARTEMENT VAN GESONDHEID

HENRIETTA STOCKDALE
NURSING COLLEGE
PRIVATE BAG X5051
KIMBERLEY
8300
TEL: 053 831 4695
FAX: 053 833 7201

Enquiries : N.M. Selema
Dipatlisiso :
Imibuzo :
Navrae :

Reference :
Tshupelo :
Isalathiso :
Verwysings :

Date : 06 February 2015
Letlha :
Umhla :
Datum :

Ms Nancy Mothobi
7702 Stanley Batyashe
P.O. Mankurwane
Redirile
8345

PERMISSION TO CONDUCT DATA COLLECTION

Your letter of request for data collection dated 21 January 2015 is acknowledged . The matter was discussed at a management meeting held on 05 February 2015.

Permission is hereby given for you to conduct data collection for your studies at the College. Kindly furnish us with dates so that timeous arrangements can be made.

Yours sincerely

NM Selemela
Principal

Addendum E

PERMISSION LETTER FROM

DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH
LEFAPHA LA BOITEKANELO
ISEBE LEZEMPILO
DEPARTEMENT VAN GESONDHEID

Department of Health
Private Bag X5049
KIMBERLEY
8301

Enquiries : Dr. Eshetu Worku
Reference : Tel: 053 830 2134/22
Fax: 086 541 7122

Date : 18 March 2015

Ms Nancy Nomthandazo Mthobi
Northern Cape Department of Health
Private Bag X5049
Kimberley
8301

Dear Ms NN Mothobi

TITLE: **Experiences of Student Nurses in the Northern Cape Regarding their Clinical Accompaniment**

NC PHREC Reference Number: NC2015/009

The application to conduct the study was received and has been reviewed by the Provincial Health Research and Ethics Committee (PHREC)

Approval is hereby granted to conduct the above-mentioned study in the Northern Cape Province

Please note: This approval is valid for a period of one year from the date of approval.

The following conditions have to be noted:

1. The research project shall be conducted at no cost to the Northern Cape Department of Health.
2. The approval is limited to the research proposal as submitted in the application.
3. Variation or modification on the research must be notified formally to PHREC for further consideration.
4. The PHREC may monitor the project at any time.
5. At the completion of your study a copy of the final report must be submitted to the Research and Development Directorate.

6. The Northern Cape Senior Management Committee will be briefed on the outcome of the study prior to publishing.

Furthermore, after the completion of you project, you may be requested to do a presentation on the final findings of your study.

The committee wishes you success on your study

Yours Faithfully

18/03/2015

Dr. Eshetu Worku
Chairperson: PHREC
E-mail: eworku@ncpg.gov.za
Tel: 053 830 2122/34
Cell: 072 703 8037

Date

Addendum F

TRANSCRIPTION OF ONE INTERVIWEW

Group 1

Focus group interviews 8 participants

F: My name is Idalia Venter going to do interviews with you. I am from the University of the Free State.

F: You know that you are here because Ms Mothobi wants to do some research and is about your experiences on clinical accompaniment and I assume this has been discussed with you.

Group: Yes, mam

F: You all got your consent forms I want you to quickly go through it and then sign it. if you are finish will do it officially, that does not mean that just because you have sign it, you can't leave, you are always free to leave at any time.

Group: Silent

F: and for witnesses just pass to your neighbour please.

P: MMM

Group: quiet,

F: done, another one

F: and you have the copy of the information sheet,

Group: Yes, mam,

F: Ok, so all the telephone numbers of the Ethics committee I think is on and available to you, if you have any concerns you are more than welcome contact them.

P: Yes, mam

F: ok,

F: thank you very much for being here,

P: coughing

F: Welcome, Ah, and thank you very much for taking part, it's this kind of research that helps make students better for future, are there any questions, ok, then let me get my Crip notes.

P: hhhhhh

F: *Two questions throw out and then will be asked, first thing is what do you understand under the term clinical accompaniment*

P: when your lecture or registered nurse at the facility that you at teaches you something or coming to check or evaluate your competence on certain procedure or just to come see how are you are coping in the ward, it doesn't always only have to be procedures

F: Ok, any other views

P: to see how you are you`re progressing and on which you thing are you competent according to your level of training, she should intervene and assist you with that to get you out of this level especially at first year that is the most important thing that I think of.

F: Ja, other views

P: clinical accompaniment I think also which is very important you should be informed actual that a person is coming, because this person is coming, for me clinical accompaniment is also you know that the person is coming actually to check on your progress, that way I will be less nervous if she informs me, you know that the person is coming to check on your progress that way you will be less nervous. Clinical accompaniment also is to inform you to know that the person is coming on a regular basis just coming to check on you so.

F: Ok

F: so, for example let's say you're are in clinical areas in the wards and you know that on Wednesdays the facilitator will be becoming she must not pitch up on Friday with you.

P: or unknown, because then it means you will be thrown on the wall, now again when she comes you think I`m not even prepared something. Clinical accompaniment also is just to need check on your progress in general not actually evaluating just to see

how you are progressing, that's why some of us are nervous otherwise so, I think that should also be informed.

F: Ok

P: for example if you are combining theory with practical, for example you can't be theory you busy with for example surgical procedures like ICD and wounds and then you are placed in medical ward, where you don't have that procedure, so they also need to just check are you place where you are supposed to be, so that the procedures that you need to do you can practice it, because you can't practice on a procedure when you are not placed in the area where you supposed to be, like I just mentioned like you can't be placed in a medical ward if you have to do surgical procedures so is just to check if the procedures you supposed to do are available for you in the ward you are working .

P: I also think what the clinical accompaniment can also be that the lecturer has actual to come also when you are placed in the ward. Sometimes you are in the ward the whole month and the lecturer never comes even once, it is also important for the lecturer to actual come, not just if you want to do a procedure and now she only comes when you make an appointment she must come and do a procedure. She actually has to come to and make sure you are competent. Sometimes you are placed in the ward for the whole two months you have never seen a lecturer, some of the time you are placed in a clinic some of the things you are not even sure because of the different practices, she has to come and put you on par with the kind of the practices that is in practice.

F: okay

P: clinical accompaniment basically also means to me is not all about reinforcing is much what you were taught like is not necessary for someone to walk behind you to see how she will do this, is like basically when you give medication with the sister is also clinical accompaniment because she is watching what you are doing without you saying "oh" sister is evaluating me I am giving panado or whatever.

F: So is also question of working alongside you.

Group: yes, mam

F: Ok

P: And see what you were taught, doing what you were taught and but not busy with practical books. I must now identify the patient or now am to going identify you all, you should say good morning Sir I am student “simang mang” and who are you those things.

P: she can actual see the kind of things because clinical accompaniment does not have to mean that the “oh” now the lecturer is coming I am must grab my book it should be that were the sister is she can see your one in one with patient without you being in that space of I am being evaluated.

F: so almost like colleague’s

Group: yes

F: but with different roles

Group: yes

P: sometimes you are allocated in the ward that is very busy, so you will be working with the sister sometimes sister won’t even see what you are doing but she knows that you are competent for that.

F: ja

P: “yhoo” I also think clinical accompaniment is cause we actual saying that the sister should or can be with you or the lecture, but also think sometimes as she said the ward become so busy that you don’t actual get the correct environment, is not always correct for clinical accompaniment. Firstly, and then secondly you don’t get the mark you deserve I don’t say that you should get hundred percent everything but I think clinical accompaniment also should be a portrayal of your real competence, so if I don’t perform well in giving medication for instance, should be correctly documented, you shouldn’t just say it so busy come I just fill in. It should really portray what you are capable of.

Group: yes

F: ok, so just going quickly summarise, what you mention here is you feel that clinical accompaniment is checking to see that you are on par, it also has an assessment

component on it, but also has guidance component and as you just said show you where you can correct “ah” and I think we have covered most of that

F: okay thank you I like to get you the next question and that is;

F: ***tell me about your feelings and opinions about your experiences during clinical accompaniment***

Group: laugh

F: alright

P: according to my experience

K: your experiences there is no right and wrong answers

P: alright, according to me I feel this clinical accompaniment let’s say osce when you must come and do practical now in osce “neh” I feel is going to be better if your tutor or whoever who is in charge for clinical accompaniment to do it one on one because I am too nervous.

F: can I ask you that osce is not part of clinical accompaniment

F: remember this is not osce, is clinical accompaniment the osce is more exam that’s not exactly what we are focusing on**.**

P: to me it’s fine if the tutor is there in the hospital and then the tutor is accompanying you because you feel free and you feel comfortable to do the procedure with the tutor, but you got that nerve you want to do everything correct when the tutor is around to me its fine when the tutor is available.

F: that’s fine can I give her a chance

P: sometimes clinical accompaniment also disadvantage us as students because you get one lecture that is allocated maybe for twenty students, and then maybe we are six working in one ward then maybe you are making appointments for Wednesday and “mam” comes “neh “and she says that she will only be able to see three and then she says you know what I can only see three in this ward because in other ward I must go and assess others ,that time you are having a backlog in your procedures then and other peoples procedures are done, but for me I don’t have a problem with clinical accompaniment is just that I feel they must allocate more lectures to a group of students, divide them equally because the burden is more for you and

the student as well and also for the lecturer, because at the end of the day you find yourself running around like a headless chicken I am talking from experience then you must find a lecture any lecture even if so the lecturer is not allocated for you but she must evaluate you for future

F: so you feel you want better coverage of students

P: yes

P: ja I agree with her because you find that sometimes the lecturer that you were allocated does not sometimes come or the lecturer can't even come she call you make an appointment then you call her "mam" will you still be able to come and she whoo you know what "hey" I have to go kae kae then you are sitting now with this book and sometimes you even take your off days to dress up wake up in the morning go to the hospital just to find out that you have to go back without her signature Again this whole thing of lecturers sign certain procedures and the sisters sign certain procedures are they not at the same competence levels, at the end day they are registered(R/N) nurses you find that this procedure you were supposed to do on that day the lecturer couldn't come, you could have done it with the sister she is just as competent as the lecturer, at the end of the day so that is my feelings that, they must not say certain procedure must be sign by the lecturers, when find that you spend the whole of the semester waiting for a lecturer who does not coming and your book is behind ,whilst you could have done it with the sister who is just as competent.

F: okay

P: from my personal experience is I had a few bad running's with lecturer accompanying students and myself, one of the bad experiences my experience is when a tutor doesn't have enough time so they are rushing you, they are not marking you correctly, because they are in a hurry, they just come, some of them appear as if they like as though they are not listening when you are doing or checking to what you are doing, so they will mark you incorrectly or just is not paying much attention to you, because of the time spend as like she said they have a group of students they have to run through they are just running through the procedures. Secondly with accompaniment I have a problem with the fact that the procedures are much outdated so when you come to the clinic you do something else the way the sisters are doing it

and new protocols and new procedures being implemented so the lecturer actual are s to irrigate a wound we don't use catheters anymore and is just outdated staff so you being also deducted marks because you are not doing according to the books procedure but what practical is implemented is accepted in the practical work site is not being considered, also like other problem that I have with clinical accompaniment is like the fact they like I said before they don't call you to tell you listen I am coming to you now, because for student is not that you are not competent in the thing you had to prepare a year before the time they come they come it just the fact that your need equipment like I said if you are placed in a medical ward you had to do a surgical procedure, you have go to a surgical ward ask the surgical sister, can I use this patient, can I have this equipment for the procedure so had to prepare a long time beforehand and just make sure before the tutor comes but sometimes you just find they just tell you I'm in the ward I'm going to do the procedure now you had to start running looking "coughing" for a patient around to prepare for the procedure this so is just those this staff Mam for me personally that took my practical experience very down.

F: so I am right when I say when you got to run around preparing whilst the lecture is standing there that will make you more nervous you can't focus as well as you like

Group: yes

P: that is the experience because like I said placing you were supposed to be if

F: Or do the skills appropriately to where you've been placed

P: yes it will be much better because you don't have to be unprepared or and appear as like if you don't know what to doing

F: ja, ok

P: what I want my personal experience from first year I had to be honest 90% of my stay tutors were very helpful you know they took me work extra mile for but example for CPR % maybe I wasn't not competent enough but she did accompaniment she help me to be competent, but then 10% but there was this other tutor she has this personal issue with me that is worse "oh" I had nightmare" with this woman whenever I had to do a procedure whatever you know just the she mere fact that she is sitting

there just to look at her my face me and feel if can't be there I have to do it and I have to do it know that how she is feeling, afterwards she will crit me and say things that me feel you are not worth cannot not do it you cannot do it in the meantime I know I can do it and I have been at the service for a long-time and I have learn the skill and the other tutors no say you know you can do it, so in the meantime this women is like she now brainwashing me and tell me that you are like that and when the other students are there she will pass remarks and say nice things to them to make feel like small, so that was my worst nightmare and she did that from the first year, second year and that she had other parties also that did this, so that really it was not a nice experience for me but the rest really were very helpful you know but ok sometimes they don't pitch up when you have an appointment like she said that but at least next time they will come but this was a terrible experience because she kept me like in prison for very long time until now I feel better in fourth things are going smoothly

P: ja depending also on the competence you know some lecturers need to learn to I don't know how to explain if I do a procedure and you don't find me competent and say I need some practice in I did this and that but my fellow colleague does exactly the procedure exactly the same way I did it and she is found competent. At first you need to say what is that, that makes you competent the first time and what is that that does not make me competent, treat students the same, you cannot if we did that the same procedure exact and say you are not competent, because of whatever reason and then this and that then even. The lecturer has to learn that if a student do a procedure some of the lecturers they interrupt you talk talk talk and at that time you are prepared. You know it is very nerve breaking when you are doing a procedure with the lecturers you want to do it in sequence when she keeps interrupting you can't she derails you from what you are supposed to do. They must keep quiet listen to the procedure and then remedial you afterwards and say Kgotlang this is where where.

F: ok, can I just clarify one issue here you said they give different marks to different student is this the same lecturer

Group: yes, is the same lecturer

F: yes, is the different issue

P: I understand that our lecturers makes up the majority of the people that actually going to find us competent or not, but I think that somehow they should instil in the hospital setup and the sisters in the ward. The management should meet with them something like that and to actually tell them that you also need to accompany the students and that way also sharpen your skill, because now and again we from outside for instance the clinic or patient comes and then we can actually tell them this is how is done at the clinic and so actually. I had this incidence where I needed to do this one procedure and I went in my off days, one day I was working and two days I was off and I ask the sister can I come and do this a procedure because that's only logical besides ICU and then I went then she says come tomorrow and I went the day after and then said come the next day and she refuses. I also think besides our lecturers the sisters in the wards they also need to be reminded. I know that there is shortage of staff but they need to be reminded that they also part of our learning experience in the ward because now and again they shield behind the lecturers and say that no your lecturers need come and do this and that while I think that they are with us mostly. The skills should be sharpen to actually can I accompany us and also do the procedures. I feel that they are using the lecturers sometimes to be able to actually can refuse to do a procedure with you. It is really frustrating because that one procedure was the only one that I needed in my practical book that frustrated me seriously. I felt as if will never to do procedure because it was a lengthy procedure but because the sister refused three times, I feel that no student should actually be put through that emotional turmoil seriously really, you feel helpless and frustrated, so I think that the sisters in ward also need to sharpen their skills and should also be available to you for doing the procedure.

F: so, it's another way of getting more student coverage

P: and also when were in Kuruman we were doing our second year, we were placed there for experiential learning, so there I saw something very nice they actually allocate registered nurses to be our clinical overseeing us or clinical accompanist or whatever so I think maybe if they take maybe one lecture from the college and maybe two or three registered nurses from let me say KH, let them combine and work together and not necessary have to accompany just in the ward, to see this is what the student are doing not to say hi I am coming to evaluate, those things can be there and

appointments . I think that the lecturers and registered nurses can be on par with what is going on because and nursing is an ongoing process and changes every day so I think it's better if they work together. Old procedures can be renewed because there was this other procedure that was of using electro gel and this is not used anymore, so I think if one lecturer come and just work with us for a day and do full washes with us not to say they must do but just observe and see what is happening and oh this is that can also go smooth like that.

F: so you would like say accompaniment to be more of spending time with you and not focusing on assessment and you just getting idea how other things can be done and can solve other problems as well

P: the old nurses can teach you short cuts and they are not there to guide you like first year you will see other people are doing things and you don't know the right things and the sister is not always there to see whether if you are doing the right thing you.

P: also I am coming now to the procedures I think that let me make an example of with pelvic assessment is not being done at clinically anymore but now is still a procedure for us you don't get enough exposure or enough practice to actually do the procedure but is part of your book. I think that the book being reviewed the should also be one person should be allocated for instance if there is IMCI training one person from the college should go and stay updated. In our practical book this one fundal height like in the book you don't expel clots but in the clinical setup you do it, so I just think should is confusing when you go back how will you be able repeat something and this is part of your daily job and actually doing it constantly, but you are confused constantly, so the procedures those which are not applicable anymore should be taken out to keep you on par. I also repeating something and doing as part of your daily living I think that the correct procedures should apply and the instruments which you are evaluated accordingly on some of the procedures. Some of the procedures are very very lengthy that also come a time that the lecturer can spend with you while the procedures is not even being done anymore and there also. The procedures and assessment tools should be updated according to the new guidelines, procedures and new protocols because pelvic assessment is not being done anymore**.**

P: so is not being practice why being evaluated on something that is not being practiced anymore because you are not going do when you are get out there we need to focus on things when I get to the rural areas I will be able to do things such as wound care and delivery of the baby instead what to of check the competence of the persons pelvic that I won't do anyway because is not a protocol anymore

F: it sounds like most of you, all of you are adamant that the theory and practice must be closer

Group: yes

F: Ok is there anything else you like to add about this

P: can I just say that sometimes the lecturers attitude like she said is not that to say that the lecturer is rude or have something against you, but sometimes this lecturer will just come and her day is messed up. She just wants to come and make you feel horrible you get those lecturers; they must be friendly and make me feel at ease because I am already so nervous about doing this procedure right. She must come and make me feel at ease and say is going to be "ok "not just a lecturer who is going to stand there with the "seer gesig" you don't know whether are you doing the right thing or are you doing wrong, what is going on, those kind of things just to be approachable as a lecturer during the procedure and evaluation at the clinical setup.

P: also just a suggestions speaking about retired sister, now what also helps with accompaniment is when the sisters ,that have retired have been in the practice for a long time like I have mentioned theory and practice need to come to get together so that for them it's much easier because if they can look at the book most of the staff are outdated, they are actually the ones that are helping us understand how to do a procedure and then they give you for example if you have to give mag sulp to a patient with eclampsia why are you giving it, how are you giving it and the book sometimes it doesn't make that much sense, so if even if they can help with clinical accompaniment why not get people who are retired that still want to work but not like sister or staff just to accompany the student because they have been in practically, and like I said for example tutors that are giving us class are giving us the theory why they don't they also get be placed out into clinical setup because some tutors just know the books and when they come to the clinical setup it is like a whole new

world so it will be nice to have people who accompanying has been in the clinical setup so they know what is going on and then they can integrate with the tutors to tell them like she said this is what we do and that is outdated, this is something new this is what we are teaching the students at the clinics and this is what to change for your book we don't have to stress about with the books this not applicable not applicable not done so actually can at least let's give the students credit where credit is needed.

F: ok, yes

P: yes, I also just want to add for me it almost feel like the most experienced sisters for instance who are going on retirement in five years' time is almost like she must have successors almost like because for instance I had this procedure like in of perineal support I don't know were other student taught, but I never knew the correct way of supporting the perineum should you pinched or should you not what but this one experienced midwife showed me and since then seriously that method has been successful I like it, minimal laceration, minimal tears I think that they should also be allocated in the wards then to teach you in that manner and ask you of what are you do struggling with. I know it is not always possible, there is shortage of staff but I would agree that person within four, five-year time she can then teach that to someone at the end of the day experience even is better than having the knowledge from the college. Experience taught you what is going to happen more which the book does not always cover, then the person that is most experienced or retiring or on the verge of retiring should be on the forefront of teaching students experiences. She has really help me specifically to know how to support the perineum.

P: despite of all the obstacles that we have experienced as the student nurse of Henrietta Stockdale I really had fun during clinical accompaniment , from first year up until second year then and third year things started to change .Now because you are now in different environment sometimes you get like new lectures and new faces and things started to go wrong. I think they must make it more clinical accompaniment it is something serious, you are going to be evaluated and practice something like that but it should be made like more fun for the students nurses also and also get the patients involved because sometimes we as students we will just

go and say to the patient you don't have pain and you don't do this they will never really allow them to ask us questions and even the lecturers to also get involved with the patient because they will also see we really doing what we taught when they are not there.

F: so, a more supportive environment

Group: yes

P: It is not just that the bad experience that I had from first year I have learn a lot when I came but we have very competent lecturers except now the other things. They taught us a lot, and now you are like more matured and competent on different level. I can actually do that so what I am saying some of them need to be more student-friendly but like I as I said most of them they have lot of experience and are very good tutors here.

P: most of the procedures that we are being taught here where are very privileged because when you go out there you will be able to do a lot of things just here and then even if we say some of the procedures are outdated but most of them. If I can go out there they make sure that you competent, they make sure that you are able to work independently when I am there in the rural areas. I will be able to do something without having to say oh my goodness and how is this procedure being done.

P: I think that there has been hardship but I think I don't know everybody can agree that the hardships we have experience it and the depression has formed us.We can actually being that competent nurse because sometimes when the ward is hectic and you can't do that procedure now you were taught sufficiently to apply that procedure or that technique in that small amount of time because there is too many patients or something, but generally I myself as a person I won't trade what I have been taught and also the hardship I think that also shape one. You can actually learn from it I think when you become a sister you don't have a lecturer at to fall back on. I think the clinical accompaniment with its hardship and so I think it was quite sufficient for us.

P: just an experience one of my lecturers came in the my ward and the ward was busy I just ran and said mam I am very sorry I can't talk to you now there is an emergency and then I went. She was standing there and afterwards she came to me and said

I have been evaluating you without you knowing, not like I am ticking and she said at I can see you are applying what we taught you and without me knowing. I just said sorry mam I cannot talk and ran we have an emergency then I thought if it's what she said so it means it's okay.

F: so, what is what already being mentioned is almost being like colleagues and being together and

F: ok, anyone else with a comment or statement

F: in that case I want to thank you for your contributions sounded very good contributions and your comments can become very useful in the research

F: Good luck for the rest of the day

F: thank you, you are welcome to go

P: thank you, mam

SUMMARY

TITLE: Experiences of student nurses in the Northern Cape regarding their clinical accompaniment

Clinical accompaniment of nursing students is a very important dimension of nursing education and training. Being the corner-stone of nursing education, it orientates and prepares the students for clinical practice. Additional accredited clinical facilities that are very far from the college concerned, decreased clinical accompaniment by lecturers and the reality of a shortage of professional nurses in the clinical facilities has a detrimental effect on clinical accompaniment, which is likely to have an impact on the students. However, there is limited knowledge regarding the experiences of these students, as well as what should constitute ideal clinical accompaniment. The purpose of the study, therefore, was to explore and describe the experiences of student nurses regarding their clinical accompaniment.

A qualitative study within the paradigm of the phenomenology with explorative, descriptive and contextual designs was followed. Data were collected through the use of focus group interviews.

Seven focus groups interviews were conducted and each group consisted of eight to ten participants. After the data collection process the interviews were transcribed immediately. Tesch`s steps of data analysis were used and the following main categories were identified: Inability to achieve objectives, integration of theory and practice, support, professional conduct, clinical learning opportunities, consistent accompaniment, resources and communication.

The findings illustrated that there was a lack of support and resources (material and human), insufficient coordination and communication between the nursing college and the clinical facilities, as well as deficient professional conduct. Recommendations include: The development of a structured clinical accompaniment plan; the college and the clinical facilities should foster clear communication channels to ensure adequate guidance and support of students. and the appointment and training of preceptors may address some of the challenges regarding clinical accompaniment of students.

Key terms: Experiences; Clinical accompaniment; Student nurses; Northern Cape nursing college.

OPSOMMING

TITEL: **Ervarings van verpleegkundestudente in die Noord-Kaap ten opsigte van hul kliniese begeleiding**

Kliniese begeleiding van verpleegkundestudente vorm ’n baie belangrike dimensie van verpleegkunde-onderwys en -opleiding. As ’n hoeksteen van verpleegkunde-onderwys oriënteer en berei dit studente voor vir kliniese praktyk. Nuut toegevoegde geakkrediteerde kliniese fasiliteite wat ver van die betrokke kollege geleë is, het tot ’n afname in kliniese begeleiding deur dosente gelei, en die realiteit van ’n tekort aan professionele verpleegkundiges in die kliniese fasiliteite het ’n nadelige uitwerking op kliniese begeleiding, wat studente waarskynlik beïnvloed. Beperkte kennis is egter beskikbaar oor hierdie studente se ervarings, asook oor wat ideale kliniese begeleiding behels. Die doel van hierdie studie was dus om die studentverpleegsters se ervarings aangaande kliniese begeleiding te ondersoek en te beskryf.

’n Kwalitatiewe studie in die paradigma van die fenomologie is volgens ’n ondersoekende, beskrywende en kontekstuele ontwerp uitgevoer. Data is deur gebruikmaking van fokusgroeponderhoude ingesamel.

Sewe fokusgroeponderhoude is gevoer, en elke groep het uit agt tot tien deelnemers bestaan. Ná die data-insamelingsproses is die onderhoude dadelik getranskribeer. Tesch se stappe vir data-analise is gebruik en die volgende hoofkategorieë is geïdentifiseer: Onvermoë om doelwitte te bereik; integrasie van teorie en praktyk; ondersteuning; professionele optrede; kliniese leergeleenthede; konsekwente begeleiding; hulpbronne, en kommunikasie.

Die bevindinge illustreer dat daar ’n gebrek aan ondersteuning en hulpbronne (materiaal en menslike hulpbronne) bestaan het, asook aan koördinasie en kommunikasie tussen die VOI (verpleegkunde-onderwysinstelling) en die kliniese fasiliteite, en gebrekkige professionele optrede. Aanbevelings sluit in: Die ontwikkeling van ’n gestruktureerde plan vir kliniese begeleiding, die verpleegkundekollege en die kliniese fasiliteite moet oop kommunikasiekanale bevorder ten einde voldoende leiding aan en ondersteuning van studente te

verseker, en die aanstelling en opleiding van kliniese begeleiers kan sommige van die uitdagings in verband met die kliniese begeleiding van verpleegstudente die hoof te bied.

Sleutelterme: Ervarings; Kliniese begeleiding; Verpleegkundestudente; Noord-Kaapse verpleegkundekollege.