Discovering presence as part of nurse educators’ role modelling at a public Nursing college in the North West province

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DECLARATION

I, Tiisetso Allison Mofokeng student number 29376858, declare that the dissertation entitled
Discovering presence as part of nurse educators’ role modelling at a public nursing college in
the North West province is my own work.

I can confirm that:

• I have acknowledged all sources used and have cited these in the reference list;
• This work has not been submitted for any other degree or professional qualification;
• This study obtained ethical clearance from the North-West University Potchefstroom Campus
  Ethics Committee; and
• This study complies with the research ethical standards and principles as stipulated by the
  North-West University manual for post-graduate studies.

Tiisetso Allison Mofokeng
Student number: 29376858
DEDICATION

This dissertation is a dedication to my Mom, who passed on, on my first day of data collection: 29th April 2019. The worst day of my life when I lost the only person who motivated me to have courage, perseverance, determination, faith, hope and most importantly taught me the importance of prayer and education.

MAY YOUR SOUL REST IN GOD’s ETERNAL PEACE MOM.

"It has been said, time heals all wounds. I do not agree. The wounds remain. In time, the mind, protecting its sanity, covers them with scar tissue and the pain lessens. But it is never gone." Rose Fitzgerald Kennedy.
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● My special thanks and gratitude to the participants who gave me the opportunity to conduct the study. I would have not made it without you. Thank you very much.
ABSTRACT

Background: Nursing students learn the science and art of nursing, including presence, from classroom content, using skills in practice, repeated interactions with patients, or by watching an experienced nurse interact with a patient. Nursing education must be open to nursing students and to the intricacies of nursing practice to provide the best education so that nursing students can construct the art and science of nursing practice. Nursing students must be educated to be sound practitioners in the “being” of nursing practice. If nurse educators model presence to nursing students, there will be an improvement in the quality of care to patients when nursing students are placed during their clinical training and once they go to work when they have completed their nursing programme.

Purpose: The purpose of this research was to explore and describe nurse educators’ modelling of presence to nursing students at a public nursing college in the North West province.

Method: The study followed a qualitative ethnographic research design with three data collection methods, namely shadowing, informal reflective conversations and field notes. Purposive sampling was done among a target population of nurse educators at a public nursing college of the North West province. Sample size was determined by data saturation. Data saturation was reached after shadowing four participants, each over a period of two days, and at least two informal reflective conversations with each participant. The informal reflective conversations were audio-recorded, transcribed verbatim, and analysed. Data collected through shadowing were captured in the form of field notes on a daily basis. Ethnographic data analysis was conducted, involving the research supervisors as co-coders together with an independent co-coder to validate the accuracy of the findings. Trustworthiness was ensured by credibility, dependability, confirmability and transferability, and the study adhered to the relevant ethics principles.

Results: Five themes emerged from the data, each with five to seven sub-themes. The five themes are: (1) dedication and innovation in a difficult setting; (2) professional educator–student relationships; (3) teaching–learning strategies; (4) shared values modelled by nurse educators; and (5) principles derived from the presence that was modelled.
**Conclusion:** Participants at the public nursing college modelled presence to some extent to nursing students despite facing various challenges in their work every day. They succeeded in modelling presence by being dedicated and innovative in the difficult nursing education setting of the public nursing college, maintaining a professional educator–student relationship, using specific teaching–learning strategies based on shared values, and allowing themselves to be guided by principles that resemble presence. The following relationships between the themes, sub-themes and above-mentioned conclusions emerged: nurse educators’ model “being professional”, “being facilitating, nurturing, caring and compassionate, encouraging and motivating”, and “being purposeful in their nursing education approach. Recommendations are made for nursing education, policy development and future research on measures to strengthen the modelling of presence by nurse educators at public nursing colleges.

**Key words:** Presence, shadowing, role modelling, nurse educators, nursing students, nursing college.
OPSOMMING

Agtergrond: Verpleegstudente leer die wetenskap en kuns van verpleegkunde en teenwoordigheid uit klaskamer-inhoud, deur vaardighede in die praktyk te gebruik, deur herhaalde interaksie met pasiënte, en deur te kyk hoe ’n ervare verpleegkundige met ’n pasiënt omgaan. Verpleegopleiding moet oop wees vir verpleegstudente en vir die nuances van verpleegpraktyk om sodoende die beste opleiding te bied sodat die studente die wetenskap en kuns van verpleegpraktyk kan konstrueer. Verpleegstudente moet opgelei word om goeie praktisyns van die “wees” van verpleegpraktyk te word. As verpleegopvoedkundiges teenwoordig vir studente modelleer, sal die kwaliteit van die sorg aan pasiënte tydens plasings vir kliniese opleiding en studente se uiteindelike werk na verpleegopleiding verbeter.

Doelwit: Die doel van hierdie navorsing was om verpleegopvoeders se modellering van teenwoordigheid aan verpleegstudente by ’n openbare verpleegkollege in die Noordwesprovincie te ondersoek en te beskryf.

Metode: Die studie het ’n kwalitatiewe etnografiese navorsingsontwerp gevolg met drie datainsamelingsmetodes, naamlik navolging (shadowing), informele refleksiewe gesprekke, en veldnotas. ’n Doelgerigte steekproef is geneem onder verpleegopvoedkundiges by ’n verpleegkollege in die Noordwesprovincie. Die grootte van die steekproef is bepaal deur dataversadiging. Dataversadiging is bereik nadat vier deelnemers nagevolg is elkeen oor ’n periode van 2 dae en ten minste twee informele refleksiewe gesprekke met elke deelnemer gevoer is. Die informele refleksiewe gesprekke is opgeneem, verbatim getranskribeer en geanaliseer. Die data wat ingesamel is deur navolging is vasgevang in die vorm van daaglikse veldnotas. Etnografiese data-analise is gedoen met die betrokkenheid van die studieleiers as medekodeerders en ’n onafhanklike medekodeerder om die akkuraatheid van die bevindinge te bevestig. Geldigheid is verseker deur middel van geloofwaardigheid, betroubaarheid, bevestigbaarheid en oordraagbaarheid, en die studie het aan die relevante etiese beginsels voldoen.

Bevindinge: Vyf temas het uit die data na vore gekom, elk met vyf tot sewe subtemas. Die vyf temas is: (1) toewyding en innovasie in ’n moeilike omgewing; (2) professionele opvoedkundige–student verhoudinge; (3) onderrig-leer strategieë; (4) gedeelde waardes
wat deur verpleegopvoeders gemodelleer word; en (5) beginsels wat afgelei is uit die teenwoordigheid wat gemodelleer is.

**Gevolgtrekking:** Deelnemers aan die openbare verpleegkollege het teenwoordigheid tot ’n mate aan studente gemodelleer ondanks verskeie uitdagings wat hulle elke dag in hulle werk teëkom. Hulle het teenwoordigheid suksesvol gemodelleer deur toegewyd en innoverend te wees in die moeilike verpleegopleidingsomgewing van ’n openbare verpleegkollege, deur ’n professionele opvoedkundige-student verhouding te handhaaf, deur die gebruik van spesifieke onderrig-leer strategieë gebaseer op gedeelde waardes, en deur hulleself te laat lei deur die beginsels van teenwoordigheid. Die volgende verbande tussen die temas, subtemas en bogenoemde bevindinge het na vore gekom: verpleegopvoedkundiges modelleer ‘professionaliteit’, ‘om te fasiliteer, te versorg, om te gee, meelewend te wees, aan te moedig en te motiveer’, en ‘om ’n doelbewuste verpleegopleidingsbenadering te hê’. Die studie sluit af met aanbevelings vir verpleegopleiding, beleidsontwikkeling en toekomstige navorsing oor maatstawwe om verpleegopvoedkundiges se modellering van teenwoordigheid by openbare verpleegkolleges te versterk

**Sleutelwoorde:** Teenwoordigheid, navolging, modellering, verpleegopvoedkundiges, verpleegstudente, verpleegkollege.
LIST OF ABBREVIATIONS

ANA: American Nurses Association

HREC: Health Research Ethics Committee

ICN: International Council of Nurses

NuMIQ: Quality in Nursing and Midwifery

NWU: North West University

NWDoH: North West Department of Health

SANC South African Nursing Council
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CHAPTER 1 OVERVIEW OF THE RESEARCH STUDY

1.1 Introduction and background

In the modern world, Technology has come to replace human touch and economic constraints decrease the time doctors and nurses spend with the patient. This increases the demand for holistic care and makes the act and quality of caring all the more significant (Tavernier, 2006:152). According to McMahon and Christopher (2011:71), the value of relational engagement with patients can be stressed by introducing and teaching a presence approach early in the nursing curriculum. Gustin and Wagner (2012:2–5) highlight that nursing students are introduced to different care theories that emphasise the importance of compassion, but it can be difficult to be available and compassionate when values are not shared. A certain level of maturity is required of nurses when practicing presence, as they are required to let go of personal motives and grow compassion, which is not always an automatic emotional response to another’s misery (Gustin & Wagner, 2012:5). Nursing presence can be strengthened by ensuring that nursing students understand its importance and increasingly develop presence to be consistent with the profession’s goals and policies of care and compassion (Gustin & Wagner, 2012:5).

Given the above, it is critical to facilitate the development of presence capacity in nursing students as this establishes the foundations of nursing practice (American Nurses Association, 2001:80). Nursing students learn the science and art of nursing, including presence, through classroom content, using skills in practice and repeated interactions with patients or by watching an experienced nurse interact with a patient (Idczak, 2005:16). According to Doherty (2016:158), role modelling makes skills, knowledge, decision making, and professional behaviour accessible to others. Nursing skills, communication and caring are all best learned by observing others. Role modelling is a strategy that enables nurse educators to demonstrate their knowledge, skills, and attitudes, thus establishing their role as expert professionals and gaining the respect of nursing students. In addition, Doherty (2016:158) explains that it provides an opportunity for the expert nurse educator to verbalise their clinical reasoning and allows the nursing students to observe, ask questions, and discuss their modelled behaviour. Furthermore, nursing education is improved when good relationships are established between nurse educators and nursing students (Mathevula & Khoza, 2013:1).
One of the challenges for nurse educators is therefore to design effective teaching strategies that support a balance between the integration of science and technology, and the human caring side of nursing (Curtis & Jensen, 2010:49). Landers et al. (2014:57) also state that it is important for nurse educators to focus on educational experiences that will help nursing students develop and nurture an in-depth appreciation of the concept of caring, including presence, in their professional practice. Furthermore, in order to preserve the essence of nursing, the components of presence must be defined, refined and measured to enable nurse educators and other nursing leaders to ensure that presence can be taught and modelled effectively (Turpin, 2014:15). Nursing students must be educated to be sound practitioners in the “being” of nursing practice. Therefore, nurse educators must not only focus on one part of nursing, the science, but also expect nursing students to begin to understand how to “be” in nursing practice (Idczak, 2005:17).

According to Turpin (2014:14), the ability to “be” and connect with patients in a uniquely healing presence is considered a foundational concept in nursing because nursing should seek to promote healing, and nursing presence equates to a healing presence. Nursing intuition, nursing trust, nursing care and nursing knowledge are attributes of presence that are all linked to positive patient outcomes (Turpin, 2014:14). Presence is the way in which the nurse can be with patients to create an atmosphere of shared humanness and connection (Covington, 2003:301). Furthermore, it is an interpersonal, intersubjective human experience of connection within a nurse-patient relationship that makes it safe for sharing oneself with another and which provides an opportunity for deep connection between the nurse and patient in the relationship (Covington, 2003:312).

McMahon and Christopher (2011:71–80) point out that all levels of education are an opportunity to develop students” presence skills, which will increase the likelihood that nursing students will be present with patients when providing clinical care. It should therefore be included in the curriculum. The art of nursing must be learned in authentic nurse-patient interactions where active learning builds on contextual situations, the “being” of nursing. Nursing students must engage actively in “being” in a nursing setting rather than being observed behaviourally by nurse educators when performing a skill (Idczak, 2005:19). Therefore, both clinical and academic nurse educators are encouraged to focus on specific areas of modelling such as opportunities that will help them to identify the need for presence, buffering environmental obstacles to presence, and skilfully assimilating presence while attending to other psychomotor tasks to enhance delivery of
nursing presence when planning activities (McMahon & Christopher, 2011:81). Moreover, for nurse educators to be able to identify opportunities to improve nursing students’ use of presence as a relational skill, the educator must identify nurses’ sensitive points such as the interpretation of patients’ subtle cues and obvious requests for presence. They should also consider environmental factors when making decisions on the most appropriate dose of presence at a particular time (McMahon & Christopher, 2011:74, 81).

The South African nursing education context, however, poses challenges in this regard. Nursing education takes place at universities as well as in public and private nursing colleges, each with a unique way of doing things and unique circumstances. When looking at public nursing colleges specifically, it is clear that the challenges they face require a dedicated response from nursing educators. A national audit of public nursing colleges by the South African Department of Health identified the following as the main challenges affecting public nursing colleges: lack of infrastructure, resources shortages, inaccessibility of clinical facilities due to distance between education and training sites and clinical facilities for practical placement, lack of transport, inadequate number of educators to accompany students, shortage of nurse accommodation and demonstration rooms (South African Nursing Council, 2013:22). It is thus possible that nurse educators working at public nursing colleges develop unique approaches to providing nursing education. This creates a need to understand and describe this social scene by looking at an insider’s perspective (Fetterman, 2010:2), especially when exploring the need for modelling presence to nursing students.

According to Idczak (2005:11), nursing is both an art and a science; a nurse who shares the sacred space is being present with a patient (art) while having the knowledge and skills to care for the patient (science). Finfgeld-Connett (2006:708) describes presence as an interpersonal process characterised by sensitivity, holism, intimacy, vulnerability and adaptation to unique circumstances, during which the patient demonstrates a need for presence and the nurse is willing to offer presence and practice within an environment that is conducive to it. Nursing is a holistic, caring discipline supported by all the skills and knowledge from educated nurse professionals. Therefore, the science of nursing, art of nursing, nurse-patient interactions, caring, presence, sacred space and “being” are key elements in understanding nursing practice (Idczak, 2005:12–13). Presence is the application of the art of nursing that is essential to the healing relationship (Potter & Frisch, 2007:218).
McMahon and Christopher (2011:75) identify four individual nurse characteristics that influence clinical judgement during relational work, namely professional, moral, relational and personal maturity. According to Finfgeld-Connett (2006:710–711), nurses need both professional and personal maturity in order to be present because presence is complex, and for them to be able to put presence into practice, the working environment must be conducive. The basic premises of caring for self and others are related to restoring interpersonal bonds and a sense of belonging with others, as well as supporting the person’s reconciliation with suffering (Gustin & Wagner, 2012:1). The actions required are characterised by the conscious intention to be present in moments with another person and the ability and desire to be present with compassion (Gustin & Wagner, 2012:1).

Compassion is considered one of the elements of care that relates to human existence, and compassionate care relates to human interactions, not to specific nursing actions in a specific context (Gustin & Wagner, 2012:1). “Being with” and “being there” are important therapeutic tools that give patients a sense of comfort and of being cared for, and through this the nurse and patient can walk along the path of becoming and growing together (Covington, 2003:305). The nurse uses presence as an intervention that has an effect on patient outcomes through availability and interaction, demonstration of positive regard, trust, genuineness and physical involvement (Covington, 2003:307). Presence is also regarded as a resource or therapeutic process that forms part of the nurse-patient relationship and enhances caring (Covington, 2003:305). “Being there” is about being in the present moment and being able to focus on oneself and the other as separate entities and also as related (Gustin & Wagner, 2012:5).

Furthermore, failure to recognise “being with” or presence as a nursing intervention could lead to delivering care in a mechanistic manner that lacks humanistic qualities (Covington, 2003:306). A nurse who is present with a patient is “being there” with the patient, not by objectifying but by having regard for the patient’s vulnerability as a person. This element describes the process or activity of existence (Idczak, 2005:14).

1.2 Problem statement

From the above discussion, it is clear that nursing presence should form an integral part of nursing education. In her study, Idczak (2005:16–17) indicates that nursing education
is based on the science of nursing in concert with nursing practice, which means that it intertwines the art and science of nursing. It has been identified that nursing education puts more focus on teaching skills and transfer of knowledge to nursing students, and that modelling the artful presence of the nurse in the delivery of care is lost (Idczak, 2005:16–17). In addition, the scope of practice of nurses is continually expanding and practicing nurses experience challenges with prioritising the human aspect of nursing care as they integrate increasing numbers of technical and scientific expectations (Idczak, 2005:16–17). McMahon and Christopher (2011:75) state that modelling a caring presence and providing structured learning opportunities for nursing students will help them to develop presence skills over time.

Turpin (2014:15) warn that in the United States, the nursing education system is becoming a factory of knowledge workers because personal characteristics necessary to become proficient in nursing presence is no longer a prerequisite for entry. Nursing schools’ selection and admission criteria are based on grade point average, nursing grade point average, pre-testing success and success in science without the evaluation of interpersonal skills. The personality and emotional traits necessary to help the nursing students provide holistic care may be missing from the applicant pool (Turpin, 2014:15). The same trend is happening in South Africa where the provincial departments give out instructions on the number of applicants to be admitted at the nursing colleges and the admission criteria are based on grade point average. In addition, Turpin (2014:15) indicates that the increase in technology that results in use of electronic healthcare records, telehealth and personal data assistants may erode the “in person”, interpersonal interchange that traditionally took place at the patient bedside. These changes then have an effect on the nursing education system. She further states that nursing schools maintain a primary focus on content-driven education to ensure successful passing in order to meet the increasing need for nursing personnel, and this minimises the provision of high quality education that focuses on communication skills and personal interrelationships with patients (Turpin, 2014:15). Bacon (2012:14) emphasises that it is the ethical responsibility of nurse educators to bring caring into the education environment, as caring outcomes in practice depends on a caring teaching-learning environment.

Professional caring and presence may be best learned through the caring relationships that nurse educators model during the educational process (Duffy, cited by Bacon,
2012:12). However, Idczak (2005:17) states that nursing education tends to focus on knowing the science of nursing and neglects the art of nursing. Nurse training must focus on the development and promotion of the acts and attitudes from which care is provided (Vanlaere & Gastmans, 2007:765). Covington (2003:306) suggests that further research should be done to understand how the skill of being present is shared with or modelled for nursing students during their educational process.

A number of studies have been done on presence in nursing education institutions (Covington, 2003; Finfgeld-Connet, 2008), but most of these studies were done at universities or private nursing colleges that greatly differs from public nursing colleges with regard to educator-student ratio’s, finances, the availability of resources for teaching, and clinical placement. Public nursing colleges face unique challenges as nurse educators have to cope with shortages in resources and a limited number of nurse educators in comparison to the number of nursing students (SANC, 2013:22). There is thus a need not only to explore how nurse educators model presence, but also to understand and describe this phenomenon from the insider’s perspective (Fetterman, 2010:2), namely from the viewpoint of nurse educators working at a public nursing college. While literature (Doherty, 2016; McMahon & Christopher, 2011) tells us that modelling presence to nursing students is extremely important, no study could be found on discovering presence in nurse educators’ modelling to nursing students at a public nursing college, in this case in the North West province. Based on the latter, the study seeks to address the research question in the next section.

1.3 Research question

The study aims to address the following research question:

How do nurse educators at a public nursing college in the North West province model presence to nursing students?

1.4 Research aim and objectives

The aim of this qualitative ethnographic research is to explore and describe nurse educators’ modelling to nursing students at a North West Province public nursing college with regard to presence. This clarity will enable the researcher to formulate recommendations for nursing education and for nursing research with regard to nurse educators’ modelling of presence to nursing students. This will contribute to the
integration of presence in nursing education so that presence can be transferred to nursing students and they learn to prioritise the human aspect of nursing care to provide care in a holistic manner. To reach the aim of this study the following objectives have been identified:

- To explore and describe nurse educators’ modelling to nursing students in relation to presence.
- To explore and describe how nurse educators convey presence to nursing students through modelling.
- To formulate recommendations for nursing education and nursing research with regard to nurse educators’ modelling of presence to nursing students.

1.5 Paradigmatic perspective

Guba and Lincon (cited by Kivunja & Kuyini, 2017:26) define paradigm as a basic set of beliefs or a worldview that guides research action or an investigation. This research is founded in an interpretivist, constructivist paradigm, as the researcher's intention was to make sense of the meanings participants assign to the world and relied on their views on the situation being studied (Creswell, 2014:8). As indicated by Thanh and Thanh (2015:24), interpretivist thinkers discover reality through participants’ views, their own background and experience. Interpretivism is concerned with the meanings and experiences of human beings, believing that people are constantly engaged in interpreting their constantly changing world (Williamson, 2006:84).

According to Kivunja and Kuyini (2017:33), this paradigm is used to understand and interpret what the participants are thinking or the meaning they are making of their context and trying to understand their viewpoint of the subject being observed rather than the researcher’s viewpoint. Williamson (2006:98) explains that a constructivist approach enables the meanings or perspectives of participants to be studied in-depth and their words must be used to convey their meanings directly to the reader. Interpretivism assumes that knowledge is maximised when the distance between the enquirer and the participants in the study is minimised, and that the voices and interpretations of participants are crucial to understanding the phenomenon of interest (Polit & Beck, 2014:8). Williamson (2006:84) adds that interpretivists favour a natural inquiry where field work takes place in a natural setting. Therefore, this paradigm yields rich, in-depth
information that can clarify varied dimensions of a complicated phenomenon (Polit & Beck, 2014:9).

The underlying assumptions of the interpretivist, constructivist paradigm as applied in this research are discussed in the following sub-sections. The researcher applied this paradigm using an ethnographic approach as a research method.

1.5.1 Meta-theoretical assumptions

This section expounds the researcher’s beliefs about the human being (student and nurse educator), society (community/public nursing college), discipline (nursing education) and the purpose of the discipline; and how these beliefs guided her research (Botma et al., 2010:287). These beliefs reflect the ontological dimension of this research, in other words the researcher’s beliefs about the central phenomenon of this research. In line with the interpretivist, constructivist paradigm the researcher assumes a relativist ontology (Kivunja & Kuyini, 2017:33).

1.5.1.1 Human being (student / nurse educator)

Humans are viewed as bio-psychosocial adaptive systems who cope with environmental change through the process of adaptation (Roy & Andrew, cited by Polit & Beck, 2014:137). The researcher believes that human beings construct reality, and that there are multiple realities that can be discovered through meaning-making and dialogue.

In this study human beings are nurse educators and nursing students at a public nursing college in the North West province. Nurse educators attach a specific meaning to their role as educators, to being role models and presence, whereas nursing students experience the educator’s interaction with them in a specific way, which has a specific meaning to them and contributes to their understanding of nursing and presence.

1.5.1.2 Community (public nursing college)

Constructivists believe that knowledge is subjective, as it is socially constructed and mind-dependent. Communities’ stories, belief systems and claims of spiritual and earth connections find space as legitimate knowledge (Chilisa & Kawulich, 2012:10). Society is viewed as an orderly array of functioning social institutions that interlink with each other. Individuals in this social institution play roles prescribed by society and
learned through socialisation (McDaniel, 2011:2). It is also viewed as an organisation or club formed for a particular purpose or activity (Soanes & Hawker, 2013:984). In this research, the community of interest was a public nursing college in the North West province.

1.5.1.3 Discipline (nursing education)

As indicated by Soanes and Hawker (2013:281), “discipline” refers to a branch of academic study. This study’s ultimate interest is in nursing, which is defined as follows: "Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well in all settings. It includes the promotion of health, prevention of illness and care of the ill, disabled and dying people" (International Council of Nurses, 2002). However, this study primarily looks at nursing education as a discipline. Nursing education is the professional education of nurses to educate them to render professional nursing care to people of all ages, in all phases of health and illness, in a variety of settings (Nursing Act, 2005). In this study the discipline of nursing education includes all the educational and related activities of a four-year basic nursing programme at a public nursing college in the North West province.

1.5.1.4 Purpose of the discipline

In this study the purpose of the discipline is for nursing students to qualify and be registered as professional nurses with the SANC, and to become integrated and whole in their personhood so that they reflect mutuality and presence in their interaction with patients.

1.5.2 Theoretical assumptions

As stated by Botma et al. (2010:187), theoretical assumptions are used to reflect the researcher’s view of existing theoretical or conceptual frameworks in relation to the research. The theoretical assumptions of the researcher continue to reflect the ontological dimension of the research. These theoretical assumptions are drawn from literature on nursing education and presence and legislation pertaining to nursing. The assumptions are therefore shared constructs (Williamson, 2006:85–86) within the nursing discipline that the researcher has integrated in her view of this research and of the central phenomenon in this research. The central theoretical statement and definitions of key concepts are presented as the theoretical assumptions of this research.
1.5.2.1 Central theoretical statement

The central theoretical statement is a summary of the beliefs of the researcher about the significance of this research. This statement also portrays the researcher’s basic assumption regarding this research. The statement is as follows: There is lack of literature on how nurse educators convey presence to nursing students by acting as role models. Nurse educators in the context of this research, namely a public nursing college, forms a social group with certain ways of doing in nursing education and modelling. The researcher concludes the research report with recommendations for nursing education and for nursing research with regard to nurse educators’ modelling of presence to nursing students in their capacity as role models.

1.5.2.2 Definitions of key concepts

The concepts at the centre of this study are defined below.

1.5.2.2.1 Nurse educator

For the purpose of this study, a nurse educator is a professional nurse with an additional qualification in nursing education who is registered as such with the SANC. This person can work as a lecturer or a clinical educator (Nursing Act, 2005). As an educator, such a person should act as a role model for nursing students.

1.5.2.2.2 Nursing student

A nursing student is a person registered as such in terms of section 32 of the Nursing Act, 33 of 2005. For the purpose of this study, nursing students are all students enrolled in a 4-year basic nursing programme at two campuses of a public nursing college in the North West province.

1.5.2.2.3 Public nursing college

A public nursing college refers to a post-secondary educational institution that offers professional nursing education at a basic and post-basic level where such nursing education has been approved in terms of section 15(2) of the Nursing Act, 2005 (Act 33 of 2005). In this study, the public nursing college includes the two campuses of a public nursing college in the North West province.
1.5.2.2.4 Modelling

A person who acts as a role model serves as an example of the values, attitudes, and behaviours associated with a specific role. Modelling is regarded as a behaviour, an example or success that can be emulated by others, especially younger people such as nursing students (Soanes & Hawker, 2013:893). In this study, modelling refers to nurse educators who act as role models by modelling presence to nursing students in a North West public nursing college that may teach nursing students to be present.

1.5.2.2.5 Presence

"Is a holistic way of being interpersonally, trans-personally and spiritually with another in a relationship which is demonstrated through behaviours expressing caring and compassion, and it involves inter-subjectivity and connection that supports a process of evolutionary transformation" (Covington, 2003:303–304).

In this study, presence refers to nurse educators' ability to embody the quality of “being there” for and “being with” the other (nursing students) in the fullness of their humanness: alert, engaged, responsive, resonant, supportive; and in so doing modelling caring in a present manner to nursing students (Bacon, 2012:12; Kleinman, 2009:97).

1.5.3 Methodological assumptions

These refers to assumptions made by the researcher regarding the methods used in the research process, for the purpose of this study ethnographic qualitative research was done (Creswell, 2014:455). The planned process and execution of the plan for collecting and analysing data proved to be good scientific practice to ensure that the research findings of the study were trustworthy, had a structured framework and was therefore consistent with the research questions, purpose, objectives and ethical considerations of the study (Botma et. al., 2010:283).

Interpretivist-constructivist paradigm was applied in this study as the researcher believes that reality is socially constructed and that there are many intangible realities as there are people constructing them (Creswell, 2003; Mertens & Ginsberg, 2009). Reality is mind dependent and a personal or social construct. The research design and method discussed below.
1.6 Research methodology

The research methodology consists of the research design and method. The research design and method are discussed briefly below to provide an overview. A more comprehensive discussion follows in Chapter 2.

1.6.1 Research design

A qualitative, ethnographic design was selected for this study. The purpose of this design is to attempt to understand what is happening naturally in the setting and to interpret the data gathered to see what implications could be formed from the data. Furthermore Fetterman (2010:1) stated that ethnography is about telling a credible, rigorous, and authentic story, as it gives voice to people in their own local context, typically relying on verbatim quotations and a “thick” description of events. This design was the most suitable as it allowed the researcher to experience events with the nurse educators while maintaining the professional distance necessary to conduct the research (Roper & Shapira, 2000:2). This design is aimed at understanding views through the eyes of nurse educators, while not relying too heavily on theories and concepts prior to the whole investigation in the research (Ejimabo, 2015:361–366). As indicated by Fetterman (2010:133), an ethnographic researcher subscribes to a code of ethics that preserves the participants' rights, facilitates communication in the field and leaves the door open for further research. Saldana (2011:4) further describes ethnography as the observation and documentation of social life in order to give an account of a group’s culture. According to Jordan and Yeomans (1995) and Pring (1995) cited by Neale (2009:238), ethnography is the study of people within their living and/or working environment with the aim of gaining a rich and detailed understanding of the actions, beliefs, constructions and meanings within that group. Creswell (2007:71) indicates that participants should have shared language, patterns of behaviour and attitudes that have merged into a recognisable pattern, as in this case.

1.6.2 Population and sampling

For this study, the population was nurse educators in public nursing colleges in South Africa. The target population was nurse educators in a public nursing college in the North West province. This decision was based on the fact that more nurses are produced by nursing colleges than universities, which means that these institutions have major
influence on the nursing work force, also in the North West province. Studies have been done on cultivating presence at private nursing colleges and universities (Covington, 2005; FinfgeldConnet, 2008; Plante & Asselin, 2014) but no information could be found on public nursing colleges. The college selected for this study has two campuses, with approximately 35 nurse educators on one campus and 31 nurse educators on the other campus. For ethical reasons and to avoid bias, only one campus was included in the study as the researcher is employed on the other campus.

Purposive sampling was used for this study with the aim of selecting nurse educators working at a public nursing college in the North West province who were willing to participate in the research (Roper & Shapira, 2000:78). Fetterman (cited by Roper & Shapira, 2000:78) state that purposive sampling includes people who are selected because they are specialists or experts in the area of interest as defined by the research question. This sampling method allowed the researcher to select the participants that could best contribute to the study (Polit & Beck, 2014:285).

1.6.3 Data collection

Data were collected by using shadowing, informal reflective conversations and field notes. The researcher went to one campus of the public nursing college, respecting the daily lives of nurse educators (Creswell, 2007:72).

In an effort to ensure the researcher’s competence, a shadowing trial run was conducted with non-participants. During the trial, the researcher shadowed one nurse educator from a nursing college that does not form part of the population for data collection for this study. This was followed by a discussion about possible lessons learned in the presence of the supervisor. The nurse educator who had been shadowed during this trial run was requested to give comments and feedback on her experiences. The researcher considered this feedback when making decisions on how to apply this data collection method in the main study. In line with an ethnographic design, and as suggested by Neale (2009:245) and Roper and Shapira (2000:2), the researcher used three data collection methods, namely shadowing, informal reflective conversations and field notes documentation. These data collection methods are briefly outlined below and are discussed in detail in Chapter 2.
1.6.3.1 Shadowing

The researcher shadowed nurse educators over a period of two days each in order to enter the nurse educator’s life world in terms of being a role model. This included class presentations, meeting in small groups during discussions and meeting with individual students at the public nursing college in the North West province. Informed consent was obtained from the nurse educators and nursing students before commencement of data collection (Annexures F and G).

The setting was classrooms and nurse educators' offices. Nurse educators were selected as participants and they were shadowed to witness their modelling, with presence in mind.

1.6.3.2 Informal reflective conversations

The researcher used opportune moments to have informal reflective discussions with the participants, e.g. before and after lectures. During these conversations, the researcher was attentive to participants' non-verbal communication, such as shifts in tone of voice, because these changes are important cues to attitudes and feelings (Fetterman, 2010:42). The conversations were audio-recorded to reduce the selectivity of note-taking and to allow the nurse educators to speak for themselves (Quinlan, 2008:1491). These informal conversations were useful in discovering what the nurse educator thinks and how one educator’s perceptions compare with other nurse educators” (Fetterman, 2010:41). The informal conversations were used to explore and validate observations made during shadowing and to provide direction for future observations (De Vos et al., 2013:353).

1.6.3.3 Field notes

As indicated by De Vos et al. (2013:359), field notes are written accounts of the things the researcher hears, sees, experiences and thinks about in the course of data collection. Botma et al. (2010:217) further state that field notes include both empirical observations and personal interpretations of the researcher, as well as preconceptions, expectations and prejudices. It consists primarily of data from informal reflective conversations and observations made during shadowing, which forms an early stage of analysis during data collection and contains raw data necessary for later, more elaborate analysis (Fetterman, 2010:116). The researcher made field notes on what she observed during shadowing; mainly focusing on the nurse educator’s modelling of behaviour that resembles presence.
She kept the definitions of role modelling and presence in mind while shadowing. The researcher recorded what she knew had happened and what she thought had happened.

1.6.4 Data analysis

An ethnographic data analysis was conducted. As defined by Brewer (cited by Neale, 2009:246), ethnographic analysis is the process of bringing order to the data, organising patterns, categories and descriptive units and looking for relationships between them. The purpose is to organise the data and make sense of what the researcher has learned during the research experience (Roper & Shapira, 2000:91). The process started by transcribing audio recordings of the reflective conversations and keeping the field notes at hand. This was followed by categorisation of written material into meaningful pieces, and examination of patterns that explain the phenomena of interest. As indicated by Roper and Shapira (2000:92–93), this already began in the field while data were collected, as a vast amount of data was collected. The detailed field notes and transcribed conversations formed the data set for this research. More detail follows in Chapter 2.

Two co-coders, namely the research supervisors, were used to analyse data and results were checked by an independent co-coder to ensure accuracy. They were required to sign a confidentiality agreement (Annexure J) before being briefed on the study and the process of data analysis described above.

1.7 Methods to ensure rigour

The researcher used multiple approaches as suggested by Creswell (2009:191–192), including triangulation, making thick and rich descriptions of data, the researcher’s self-reflection to clarify possible biases, discussing contrary data as part of the identified themes, engaging lengthily with the research setting to gain an in-depth understanding of presence in nurse educators’ modelling to nursing students at a public nursing college in the North West province, peer debriefing and external auditing to enhance the researcher’s ability to assess the accuracy of findings and to convince the readers of that accuracy.

Rigour is associated with the worth of research outcomes and is characterised by openness. It demonstrates the congruence of methodology, adherence to philosophical perspective, thorough data collection, consideration of all data in the analysis process.
and the researcher’s self-understanding (Grove et al., 2013:58). For the purpose of this research, Lincoln and Guba’s (1985) four criteria for developing trustworthiness as cited by Polit and Beck (2014:322) were used. The application of these criteria to this research is discussed in Chapter 2.

1.8 Ethical considerations

Proper ethics was considered throughout the study to prevent any kind of harm to the participants and nursing students. This involved promoting justice, respect and beneficence to all participants and nursing students.

1.8.1 Permission and informed consent

Before commencing with data collection, the researcher obtained ethics approval from the Health Research Ethics Committee (HREC) of the Faculty of Health Sciences, North-West University (see Annexure A). The researcher also obtained permission from the appropriate authorities, such as the Provincial Department of Health and the management of the public nursing college in order to gain access to the prospective participants (see Annexures D & E).

1.8.2 Anonymity

The researcher ensured that the collected data cannot be linked to the participants by not including any identifying information (Streubert-Speziale & Carpenter, 2003:316; Polit & Beck, 2014:88). Thus, although the identity of the participants is known to the researcher, the data were presented anonymously to the co-coders, the research supervisors and the readers of this research study. As suggested by Grove et al. (2013:172), the researcher ensured anonymity by making use of identification codes instead of using participants” names and by keeping names and code numbers separate from the data collected. This was done so that the participants” identity cannot be linked to their individual responses.

1.8.3 Confidentiality

Even though participants were known by their colleagues and nursing students, they were promised confidentiality to guarantee that none of the information they provided would be publicly reported or made accessible to parties other than the research team. The research site is not specified in the report to avoid stigmatisation and the researcher ensured that the report contains no information that can be linked to the participants,
nursing students or any other person that the nurse educator might come into contact with during shadowing. The researcher made every effort to ensure that this promise was kept (Streubert-Speziale & Carpenter, 2003:317).

Confidentiality was ensured by only allowing the researcher, supervisors and independent co-coder to have access to the collected data after signing a confidentiality agreement (Annexure J). Safe storage of data was maintained and participants’ identity will not be revealed during publishing of the research findings (Brink et al., 2012:38). Participants were made aware that third parties may examine the data to ensure the credibility of study findings (Grove et al., 2013:172). All the identifying information is stored in locked files that are password protected on the researcher’s computer to prevent accidental breach of confidentiality (Polit & Beck, 2014:89). Confidentiality agreements (see Annexure J) were signed by the mediators, two co-coders and the independent co-coder.

1.8.4 Justification of research study

The purpose of this study was to explore and describe nurse educators’ modelling of presence to nursing students at a public nursing college in the North West province. The research will offer a description of such modelling of presence by nurse educators as a reference point for further research on this phenomenon. The research report concludes with recommendations for nursing education, policy formulation and nursing research with regard to presence in nurse educators’ modelling to nursing students. In the long run, this may benefit the patients who will be taken care of by nursing students during their clinical placement and after completion of their studies when they start working as qualified professional nurses. It is the researcher’s hope that the practice of modelling presence will instil presence in nursing students as they care for patients to improve patient satisfaction and quality of care. This research brings us a step closer to making this possible.

1.8.5 Scientific integrity

The researcher ensured that an appropriate research design and methodology were chosen for this study to ensure the protection of participants from unnecessary harm and to produce useful knowledge that will bring about reliable and valid data. The researcher applied safeguards as indicated by Creswell (2014:209) to protect the participants,
namely: ensuring that the participants clearly understand the objectives of the study and how the collected data will be used, obtaining written consent from the participants to continue with the study, informing participants about all data collection devices and activities, availing all verbatim transcripts, written interpretations and reports to the participants, and considering the participants’ rights, interests and wishes when deciding on reporting data. Ferguson (2016:21) suggests that the researcher must have continuous negotiations with the participants in order to maintain a positive relationship. These will assist the researcher to meet the objective of the study.

Plagiarism was avoided and all literature sources, participants, the mediator, co-coders and independent co-coder and possible funding organisations were acknowledged.

1.8.6 Role player engagement

The researcher applied for ethics clearance and study approval from the Health Research Ethics Committee (HREC) of the Faculty of Health Sciences, North-West University (see Annexure A) and the Department of Health Ethics Committee (Annexure B) before commencement of this study. A meeting was arranged with the nursing college principal to share all the information regarding the planned study and to request permission for conducting the study at that nursing college. A mediator was requested to arrange a meeting for the researcher to meet with the nurse educators. Nurse educators and nursing students at the research site were provided with all necessary information concerning the study before consent forms were issued (Annexure F & Annexure G). These were signed by both the nurse educators and nursing students who agreed to participate in this study. The researcher let go of control over data collection, managed relationships with participants and made ethical judgements while in the field (Ferguson, 2016:25). On completion of the study the researcher will compile a report and submit it to the North West Department of Health and the public nursing college. Research findings will be communicated to the participants in the form of a power point presentation and a written report.

1.8.7 Researcher competence and expertise

The researcher attended training on shadowing to improve on technical competence in order to be able to carry out the proposed research study. As confirmed by Zaare (2013:611), this helped to avoid misinterpretations and helped the researcher to be able
to record data objectively and gave constructive feedback. A trial run was conducted with non-participants on shadowing. The researcher shadowed one nurse educator from a nursing college that does not form part of the population for data collection for this study. This was followed by a discussion on lessons learned in the presence of the supervisor. The nurse educator shadowed during this trial run was requested to give comments and feedback on their experiences. The researcher considered this feedback when making decisions on how to approach this data collection method in the main study. The research supervisor has experience in conducting and supervising similar qualitative research.

1.8.8 Respect for research participants

The researcher ensured that the participants’ right to self-determination, which involves their right to decide whether or not to participate in the study, the right to withdraw from the study at any time, the right to refuse to give information and to ask for clarification about the purpose of the study, was respected from the beginning to the end of the study (Brink et al., 2012:35). The researcher treated participants with respect, sensitivity and tact (Josselson, 2013:13).

1.8.9 Benefit-risk ratio analysis

These was done to protect the study participants by evaluating whether benefits of participating in the study are in line with financial, physical, emotional and social costs (Polit & Beck, 2014:86). As indicated by Botma et al. (2010:24) potential benefits of the study should always outweigh the risks.

1.8.9.1 Anticipated benefits

The participants will be able to apply the research recommendations in their daily work.

1.8.9.2 Direct benefits

There were no direct benefits for the participants.

1.8.9.3 Indirect benefits

Even though the participants did not experience any direct benefit, they may experience their participation as beneficial. As indicated by Polit and Beck (2014:86), the participants will have increased knowledge about themselves given the opportunity for self-reflection.
or through direct interaction with the researcher. They also gain the satisfaction that the information they provided may help others with similar problems.

In the long run, it is the hope that there will be an improvement in the provision of quality care to patients where nursing students are placed during their clinical training and where they start working after completion of their nursing programme as a result of nursing educators modelling presence to nursing students.

1.8.9.4 Anticipated risks and precautions

1.8.9.4.1 Anticipated risks to the participants and precautions taken

A medium risk was expected for participants in this study, as being shadowed might cause emotional discomfort and stress. Participants may also have experienced physical discomfort, fatigue and loss of time (Polit & Beck, 2014:86).

The recruitment process, voluntary informed consent and ongoing informed consent, as well as the selection of the participants as explained in this proposal, contributed to the protection of the participants from feeling judged, exposed or shamed. Ferguson (2016:21) indicates that participants may feel judged during shadowing, so the researcher constantly negotiated data collection with participants, let go of power and control and only did what the participant allowed the researcher to do. The pre-shadowing discussions, as well as informal reflective discussions during data collection provided opportunities to build and maintain rapport with the participants, which ensured that participants felt comfortable to express their discomfort when it occurred. Participants were encouraged to express their discomfort at any time during the study, at which time data collection would be stopped immediately, followed by reflective discussions at a time convenient for the participant. In addition, prior arrangements were made with the Employee Assistance Programme coordinator so that participants could be referred for counselling and support in cases where any participant experienced emotional discomfort.

During data collection, the researcher allowed participants time for comfort breaks when needed and participants were provided with a bottle of water to relieve any fatigue and discomfort that might result from sitting for a long time during the informal reflective conversations. The researcher also offered a light lunch for the participants on the day of data collection. The researcher tried by all means possible to work according to the set
time as discussed with participants to avoid time losses. The researcher ensured that her presence did not cause any additional delays for the participants, and the informal reflective conversations were held at times and places that were comfortable and convenient for the participants.

1.8.9.4.2 Anticipated risks to the researcher and precautions taken

Loss of time and monetary costs were anticipated, as the researcher had to take time off from work, travel to the research site and provide refreshments for participants and also ensure availability of tools to be used for the study.

No preventative measures could be taken to avoid this, but the researcher approached sponsors for monetary relief and submitted requests for study leave.

It is thus clear that the benefits of this study outweighed the risks.

1.8.10 Reimbursement of study participants

The researcher used an appreciation model of payment whereby participants were given a token as a form of appreciation for their contribution at the end of the study, namely a clothing store gift voucher to the amount of R300 per participant. The researcher applied T and I in the TIE principle, which means participants were reimbursed for their time and inconvenience as they were not expected to incur any expenses. The participants were not informed about this at the time of consent as per the HREC remuneration guide.

1.8.11 Data management

As indicated by Saldana (2011:63), all information gathered was entered in chronological order, as gathered, in one large word processing file. Multiple backup files that include separate interview transcripts, separate field notes, separate analytic memos were created as a precautionary measure. All electronic data documents are password-protected as is the computer used to store the information. All hardcopy materials were safely filed with backup copies stored and locked up in the researcher’s office until completion of the study. At the completion of the study all data will be stored at the Quality in Nursing and Midwifery (NuMIQ) security storage for a period of ± 5 years before it can be destroyed. The researcher took all the necessary measures to ensure privacy and confidentiality for ethical compliance. This was done according to the university guidelines.
1.8.12 Dissemination of research results

At the end of the study, the findings and recommendations will be communicated by means of group presentation or written report, depending on how participants prefer to receive feedback. Results will also be disseminated to the wider research audience, such as publishing an article in an accredited scientific journal.

1.8.13 Role of researcher

The researcher applied for ethics approval of the study through the Health Research Ethics Committee (HREC) of the Faculty of Health Sciences, North-West University. The researcher requested permission to conduct the study from the nursing college principal. A private, comfortable, interruption free venue for the informal reflective conversations was secured. The researcher explained the purpose of the research via the gatekeepers and ensured that prospective participants knew what was expected of them and what kind of data were going to be collected during the first contact. Scheduled appointments were confirmed by the researcher a day before data collection commenced (Botma et al., 2010:203).

1.8.14 Conflict of interest

The researcher does not have any conflict of interest in this study. She may have known some of the participants, but she did not work closely with them on a daily basis.

1.9 Dissertation outline

The dissertation includes the following chapters:

Chapter 1: Overview of the research study

Chapter 2: Research methodology

Chapter 3: Research findings

Chapter 4: Conclusions, evaluation, limitations and recommendations of the study.

1.10 Chapter summary

The introduction and background presented in this chapter revealed the need for research on the study topic. The problem statement and the research question further clarified the
impetus for this research. The purpose of this study is aligned with the research question. The research design and method identified are discussed further in Chapter 2. The chapter also outlined the ethical considerations and methods to ensure rigor throughout the study.
CHAPTER 2  RESEARCH METHODOLOGY

2.1 Introduction

Chapter 1 offered an overview of the research study. Chapter 2 gives a more detailed description of the research methodology, including the research design and research method. The research method comprises of the population, sample, sampling method and size, pilot study, data collection, data analysis and literature integration. Methods to ensure rigour and ethical considerations to ensure true and substantial research findings are also discussed.

2.2 Research design

As stated by Grove et al. (2013:195), research design is the blueprint for conducting a study. It maximises control over factors that could interfere with the validity of study findings. Furthermore, the research design depends on the purpose of the study, nature of the research question and the skills and resources available to the researcher (De Vos et al., 2013:312). A qualitative, ethnographic design has been selected for this study. This approach has been selected to enable the researcher to explore and describe nurse educators’ modelling to nursing students at a North West Province public nursing college with regard to presence.

Overall, a qualitative approach was used for this study, as the researcher holds the fundamental belief that multiple realities exist (Streubert-Speziale & Carpenter, 2003:17). Creswell, (cited by Grove et al., 2013:264) mention that qualitative studies are motivated by the desire to know more about a phenomenon, social process, or a culture from the perspective of people who are experiencing the phenomenon, involved in the social process or living in the culture. Qualitative research is a rigorous, interactive, holistic, subjective research approach used to describe life experiences and give them meaning (Marshall & Rossman, cited by Grove et al., 2013:3).

Specifically, an ethnographic design was used. Creswell (2007:242) defines ethnography as the study of an intact cultural or social group or an individual/individuals within that group, based on observation over a prolonged period of time spent by the researcher in the field. Neale (2009:240) reveals that the main reason for this design is to deepen understanding, in this case of the nurse educators’ role modelling of presence to nursing
students. Roper and Shapira (2000:2) further state that this approach allows the researcher to experience events with the nurse educators while maintaining the professional distance necessary to conduct the research.

Saldana (2011:4) describes ethnography as the observation and documentation of social life in order to render an account of a group’s culture. Grove et al. (2013:63) further say that this research design provides a framework for studying cultures as reports are written based on the insider’s perspective. In ethnography, the researcher enlists the help of key informants to help them understand and interpret the events and activities being observed by observing these activities day after day in the participants’ natural environments in a wide array of circumstances. As indicated by Fetterman (2010:133), the ethnographic researcher subscribes to a code of ethics that preserves the participants’ rights, facilitates communication in the field and leaves the door open for further research.

This design was to understand views through the eyes of nurse educators, while not relying too heavily on theories and concepts prior to the whole investigation in the research (Ejimabo, 2015:361–366). According to Jordan and Yeomans (1995) and Pring (1995). (as cited by Neale, 2009:238), ethnography is the study of people within their living and/or working environment with the goal of achieving a rich and detailed understanding of the actions, beliefs, constructions and meanings within that group. In this study nurse educators were regarded as a social group, as they regularly interact with each other and have a common identity in their working environment, namely two campuses of a public nursing college in the North West province. This design allowed the researcher to become aware of communication patterns and the behaviours of nurse educators, and to understand how values are socially constructed and transmitted by looking below the surface to identify the shared meaning and values expressed through everyday actions, language and rituals (Wolf, 2012; Creswell, 2007, as cited by Grove et al., 2013:286).

This was the most appropriate design for this study as the researcher planned to observe participants’ behaviour in a wide array of circumstances day after day in their natural environment (Polit & Beck, 2014:269). Creswell (2007:71) indicates that in an ethnographic study, participants should have a shared language, patterns of behaviour and attitudes that have merged into a recognisable pattern. This was true for this study. One of the inclusion criteria was that nurse educators should have been working at the
public nursing college for more than a year to ensure that they have become part of the culture of the institution.

2.3 Research method

The research method refers to the techniques used by the researcher to structure a study, to gather and analyse relevant information (Polit & Beck, 2014:8). The section below elaborates on the population, sampling and sample size.

2.3.1 Population

Population is defined as all the elements that meet certain criteria for inclusion in a given universe (Grove et al., 2013:44). Brink et al. (2012:131) further describes population as the entire group of persons or objects that is of interest to the researcher that meets the criteria that the researcher is interested in studying. For the purpose of this study the target population was nurse educators at a campus of a public nursing college in the North West province, with 36 nurse educators. Nursing students who were in class during data collection were not regarded as participants, but they were included to enable the researcher to shadow the nurse educators during class.

2.3.2 Sampling

Sampling was guided by the principles of appropriateness and adequacy, which are about identification and use of participants who can best inform the research to ensure that enough data are available to develop a full and rich description of the phenomenon (Morse & Field, cited by Botma et al., 2010:199). Brink et al. (2012:132) define sampling as the process of selecting a sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest.

Purposive sampling was used in this study for the researcher to gain insight into a new area of study or to obtain in-depth understanding of a complex experience (Grove et al., 2013:365). The researcher aimed to select nurse educators working at a public nursing college in the North West province who were willing to participate in the research, and who were specialists or experts in the area of interest as defined by the research question (Roper & Shapira, 2000:78). Through this sampling method the researcher selected the participants that were best suited to contribute to the study (Polit & Beck, 2014:285).

For the purpose of this study, the inclusion criteria included:
Nurse educators who have been working for more than one year at a campus of a public nursing college in the North West province. This ensured that experienced nurse educators were included in the research and that rich data could be source. It also limited the possibility of them feeling self-conscious and exposed when presenting classes to nursing students during data collection.

Nurse educators (professional nurses with an additional qualification in nursing education) who are registered with the SANC as nurse educators. This criterion was included to ensure that appropriate participants were included, and only nurse educators who are legally registered to act as such were included in this research.

Nurse educators who have been teaching the 4-year basic nursing programme at a public nursing college in the North West province.

Nurse educators who are conducting their classes in English as this is the official medium of instruction at the public colleges of the North West Province.

Nurse educators who were willing to be shadowed and to reflect on role modelling presence to nursing students during interaction with nursing students.

Exclusion criteria included:

Nurse educators who were not in class during data collection.

Nurse educators at the college campus where the researcher is employed as a nurse educator.

Nurse educators who have not been working at the public nursing college of North West Province for more than one year.

Selection criteria for students were:

Students who were in class during data collection.

Students who have given consent to be part of this study.

Exclusion criteria for students were:

Students who did not consent to being part of this study.
Students who were in practical settings during data collection.

2.3.3 Sample size

The planned sample size was between 3 and 5 participants, as it is typical for this type of research (Ferguson, 2016:16; McDonald, 2005:464) and data saturation was used as a measure to determine the sample size. The reason for the small sample size was that rich, dense, in-depth, multifaceted, complex and comprehensive data were generated through shadowing, and a sample of 4 participants offered data saturation. Sampling was done to a point where no new information was obtained and redundancy was achieved (Polit & Beck, 2014:286). The researcher sees data saturation as the point where she became comfortably familiar with the setting, routine and data being collected, aware that data are repeating and that she was no longer learning anything new from the participants (Botma et al., 2010:200).

2.3.4 Recruitment of participants

The participants were recruited as co-researchers who could provide and expand on data needed to achieve the study’s purpose (Grove et al., 2013:268). This was done after approval of the study by the Health Research Ethics Committee (HREC) of the Faculty of Health Sciences of the North-West University and obtaining permission from the North West Department of Health (NWDoH).

The researcher requested permission to conduct the research from the nursing college principal (Annexure C) and asked her to identify a mediator to recruit potential participants. The mediator was a colleague working at the nursing college who was not in a power relationship with the nurse educators. This colleague was invited to act as mediator and she was orientated to this role. This orientation entailed that the researcher trained the mediator in face-to-face discussions to inform participants what is expected of them, and on obtaining informed consent, including informing participants that ongoing consent will be obtained during data collection.

The nursing college principal was requested to provide the mediator with a list of the names of nurse educators working at the college campus who would be in class during data collection (potential participants). The mediator then went to the identified nurse educators’ offices and made telephone calls to those who were not in the offices to arrange a meeting with
them. The mediator and nurse educators decided on a time for meeting that was suitable for the nurse educators based on their availability and work schedule. These meetings were held in the boardroom at the college premises for the convenience of nurse educators.

During these meetings, the mediator introduced and explained the study to the nurse educators and gave them a memo (See Annexure F) indicating the title of the study, purpose, duration, procedures, possible benefits, possible risks/discomforts, withdrawal from the study, and contact details of the researcher and the Health Research Ethics Committee (HREC) office for questions on the proposed study (Grove et al., 2013:177–178). The participants who were willing to consider participation and who fitted the inclusion criteria, were included in the meeting (Josselson, 2013:15). These participants were representative of the target population (Grove et al., 2013:268 & 374).

After the informative meeting between the mediator and the potential participants, the mediator continued with the process of obtaining informed consent, allowing sufficient time (1 week) for the potential participants to consider the invitation and to ask questions. Participants were allowed to ask either the mediator or to call the researcher on the numbers provided on the consent form (Annexures F & G) for any questions related to the study. The HREC offices contact number was also provided in case their questions were ethics-related or they wanted to report on ethically sensitive issues. Selection of participants was thus done based on fair selection of participants as one of the key norms and standards of ethical principles, as discussed in Chapter 1.

**2.3.5 Process of obtaining informed consent**

The mediator obtained informed consent from participants before commencement of data collection. Once it had been established that the potential participants comprehend the information and after they have been granted a time period of five working days to make a decision, the mediators obtained written informed consent (Annexure F).

The mediator made use of a private and safe office at the nursing college. Participants individually signed consent forms to ensure confidentiality and were given opportunity to ask for clarity wherever they had questions or uncertainties. The participants were ensured that the information they provided were kept in strict confidence and the
researcher promised not to be more intrusive than she needed to be (Polit & Beck, 2014:85). These measures were taken to ensure the participants’ privacy.

Thereafter, the mediator provided the researcher with participants’ contact details and made appointments with them and reminded them a day before commencing with data collection. As indicated by Streubert-Speziale and Carpenter (2003:315), the researcher made use of consensual decision making, which means that the researcher re-evaluated participants’ consent to participate in the study over time to renegotiate as unexpected events or consequences occurred. Participants were told from the beginning of the investigation and reminded throughout that they have the right to withdraw from the research at any time. For the purpose of this study, consent was an ongoing process as it was renegotiated continuously throughout data collection (Polit & Beck, 2014:87).

For ethics purposes, goodwill permission was obtained from the nursing students who were attending classes while the researcher was shadowing the nurse educators. Data were not collected from them. After obtaining permission from the college principal, the mediator went to the class and explained the study to the students who were in class. The mediator gave the nursing students a memo of the intended research and goodwill permission forms (Annexure G) a week before data collection. She also gave them an explanation on the purpose of the study, risks and discomforts, benefits, so that they were fully informed. Thereafter the researcher was available to answer any questions they may have had (Grove et al., 2013:177–178).

2.3.6 Data collection

As indicated by Grove et al. (2013:691), data collection is the precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypotheses of the study. Data collection was done by fieldwork, where the researcher went to one campus of the North West Province public nursing college, respecting the daily lives of nurse educators (Creswell, 2007:72). For ethical and scientific reasons, the researcher did not collect data from the other campus where she is permanently employed. That campus was excluded from the study to avoid bias.

In line with an ethnographic design and as suggested by Neale (2009:245) and Roper and Shapira (2000:2), the researcher used three data collection methods, namely shadowing, informal reflective conversations and field notes.
The researcher attended training on shadowing as data collection method, which was conducted by the supervisor. Thereafter, the researcher requested permission from the campus of nursing college where data would not be collected to conduct a trial run with non-participants in the presence of the supervisor. The researcher obtained verbal consent from the nurse educators who participated in the trial run as data collected from them were not part of the study.

After the trial run, there was a discussion on lessons learned. The supervisor gave feedback to ensure that the researcher was competent before commencement of data collection. The supervisors oversaw the entire data collection process by providing support and guidance to ensure the safety and wellbeing of participants. Any ethically sensitive issues that may have arisen during data collection were to be reported immediately to the ethics committee in the form of incident reports. Reports with regard to the progress of the study were submitted to the HREC for monitoring.

As indicated by Polit and Beck (2014:75), the researcher relied on reflexivity to guard against personal bias. This is the process that was used to critically reflect on the self and to analyse and make note of personal values that could affect data collection and interpretation. The researcher aimed to generate knowledge that might be useful in other situations.

The specific data collection methods are discussed in detail.

2.3.6.1 Shadowing

The researcher used this technique by closely following a nurse educator over an extended period of time, namely two full working days, focusing on the modelling of nurse educators to nursing students, with a focus on presence (McDonald, 2005:456). As indicated by Ferguson (2016:24), it is a unique research technique that allowed the researcher to walk in the participants' shoes, enter their social world and experience relationships with them. Quinlan (2008:1491) further states that shadowing provides the ethnographer with grounding in the participants' doings and this serves as a starting point for the exchange of information.

Gilliat-Ray (2011:470) describes shadowing as ethnographic work where the focus is on the daily practice of a single individual, working in a complex institutional social setting, as in the case of this research. The researcher used this technique by closely following a
nurse educator over two days in different classes, focusing on the role of nurse educators in modelling presence to nursing students (McDonald, 2005:456). The researcher is of the opinion that these days were sufficient to give participants time to adjust to the presence of the researcher and to shadow a variety of interactions such as class presentations and meeting with small groups or individual nursing students. As suggested by Quinlan (2008:1480), the researcher used this data collection strategy to investigate what nurse educators actually do in the course of their everyday lives. These were supplemented by informal reflective conversations (see section 1.6.2.2.2 and 2.3.6.2 for more detail) with the nurse educators considering the context in which experiences took place (Van der Meide et al., 2015:578).

By using this method, the research had a rich, dense and comprehensive data set that gave a detailed, first-hand and multidimensional picture of roles, approaches, philosophy and tasks of nurse educators (McDonald, 2005:457). Shadowing examined individuals holistically to solicit their opinions or behaviour concurrently, and it made an important contribution in respect of aspects of organisational life that were hardest to research (McDonald, 2005:457), such as modelling presence. This technique was the most appropriate because the phenomenon of interest was seen through the eyes of the person being shadowed, and that perspective was useful for qualitative research (McDonald, 2005:457). Shadowing was used as a means of generating a narrative to first develop and then share insight into role modelling by nurse educators to nursing students, particularly in relation to presence (McDonald, 2005:457). McDonald (2005:458, 470) points out that shadowing provides unique insights into the day-to-day workings of an organisation because of its emphasis on the direct studying of contextualised actions, therefore the researcher obtained insight into a focused and specific experience that was relevant to the nurse educator’s role.

Based on the research question, shadowing was particularly suitable because the unit of analysis was not the individual, but the social relation, as it does not only reveal what the nurse educators do, but also how they interact with nursing students (Ferguson, 2016:17). Therefore, as indicated by Quinlan (2008:1482), data collected during shadowing was grounded in actual events rather than reconstructions of previously occurring events like in other data collection techniques such as focus groups and individual interviewing. McDonald (2005:466) agrees that the researcher as an expert from a different group than
the participants’ gains perspective through shadowing in that the researcher hopes to appreciate and articulate the distinct roles, view and contributions of nurse educators.

A pre-shadowing discussion was held with the nurse educators to alley the nurse educators’ anxiety and to provide the researcher with information about what the session would be like and what the shadowed nurse educator would like to accomplish on that day (Zaare, 2012:606). During shadowing the researcher asked questions that prompted a running commentary from the nurse educator being shadowed, either to clarify what has been said or to reveal the purpose of their behaviour (McDonald, 2005:456). The researcher took a stance of reflexivity, responsivity, transparency and relational awareness (Simon 2013, cited by Ferguson, 2016:24). In her observations and questions, the researcher was guided and focused by the definitions of role modelling and presence as described in Chapter 1.

The researcher constantly negotiated data collection with nurse educators throughout the study in order to respect their willingness to participate and ethically care for participants (Ferguson, 2016:24). The researcher’s intent was to let go of power and control during the shadowing and in the informal reflective discussions to minimise the chances of participants feeling judged (Ferguson, 2016:21). Questions and answers that were asked and the running commentary of the participants were written down by the researcher. Field notes that reflected times, content of the conversation, body language and feelings of the nurse educator being shadowed, were written down throughout shadowing (McDonald, 2005:456). These field notes were taken daily by the researcher (see 2.3.6.3).

2.3.6.2 Informal reflective conversations

This is the most important data gathering technique in ethnography as it explains and put into context what the ethnographer sees and experiences. They are most useful in the middle and end stages of a study (Fetterman, 2010:40). The informal reflective conversations were used to discover what nurse educators think and how their perceptions compare with other nurse educators (Fetterman, 2010:41). These informal reflective conversations were used to explore and validate observations made during shadowing and to provide direction for future observations (De Vos et al., 2013:353). During the shadowing period, the researcher used opportune moments to have informal reflective discussions with the participants, e.g. before and after lectures. During these
conversations, the researcher was attentive to participants’ nonverbal communication, such as shifts in tone of voice, because these changes are important cues to attitudes and feelings (Fetterman, 2010:42). The conversations were audio-recorded to reduce the selectivity of note taking and to allow nurse educators to speak for themselves (Quinlan, 2008:1491).

Questions used in the reflective conversations were derived from the overall research question to keep the study grounded. These questions were intended to discover the perspectives and intentions of the nurse educators’ modelling to nursing students at a public nursing college in the North West province (Saldana, 2011:35). The researcher looked at the broad range of themes and question areas to be covered and arranged them in appropriate sequence (De Vos et al., 2013:352). The questions followed a logical sequence and the researcher ensured that they cover the topic thoroughly. Open ended questions were formulated in such a way that nurse educators could express themselves freely. These questions were focused on getting the specific information required for the purpose of the study (De Vos et al., 2013:352). In an effort to ensure this, questions were based on presence as defined by Covington (2003:303–304), Bacon (2012:12) and Kleinman (2009:97). During the informal reflective conversations, probing questions were based on the data collected during shadowing.

The following questions were discussed with the participants during the informal reflective conversations to enable them to reflect on their modelling, specifically in relation to presence.

These questions were linked with what the researcher observed during shadowing.

- The researcher explored what participants were doing at a given time and why to probe a running commentary from them.
- What are your thoughts on relational teaching? In what way do you apply relational teaching?
- In the lecture you just presented / in your recent encounter with nursing students, what made it easy or difficult to be there for and be there with the nursing students?
- What were the challenges you experienced?
- In your view, what is good teaching?
● How do you maintain a professional relationship with your students?

● How do you model caring and compassion to your students?

● Which behavioural changes can be inspired by demonstrating care and compassion to students?

● How do you let your students know that you value them?

● How do you experience connection with your students?

● How do you deal with a difficult student?

2.3.6.3 Field notes

The field notes are a broader and more interpretive record of events and conversations. It represents the observer’s efforts to record information and to synthesise and understand data (Polit & Beck, 2014:294). As indicated by De Vos et al. (2013:359), field notes are written accounts of the things the researcher hears, sees, experiences and thinks about in the course of data collection, therefore it is vital for the researcher to make full and accurate notes of what goes on.

Polit and Beck (2014:294) identify different categories of field notes, namely descriptive notes that are objective descriptions of events and conversations and the context in which they occur; reflective notes that document the researcher’s personal experiences, reflections and progress in the field; theoretical notes that document interpretive efforts to attach meaning to observations; methodological notes that serve as reminders about how subsequent observations should be made; and personal notes that are about the researcher’s own feelings during the research process. All categories of field notes were recorded by the researcher throughout data collection process. The researcher abides by important rule of writing down all information when taking field notes, as indicated by Fetterman (2010:116).

2.3.7 Data analysis

Ethnographic data analysis was used to organise the data and make sense of what the researcher has learned during the research experience (Roper & Shapira, 2000:91). Becker and Geer (1984), cited by Roper and Shapira (2000:93), highlight that ethnographic analysis is inductive as the researcher begins with what she/he learned
from the data, rather than preconceived ideas about the subject matter. In this research
data, analysis was inductive as the researcher had no idea of the nature of presence as
modelled by this specific group of participants. However, it should be noted that definitions
of presence and modelling were used to sensitise the researcher about what to look for,
thus to frame and focus data collection.

The field notes taken during shadowing, as well as transcripts of the audio-recorded
informal reflective conversations and related field notes formed the data set (see
Annexures H and I for examples of the data set). Data analysis spontaneously started
during data collection in the field, as a vast amount of data was collected, and the
researcher became aware of repeating patterns of information.

Data were analysed using the steps provided by Creswell (2014:195-200) for the
ethnographic data analysis. The method consisted of ordering the data and organising
patterns, categories and descriptive units and looking for relationships between them.
Data were analysed using the steps provided by Creswell (2014:195–200). By using
these steps, words from the collected data were examined, grouped into meaningful
segments and then organised to compare, contrast, and identify patterns that shed light
on beliefs and practices of the study participants (Roper & Shapira, 2000:94).

The following process summarises the approach:

- Organise and prepare data for analysis

This first step refers to the transcribing, sorting and arranging data from different
information sources.

- Read through all the data

The researcher read through the data to get a general sense of the information and overall
meaning and to write down general ideas about the data.

- Coding the data

This step involved organising the data into chunks of information and writing a word that
represents a category in the margin.

- Description of the setting or people and categories or themes for analysis
The researcher wrote a detailed description of the setting or people involved and of categories or themes for analysis.

- Present the results of analysis

This was done as a narrative passage to convey the findings of the analysis, which may include a chronology of events, a detailed discussion of several themes or a discussion of interconnecting themes.

- Interpretation of the results of the analysis

The aim was to answer the question “What were the lessons learned?”

The research supervisors also coded the data, and an independent co-coder were included in this process. This is discussed in more detail in the section on rigour below.

### 2.3.8 Integration of literature

After data analysis, literature was studied to gain an understanding of the findings and to highlight new insights that emerge from this research (Grove et al., 2013:40). The integration of literature in the discussion of the findings helped the researcher allude to existing literature on nurse educators, modelling and presence in relation to the unique findings from this research that was generated within the unique culture of nurse educators at a public nursing college in the North West province (Grove et al., 2013:98). The discussion of literature in relation to the findings thus provided a background for interpreting the findings.

### 2.4 Measures to ensure rigour

For the purpose of this research, Lincoln and Guba’s (1985) four criteria for developing trustworthiness (cited by Polit and Beck, 2014:322) were used. These criteria include:(1) credibility, which is the confidence in the truth value of the data and its interpretation, (2) dependability, that is about the stability of data over time and conditions, (3) confirmability, which refers to the potential for congruency between two or more independent people about the data accuracy, relevance or meaning, and (4) transferability as the extent to which qualitative findings can be transferred or have applicability in other settings or groups (Polit & Beck, 2014:323). In order to meet the above-mentioned criteria, the researcher applied the following strategies:
2.4.1 Credibility

The researcher spent a prolonged period with participants and engaged with them during persistent observations in the research setting to gain an in-depth understanding of presence in nurse educators’ modelling to nursing students at a public nursing college in the North West province (De Vos et al., 2013:419). The researcher allowed research participants to review, validate and verify the researcher’s interpretations and conclusions (Brink et al., 2012:127) during the informal reflective conversations by using techniques such as clarification and probing.

2.4.2 Dependability

The researcher ensured that the research process is logical, well documented and audited to establish the trustworthiness of the study (De Vos et al., 2013:420). Peer review was used to ensure that the processes and procedures the researcher used are acceptable and dependable (Brink et al., 2012:127).

2.4.3 Confirmability

As there is a need for study findings, conclusions and recommendations to be confirmed by another person, the researcher involved the co-coders to ensure confirmability (De Vos et al., 2013:420).

This was ensured by incorporating an audit procedure (Brink et al., 2012:127), namely by involving co-coders. The research supervisors initially co-coded the data as they are knowledgeable about nursing education, modelling, presence and shadowing, and could thus identify themes and sub-themes. The researcher commenced with data analysis independently from the co-coders. From the codes, main themes and sub-themes were formulated and thereafter a meeting was scheduled between the researcher and co-coders/supervisors. Consensus was reached between the researcher and co-coders/supervisors, which resulted in the formulation of themes and sub-themes. After agreement had been reached, the transcripts and field notes and the summary of the themes and sub-themes were sent to an independent co-coder for confirmation and verification of the accuracy of the findings of data analysis. Botma et al. (2010:292) confirm that this is done to ensure that there is congruency between two or more independent people about the accuracy, relevance and meaning of data.
2.4.4 Transferability

The researcher made use of data from different sources to corroborate, elaborate and illuminate the research question. This study was designed in such a way that more than one data gathering method could be used to strengthen the study’s usefulness for other settings, as indicated by De Vos et al. (2013:420). The researcher used multiple approaches suggested by Creswell (2009:191–192), such as triangulation, making thick and rich descriptions of data, the researcher’s self-reflection to clarify possible biases, discussing contrary data as part of the identified themes, engaging with the research setting at length to gain an in-depth understanding of presence in nurse educators’ modelling to nursing students at a public nursing college in the North West province, peer debriefing and external auditing to enhance the researcher’s ability to assess accuracy of findings and to convince the readers of that accuracy.

2.5 Ethical considerations

Ethics principles were applied throughout the study to protect the participants from harm. The researcher ensured the application of fundamental ethics principles of respect for persons, beneficence and justice. Human rights such as a right to self-determination, privacy, anonymity and confidentiality, fair treatment and being protected from harm from the beginning until the end of the study were applied (Brink et al., 2012:34).

The entire ethics procedure was applied as discussed in Chapter 1.

2.6 Chapter summary

The research methodology, research design, research methods, methods to ensure rigor and ethics principles applied in the study were thoroughly explained in this chapter. The research findings are discussed in Chapter 3.
CHAPTER 3 RESEARCH FINDINGS

3.1 Introduction

Chapter 2 provided a detailed description of the research design, methods and rigour. In this chapter, the researcher discusses the application of data collection and data analysis, as well as the findings of the research. The research findings from the recorded informal reflective conversations, shadowing and field notes are presented as a whole and not as separate concepts. This is followed by an integration of these findings. The findings are enriched by literature and quotations from participants.

3.2 The application of data collection and data analysis

The following sections describe how data were collected through informal reflective conversations, shadowing and field notes, followed by a discussion of the analysis of the data.

3.2.1 Data collection

Data collection was done at a public nursing college in the North West province over a period of eight days. The participants were nurse educators with 3, 6, 10 and 12 years of experience in nursing education respectively. Sample size was planned to be between three and five participants, as it is typical for this type of research (Ferguson, 2016:16; McDonald, 2005:464). Data were collected up to the fourth participant as data saturation had been reached. The researcher noticed that no new information was emerging from the data collection.

Each nurse educator was shadowed for two days as they gave different classes, focusing on the role of nurse educators in modelling presence to nursing students. The different classes consisted of nursing students registered for a 4-year basic nursing programme (Diploma in General Nursing Science, Community, Midwifery and Psychiatric Nursing Science), with a total number of about 463 nursing students in their first, second, third or fourth year of study. Informal reflective conversations were done daily after each class session in the nurse educators” offices. The informal reflective conversations were useful in discovering what the nurse educator thought and how their perception compared with other nurse educators (Fetterman, 2010:41). These informal reflective conversations were used to explore and validate observations made during shadowing and to provide
direction for future observations (De Vos et al., 2013:353). The informal reflective conversations were audio-recorded and transcribed later (Annexure H). Field notes were recorded by the researcher throughout data collection (Annexure I).

### 3.2.2 Data analysis

Ethnographic data analysis, which is the process of bringing order to the data, organising patterns, categories and descriptive units and looking for relationships between them, was applied (Brewer, 2000, cited by Neale, 2009:246). Becker and Geer 1984 (cited by Roper and Shapira, 2000:93) highlighted that ethnographic analysis is inductive as the researcher begins with what she/he learned from the data, rather than preconceived ideas about the subject matter. As indicated by Reeves et al. (2008:337), this entailed the study of the social interactions, behaviours and perceptions of nurse educators at a public nursing college in the North West province as a group. The aim was to be systematic and analytical, but not rigid.

Embedded in the ethnographic data analysis approach, data were analysed using Creswell’s (2014:195–200) steps as discussed in Chapters 1 and 2.

The researcher and co-coders commenced with data analysis independently. Field notes and transcripts were read and similar words and meanings were clustered together. Using words and sentences as units of analysis, the transcripts were re-read and spoken words and sentences were underlined. The main themes and sub-themes were identified from the codes. A meeting was scheduled between the researcher and co-coders after data analysis had been conducted independently. Consensus was reached between the researcher and co-coders, which resulted in the formulation of themes and sub-themes. After an agreement had been reached, transcripts and the findings were sent to an independent co-coder for confirmation and verification of the accuracy of the findings of data analysis. Feedback from the independent co-coder was considered and integrated in the formulation of the final themes and sub-themes.

### 3.3 Research findings and literature integration

After data analysis, five main themes were formulated with five to seven sub-themes for each, as summarised in Table 3.1. The research findings are discussed according to the themes and confirmed through literature integration and by quotations from the participants. The sub-themes are discussed in an integrated manner under each theme.
The quotations are marked based on the participant (P), day of data collection (D) and data collection method (RF for Reflective Conversation, S and FN for the Shadowing and Field Notes).

**Table 3-1**  
How nurse educators at a public nursing college in the North West province model presence

<table>
<thead>
<tr>
<th>Theme 1: Dedication and innovation in a difficult setting</th>
<th>Theme 2: Professional educator student relationship</th>
<th>Theme 3: Teaching-learning strategies</th>
<th>Theme 4: Shared values modelled by nurse educators</th>
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3.3.1 Theme 1: Dedication and innovation in a difficult setting

Participants coped with challenges to the best of their ability and modelled dedication and innovation as seen from their attempts to make the classes enjoyable to nursing students and to create and maintain a warm and friendly atmosphere. Nursing students were made to feel at ease, helped them to participate actively in class. They were given adequate time to ask and respond to questions. In some classes one nursing student was selected as a time-keeper with the duty to remind the participant when it was time for leg stretch or break. This was also a measure to ensure that nursing students were comfortable. Participants confirmed this during the reflective conversations.

The following excerpts from the field notes and reflective conversations illustrate this sub-theme:

● Nurse educator encouraged students to come to her office for assistance anytime when they need assistance (Participant 1, Day 1: S/FN)

● Nurse educators created an atmosphere in which nursing students feel at ease and are free to ask questions to respond (Participants 1–4, Days 1–2: S/FN)

● Nurse educator makes the class enjoyable and free, this makes students feel at ease (Participant 1, Day 1: S/FN)

● Nurse educator indicated that there is no wrong answer, students must all feel free to respond so that they can be assisted (Participant 1, Day 2: S/FN)

The shadowing took place at the beginning of a new learning cycle. The participants therefore provided nursing students with study guides and textbooks before the start of the class. These are important tools for teaching and learning. Some participants used projectors and laptops to facilitate their lessons, and lessons were conducted according to the predetermined class timetables. In cases where there was additional information on the content that was not included in the prescribed books, participants provided nursing students with hand-outs. There were enough chairs and tables for nursing students in each class.
The following excerpts from the field notes and reflective conversations illustrate this sub-theme:

- Students were provided with the prescribed books, study guides and the class timetable before commencement of class (Participants 1 & 2, Day1) S/FN

- Each nurse educator had a laptop and projector to utilise for their classes (P1–P4, Day 1–2, S/FN)

- Nursing students were provided with hand-outs for additional information, which were clear and user friendly (P1–P4, Day 1–2 S/FN)

- Participant 1 (D1) RC: “It goes with materials; books must be there. They must read, they must refer.”

- Participant 1 (D1) RC: “I must be relevant to their books, module, and programme.”

Participants took all the measures necessary to ensure that they use time effectively. In cases where the participant could not be in class due to unexpected situations such as unplanned meetings, nursing students were given work with which to continue on their own while the participant was not in class. Afternoon sessions were also used to cover the remaining work and to give students the opportunity to revise and prepare for the following day. Nursing students were advised on the importance of setting limits and sticking to time schedules when managing patients.

The following excerpts from the field notes and reflective conversations illustrate this sub-theme:

- One student was selected to be a timekeeper who will be responsible for making the nurse educator aware when it is time for leg stretch, tea-time or lunch (P1,D1, S/FN)

- Students must also remember that it is important to set limits when managing patients and stick to schedules (P1,D2, S/FN)

- Students given time to prepare themselves for the following day (P1 & P2, D2, S/FN)

- Students given work to do for the afternoon session (P 2–4, D1, S/FN)

- Students encouraged to revise the work done daily to avoid work overload and to enable them to be in a position to ask questions on time (P2, D2, S/FN)
Nurse educators arranging catch up plan for students who missed class (P2, D1 & P3, D2, S/FN)

Nurse educators checking that the work goes according to plan (P1, D1 & P2, D1, S/FN)

Nurse educator told students that they must manage their time effectively and prioritise their studies (P4, D2, S/FN)

Nurse educator had to attend an emergency meeting (P2, D2, S/FN)

The classrooms were big with large numbers of nursing students (80, 85 and 140 respectively), with the exception of one class that had a manageable number (31) nursing students. Due to this situation, chairs were arranged in such a way that some nursing students were sitting far away from the participants. This resulted in the participants having to move around in the class. This was tiring for the participants as they were trying to reach all nursing students, even the ones sitting at the back of the class. Participants had to work very hard to create an atmosphere conducive for learning.

The following excerpts from the field notes and reflective conversations illustrate this sub-theme:

Class too big, chairs arranged in such a way that other students are far from the nurse educators (Participants 1, 3 & 4, Days 1–2, S/FN)

Due to large number of students when the nurse educator goes to the back of the class, student in front of the class become busy with other activities such as paging through their books (Participants 1, 3 & 4, Days 1–2, S/FN)

Nurse educator moving around the class, this appears to be tiring as the class is big and students’ chairs are spread up to the back of the class (Participants 1, 3 & 4, Days 1–2, S/FN)

Nurse educator tries by all means to move around the class and talk loud so that all students in the class can hear (Participant 3, Day 1–2S/FN)

Discussions facilitated from the back of the class to ensure that even students at the back are not left behind (Participant 3, Day 1–2 S/FN)
● There is no space for nurse educator to be able to walk around (Participant 3, Day 1–2, S/FN)

| Participant 1 (D1) RC: “It was a very hectic day.” |
| Participant 2 (D1) RC “What makes it difficult is high numbers of students because you can”t reach all of them.” |
| Participant 2 (D2) RC: “Workload is too much, shortage of staff.” |

### 3.3.2 Literature integration

The literature confirms that environmental characteristics can indeed be thought of as a dynamic force that affects authentic presence and the decisions made by the nurse educator (Hickman, 2013:76, McMahon & Christopher, 2011). A conducive work environment does enhance the enactment of presence and caring (Finfgeld-Connet 2008:113). Moreover, a caring and supportive learning environment, including enough space, lighting and ventilation, as well as warmth, support, caring and trust, is the ideal in nursing education (Froneman et al., 2016:7). However, as also seen in this research, the teaching-learning environment in nursing education is not always ideal (Salminen et al., 2011:136). Finfgeld-Connet (2006:710–711) stated that nurses need both professional and personal maturity to enact presence, as presence has a complex nature, and for them to be able to put presence into practice, the working environment must be conducive. Nayak (2018:1997) points out that organising and prioritising activities is important for maintaining the personal and professional balance. Time management is not only setting and achieving the goals, but also accomplishing in minimum possible time.

McMahon and Christopher (2011:81) further state that nurse educators must focus on areas of modelling, such as opportunity. This will help them identify and proactively respond to environmental obstacles to presence and skilfully assimilate presence while attending to other psychomotor tasks to enhance delivery of nursing presence when planning activities. It is the ethical responsibility of nurse educators to bring caring into the education environment, as caring outcomes depend on a caring teaching-learning environment (Bacon, 2012:12 & 14). Ndawo (2012:2) indicates that in an enabling learning environment, each student should be viewed as an individual to be valued, cared for, respected, nurtured, understood and assisted. Large classes make it difficult for nurse
educators to be able to identify individual learning needs. In the case of this research, this group of nurse educators seem to have made the decision to cope with the difficult teaching-learning environment to the best of their ability, thereby modelling dedication and perseverance. These characteristics are indeed attributes of presence, and it can therefore be deduced that by coping in a positive manner with the challenging teaching-learning environment, these nurse educators are role modelling attributes of presence.

3.3.3 Theme 2: Professional educator-student relationship

The participants demonstrated a specific culture regarding their relationship with the nursing students. For instance, they valued a warm and welcoming opening each day. Nursing students were greeted and welcomed in class by all the nurse educators every morning. The participants furthermore emphasised that they are in a professional relationship with nursing students, with clear boundaries between the nurse educators and nursing students. Another value that was evident was that nurse educators involved nursing students in decision making in class, for example, nursing students were continuously encouraged to give input. The participants accommodated the nursing students” suggestions and requests as much as possible. All participants had an open-door policy as nursing students were encouraged to consult them at any time in relation to their studies. One participant went as far as telephonically calling nursing students who were supposed to be in class to make sure they are safe and well. Throughout their interaction with the nursing students, the participants remained professional.

The following excerpts from the field notes and reflective conversations illustrate this sub-theme:

- The day started with a praise song and prayer in all classes to boost morale of nursing students (Participants 1–4, D1–2, S/FN)

- Class expectations and rules were set during the first session with nursing students (Participant 1 & 2, D1, S/FN)

- The pre-set rules were emphasised and applied during sessions. Participants 1–4, D 1–2 S/FN

Participant 2 (D2) RC: “You don’t lose focus, nursing students must know that it is not a social relationship.”
Participant 3 (D1) RC: “I try to be very professional as possible so that when they approach me they should also be professional.”

Participant 4 (D1) RC: “By understanding my role as an educator, which is my primary role.”

Participant 4 (D1) RC: “I don"t underestimate my students and that helps me to maintain professionalism.”

Participant 2 (D1) RC: “I can act a mother”s role but it does not have to be over limit, so everyone should know where they stand.”

Participant 3 (D1) RC: “I told myself I need to love my students.”

The participants valued engaging with and involving all students, and therefore encouraged teamwork among nursing students. Nursing students were divided into groups and allowed to choose one person to represent a group to give feedback on the work done by that specific group. Group interaction was promoted by allowing nursing students to discuss topics as a class. One of the class rules was that nursing students must talk loud enough for everybody to hear them when asking or responding to a question in class. This was done to ensure that nursing students remain on the same level at all times. In one of the bigger classes with a large number of nursing students, the participant continuously repeated what was said by one nursing student loud enough for the entire class to hear, as some of the nursing students were not able to speak loudly. Participants corrected nursing students in a manner that would not demotivate or discourage them from participating in the class discussions.

The following excerpts from the field notes and reflective conversations illustrate this sub-theme:

- In some instances, nursing students were selected to facilitate the discussions, to be scribes others selected to be timekeepers (P1, D1–2, P2, D2, P3, D1–2, S/FN)

- Another nursing student was requested to explain a condition to the class as this nursing student appeared to have understood the topic under discussion better (P3, D2, S/FN)

- Nursing students were encouraged to consult their nurse educators for assistance anytime when they experience difficulty in their studies (P1–4, D 1–2, S/FN)
Participant 3 (D2): “I also show by engaging them in class.”

Participant 3 (D2): “In the process I tell them the importance of engagement…”

Participant 2 (D2): “Involving the learner with other learners so that the learner can copy from others how to behave”

3.3.4 Literature integration

According to Covington (2003:303), presence is a holistic way of being interpersonally, transpersonally and spiritually with another in a relationship that is demonstrated in behaviours like expressing caring and compassion. Potter and Frisch (2007:218) further indicate that presence is the application of the art of nursing that is essential to the healing relationships. Duffy 2009 (cited by Bacon, 2012:12) states that presence may be best learned through the caring relationships and modelling of nurse educators during educational process. Literature also reveals that a positive relationship between the educator and students is much needed in the holistic development of students (Hamre & Pianta 2001, cited by Hussain et al., 2013:1). When teachers have a positive relationship with students, they influence students’ interest in school and therefore their level of achievement (da Luz, 2015:51). According to Mathevula and Khoza (2013:1), nursing education will be improved by promoting the establishment of good relationships between nurse educators and nursing students. As indicated by Turano (2005:8), educators should develop classroom rules to communicate expectations and use multiple interventions that accommodate the needs of the students. Furthermore, Froneman et al. (2016:8) indicate that educators who build effective relationships with students and create a positive learning climate establish an atmosphere characterised by mutual support, caring and understanding. This establishes a foundation for a sound educator-student relationship. Problems in educators’ work are caused by external pressures that are not related to teaching (Salminen et al., 2011:136). Despite challenges experienced by participants, they conducted themselves professionally through their interaction with nursing students and how they managed their work.

3.3.5 Theme 3: Teaching-learning strategies

The participants clearly adopted a very structured approach in their teaching-learning strategies. They facilitated lessons by means of clear and well-structured presentations. In most instances, the projector screen and power point slides were clear and
understandable, which made it easy for nursing students to understand. The participants introduced content in an interesting way, capturing nursing students’ attention. The participants ensured that there was a clear link between the new content and the content that nursing students did in the previous level.

The participants had insight into what they were teaching and they were experts in their subjects. They used this expertise to link theoretical content to real, practical situations that nursing students encounter when at the clinical facilities and they give practical examples.

The participants maintained the same tone of voice and pace throughout the lessons. Clinical conditions were thoroughly explained to nursing students. They summarised the content and gave nursing students the opportunity to ask questions. The participants responded to nursing students’ questions in a calm, relaxed tone and gave the nursing students adequate time to respond to questions without rushing to complete the work. During lessons participants were able to bring in a sense of humour to make the nursing students feel happy and at ease.

The nursing students therefore seemed to be happy and free to respond in class. The participants did everything in their power to get the attention of the nursing students and to make the classes interesting. The nursing students were given work to do on their own after class. Some work was for group preparations. A representative from each group presented to the entire class what the group had prepared and they were given a chance to discuss among themselves and ask questions where they needed clarity. These presentations were facilitated by the participants who were assisting in emphasising important facts, clarifying and correcting the shared information where and when necessary. The content was simplified by using authentic examples. The participants checked the work done against the timetable and the outcomes together with the nursing students to ensure that the work was done according to plan. Factors such as the working environment, the number of students, the amount of work to be covered and the number of periods allocated per subject, created difficulties in terms of modelling presence, as for one to be present there should be flexibility to meet the nursing students’ needs. Despite this, participants did everything in their power to reach and accommodate students as much as possible.
The following excerpts from the field notes and reflective conversations illustrate this sub-theme:

- Nurse educators presented their lessons by means of lecturing and group discussions, which promoted group interaction and cohesion amongst nursing students (P1–P4, D1–D2, S/FN)

- Conditions were thoroughly explained to nursing students (P1–P4, D1–D2, S/FN)

- Nurse educators ensured that nursing students were able to differentiate between concepts, at the same time identifying how they link with each other (P1–P4, D1–D2, S/FN)

- Nurse educators responded to questions asked by nursing students in a calm, relaxed tone (P1–P4, D1–D2, S/FN)

- Nurse educators were able to clarify where nursing students had a misunderstanding, emphasise important points and summarise at the end of each presentation (P1–P4, D1–D2, S/FN)

- There were questions and answers sessions in between lessons (P1–P4, D1–D2, S/FN)

<table>
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<tr>
<th>Participant 1 (D1) RC:</th>
<th>“You must go to their level.”</th>
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<tr>
<td>Participant 1 (D2) RC:</td>
<td>“Good teaching, you must reach your learners, you must not lose them and they must flow with you and give them practical examples.”</td>
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<tr>
<td>Participant 2 (D2) RC:</td>
<td>“Being able to get to students, being able to give them feedback.”</td>
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<tr>
<td>Participant 4 (D1) RC:</td>
<td>“I don’t underestimate my students.”</td>
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3.3.6 Literature integration

McMahon and Christopher (2011:75) emphasise that modelling presence and providing structured learning opportunities for nursing students will help them to develop presence skills over time. Literature also discusses challenges nurse educators encounter in this regard, namely designing effective teaching strategies that support a balance between the integration of science and technology and the humanistic caring side of nursing (Curtis
& Jensen, 2010:49). In her study Ndawo (2012:2) indicates that even if the nurse educator can be innovative in teaching and learning, the large numbers of nursing students makes it impossible to use teaching methods that will facilitate meaningful interaction among nursing students and will thus prevent learning from taking place.

Bostrom and Hallin (2013:22) suggest possible solutions, namely that if educators in higher education understand learning styles at a group level and take this into account and if students assimilate knowledge at the individual level, some positive results could be achieved. They further argue that students’ metacognitive skills can be developed and thereby lay a solid foundation for lifelong learning by embracing learning styles. In this study it was difficult for nurse educators to model presence completely due to challenging conditions in which they work. However, literature confirms that all levels of education offer opportunities to develop students’ presence skills, which will increase the likelihood that nursing students will be present with patients when providing clinical care. The concept of presence should therefore be included in the curriculum (McMahon & Christopher, 2011:71). Idczak (2005:16) also states that nursing students can learn science and the art of nursing, including presence, from classroom content, using skills in practice. There is a need for flexibility so that the nurse educator can meet students’ needs. In this study it was difficult for participants to model presence completely due the challenging conditions in which they work with regard to the amount of content to be covered versus the number of periods allocated for the subject.

3.3.7 Theme 4: Shared values modelled by nurse educators

It was clear that the participants modelled certain values through their behaviour and interaction with the nursing students. Firstly, they acted professionally throughout, despite the challenging situations in which they work. This was evident from their physical appearance, neat dress code, and their interaction with their nursing students. All the participants came to class well prepared and displayed expertise. They spoke in a clear, audible voice so that all nursing students could hear and moved around the class to promote teaching and learning.

Also, all classes were started with singing, prayer and even a Scripture reading to boost the nursing students’ morale. The participants addressed the nursing students appropriately by using their names and surnames, which was an indication that they have an interest in knowing the nursing students despite large numbers of nursing students in
class. The nursing students were advised and encouraged by participants to study further beyond a diploma to empower themselves. The participants applauded the positive inputs and responses from the nursing students. They continually assessed the nursing students’ understanding and insight into the work during lessons by making use of questions and answer sessions in between lessons. During lessons participants were able to use a sense of humour, which made students feel at ease and relaxed.

The participants explained clinical conditions based on real-life situations to equip nursing students to assist patients when they are in the clinical settings. Nursing students were encouraged to prepare in the afternoons. Some had to present their preparation in class the next day, and others were encouraged to revise the work done on the day. The participants tried by all means to make the work easy for nursing students to understand. Regular breaks and leg stretches were provided to keep the nursing students alert during the lessons. Participants were able to repeat the content and even going back to previous slides to accommodate students who needed more clarity and information on the work done.

The following excerpts from the field notes and reflective conversations illustrate this sub-theme:

- Nurse educators emphasised to nursing students the importance of implementing courtesy, respect and dignity when in contact with patients and that nursing students must always be attentive (P1, D1, S/FN)

- Nursing students were reminded that they must never forget their important role of patient advocacy (P1, D1, S/FN)

- Nurse educators were accommodative to different types of nursing students (P1–4, D1–2, S/FN)

Participant 2 (D2) RC: “We are professionals and we must behave and think like professionals” in everything we do.”

Participant 1 (D1) RC: “Be respectful, trust and change the way they behave.”

Participant 3 (D2) RC: “I become firm and stand my ground, but I become very professional.”

Participant 4 (D1) RC: “Dress code affects professionalism.”
Participant 4 (D1) RC: “Thorough preparation is very important; it helps me to maintain professionalism and even my attitude to know that I have different types of students.”

Participant 3 (D1) RC: “I must prepare before going to class so that students must not see a gap of me not knowing my work or not performing well.”

Participant 4 (D2) RC: “I must prepare thoroughly so that my students can feel that they can rely on me.”

Participant 1 (D1) RC: “For students to know that I care for them, I must prepare in advance...”

3.3.8 Literature integration

The values the participants live are also reflected in literature on presence and nursing education. Indeed, caring nurse educators who show concern for nursing students and act as confidants, are positive role models and mentors and contribute to the development of the students’ capacity to overcome personal vulnerabilities and environmental adversities (Froneman et al., 2016:1). Doherty (2016:158) states that modelling is a strategy that enables nurse educators to demonstrate their knowledge, skills and attitudes, thus establishing their role as expert professionals and gaining the respect of nursing students. It makes skills, knowledge, decision making and professional behaviour accessible to others.

As indicated by Curtis and Jensen (2010:76), possessing adequate experience in the nursing profession is crucial for authentic presence, and the nurse must also have the characteristics of being morally mature. According to Turpin (2014:18), common attributes of educator presence includes facilitation, monitoring of progress, teaching, interactivity and assessment. Curtis and Jensen (2010:77) further states that in nursing, nurses can either be committed to their profession or not, and this commitment can be linked to authentic presence. It is therefore crucial for nurse educators to possess adequate experience in the nursing profession to enables them to be authentically present (Hickman, 2013:76).

3.3.9 Theme 5: Principles resembling presence that were modelled

In all classes, the participants welcome the nursing students. They set class rules and managed expectations. One of the class rules was that nursing students must stand up
when answering or asking questions so that everybody in class can hear. Participants were calling nursing students by their names when addressing them. Participants also indicated to nursing students that it is very important to always treat patients with respect, by using patients’ names and titles when addressing them. Nursing students were encouraged to always be honest with patients by keeping their promises so that patients can trust them. Nursing students were also advised to improve on how they communicate with other people, both at work and in general. The importance of showing courtesy, respect and dignity when handling patients was emphasised to nursing students.

The following excerpts from the field notes and reflective conversations illustrate this sub-theme:

- Nurse educators encouraged students to raise hands and respond individually rather than talking all at once (P1–4, D1–2, S/FN)
- Despite large number of nursing students in class nurse educators were able to call nursing students by names (P3, D1–2, S/FN)
- Nursing students were encouraged to use patients’ names and titles when communicating with them (P1, D1, S/FN)

Participant 4 (D2) RC: “Always consider students are important stakeholders who have feelings and needs.”

Participant 3 (D2) RC: “Calling them by name…”

Participant 4 (D1) RC: “We should not look at students as stupid if they can’t get correct answers.”

Participant 4 (D2) RC: “By involving students in whatever decisions I make concerning their training.”

New content was introduced by discussing the objectives and outcomes so that nursing students know what to expect and what is expected from them. Important aspects of the content were highlighted. Participants walked around the class and even presented from the back of the class to try to ensure that all nursing students in class were able to hear and understand what is being discussed. Nursing students were given time to ask questions and discuss their misunderstandings on the content so that they could be
assisted by classmates and the nurse educator. In between lessons nurse educators posed questions to nursing students to ensure that they are listening and that they understood. Participants encouraged nursing students to revise the work done daily to avoid work overload and to enable them to be in a position to ask for assistance on time. In big classes, participants repeated what had been said by a nursing student loud enough for the entire class to hear, as some of the nursing students could not speak loud enough.

Participants tried by all means to make the content easy for all nursing students to understand. They did everything in their power to make sure that no nursing student was left behind. Nurse educators remained calm and professional throughout, despite challenges they experience in their daily work.

The following excerpts from the field notes and reflective conversations illustrate this sub-theme:

- Nurse educators were moving around the class, frequently repeating what has been discussed (P1–4, D1–2, S/FN)

- Nursing students were encouraged to investigate why patients behave in a certain way as there is always a reason for every behaviour (P1, D2, S/FN)

| Participant 2 (D2) RC: “I identify students so that I can probe.” |
| Participant 4 (D1) RC: “We should always move away from the teacher as a source of information and let the students do the work as well.” |
| Participant 3 (D1) RC: “When students try to be difficult it means you have to dig them.” |
| Participant 2 (D1) RC: “Students becomes difficult when they are amongst their peers and when you make time to call them aside they can behave the way they are expected.” |
| Participant 4 (D2) RC: “Students needs to be made aware of the consequences of their behaviour as well as the importance of modifying it.” |

Each day class started with a prayer, Scripture and singing, which contributed to nursing students starting the day on a positive note. Participants were polite, understanding and
supportive to nursing students. They continuously praised nursing students for their positive responses to motivate them. Participants encouraged the class to make a commitment of being the first group to achieve a 100% pass rate, to which the nursing students applauded happily in agreement. Nursing students were told that they should not be afraid to ask for assistance from peers and nurse educators whenever they experience challenges. They made classes interesting to nursing students by simplifying what has been discussed to ensure that nursing students understand. Nursing students were applauded for positive responses and input to boost their morale, and praise was also given for participation. Nursing students who appeared to understand better were given the opportunity to explain to peers. Other nursing students were selected as time keepers and scribes during class discussions.

The following excerpts from the field notes and reflective conversations illustrate this sub-theme:

- Nurse educators tried by all means to make the content easy for students to understand (P1–4, D1–2, S/FN)
- Nursing students were motivated to study beyond basic course (P1, D1, S/FN)
- Nursing students were continuously praised for their contribution (P1–4, D1–2, S/FN)
- Nurse educators encouraged nursing student to manage their time effectively and prioritise their studies (P1–4, D1–2, S/FN)

Participant 1 (D1) RC: “I think it also helps students to be motivated.”
Participant 2 (D1) RC: “I must always reward them in any way possible.”
Participant 3 (D2) RC: “Students feel that they are valued.”
Participant 1 (D1) RC: “When I say they must clap hands for themselves or say a positive word such as well-done/ good, it makes them feel good about themselves.”
Participant 3 (D1) RC: “I must always prepare before going to class so that students must not see a gap of me not knowing my work or not performing well.”
Participant 3 (D2) RC: “I make follow up with students.”
Participant 1 (D2) RC: “You don’t lose focus.”
Participant 4 (D1) RC: “By understanding my role as an educator, which is my primary role.”

Participants had insight into and knowledge of the content they were facilitating. They did everything in their power to get the attention of nursing students and to make the classes interesting. Content was made interesting and understandable by making use of authentic examples and different conditions were explained thoroughly. Participants’ sense of humour made nursing students feel relaxed in class. At the end nurse educators summarised the content and gave nursing students a chance to ask questions to which they responded in a calm, relaxed tone throughout. Nursing students who seemed to understand the content better were given opportunity and encouraged to share the information with their classmates. In some instances, a nursing student was allowed to facilitate a revision session. In another class, one student was a scribe, this was under to nurture nursing students.

The following excerpts from the field notes and reflective conversations illustrate this sub-theme:

- Nurse educators made the content more interesting by linking it to daily happenings (P1, 3 & 4, D1–2, S/FN)
- Nursing students were given enough time to respond to questions without rushing to complete the work (P1–4, D1–2, S/FN)

Participant 4 (D2) RC: “By giving such a student responsibility.”

Participant 1 (D1) RC: “Good teaching, you must reach your learners.”

Participant 1 (D1) RC: “You must go to their level and give them practical examples.”

Participant 3 (D1) RC: “I told myself that I need to love my students.”

Participant 4 (D2) RC: “I must prepare thoroughly so that my students can feel that they can rely on me.”

Participant 1 (D1) RC: “They must read; they must refer but at the end of the day it must be for the benefit of the community.”
Nursing students were encouraged to go to participants’ offices for assistance whenever they experience problems. They were corrected in a manner that would not demotivate them or discourage them from participating in class. In situations where nursing students could not speak loud enough for the entire class to hear when answering the questions, nurse educators took it upon themselves to repeat what had been said for the entire class to hear. Participants cared for their nursing students so much that they telephonically contact nursing students who were absent. Participants even had a catch-up plan as a way of assisting nursing students to catch up on the work they lost when they were absent from class. Nursing students experiencing social problems were given hugs to comfort them and were provided with emotional support. Difficult situations were handled professionally, calmly and constructively.

The following excerpts from the field notes and reflective conversations illustrate this sub-theme:

- Special (remedial) classes were conducted as a support system for nursing students who did not succeed in the previous year (P2, D1–2, S/FN)

- Nurse educators were able to repeat slides when students requested them to (P1–4, D1–2, S/FN)

- Nurse educators displayed care and compassion during their interaction with nursing students (P1–4, D1–2, S/FN)

<table>
<thead>
<tr>
<th>Participant 1 (D1) RC: “I must not lose my students.”</th>
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</thead>
<tbody>
<tr>
<td>Participant 1 (D2) RC: “By counselling the learner on one on one sessions.”</td>
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<tr>
<td>Participant 2 (D1) RC: “I can act a mother’s role.”</td>
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<tr>
<td>Participant 3 (D1) &amp; P4 (D2) RC: “I must always be there for my students and make them feel they belong.”</td>
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<tr>
<td>Participant 4 (D1) RC: “I don’t underestimate my students.”</td>
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<tr>
<td>Participant 4 (D2) RC: “Support them in whatever way possible.”</td>
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</table>
Participants were all polite, understanding and supportive to their nursing students. All participants were well organised, presentable and friendly towards nursing students. They were doing their best by assisting nursing students despite the challenges they were facing in their daily work. One participant demonstrated compassion towards a nursing student in a one-on-one conversation by giving her a hug and reassuring her. Participants reminded nursing students that they must always play the role of being the patient’s advocates. Nursing students were also encouraged to be attentive and have interest in their patients. They were made aware that there is always a reason for every behaviour, they must therefore always investigate why the patient behaves in a certain way. Efforts were made to ensure that nursing students feel at ease.

The following excerpts from the field notes and reflective conversations illustrate this sub-theme:

- Nurse educators were always polite, understanding and supportive to students (P1–4, D1–2, S/FN)
- Nurse educators displayed care and were always taking nursing students' needs and requests into cognisance (P1–4, D1–2, S/FN)
- Nurse educators doing their best for the nursing students despite the challenges (P1–4, D1–2, S/FN)

Participant 2 (D1) RC: “I should be supportive.”

Participant 1 (D2) RC: “The therapeutic use of self.”

Participant 2 (D1) RC: “I therefore make time for them.”

Participant 1 (D2) RC: “Once students feel that they are valued and they are cared for, their behaviour will change.”

Participant 2 (D2) RC: “Being able to get to the students.”

Participant 3 (D1) RC: “Makes students feel that they belong.”

Participant 4 (D2) RC: “I must be there for my students.”
Participant 3 (D2) RC: “As nurse educators we are like role models and we show them that we care about their daily life.”

Participant 4 (D2) RC: “I must always consider that they are the important stakeholders.”

Participant 1 (D2) & 4 (D2) RC: “You make time to call them aside, maybe like have one on one session for counselling.”

3.3.10 Literature integration

According to ANA (2001:80), it is critical to facilitate the development of presence capacity in nursing students as this establishes the foundations of nursing practice. Turpin (2014:15–16) indicates that in order to preserve the essence of nursing, the components of presence must be defined, refined and measured to enable nurse educators to ensure that presence can be taught and modelled effectively. Presence is linked with concepts such as caring or with behaviours such as listening and touch (Bright, 2015:959). As stated by Da Luz (2015:35 & 51), caring educators motivate students and the learning process is enhanced. Therefore, students feel secure that the environment surrounded by caring educators will allow them to grow and develop their capacities. Being there is about being in the present moment and being able to focus not only on oneself and the other as separate entities, but also on the two as related. A conscious intention of being present in a moment with another person is require, accompanied by the ability and the desire to be present with compassion (Gustin & Wagner, 2012:1–5). Presence and caring comprises an intentional therapeutic process that involves expert nursing practice and intimate interpersonal sensitivity, while foundational values such as respect for individual differences undergird nursing presence and caring (Finfgeld-Connet, 2008:111).

Covington (2003:303,304) indicates the need for presence as a way of being involved intersubjectivity and connection that supports a process of evolutionary transformation. It is a way of behaving with another in a reciprocal, human to human experience and of being with another person, demonstrated by behaviours expressing caring and compassion. In nursing, nurses can either be committed to their profession or not. This commitment can be linked to authentic presence (Hickman, 2013:77). Turpin (2014:18) highlights that common attributes of educator presence includes facilitation, monitoring of progress, teaching, interactivity and assessment. Helping a person become balanced
through the practice of presence is an example of providing service that fosters human good (Covington, 2003:307).

As indicated by Finfgeld-Connet (2008:117), there seems to be a great deal of overlap between constructs such as caring, presence, art of nursing, therapeutic use of self, empathy, support, nurturance and vigilance. Furthermore, Ndawo (2016:2) stated that in an enabling learning environment, each student should be viewed as an individual to be valued, cared for, respected, nurtured, understood and assisted. Throughout the study, participants were seen to be modelling these presence principles.

3.4 Chapter summary

Chapter 3 described the realisation of data collection and the results of data analysis. Research results were discussed with literature integration. The research results are consolidated in concluding statements in Chapter 4.
CHAPTER 4 CONCLUSIONS, EVALUATIONS, LIMITATIONS AND RECOMMENDATIONS OF THE STUDY

4.1 Introduction

This chapter presents concluding statements and evaluates the study, followed by a discussion of the limitations. Recommendations were formulated for nursing practice education, policy development and research to promote role modelling of presence to nursing students by nurse educators in the public nursing colleges.

4.2 Conclusion of the study

The research results and the available literature culminate in the following concluding statements:

- Participants at the public nursing college modelled presence to an extent to nursing students despite daily challenges in their work.
- In summary, the participants modelled presence by being dedicated and innovative in the difficult nursing education setting of the public nursing college. They maintained a professional educator-student relationship, using specific teaching-learning strategies based on shared values and guided by principles that resemble presence.
- Participants did everything in their power to maintain a professional educator-student relationship by practicing an open-door policy and encouraging active student participation.
- Challenges such as staff shortages, lack of conducive classrooms and large number of students that results in high workload are among the things that limit the ability of participants to model presence to nursing students.
- Participants reflected that they need to act as role models for students and show them that they care about their daily lives. They further agreed that they must be supportive to students as they believe that once students feel that they are valued and that they are cared for, their behaviour will change.
● Participants indicated that they believe in therapeutic use of self as a way to influence and motivate students and develop their presence skills, which will have a positive impact on how students manage patients when in clinical areas.

● Participants made use of different teaching-learning strategies to ensure that they are able to cater for different students’ needs.

● Participants modelled shared values such as professionalism, empowering and motivating students and they were knowledgeable experts in their fields.

● Participants were able to demonstrate their knowledge and attitudes through modelling.

● When looking at the possible relationships among the themes, sub-themes and abovementioned conclusions, the following relationships emerged: nurse educators model “being professional”, “being facilitating, nurturing, caring and compassionate, encouraging and motivating” and “being purposeful in their nursing education approach”. The definition of presence that sensitised the researcher and co-coders to recognising presence when looking at the data was to look at nurse educators’ ability to embody the quality of “being there for” and “being with” the other (nursing students) in the fullness of their humanness. This links with the above themes/sub-themes and conclusions as follows: alert, engaged, responsive, resonant, supportive; and in so doing modelling caring in a present manner to nursing students (Bacon, 2012:12; Kleinman, 2009:97), it is clear that there is some resemblance of presence, but also a difference in the sense of “having clear boundaries” when “being professional”. In addition, this finding brings clarity on what nurse educators at a public nursing college model to nursing students regarding being “a good nurse”, namely: being professional, being facilitating, nurturing, caring and compassionate, and being purposeful.

● From the above it is clear that the study reached its purpose as conveyed in the central theoretical statement, namely to create an understanding of how these nurse educators use modelling and how this potentially instils presence in nursing students. The findings of this study are indeed a step closer to understanding how nurse educators model presence to nursing students and lead the way to further research into this important topic.
4.3 Evaluation of the study

The evaluation of this study reflects on the significance of this study topic and the process of reaching the research aims, and gives feedback on the central theoretical statement and the appropriateness of the research methodology.

The researcher, being a nurse educator from a public nursing college, identified and understands the need for modelling presence to nursing students. The study background and problem statement in Chapter 1 confirmed the importance of the research topic and Chapter 2 provided a structure and guidance to achieve the research aim and when implementing the data collection and data analysis plan.

The researcher shadowed nurse educators for two days to develop an understanding of how they model presence to nursing students. Participants were shadowed during contact sessions with students, both in class and during contact sessions with students. This was followed by audio-recorded reflective conversations that were used to explore and validate observations made during shadowing and to provide direction for future observations. During the informal reflective conversations, the participants were given a chance to reflect on their modelling of presence by asking questions linked with what the researcher observed during shadowing. Ethnographic data analysis was applied, involving the supervisors as co-coders, as well as an independent co-coder. The ethics was considered throughout and principles of trustworthiness were applied. Based on the value of the research outcomes, the researcher and co-coders maintained openness during data collection and analysis. There was a congruent methodology as described throughout the chapters of the dissertation. The researcher adhered to her own philosophical perspective, made sure of thorough data collection, consideration of all data in the analysis process and the researcher’s self-understanding as evident from the field notes and interpretation of the findings. It can be concluded that this research meets the criteria of trustworthiness (Grove et al., 2013:58).

The researcher concludes that a qualitative ethnographic design within the interpretivist constructivist paradigm was indeed the best fit for this research, as evident from the findings and conclusions of the research. The research outcomes and results were integrated with academic literature to support and confirm the research findings. The research purpose, which was to explore and describe nurse educators’ modelling to
nursing students at a North West province public nursing college with regard to presence, was achieved by the research findings.

4.4 Limitations of the study

The following limitations were identified:

- This study is limited to one nursing college, therefore it cannot be generalised to the whole population of public nursing colleges and participants offering a 4-year basic nursing programme at public nursing colleges in South Africa.

- Shadowing as the main data collection method only involved nurse educators who were in class during data collection and therefore limited the findings to the classroom setting.

- Shadowing during accompaniment of nursing students in clinical areas may have yielded additional findings.

- Even though the study was not conducted to reveal what nurse educators do, but rather how they interact with nursing students, the researcher’s presence put more pressure on nurse educators who were already under pressure due to their workplace challenges as they had to make time to accommodate the researcher in their tight schedule. The researcher thus acknowledges that the conduct of the nurse educators may have been influenced by the presence of the researcher. The researcher applied the principle of prolonged engagement to lessen this effect, but still acknowledges that her presence may have had an effect.

- Being a nurse educator herself, the researcher had to rely on reflexivity to guard against personal bias throughout the study. She practiced reflexivity by taking field notes, having regular discussions with the research supervisors, and by comparing the findings with existing literature.

4.5 Recommendations

Recommendations are formulated for nursing education, policy development and for further research.
4.5.1 Recommendations for nursing education

Based on the findings of the study, the following recommendations are made to strengthen the modelling of presence by nurse educators at public nursing colleges:

- Awareness should be created among nurse educators regarding what they are modelling to nursing students and how nursing students follow their examples when in interaction with patients.
- Opportunities for the appreciation of nurse educators and their dedication and innovation in difficult settings should be created.
- Opportunities for reflection and training should be created for nurse educators to reflect on the following:
  - The meaning and value of presence as understood by the nurse educators and nursing students in their contexts and as reported in literature;
  - The importance of professional and personal maturity of nurses regarding presence and providing relational nursing care;
  - The meaning of “being professional” alongside “being there for” and “being present”, and how this impacts relational nursing education and relational nursing care;
  - The shared values and principles followed by nurse educators, and how this resembles presence in nursing;
  - The nature and meaning of the educator-student relationship, and how it relates to role modelling presence; and
- Teaching strategies that model and instil presence in nursing.

4.5.2 Recommendations for policy development

The following is recommended for policy development, specifically for the North West Department of Health Directorate: Policy, Planning, Monitoring and Evaluation, the Principal North West College of Nursing, and the Campus Heads North West College of Nursing.
It is the ethical responsibility of each nurse educator to promote modelling, mentoring, supporting, coaching, facilitating, nurturing and caring for nursing students.

- Management should take a leading role in coaching and supporting nurse educators.
- Management should develop and monitor the implementation of a policy on modelling presence to nursing students.
- Management should develop and monitor the implementation of a policy on recruitment, development and retention strategies for nurse educators.
- Management should develop and monitor the implementation of a policy on recruitment, support and monitoring of nursing students.
- Management should develop policy on the improvement of teaching and learning resources for nursing colleges.
- Management should development and monitor a policy on nurse educator/ student ratios.
- Management should develop and monitor policy on support services for nurse educators and nursing students.
- Management should ensure the implementation of mentoring policy for nurse educators.

4.5.3 Recommendations for research

As stated by Tingen et al. (2009:167), nursing research is an essential component of the educational process. It has an influence on current and future professional nursing practice.

The following recommendations can be made for future research:

- Follow-up research to explore the effect of the implementation of the recommendations for nursing education and policy development.
- Research on model presence to newly qualified (community service) nurses in clinical facilities.
- The impact of presence on medical litigation in the clinical facilities.
- Comparison of modelling presence to nursing students at a public nursing college and at a private nursing college.

- Effectiveness of conducive working environment in the promotion of presence.

- Approaches to promote presence in nursing education.

4.6 Chapter summary

In this chapter, the research findings and results were summarised and concluded, followed by a discussion of the evaluation and limitations of the research study. Recommendations for nursing education and policy development were made based on the research findings. Recommendations were also made for future research.

4.7 Overall/ final summary

Nursing presence should form an integral part of nursing education. A qualitative ethnographic study conducted to explore and describe nurse educators' modelling to nursing students at a North West province public nursing college with regard to presence. The target population was nurse educators in a public nursing college in the North West province.

Purposive sampling used to select nurse educators working at North West province public nursing college who were willing to participate. Data were collected by using shadowing, informal reflective conversations and field notes, and data was analysed by using ethnographic data analysis.

Five main themes were formulated with five to seven sub-themes each. The research findings were discussed according to themes and confirmed through literature integration and by quotations from the participants. Based on the research finding, recommendations were made for nursing education, policy development and future research.
REFERENCES

Acts see South Africa


Reeves, S.K., Kuper, A. & Hodges, B.D. 2008. Qualitative research methodologies: ethnography. British Medical Journal:337. doi:https://doi.org/10.1136/bmj.a1020


ANNEXURE A ETHICAL APPROVAL

Dear Prof du Plessis

APPROVAL OF YOUR APPLICATION BY THE NORTH-WEST UNIVERSITY HEALTH RESEARCH ETHICS COMMITTEE (NWU-HREC) OF THE FACULTY OF HEALTH SCIENCES

Ethics number: NWU-00013-18-S1

Kindly use the ethics reference number provided above in all future correspondence or documents submitted to the administrative assistant of the North-West University Health Research Ethics Committee (NWU-HREC) secretariat.

Study title: The modelling of presence to nursing students by nurse educators at a public nursing college in the North West Province

Study leader: Prof E du Plessis

Student: TA Mofokeng-29378958

Application type: Single study

Risk level: Minimal (monitoring report required annually)

Expiry date: 29 February 2020 (monitoring report is due at the end of February annually until completion)

You are kindly informed that after review by the NWU-HREC, Faculty of Health Sciences, North-West University, your ethics approval application has been successful and was determined to fulfill all requirements for approval. Your study is approved for a year and may commence from 07/02/2019. Continuation of the study is dependent on receipt of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation. A monitoring report should be submitted two months prior to the reporting dates as indicated i.e. annually for minimal risk studies, six-monthly for medium risk studies and three-monthly for high risk studies, to ensure timely renewal of the study. A final report must be provided at completion of the study or the NWU-HREC, Faculty of Health Sciences must be notified if the study is temporarily suspended or terminated. The monitoring report template is obtainable from the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-HRECMonitoring@nwu.ac.za. Annually, a number of studies may be randomly selected for an internal audit.

The NWU-HREC, Faculty of Health Sciences requires immediate reporting of any aspects that warrants a change of ethical approval. Any amendments, extensions or other modifications to the proposal or other associated documentation must be submitted to the NWU-HREC, Faculty of Health Sciences prior to implementing these changes. These requests should be submitted to Ethics-HRECApply@nwu.ac.za with a cover letter with a specific subject title indicating, “Amendment request: NWU-XXXX-XX-XX”. The letter should include the title of the approved study, the names of the researchers involved, the nature of the amendment/s being made (indicating what changes have been made as well as where they have been made), which documents have been attached and any further explanation to clarify the amendment request being submitted. The amendments made should be indicated in yellow highlight in the amended documents. The e-mail, to which you attach the documents that you send, should have a specific subject line indicating that it is
an amendment request e.g. "Amendment request: NWU-XXXX-XX-XX". This e-mail should indicate the nature of the amendment. This submission will be handled via the expedited process.

Any adverse/unexpected/unforeseen events or incidents must be reported on either an adverse event report form or incident report form to Ethics-HRECIncident-SAE@nwu.ac.za. The e-mail, to which you attach the documents that you send, should have a specific subject line indicating that it is a notification of a serious adverse event or incident in a specific project e.g. "SAE/incident notification: NWU-XXXX-XX-XX". Please note that the NWU-HREC, Faculty of Health Sciences has the prerogative and authority to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.


We wish you the best as you conduct your research. If you have any questions or need further assistance, please contact the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-HRECApply@nwu.ac.za.

Yours sincerely

Digitally signed by Wayne Towers
Date: 2019/02/27
09:32:41 +00'00'

Prof Wayne Towers
Chairperson: NWU-HREC

Digitally signed by Prof Minnie Greeff
Date: 2019/02/07 14:53:21 +02'00'

Prof Minnie Greeff
Head of Health Sciences Ethics Office for Research, Training and Support
ANNEXURE B REQUEST TO CONDUCT STUDY FROM NORTH WEST DEPARTMENT OF HEALTH

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**APPLICATION FOR APPROVAL OF A RESEARCH PROPOSAL**

**NOTE:** ONLY PROTOCOLS WITH ETHICS APPROVAL WILL BE CONSIDERED

*PLEASE ATTACH ETHICS APPROVAL AS ANNEXURE A*

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**RESEARCH TITLE:**

The modelling of presence to nursing students by nurse educators at a public nursing college in the North West Province

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<table>
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<th>Researcher’s Name (Principal investigator)</th>
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REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

Dear Sir/Madam

I hereby request permission to conduct a research study at a nursing college in the North West province.

The research title: Participants’ modelling of presence to nursing students at a public nursing college in the North West province.

The purpose of the study is to explore and describe Participants’ role modelling to nursing students at a North West province public nursing college with regard to presence.

The study aims to formulate recommendations for nursing education and for nursing research with regard to presence in role modelling of Participants to nursing students.

This research has been approved by the Health Research Ethics Committee (HREC) of the Faculty of Health Sciences, NWU (Ref: NWU-00013-18-S1).

An ethnographic qualitative design will be used. Research methods will be as follows in short:

Sample: Purposive sampling will be used for this study.

Sample size will be determined by data saturation principle, whereby data will be collected until no new information is obtained.

Data collection: Three data collection methods namely: shadowing, informal reflective conversations and field notes will be used with Participants who fits the inclusion criteria.

Data analysis: data will be organised and prepared for analysis, coding and identification of themes will be done. An independent co-coder with experience and expertise in
qualitative data analysis will be requested to co code the data. These will assist in ensuring strengthening of the research trustworthiness.

**Dissemination of results:** Results will be shared with participants and the research audience in the form of presentations and written reports.

A mediator will be invited to inform participants about the research, to invite them to participate and to obtain informed consent.

Attached please find the research proposal and ethics certificate.

I hope this request will be approved and I am looking forward to your response.

Yours sincerely.

*Ms T.A MofoKeng*
ANNEXURE C REQUEST TO CONDUCT STUDY FROM NORTH WEST PUBLIC NURSING COLLEGE

COLLEGE PRINCIPAL: NORTH WEST PUBLIC NURSING COLLEGE

Request for permission to conduct research.

Dear sir/madam

I hereby request permission to conduct a research study at a nursing college in the North West province.

THE RESEARCH TITLE: Participants" modelling of presence to nursing students at a public nursing college in the North West province.

The purpose of the study is to explore and describe Participants" role modelling to nursing students at a North West province public nursing college with regard to presence.

The study aims to formulate recommendations for nursing education and for nursing research with regard to presence in role modelling of Participants to nursing students.

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An ethnographic qualitative design will be used. Research methods will be as follows in short:

Sample: purposive sampling will be used for this study.

Sample size will be determined by data saturation principle, whereby data will be collected until no new information is obtained.

Data collection: three data collection methods namely: shadowing, informal reflective conversations and field notes will be used with Participants who fits the inclusion criteria.
Data analysis: data will be organised and prepared for analysis, coding and identification of themes will be done. An independent co-coder with experience and expertise in qualitative data analysis will be requested to co-code the data. These will assist in ensuring strengthening of the research trustworthiness.

Dissemination of results: results will be shared with participants and the research audience in the form of presentations and written reports.

A mediator will be invited to inform participants about the research, to invite them to participate and to obtain informed consent.

Attached please find the research proposal and ethics certificate

I hope this request will be approved and I am looking forward to your response.

Yours sincerely,

MS T.A MOFOKENG
ANNEXURE D  PERMISSION TO CONDUCT STUDY FROM NORTH WEST DEPARTMENT OF HEALTH
ANNEXURE E  PERMISSION TO CONDUCT STUDY FROM NORTH WEST PUBLIC NURSING COLLEGE

PERMISSION TO CONDUCT STUDY FROM NORTH WEST PUBLIC NURSING COLLEGE

To: Ms T.A. Mphateng
Lecturer: North West College of Nursing

CC: 

Subject: Approval to conduct a research study at North West College of Nursing

Dear Madam,

This communication serves to inform you that permission to conduct a research titled: 
the modeling of presence to nursing students by nurse educators at a public Nursing College 
in the North West Province study at. The Acting Campus Head 
has been informed of your request. Hoping that the research will be conducted 
within the confines of your research methodology and ethical considerations. You are 
therefore advised to communicate with (name) for further arrangements.

The approval to conduct research from the North West Department of Health and the Health 
Research Ethics Committee is hereby acknowledged. We wish you all the best in your studies 
in contributing to Nursing Education body of knowledge.

Regards,

[Signature]
Principal: North West College of Nursing

Date: 14/10/2009
ANNEXURE F INFORMED CONSENT LETTER FOR PARTICIPANTS

INFORMED CONSENT DOCUMENTATION FOR NURSE EDUCATORS

TITLE OF THE RESEARCH STUDY: The modelling of presence to nursing students by nurse educators at a public nursing college in the North West Province

ETHICS REFERENCE NUMBER: NWU-00013-18-S1

PRINCIPAL INVESTIGATOR: Prof E. du Plessis

POST GRADUATE STUDENT: Tlasele Allison Mofokeng

ADDRESS: Private Bag A 19

Klerksdorp

2570

CONTACT NUMBER: 018-406 8642/0781866962

You are being invited to take part in our research study. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved.
• Your participation is entirely voluntary and you are free to say no to participate. If you say no, you will not be penalised in anyway. You are also free to withdraw or reverse your decision to participate in the study at any point without giving any explanation without any negative consequences.

• Due to the nature of this study, ongoing consent will be used throughout the study to check your willingness to continue with the study.

• This study will be conducted at your college campus and will involve shadowing and informal reflective conversations with an experienced health researcher trained in interviewing. 3-5 participants will be included in this study.

• We plan to explore and describe nurse educators’ role modelling to nursing students at a North West Province public nursing college with regards to presence.

• You will be expected to participate as a shadowee for 2-3 days and in several informal reflective conversations during this day which will take approximately 10-30 minutes. No other activities will be involved in this study.

• There will be no direct gain for you as a participant in this study.

• The other gains of the study are for Nurse Educators and nursing students at the North West Province Public Nursing College and wider by applying findings and recommendations that will be made at the end of the study.

• The risks to you in this study are slight emotional and physical discomfort and fatigue due to being shadowed, this will be limited by ensuring that drinking water is available during the shadowing and conversations and you will be allowed to take comfort breaks as the need arises. You will also be inconvenienced by the fact that you will be shadowed by the researcher for a few days and not be able to continue with your daily work for the period that you will be busy with the conversations. Measures will be taken to stick to the set interview duration as much as possible, and to conduct the conversations
at times that will be convenient for you. An arrangement will be made with the employee assistance programme coordinator whereby you will be referred for counselling and support to assist you in dealing with any emotional stress that might arise due to your participation in the study.

- There are no risks for bodily harm in this study, however the study is covered by the university insurance.

- Anonymity of your findings will be protected by using code numbers instead of your personal details. Your privacy will be respected by not forcing you to reveal information that you do not wish to reveal. Your results will be kept confidential by limiting number of people who has access to your information strictly to people involved in this study such as the researcher, research supervisors and the co-coder. Co-coder will sign a confidentiality agreement before commencing with his/her duty. Data will be kept safe by locking hard copies in locked cupboards in the researcher’s office and for electronic data it will be password protected. As soon as data has been transcribed it will be deleted from the recorders. Data will be stored for +/- 5 years.

- The findings of this study will only be used for this study and there is no intention of using it anywhere else.

- The researcher does not have any conflict of interest in the study.

- You will be given the results of this research at the end of the study when conclusions and recommendations have been made and the study has been approved by either presentation at your workplace or written report depending on what you will choose as participant in this study.

- You will be informed of any new relevant findings by telephone.

- You will not receive any payment for participating in this study and there will be no costs involved for you as the researcher will come to you at the venue that is convenient to you, which is your workplace.
• The researcher will cover all additional costs involved.
• A light lunch will be served during the day of the shadowing and drinking water will be available during the conversations.

• This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU), reference number NWU-00013-18-S1 and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

• If there is anything else that you need to know or do:
  □ You can contact. Tiliso Mofokeng at 0781866962 if you have any further questions or have any problems.
  □ You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolienvanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
  □ You will receive a copy of this information and consent form for your own purposes

Declaration by participant

By signing below, I ........................................ agree to take part in the research study titled: The modelling of presence to nursing students by nurse educators at a public nursing college in the North West Province.

I declare that:
• I have read this information/It was explained to me by a trusted person in a language with which I am fluent and comfortable.
• The research was clearly explained to me.
• I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
• I understand that taking part in this study is voluntary and I have not been pressurised to take part.
• I may choose to leave the study at any time and will not be handled in a negative way if I do so.
• I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (place) ........................................ on (date) ........................................
20........

Signature of participant  Signature of witness

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

Declaration by person obtaining consent
I ........................................ declare that I clearly and in detail explained the information in this document to ........................................
• I did/did not use an interpreter.
• I encouraged him/her to ask questions and took adequate time to answer them.
• I am satisfied that he/she adequately understands all aspects of the research, as discussed above.
• I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (place) ........................................ on (date) ........................................
20........

Signature of person obtaining consent  Signature of witness

Declaration by researcher
I Tisetsao Allison Motokeng declare that: I explained the information in this document to ............................

- I did/did not use an interpreter
  I was available should he/she want to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (place) ........................................... on (date) ..............................................
20....

Signature of researcher                          Signature of witness
ANNEXURE G GOODWILL PERMISSION LETTER FOR NURSING STUDENTS

GOODWILL PERMISSION LETTER FOR NURSING STUDENTS:

TITLE OF THE RESEARCH STUDY: The modelling of presence to nursing students by nurse educators at a public nursing college in the North West Province

ETHICS REFERENCE NUMBERS: NWU-00013-18-S1
PRINCIPAL INVESTIGATOR: Prof. E. du Plessis
POST GRADUATE STUDENT: Tlisele Allison Mofokeng
ADDRESS: Private Bag A 19
Klerksdorp
2570
CONTACT NUMBER: 018-406 8642/ 0781866562
You are being made aware of the research study that is going to take place at your college. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved.
• Due to the nature of this study, your goodwill permission will be appreciated.

• This study will be conducted at your college and will involve the shadowing of the nurse educator by the researcher in your class and in everyday encounters with students.

• We plan to explore and describe nurse educators' role modelling to nursing students at a North West Province public nursing college with regards to presence.

• You will not be expected to do anything extra, except being in class during lessons during which your nurse educator will be shadowed, which will take place during your normal class time. Your lecturer may also be shadowed during other everyday encounters with him/her, e.g. if you individually consult him/her.

• No other activities will be involved in this study for you.

• There will be no direct gain for you and you will not be an active participant in this study.

• The other gains of the study are for Nurse Educators and nursing students at the North West Province Public Nursing College and wider by applying findings and recommendations that will be made at the end of the study.

• The risks to you in this study is that you might feel uncomfortable with the researcher's presence in your class during lessons which might lead to fear of loss of confidentiality and privacy. These will be prevented by not using your names or any form of personal identification that might link the data to you as a student. No data will be collected from you. The researcher will be focusing on how your nurse educator interacts with you during lessons and data collected will be based on the nurse educator as indicated in the study title.
• You might be inconvenienced by the presence of the researcher in a situation where you will not feel free to participate in class like you are used to because of the stranger’s presence, you are hereby encouraged to behave and act like you always do in the absence of the researcher in your class.

• For your convenience, the researcher will not make or request any changes to your normal class schedule, measures will be taken to keep everything as normal as possible.

• The findings of this study will only be used for this study.

• We will give you the results of this research at the end of the study when conclusions and recommendations have been made.

• You will not receive any payment for participating in this study and there will be no cost from you for participating as the researcher will come to you at the venue that is convenient to you, which is your classroom/lecture room.

• The researcher will cover all other additional costs involved.

• This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU), reference number NWU-00013-18-S1 and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

If there is anything else that you should know or do?
• You can contact. Tisetso Mofokeng at 0781866962 if you have any further questions or have any problems.
• You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolienvanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
You will receive a copy of this information and goodwill permission form for your own purposes.

Declaration by student
By signing below, I acknowledge that the research titled: The modelling of presence to nursing students by nurse educators at a public nursing college in the North West Province, will take place, namely observation of the nurse educator during class and during everyday encounters between the nurse educator and students.

I declare that:
- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is voluntary and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (place) ........................................ on (date) ..................................
20......

Signature of student  Signature of witness
........................................

Declaration by person obtaining goodwill permission
I declare that: I clearly and in detail explained the information in this document to ..................................................
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above.
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (place) ........................................ on (date) ........................................
20....

Signature of person obtaining goodwill permission    Signature of witness

Declaration by researcher
I Tiisetso Allison Mofokeng declare that: I explained the information in this document to ........................................
- I did/did not use an interpreter
  I was available should he/she want to ask any further questions.
- The goodwill permission was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (place) ........................................ on (date) ........................................
20....

Signature of researcher    Signature of witness
All students welcomed in class by the nurse educator. Class expectations and rules set by the nurse educator and the students. One student selected to be a time keeper who will be responsible for making the nurse educator aware when it is time for leg stretch break, tea time and lunch.

Class too big, chair arrangements in such a way that other students are far from the nurse educator. Temperature and lighting comfortable.

Overview of the module and outcomes explained by the nurse educator for students to know what is expected from them and what to expect from the content to be done. Nurse educator highlighted important aspects of the content, using clear audible voice for every student to hear and understand. All concepts and definitions in the module explained and discussed with the students. Nurse educator identified commotion made by some students at the back of the class and she addressed it appropriately by asking students involved what the problem was and students were called to order. Nurse educator made examples in order for students to understand the issue discussed also referring to how patients were treated in the past. Nurse educator encouraged students to go to her office for assistance anytime if and when there is something they do not understand that was discussed in class.

Students free to respond and ask questions and class even laughing when a joke is shared. Nurse educator walking around the class, even presenting/lecturing from the back of the class to ensure that students sitting at the back gets necessary attention. Nurse educator frequently repeating what has been discussed (recap) to ensure that students are on the same page as her. In between the lecture the nurse educator together with students kept on referring to the study guide to check on how far they are and what still needs to be discussed for the day, to ensure that the work goes according to the plan (lesson plan).

Nurse educator identified one student that seemed to be absent minded and she directly asked the particular student if he is still with the class and asked him to repeat what he has captured thus far. Due to large number of students when the nurse educator goes to the back students in front becomes busy with other activities such paging through their books. Nurse educator makes the content more understandable for students by relating the content to their daily life experiences, what they come across when they are in the clinical facilities. Nurse educator makes the class enjoyable and free and this makes students to feel at ease.

Nurse educator not using projector, just flowing with the content, gave students hand-outs so that they can be able to see where she is with the content. Information on the hand out clear and user friendly. In between the lecture the nurse educator advises and encourages students to study further beyond their diploma to empower themselves. All terms explained thoroughly and applied to
daily experiences. Most explanations referred to what happens in real life situations at workplace. Nurse educator summarised the content discussed and gave students a chance to ask questions. Student given few minutes break for leg stretch.

Nurse educator gave students a self-awareness activity to make them realise where they fall in with regard to self-actualisation and mental health. Students encouraged to listen attentively when one of them is asking a question as well as when responding to the question. Class shared their responses and general feedback of the activity discussed.

Nurse educator discussed concepts separately to ensure that students are able to differentiate between concepts, at the same time identifying how they link with each other. Now and the nurse educator asked students questions in between to ensure that they are listening. Nurse educator encourages students to participate in class and respond to questions by applying what they have experienced in the clinical facilities and the community in which they live. Nurse educator applauds to positive responses given by students. Students advised on how to respond to questions.

Nurse educator indicated to students that it is important to implement courtesy, respect and dignity when they are in contact with patients. All patients are unique and must be treated as such, students reminded that they must never compare patients to each other. Nurse educator reminded students that they must always be considerate when dealing with patients. For example if the patient needs to pray at a certain time based on his/ her culture or spirituality such a patient must be afforded an opportunity to do so. Students made aware that there is always a reason for every behaviour they must therefore always investigate why the patient behaves in a certain way. Students to remember that each individual differ in their coping capabilities/ capacities. Nurse educator reminded students that they must always play a role of being patients’ advocates.

After lunch. Interpersonal relationships can produce change and growth therefore students must strive to involve patients in activities such as group therapy. Students appears to be quiet than during the early session, this might be due to tiredness after meals. The afternoon session used for questions and answering. Students encouraged to demonstrate some of the disorders. Students seemed to be enjoying this activity and they reported that it makes the content clearer and understandable.
## ANNEXURE I: INFORMAL REFLECTIVE CONVERSATIONS

### TRANSCRIPT

<table>
<thead>
<tr>
<th>Researcher: How do you maintain a professional relationship with students?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant: A professional relationship is the one over and above your professional role. You don't lose focus, students must know that it is not a social relationship, time and again I must draw them to the picture that we are professionals and we must behave and think like professionals in everything that we do.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Researcher: In your work how do you deal with difficult students?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant: Difficult students must be identified and the source of their difficult behaviour be identified so that I can be able to probe in the sense of trying to help or to help this person to correct or change their behaviour. Also by counselling the learner one on one counselling sessions with the learner and involving the learner with other learners so that the learner can copy from others how to behave, be focused and to be responsible.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Researcher: Do you think there are any behavioural changes that can be brought about by demonstrating care and compassion to students?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant: Yes, therapeutic use of self is very important in reaching the other person when a person is shown respect the person sees that she/he is cared for. That person can trust and change behaviour and behave in the right way and be respectful, trust and change the way to behave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Researcher: We are about to finish our conversation, is there any comment you would like to make?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant: Yes I am very happy that I took part in your study as I view this as peer review and I think it also helps students to be motivated.</td>
</tr>
</tbody>
</table>
ANNEXURE J  CONFIDENTIALITY AGREEMENT

CONFIDENTIALITY UNDERTAKING
entered into between:

I, the undersigned
Prof / Dr / Mr / Ms ____________

Identity Number: ____________

Address: __________________________

hereby undertake in favour of the NORTH-WEST UNIVERSITY, a public higher education institution established in terms of the Higher Education Act No. 101 of 1997

Address: Office of the Institutional Registrar, Building C1, 53 Borchard Street, Potchefstroom, 2520

(hereinafter the "NWU")

1 Interpretation and definitions
1.1 In this undertaking, unless inconsistent with, or otherwise indicated by the context:

1.1.1 "Confidential Information" shall include all information that is confidential in its nature or marked as confidential and shall include any existing and new information obtained by me after the Commencement Date, including but not be limited in its interpretation to: research data, information concerning research participants, all secret knowledge, technical information and specifications, manufacturing techniques, designs, diagrams, instruction manuals, blueprints, electronic artwork, samples, devices, demonstrations, formulae, know-how, intellectual property, information concerning materials, marketing and business information generally, financial information that may include remuneration detail, pay slips, information relating to human capital and employment contract, employment conditions, ledgers, income and expenditures and other materials of whatever description in which the NWU has an interest in being kept confidential, and

1.1.2 "Commencement Date" means the date of signature of this undertaking by myself.

1.2 The headings of clauses are intended for convenience only and shall not affect the interpretation of this undertaking.
7 Jurisdiction

This undertaking shall be governed by South African law be subject to the jurisdiction of South African courts in respect of any dispute flowing from this undertaking.

8 Whole agreement

8.1 This document constitutes the whole of this undertaking to the exclusion of all else.

8.2 No amendment, alteration, addition, variation or consensual cancellation of this undertaking will be valid unless in writing and signed by me and the NWU.

Dated at Potchefstroom this 22/07/2019

Witnesses:

1

2

(Signatures of witnesses)
CONFIDENTIALITY UNDERTAKING

entered into between:

I, the undersigned

Prof / Dr / Mr / Ms  Kathleen Frereman

Identity Number: 7508200112089

Address: School of Nursing Science

hereby undertake in favour of the NORTH-WEST UNIVERSITY, a public higher education institution established in terms of the Higher Education Act No. 101 of 1997

Address: Office of the Institutional Registrar, Building C1, 53 Borchard Street, Potchefstroom, 2520

(hereinafter the “NWU”)

1 Interpretation and definitions

1.1 In this undertaking, unless inconsistent with, or otherwise indicated by the context:

1.1.1 "Confidential Information" shall include all information that is confidential in its nature or marked as confidential and shall include any existing and new information obtained by me after the Commencement Date, including but not limited to research data, information concerning research participants, all secret knowledge, technical information and specifications, manufacturing techniques, designs, diagrams, instruction manuals, blueprints, electronic artwork, samples, devices, demonstrations, formulae, know-how, intellectual property, information concerning materials, marketing and business information generally, financial information that may include remuneration details, pay slips, information relating to human capital and employment contract, employment conditions, ledgers, income and expenditures and other materials of whatever description in which the NWU has an interest in being kept confidential; and

1.1.2 "Commencement Date" means the date of signature of this undertaking by myself.

1.2 The headings of clauses are intended for convenience only and shall not affect the interpretation of this undertaking.
7 Jurisdiction

This undertaking shall be governed by South African law be subject to the jurisdiction of South African courts in respect of any dispute flowing from this undertaking.

8 Whole agreement

8.1 This document constitutes the whole of this undertaking to the exclusion of all else.

8.2 No amendment, alteration, addition, variation or consensual cancellation of this undertaking will be valid unless in writing and signed by me and the NWU.

Dated at Potchefstroom this [date] 20 [year]

Witnesses:

1

2

(Signatures of witnesses)

(Signature)
CONFIDENTIALITY UNDERTAKING

entered into between:

I, the undersigned:

Dr Batheka Scooby

Identity Number: 7306110332080

Address: School of Nursing Science, Private Bag X6001, Potchefstroom, 2520

hereby undertake in favor of the NORTH-WEST UNIVERSITY, a public higher education institution established in terms of the Higher Education Act No. 101 of 1997

Address: Office of the Institutional Registrar, Building C1, 63 Bonchard Street, Potchefstroom, 2520

(hereinafter the "NWU")

1 Interpretation and definitions

1.1 In this undertaking, unless inconsistent with, or otherwise indicated by the context:

1.1.1 "Confidential Information" shall include all information that is confidential in its nature or marked as confidential and shall include any existing and new information obtained by me after the Commencement Date, including but not be limited in its interpretation to, research data, information concerning research participants, all secret knowledge, technical information and specifications, manufacturing techniques, designs, diagrams, instruction manuals, blueprints, electronic artwork, samples, newlines, demonstrations, formulae, know-how, intellectual property, information concerning materials, marketing and business information generally, financial information that may include ramifications detail, pay sites, information regarding to human capital and employment contract, employment conditions, ledgers, income and expenditures, and other materials of whatever description in which the NWU has an interest in being kept confidential; and

1.1.2 "Commencement Date" means the date of signature of this undertaking by myself.

1.2 The headings of clauses are intended for convenience only and shall not affect the interpretation of this undertaking.
2 Preamble

2.1 In performing certain duties requested by the NWU, I will have access to certain Confidential Information provided by the NWU in order to perform the said duties and I agree that it must be kept confidential.

2.2 The NWU has agreed to disclose certain of this Confidential Information and other information to me subject to me agreeing to the terms of confidentiality set out herein.

3 Title to the Confidential Information

I hereby acknowledge that all right, title and interest in and to the Confidential Information vests in the NWU and that I will have no claim of any nature in and to the Confidential Information.

4 Period of confidentiality

The provisions of this undertaking shall begin on the Commencement Date and remain in force indefinitely.

5 Non-disclosure and undertakings

I undertake:

5.1 to maintain the confidentiality of any Confidential Information to which I shall be allowed access by the NWU, whether before or after the Commencement Date of this undertaking, I will not divulge or permit to be divulged to any person any aspect of such Confidential Information otherwise than may be allowed in terms of this undertaking;

5.2 to take all such steps as may be necessary to prevent the Confidential Information falling into the hands of an unauthorised third party;

5.3 not to make use of any of the Confidential Information in the development, manufacture, marketing and/or sale of any goods;

5.4 not to use any research data for publication purposes;

5.5 not to use or disclose or attempt to use or disclose the Confidential Information for any purpose other than performing research purposes only and includes questionnaires, interviews with participants, data gathering, data analysis and personal information of participants/research subjects;

5.6 not to use or attempt to use the Confidential Information in any manner which will cause or be likely to cause injury or loss to a research participant or the NWU and

5.7 that all documentation furnished to me by the NWU pursuant to this undertaking will remain the property of the NWU and upon the request of the NWU will be returned to the NWU. I shall not make copies of any such documentation without the prior written consent of the NWU.

6 Exception

The above undertakings by myself shall not apply to Confidential Information which I am compelled to disclose in terms of a court order.
7 Jurisdiction

This undertaking shall be governed by South African law and be subject to the jurisdiction of South African courts in respect of any dispute flowing from this undertaking.

8 Whole agreement

8.1 This document constitutes the whole of this undertaking to the exclusion of all else.

8.2 No amendment, alteration, addition, variation or consensual cancellation of this undertaking will be valid unless in writing and signed by me and the NWU.

Dated at Potchefstroom this 28 Augustus 2019.

Witnesses:

1

2

(Signatures of witnesses)

(Signature)
DECLARATION OF LANGUAGE EDITING

I, Christina Maria Etrecia Terblanche, hereby declare that I edited the research study titled:

**Discovering presence as part of nurse educators' role modelling at a public nursing college in the North West province**

for [TA Mofokeng](#) for the purpose of submission as a postgraduate research study. Changes were indicated in track changes and implementation was left to the author.

Regards,

[Signature]

CME Terblanche

Cum Laude Language Practitioners (CC)

South African Translators Institute accr nr: 1001066

Full member of the Professional Editors Guild