

Clinical accompaniment in a rural hospital: student and professional nurses' experience

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Dissertation in fulfilment of the requirements for the degree of Magister Curationis
(Professional Nursing) at the Potchefstroom Campus of the North-West University

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Potchefstroom

November 2010

DECLARATION

I declare that the dissertation with the title: **Clinical accompaniment in a rural hospital: student and professional nurses' experience** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted previously for any other degree at any other institution.

.....
Steppies Richard Rikhotso

Date

DEDICATION

I dedicate this thesis to the following images of the Creator, our God:

My mother, Mamaila Rikhotso, for her support throughout my life.

My late sister, Mafanato Violet Rikhotso, for her prophesy on my academic future.

My brother, Masingita, for his understanding, supportive, loyal and respectful role and for monitoring my trips to the North-West University.

My young sister, for her daily prayers on my studies.

My wife, Mokgadi Matlhoko, for her support and understanding that I had to spend time away, as well as her accompaniment.

My kids, for accepting their daddy's absence owing to study time.

ACKNOWLEDGEMENT

God and my ancestors, who figure so greatly in my life.

I hereby thank the following special people for their assistance during this research study:

All the participants who have been willing to assist me in this study by telling their stories.

The Limpopo Department of Health and other institutions for allowing me to conduct the study.

Dr Marthyna Williams, my promoter for her continuous guidance, her supportive role, her modelling, mentoring and patience. She used to say: "We shall panel-beat it until it is fine."

Mrs Gedina de Wet, my co-supervisor for her support.

Professor S Mokgele-Lekalakala and Prof FM Mulaudzi, for their remarks on the presentation "You are there."

Dr Petra Bester, co-coder of NWU, who assisted me in coding and creating themes and subthemes.

Mr Jan Nel, for critically and professionally editing the manuscript.

Professor Casper Lessing, for professionally editing the bibliography.

All the people from the School of Nursing, North-West University, Potchefstroom, who supported me during my study.

DENOSA, as well as North-West University bursary for financial support throughout my studies.

Mrs de Vos librarian at the Ferdinand Postma Library, for her assistance with finding literature to support this study.

Endless messages from my mom, Raisibe Baloyi-Mukhari, saying: "I know you will do it. Masingita has said it."

Finally, Sister Mamikie Makhubela, for her assistance in organising and providing the refreshments after the sessions during data-collection meetings.

ABSTRACT

Key words: nursing student, professional nurse, experience, clinical accompaniment, rural hospital.

This study investigated the clinical accompaniment of nursing students in a rural hospital. Nursing students are allocated to clinical facilities for clinical exposure and learning opportunities; to integrate theoretical knowledge with practical skills and professional socialization under guidance and support from professional practitioners. Although the rural hospital, as context for this study, provides unique and challenging learning opportunities for clinical teaching and learning, the environment as such and the relationship between the stakeholders (nursing students and professional nurses) seem to be questionable and not conducive for learning.

A qualitative, explorative, descriptive and contextual design served as framework for this study. Data was collected by means of semi-structured focus-group interviews with samples selected from two (2) populations of stakeholders with first hand experience of the clinical accompaniment of nursing students allocated to the rural hospital for clinical exposure and learning. The first sample consisted of thirteen (n=13) nursing students and the second sample consisted of professional nurses (n=6) directly involved in the clinical accompaniment of the nursing students. The focus of the interviews was the participants' experience of the clinical accompaniment in a specific rural hospital.

Data was analyzed by means of the process of content analysis as described by Graneheim and Lundman (2004). Three (3) themes and eight (8) subthemes emerged from the data collected from the nursing students. The data collected from the professional nurses resulted in five (5) themes and eleven (11) subthemes. The collected data was integrated with relevant national and international literature to culminate in eight (8) conclusive statements. The conclusive statements served as basis for the proposal of guidelines to improve the clinical accompaniment of nursing students in a rural hospital and to enhance learning in the clinical practice area.

OPSOMMING

Trefwoorde: verpleegstudent, professionele verpleegkundige, belewenis, kliniese begeleiding, plattelandse hospitaal

Hierdie studie het die ervaring van kliniese begeleiding van verpleegstudente in „n plattelandse hospitaal ondersoek. Verpleegstudente word toegewys aan kliniese fasiliteite vir kliniese blootstelling en leergeleenthede; om teoretiese kennis te integreer met praktiese vaardighede en professionele sosialisering te ondergaan onder die leiding van, en met die ondersteuning van die professionele praktisyns. Alhoewel die plattelandse hospitaal as konteks vir hierdie studie unieke en uitdagende kliniese onderrig en leergeleenthede bied, blyk die omgewing as sulks, en die verhouding tussen die belanghebbendes (verpleegstudente en professionele praktisyns) twyfelagtig te wees en nie bevorderlik te wees vir leer nie.

„n Kwalitatiewe, verkennende, beskrywende en kontekstuele navorsingsontwerp dien as raamwerk vir hierdie studie. Data is ingesamel deur middel van semi-gestruktureerde fokusgroeponderhoude vanaf twee populasies met eerstehandse ervaring van die kliniese begeleiding van verpleegstudente wat vir kliniese blootstelling en leer toegewys is aan die plattelandse hospital. Die eerste steekproef het bestaan uit dertien ($n=13$) verpleegstudente en die tweede steekproef uit professionele verpleegkundiges ($n=6$) wat direk betrokke is by die kliniese begeleiding van die verpleegstudente. Die fokus van die groeponderhoude was die deelnemers se belewenis van kliniese begeleiding in „n spesifieke plattelandse hospital.

Data is ge-analiseer deur middel van „n proses van inhoudsanalise soos beskryf deur Graneheim en Lundman (2004). Drie (3) temas en agt (8) subtemas het te voorskyn gekom uit die data vanaf die verpleegstudente. Die data vanaf die professionele praktisyns het vyf (5) temas en elf (11) subtemas opgelewer. Die ingesamelde data is geïntegreer met nasionale en internasionale literatuur om te kulmineer in agt (8) samevattende stellings. Die samevattende stellings het as basis gedien vir die formulering van riglyne vir die kliniese begeleiding van verpleegstudente in „n plattelandse hospitaal om leer in die kliniese praktykarea te bevorder.

<u>TABLE OF CONTENTS</u>	PAGE
Declaration	i
Dedication	ii
Acknowledgements	iii
Abstract	iv
CHAPTER 1: OVERVIEW OF THE STUDY	
1.1 Introduction	1
1.2 Background and problem statement of the study	1
1.3 Purpose of the study	5
1.4 Paradigmatic perspective	5
1.4.1 Metatheoretical assumptions	5
1.4.1.1 Man	6
1.4.1.2 Health	6
1.4.1.3 Environment	6
1.4.1.4 Nursing	7
1.4.2 Theoretical assumptions	7
1.4.2.1 Conceptual definitions	8
1.4.2.2 Central theoretical statement	9
1.4.3 Methodological assumptions	9
1.5 Research design and research methods	9
1.5.1 Research design	9
1.5.2 Research methods	10
1.5.2.1 Population	10

<u>TABLE OF CONTENTS</u>	<u>PAGE</u>
1.5.2.2 Sampling	10
1.5.2.3 Sample size	11
1.5.2.4 Data collection	11
1.5.2.5 Data analysis	11
1.6 Trustworthiness	12
1.7 Ethical considerations	12
1.8 Chapter outlay	13
1.9 Summary	13

CHAPTER 2: RESEARCH METHODOLOGY

2.1 Introduction	14
2.2 Problem statement	14
2.3 Purpose of the study	14
2.4 Research design	15
2.5 Research methods	16
2.5.1 Sampling and sampling methods	16
2.5.2 Data collection process	18
2.5.2.1 Focus group interview	18
2.5.3 Data analysis	20
2.6 Trustworthiness	23
2.7 Ethical accountability	26
2.8 Summary	27

<u>TABLE OF CONTENTS</u>	<u>PAGE</u>
CHAPTER 3: RESULTS	
3.1 Introduction	28
3.2 Themes and Subthemes	29
3.2.1 Nursing Students" Experience: Clinical Accompaniment	29
3.2.1.1 Theme 1: Experience own behaviour	30
• Discussion and literature integration: theme 1	31
3.2.1.2 Theme 2: Experience: hospital	32
• Discussion and literature integration: Theme 2	36
3.2.1.3 Theme 3: Experiences: clinical accompaniment	38
• Discussion and literature integration: Theme 3	39
3.2.2 Professional Nurses" experience regarding clinical accompaniment	41
3.2.2.1 Theme 1: Experience: nursing students" behaviour	41
• Discussion and literature integration: Theme 1	44
3.2.2.2 Theme 2: Experience: the academic institution	45
• Discussion and literature integration: Theme 2	49
3.2.2.3 Theme 3: Experiences: "We versus They"	50
• Discussion and literature integration: Theme 3	50
3.2.2.4 Theme 4: Experiences: conflict in expectations	50
• Discussion and literature integration: Theme 4	50
3.2.1.5 Theme 5: Hospital"s infrastructure	53
• Discussion and literature integration: Theme 5	55
3.3 Conclusion	55

<u>TABLE OF CONTENTS</u>	<u>PAGE</u>
CHAPTER 4: GUIDELINES, RECOMMENDATIONS AND EVALUATION OF THE STUDY	
4.1 Introduction	56
4.2 Proposed guidelines	56
4.3 Recommendations for Nursing Education, Nursing Management and Nursing Research	62
4.3.1 Nursing Education	62
4.3.2 Nursing Management	62
4.3.3 Nursing Research	63
4.4 Evaluation of the study	63
4.5 Limitations of the study	64
4.6 Conclusion	64
BIBLIOGRAPHY	65

<u>LIST OF TABLES</u>	<u>PAGE</u>
2.1 Measures to ensure trustworthiness	24
3.1 Themes and subthemes: Nursing Students	29
3.2 Themes and subthemes: Professional Nurses	41
4.1 Conclusive statements as basis for guidelines for clinical accompaniment in a rural hospital	57
4.2 Guidelines for clinical accompaniment in a rural hospital	58

LIST OF FIGURES**PAGE**

2.1 Diagrammatic representation of research process

22

LIST OF ANNEXURES**PAGE**

Annexure –A: Approval certificate from University

73

Annexure – B1: Application letter to Department of Health

74

Annexure – B2: Application letter to College

77

Annexure – B3: Application letter to Hospital

78

Annexure – C: Ethical approval by Department of Health

79

Annexure – D: Information leaflet for participants

80

Annexure – E: Informed consent

81

Annexure – F: Agreement with co-coder

82

Annexure–G: Part of transcription

84

CHAPTER 1: OVERVIEW OF THE STUDY

Chapter 1 gives an overview of this study. The chapter commences with an introduction indicating the inspiration for this study, a background sketch to build a mental image of the situation that led to the research questions and the purpose of the study, followed by the researcher's paradigmatic perspective, his choice of research design and methods, views on quality assurance and ethical considerations. The chapter is concluded with an outlay of the research report and a chapter summary.

1.1 INTRODUCTION

This study comprises of an investigation into the clinical accompaniment of nursing students in a rural hospital setting by exploring and describing the experiences of nursing students who are exposed to the clinical accompaniment and professional nurses who are accompanying the nursing students during their time at the hospital.

The researcher, who held a post in the hospital where the study was conducted, became aware of tension between the nursing students who were allocated to the hospital for clinical exposure and learning, and the professional nurses who were holding posts as ward sisters, and who were doing the clinical accompaniment of students in the wards or nursing units. The students accused the professional practitioners of not accompanying them properly, and the ward sisters complained that accompanying the students was restricting them in the execution of their nursing tasks. A third stakeholder in this situation was the clinical tutor or educator based at the Nursing College, and who was responsible for the clinical teaching of the nursing students at the hospital but who was not directly involved in the clinical accompaniment during the students' time in the clinical area.

1.2 BACKGROUND TO THE STUDY AND PROBLEM STATEMENT

Nursing education involves theory and practice. Nurse training relies heavily on both theoretical class teaching and clinical application of the new knowledge, thus integration of theory and practice successfully (Bezuidenhout, 2003:19). The theoretical knowledge is acquired at nursing educational institutions such as a nursing college, a nursing school in hospitals or universities under the auspices of nurse educators, while the practical skills are learned in the clinical areas at hospitals and clinics (Mabuda, 2006:3). One of the challenges a nursing student is faced with, is to integrate the theory from the textbooks and classroom

with the nursing practice in the clinical environment. Stokes and Kost (2009:283) describe the practical environment as any place where the nursing students can interact with the clients and families to acquire critical-thinking, decision-making, psychomotor and affective skills. The environment provides opportunities for the nursing student to apply theory to practice under the guidance and support of knowledgeable and experienced professional practitioners. The clinical environment provides opportunities for professional socialisation and bridges the gap between theory and practice (Kersbergen & Hrobsky as quoted by Stokes & Kost, 2009:293). Open communication between nursing students and the professional nurses seem to be a valuable vehicle for professional socialisation and effective accompaniment in clinical practice (Setswe, 2002:34).

The responsibility for clinical accompaniment seems to be an issue of great uncertainty in the South African context. The South African Nursing Council (SANC, 1992:6) defines accompaniment as “the directed assistance and support extended to the students by the professional nurse or midwife with the aim of developing a competent, independent practitioner” (SANC, 1992:6). Bezuidenhout (2003:20) alluded that clinical supervision is encompassed in the accompaniment, guidance and correctional role of the supervisor. Bond and Holland (1998:12) describe the educational role of a professional nurse as one of facilitating the growth of nursing students both educationally and personally. Musinsky (1999:24) supports the need for accompaniment in the clinical area to develop nursing students from dependency towards independency, and errors accepted as part of the learning process. Stokes and Kost (2009:287) describe the clinical tutor or educator (SANC, 1992:17) as a crucial link to a nursing student’s successful clinical experiences by sharing his or her knowledge and understanding of theory related to the practice of nursing. Cahill (1996:149) and Carlson, Kotze and Van Rooyen (2003:30) state that the nurse’s educators should have time to develop and maintain their clinical skills to ensure that learning objectives are met by liaising with the professional nurses and the nursing students. Andrews and Roberts (2003:474) emphasised the importance of mentorship to enhance students’ learning in the clinical settings. Stewart and Kruger (quoted by Sauter, Johnson & Gillespie, 2009:489), list the following six attributes of mentoring as important aspects of the teaching-learning process:

- Reciprocal relationship
- Career development
- Knowledge differential between participants
- Duration of several years
- Relationship impact beyond the mentor relationship

- Mentors listening, affirming, counselling, encouraging, seeking input and helping novices to develop status and career direction.

In the 1990s the major responsibility for students' accompaniment in practice settings shifted from nurse educators to professional nurses involved in the clinical practice (Humphreys, Gidman & Andrews, 2000:311). The supervision of nursing students may become problematic due to the isolation of the supervisor (professional nurses) and the supervisee (nursing students) (Coleman & Lynch, 2006:37). Monareng, Jooste and Dube (2009:125), who conducted a study in Botswana, argued that inadequate preceptor preparation and lack of time to carry out the roles of the preceptor posed major challenges to the process of preceptorship. One can only assume that such an occurrence is relevant to the relationship between the professional nurse, as learning accompanist in the clinical practice, and the nursing student allocated for clinical exposure in the clinical practice. There is a perception in South Africa that nurse educators do not have adequate time to effectively accompany nursing students in the clinical area (Bastable, 2008:12; Mashaba & Brink, 1994:55) and therefore they (the nurse educators) rely on professional nurses to accompany the students.

The clinical environment where the nursing students are placed for clinical exposure and learning, poses a challenge to the professional nurses in balancing their nursing responsibilities between the patients and providing guidance and support to nursing students during their interaction with the realities to be faced in the health-care settings. Educators, clinical accompanists and professional practitioners who are involved with nursing students during their clinical practice rotations, should be able to recognise and understand, not only the intricacies of the clinical practice, but also the organisational behaviour of the nursing students in order to act as a mentor and support agent. The clinical accompanist and professional nurses are not the only ones involved in the support and guidance of nursing students. Lekhuleni, Van der Wal and Ehlers (2004:9) are of the opinion that accompaniment should be shared by the nurse educators, the peer group and the professional practitioner.

Stokes and Kost (2009:293) identify and describe different clinical educational models to facilitate clinical learning: preceptorship, associate model, paired model, partnership and adjunct faculty joint appointments. These models are not unknown in the South African context, although they are not used in the context of this study. The task of clinical accompaniment seems to be an "extra load" on the shoulders of the professional nurse in the units faced with a heavy workload due to staff shortages, the impact of poverty and debilitating diseases such as HIV/AIDS, tuberculosis and malnutrition. The nursing students, who are allocated for clinical exposure and learning to the specific hospital; are regarded as

“a pair of hands” resulting in less than satisfactory clinical accompaniment; and learning a low priority (Mhlongo, 1996:29).

The nursing college, from where the nursing students are allocated for clinical learning, uses the block system to rotate students between theoretical and clinical learning settings. The block system implies that the students attend college for four months theory, alternating with seven months clinical exposure. Although the main campus of the college is situated in the provincial capital, the students are being rotated between the three sub-campus for the theory blocks and different hospitals throughout the province for clinical exposure. The consequence is that students always seem to be in an unfamiliar environment, and are faced with challenges of adjustment.

The hospital where this study was conducted, is situated in a rural area surrounded by villages dependent on subsistence agriculture and livestock; 30 kilometres from the nearest town with taxis as the only form of public transport and no organised entertainment. The regional culture, dominated by two ethnic groups (Venda and Shangaan), is traditionally conservative. The buildings, which are the remnants of a missionary many years ago, are old and poorly maintained. The living quarters for the students are not comfortable or conducive to learning, there are no chairs or tables to study at, the lighting is inadequate and the roof is leaking. The environment is bushy and snakes are not uncommon visitors. The students, who have mostly been raised in urban environments, may find the situation alien, unsafe and stressful.

The problem to be investigated in this study is summarised as follows:

Nursing students are allocated for clinical learning to a poorly-maintained hospital in an underdeveloped, deep rural area surrounded by villages faced with poverty and debilitating diseases. The clinical learning opportunities are unique and challenging, the relationship between the stakeholders is questionable and characterised by tension, mistrust and accusations of neglecting responsibilities, and the experiential learning to facilitate the nursing students' clinical competence is in jeopardy.

This problem prompted the researcher to ask the following questions to serve as a guide in conducting the study:

- How do nursing students experience clinical accompaniment in the selected rural hospital?
- How do professional nurses experience the clinical accompaniment of nursing students in the selected rural hospital?

- What guidelines can be formulated for the clinical accompaniment of nursing students in the selected rural hospital?

1.3 PURPOSE OF THE STUDY

The overall purpose of this study was to formulate guidelines for clinical accompaniment of nursing students in a rural hospital in order to improve the clinical accompaniment as a learning opportunity and enhance clinical competence.

This will be achieved by the following objectives for the study:

- To explore and describe the experience of nursing students with regard to the clinical accompaniment in the rural hospital
- To explore and describe the experience of professional nurses regarding their accompaniment of nursing students in the rural hospital
- To formulate guidelines for clinical accompaniment of nursing students in a selected rural hospital

The researcher approached the study from the paradigmatic perspective described as metatheoretical, theoretical and methodological assumptions as follows:

1.4 PARADIGMATIC PERSPECTIVE

Babbie (2007:31-32) describes a paradigm as a framework for organising our observations and reasoning; a filter through which one judges the world. Paradigms are implicit and taken for granted; “the way things are”.

1.4.1 METATHEORETICAL ASSUMPTIONS

The metatheoretical assumptions refer to the researcher’s beliefs regarding man’s origin and the world he lives in (Babbie & Mouton, 2001:13; Botes, 1995:9).

The researcher supports the Judeo-Christian philosophy which is centred on the Bible as the source of truth and the Holy Trinity, the union of Father, Son and Holy Spirit as one:

- God, Father and Creator of the universe and everything it entails
- God, the Son and Saviour who died for man’s sins on the cross and acts as mediator with the Father

- God, the Holy Spirit as helper and consolation in faith, and forever with man

Galathians 5:22-23 explains that God requires of man to live a life of excellence, holiness and obedience to Him, and to grow daily in the character of Christ; displaying love, joy, peace, patience, kindness, faithfulness, goodness, gentleness and self-control in thoughts and actions towards all people (Bible, 1996).

1.4.1.1 Man

Man refers to a total being, indivisibly body-psyche-spirit in inseparable dynamic involvement with God, the self, fellowman, time and the world at large.

In this study, man refers to the nursing student and the professional nurse, who are both God-created, unique, multidimensional beings, created in His image and called by God to love others as much as he or she loves himself or herself and to love God with all his or her heart, mind, soul and strength. The professional nurse has an obligation to deliver nursing care to the sick and to demonstrate God's love to the nursing students in grooming them in the profession. The professional nurse should guide the nursing students in their learning process through accompaniment and mentoring.

The nursing student has an obligation to learn and be educated and to grow professionally. The student also has an obligation to the professional nurses and the hospital, as well as to patients for God's love. Nursing students have the responsibility to embrace more control of the learning situation and their own learning (Vandevveer, 2009:199).

1.4.1.2 Health

Health refers to the condition of a person's body or mind (Wehmeier: 2005:690). For the purpose of this study, health refers to the envisaged outcome, namely, clinical competence for the nursing students. In order to achieve the outcome the clinical environment must be healthy for and conducive to learning.

1.4.1.3 Environment

Environment refers to the setting where the service is being provided in an effort to achieve health. In this study, environment refers to the clinical area in a rural hospital where professional nurses accompany nursing students on the learning path to achieve

competence.

1.4.1.4 Nursing

Nursing in this context refers to the process followed or the action taken to reach the envisaged goal (competence for the nursing student). In this study the action is clinical accompaniment. The nursing student needs to be motivated to reach the goal of clinical competence with the guidance, support and encouragement from motivated professional nurses who create a clinical learning environment to facilitate the nursing student's clinical learning process.

1.4.2 THEORETICAL ASSUMPTIONS

Babbie (2007:43) describes a researcher's theoretical assumptions as sets of interrelated statements intended to explain some aspect of social life according to relevant facts, laws and principles. For that reason a researcher's theoretical assumptions are testable against facts, laws and principles.

In terms of an explanation of the meanings attached to the central concepts (conceptual definitions) of this study and the central theoretical statement the researcher's theoretical assumptions are described as follows:

The study is based on the theory of constructivism (a constructivist approach) as described by Klopper (2000:60-64), Van der Westhuizen, (2004:170), Gravett (2005:19), as well as Nieman and Monyai (2006:7). The authors clearly explain the basic assumptions underlying constructivism as the following:

- Knowledge is constructed from experience.
- Learning is a personal interpretation of the world.
- Learning is an active process in which meaning is developed on the basis of experience.
- Conceptual growth comes from the negotiation of meaning, the sharing of multiple perspectives and the changing of our internal representations through collaborative learning.
- Learning should take place in a realistic setting; testing should be integrated with the task and not be considered a separate activity.

1.4.2.1 Conceptual definitions

The concepts below are central in this research, and are defined as follows:

- **Professional nurse**

This term refers to a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice (SANC, 2005:17).

- **Nursing student**

This term refers to a person who is studying at a college (Wehmeier, 2005:1470). In this study, the student is registered under Regulation R425 (SANC, 1992:17) in a nursing college, and allocated to a specific rural hospital for clinical learning experience as a voluntarily participant in this study. The nursing student is also referred to as the student nurse on the theme of the study.

- **Experience**

The term, experience, refers to:

- the process of gaining knowledge and skills through doing something for a period of time; and
- the things that have happened to a person that influence the way that person thinks and behaves (Wehmeier, 2005:513).

- **Accompaniment**

This term refers to going with or escorting the person. In this study accompaniment means directed assistance and support extended to the students by the professional nurse or midwife with the aim of developing competent and independent practitioners (SANC, 1992:17).

- **Rural hospital**

The term rural refers to the countryside (Wehmeier, 2005:1285) and the term hospital, to a large building where ill or sick people are given medical treatment and care. In this study, rural hospital refers to the setting of this study; a hospital situated a distance from the nearest town and surrounded by poverty-stricken rural villages, serving the communities with limited resources.

1.4.2.2 Central theoretical statement

An investigation into the first-hand experiences of nursing students and professional nurses regarding clinical accompaniment in a rural hospital should provide sufficient information to understand the issues surrounding clinical accompaniment in a specific setting. The knowledge obtained, served as basis for the formulation of guidelines to facilitate clinical accompaniment in a specific context.

1.4.3 METHODOLOGICAL ASSUMPTIONS

The researcher believes in good research, and views “good” research as a systematic process (Brink, 2006:3) of discovery (Babbie, 2007:87) by means of appropriate methods (Babbie & Mouton, 2001:12) whereby new and truthful information (Babbie & Mouton, 2001:7) is obtained regarding the issue under study in an ethically accepted manner (Strydom, 2005:57) with the purpose to initiate change and improve (Brink, 2006:12) the current situation.

1.5 RESEARCH DESIGN AND RESEARCH METHODS

According to Burns and Grove (2005:211), a research design is the blueprint or plan for the study that maximizes control over factors that could interfere with the validity of the findings. Liamputtong and Ezzy (2005:293) describe a research design as the logical and systematic planning and directing of a piece of research. It is the broader, logical and systematic plan to direct the research. The research methods on the other hand, refer to a more specific, more detailed description of how the study will be conducted. While the design focuses on the end product of the research, the research methods explain the process to achieve the end product (Babbie & Mouton, 2001:75).

1.5.1 RESEARCH DESIGN

For this study a qualitative, explorative, descriptive and contextual research design is considered to be an appropriate design to achieve the envisaged objectives. The first-hand experiences of nursing students and professional nurses in terms of clinical accompaniment in a specific rural hospital will be explored and described from their perspective.

Qualitative research is described as a way of exploring the depth, richness and complexity inherent in the phenomena under study. It helps to contribute important knowledge to nursing research (Burns & Grove, 2005:52). It allows the researcher to holistically study the nursing students and professional nurses' experience regarding clinical accompaniment in a rural hospital.

The purpose of descriptive research is to depict and discover new information and meaning, to better understand the situations for further use in nursing practice (Burns & Grove, 2005:3). In this study the experience of student and professional nurses regarding clinical accompaniment in a rural hospital is described.

Contextual research is depicted as describing distinguishing characteristics of a phenomenon of intrinsic interest in its immediate context (Mouton & Marais, 1996:49-50). In this study, the experiences of the participants are described within the context of a specific setting, namely a rural hospital.

1.5.2 RESEARCH METHOD

The research methods as described provide an overview of the population, sample, sample size, data-collection and data-analysis methods applied in this study to achieve the objectives in a trustworthy and ethical manner. A detailed description of the methods follows in Chapter 2.

1.5.2.1 Population

The term, population, refers to the entire group of people (N) who meet the criteria the researcher is interested in investigating (Brink, 2006:123).

The target population in this study comprises all second-level nursing students allocated to the particular rural hospital during a specific time for clinical exposure and learning, and all professional nurses in the particular hospital involved with the clinical accompaniment of the particular nursing students (Burns & Grove, 2005:40). Therefore, this study had two populations, nursing students (N=13), and professional nurses (N=6).

1.5.2.2 Sampling

Sampling refers to the process of selecting a sample, or part or fraction from the study

population in order to obtain information regarding the phenomenon under study in a way that represents the population (Brink, 2006:133). In this study a voluntary, purposive sampling method was used to select a sample from both study populations. Purposive sampling is a non-probability sampling technique which involves selection of certain participants who fit the criteria (Burns & Grove, 2005:353).

1.5.2.3 Sample size

The sample size refers to the number of participants selected from the population and from whom data was collected. The qualitative nature of the study implies that the sample size be determined by the informational needs of the study regarding the depth of the information needed to gain insight into a phenomenon (Burns & Grove, 2005:358).

1.5.2.4 Data collection

According to Burns and Grove (2005:430), data collection is the process of selecting participants and gathering data from these participants. The actual steps of collecting the data are specific to each study and are dependent on the research design (Burns & Grove, 2005:430).

In this study, semi-structured, focus-group interviews were used to obtain data from the populations under study with the focus on the participants' experience of clinical accompaniment in a specific rural hospital. Greeff (2005:299) describes focus-group interviews as a means of gaining a better understanding of how people feel or think about an issue; which seemed to be an appropriate method of data collection for this study. Additional data came from field notes (Creswell, 2005:213) based on observation of non-verbal communication during the course of the focus-group interviews.

1.5.2.5 Data analysis

The data in qualitative research is usually in the form of written words (Brink, 2006:190) obtained from the record of the communication (transcription from audio-taped interviews into text) by which data was collected from the participants (Creswell, 2005:233; Verwey, 2003:160). In this study, the records of data collection (verbatim transcriptions of the focus-group interviews and the recorded field notes) were analysed through a process of content analysis by two independent analysts; a consensus decision between them confirmed the

themes and subthemes that emerged from the written text.

1.6 TRUSTWORTHINESS

The concept, trustworthiness, refers to the rigour in qualitative studies; the measures taken by the researcher to ensure that the findings of the study are worth paying attention to (Babbie, 2007:148), to evaluate whether the research findings is a true reflection of the data collected from the participants and not the perceptions of the researcher (Babbie & Mouton, 2001:276-277; Polit & Hungler, 2001:304-308). The model of Lincoln and Guba (1985:290) regarding trustworthiness in a qualitative study was utilised in this research. The four criteria for establishing trustworthiness, namely, credibility, dependability, confirmability and transferability, were applied in this study. The detailed description of the application of the four criteria follows in Chapter 2.

1.7 ETHICAL CONSIDERATIONS

By ethics we understand a set of moral principles regarding behavioural expectations towards participants, employers, sponsors, other researchers, assistants and students (Strydom, 2005:57). Babbie (2007:62-78) refers to “what’s proper and improper in the conduct of scientific enquiry”. This study is about the experience of human beings with the implication that the researcher must take special care to ensure that the general, accepted principles for ethical behaviour during research are adhered to.

The following ethical considerations as described by Brink (2006:31-35), Burns and Grove (2005:181-197) and Creswell (2005:11-12) were taken into account during the planning of this study:

- Ethical approval for the study was obtained from the following authorities:
 - The Ethical Committee of the NWU (Potchefstroom Campus) before data collection (NWU-00013-09-A1) (see Annexure A).
 - The Ethical Committee of the Limpopo Provincial Government (see Annexure B).
 - The management of the rural hospital in which the data collection took place (a verbal permission on the basis of the approval by the Ethical Committee of the Limpopo Provincial Government).
- Respecting the rights of the participants through:

- Voluntary, informed consent in written format from the participants prior to data collection (Burns & Grove, 2005:195) and after the details of the study were explained to them (Brink, 2006:35-36).
- Explanation of measures to ensure the participants basic human rights of confidentiality, anonymity, protection from harm and justice.
- Explanation of the benefits of participation (see Annexure D).
- The researcher commits himself to conduct this study in an honest and professional manner, to be sensitive towards the participants' right to autonomy, privacy and the intellectual property of other researchers (Babbie, 2007:62-78; Creswell, 2005:12).

A detailed description of the application of the ethical principles follows in Chapter 2.

1.8 CHAPTER OUTLAY

The report on this study is structured as follows:

Chapter 1: Overview of the study

Chapter 2: Research methodology

Chapter 3: Research results

Chapter 4: Guidelines, recommendations and evaluation

1.9 SUMMARY

Chapter 1 of the research report dealt with the background of the study, the research questions and objectives the study aims to achieve, the research design and methodology as well as the considerations for trustworthiness and ethics. The chapter was concluded with the chapter outlay for this report. Chapter 2 will address the detailed description of the research design and methods as applied in this study.

CHAPTER 2: RESEARCH METHODOLOGY

2.1 INTRODUCTION

Chapter 1 dealt with an overview of this study. This chapter deals with the “how” and describes in detail the methodology; the research design, the methods applied regarding the population, population size, sampling, data collection and analysis, the measures taken to ensure that the results comply with the principles of ethics and trustworthiness.

The methodology was guided by the identified problem and the purpose of the study as follows in paragraphs 2.2 and 2.3.

2.2 PROBLEM STATEMENT

Nursing students are allocated for clinical learning to a poorly-maintained hospital in an underdeveloped, deep rural area surrounded by villages faced with poverty and debilitating diseases. The clinical learning opportunities are unique and challenging, the relationship between the stakeholders in the accompaniment is questionable and characterised by tension, mistrust and accusations of neglecting responsibilities. The experiential learning to facilitate the nursing students’ clinical competence is in jeopardy.

2.3 PURPOSE OF THE STUDY

The purpose of this study was to formulate guidelines for clinical accompaniment of nursing students in a rural hospital in order to improve the clinical accompaniment as a learning opportunity and enhance clinical competence.

This will be achieved by the following objectives for the study:

- To explore and describe the experience of nursing students with regard to the clinical accompaniment in the rural hospital
- To explore and describe the experience of professional nurses regarding their accompaniment of nursing students in the rural hospital

2.4 RESEARCH DESIGN

The concept research design is explained in literature as the blueprint or plan (Burns & Grove, 2005:211), a strategy (Babbie, 2007:107, Fouche, 2005:269) for the study, the logical and systematic planning and directing a piece of research (Liamputtong & Ezzy, 2005:293), based on a number of decisions (Babbie, 2007:113) regarding the most appropriate route (methods) to achieve the objectives. Fouché (2005:269) explains that the researcher's choices and actions will determine the design or strategy in qualitative research.

The researcher's choice of objectives for this study as described in paragraph 2.3, led to a qualitative, explorative, descriptive, contextual research design. The components of the chosen design, as well as the motivation for the decision are discussed as follows:

- **Qualitative**

Babbie and Mouton (2001:270); and Flick (2009:21) identified the following key features to qualitative research applicable to this study: it was conducted in a natural setting (a rural hospital). The primary aim was to understand actions and events in a specific context (clinical accompaniment in a rural hospital); the actors' perspectives are emphasised (the first-hand experiences of the participants); the researcher is the "main instrument" (the researcher builds rapport with the participants who are directly involved in data collection and analysis).

- **Exploratory**

Exploratory research is aimed at exploring the dimensions of phenomena, the way in which they are manifested and other related factors. Explorative studies examine relatively unknown phenomena in order to gain new insight and to understand the phenomena with the aim of determining priorities for further research (Babbie & Mouton, 2001:79). The semi-structured focus-group interview chosen for data collection in this study is an appropriate method (Greeff, 2005:301). This study was explorative in nature and focused on both the nursing students' and the professional nurses' experience of clinical accompaniment in a rural hospital. The researcher posed a central question and explored it further according to the participants' responses. The explorative nature of the study enabled the researcher to gain insight into clinical accompaniment in a rural hospital in order to formulate guidelines to change and improve clinical accompaniment in a specific setting.

- **Descriptive**

The descriptive component of the research design refers to the interactive nature of the qualitative approach; the researcher explores the participants' experience by means of the spoken word (focus-group interviews), describes the data in words (verbatim transcription) and writes a research report to describe proceedings as accurately as possible (Burns & Grove, 2005: 544-545).

In this study the exact nature of the experiences as experienced by the nursing students and the professional nurses directly involved in the clinical accompaniment were explored and accurately described. Based on these descriptions, guidelines were formulated to change and improve clinical accompaniment in a specific setting.

- **Contextual**

Qualitative research is context bound (Mouton & Marais, 1996:133). The qualitative researcher aims to describe and understand events within a concrete, natural context in which they occur (Babbie & Mouton, 2001:272). This research was contextual in nature as it took place in a specific rural hospital with its specific idiosyncrasies shaped by environmental and cultural influences.

The chosen research methods are congruent with the research design and are described as follows:

2.5 RESEARCH METHODS

The research methods explain how the study was conducted. It described in detail the methods employed for sampling, data collection and data analysis to ensure trustworthy and ethically sound results.

2.5.1 SAMPLING

The concept, sampling, refers to the process of selecting the sample (a part or a fraction of a whole) from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink 2006:133). The sampling process includes a description of the population, the sampling method and the sample size as applicable to this study.

The qualitative nature of this study required a sample from a population with first-hand knowledge and experience of the issue under study, namely clinical accompaniment in a

rural hospital. This study is driven by two objectives that require two populations (highlighted) and two samples described as follows:

- To explore and describe the experience of **nursing students** with regard to the clinical accompaniment in the rural hospital
- To explore and describe the experience of **professional nurses** regarding their accompaniment of nursing students in the rural hospital

- **Population**

The study consisted of two populations, Population 1 (nursing students) and Population 2 (professional nurses).

Population 1 included all second level nursing students registered for the four-year programme at a nursing college and allocated for the first time to a specific rural hospital for clinical exposure during a specific time (N=15).

Population 2 included all the professional nurses in a specific rural hospital who were directly involved in the clinical accompaniment of nursing students allocated to the hospital (N=7).

- **Sampling method**

In this study, a voluntary, purposive or selective or judgmental sampling method was used. Purposive sampling is a non-probability sampling technique which involves conscious selection by the researcher of certain subjects to include in the study (Burns & Grove 2005:353).

The criteria for inclusion for selection as sample from Population 1 (Sample 1):

- Nursing students in the 2nd year of study for SANC registration as Nurse (General, Psychiatric and Community) and Midwife (R425, SANC) at a specific nursing college.
- Nursing students allocated for the first time to a specific rural hospital for clinical exposure and learning.
- Nursing students who signed a voluntary, informed consent form to participate in the study.

The criteria for inclusion for selection as sample from Population 2 (Sample 2):

- Professional nurses who are directly involved in the accompaniment of nursing students in a specific rural hospital.

- Professional nurses who signed the voluntary, informed consent form to participate in the study.
- Professional nurses who have given informed consent to participate in the study verbally and in written form.
- Professional nurses who are able to communicate in English.

- **Sample size**

The sample size indicates the number of participants who complied with the criteria for inclusion and who actively participated in data collection. The sample size of qualitative studies is determined by data saturation, meaning that when no new categories of data can be identified; the same themes are repeated (Babbie & Mouton, 2001:288, Uys & Puttergill, 2003:113).

The description on how data was collected is explained below.

2.5.2 DATA-COLLECTION PROCESS

According to Burns and Grove (2005:352) and Creswell (2005:204) data collection is the process of gathering data from the participants selected as a sample from the target population. In this research, semi-structured focus-group interviews were used to obtain data from the participants. The researcher conducted 2 (two) focus-group interviews with the assistance of a helper (a professional nurse). The first focus-group (sample 1) was attended by 13 (thirteen) nursing students. The second focus-group interview (sample 2) was attended by 6 (six) professional nurses.

2.5.2.1 Focus-group interview

A focus-group interview, also called group interviewing, is essentially a qualitative method (Babbie, 2007:308), a form of discussion between the participants that the researcher assume is accurate (Burns & Grove, 2005:353). An interview involves a three-way verbal communication between researcher and the participants as well as between the participants themselves (Greeff, 2001:300). It is a flexible technique that allows stimulation of thoughts by the responses from the participants; the researcher directs the flow of the discussion by open-ended questions and non-verbal cues to extract greater depths of meaning (Burns & Grove, 2005:542).

- **Preparation for the interview**

The preparation for data collection by means of a focus-group interview included the following arrangements:

- Permission from the hospital management to conduct the study (verbal agreement based on the approval by the Ethical Committee of the Department of Health and Social Development, Limpopo province, see Annexure C).
- Voluntary, informed consent obtained from the potential participants (see Annexure D).
- Formulation of the central question to direct the focus-group interview and tentative probing questions.
- Arrangement of a suitable venue and equipment (enough chairs arranged in a circle, audiotape recorder, spare batteries, note book and pen, drinking water and glasses).
- Notification of possible participants regarding the date and time of the focus-group interviews; one for the nursing students and another one scheduled for another date and time, for the professional nurses.

▪ Interview process

On the day and time scheduled for the focus-group interview, the researcher and his helper welcomed the participants and explained the purpose and course of the study, the voluntary nature of participation as well as the rights of the participants. Participants who agreed to participate were asked to sign the informed consent form (see Annexure D).

Before the actual interview started, the researcher highlighted the following important aspects:

- The proceedings would be audio-taped to ease the analysis process.
- Participants would be reassured regarding anonymity and confidentiality.
- The role of the helper would be established (to manage the tape recorder and make notes of important aspects that may be forgotten).
- Participants would be reminded to talk in a clear voice, not to interrupt each other and to be open and honest during the discussion.

The focus-group interviews started with a central question: **“Describe your experience of clinical accompaniment in this hospital.”**

The researcher allowed the participants to talk freely about their experiences. Probing questions, like “can you explain more?”; “what do you mean by ...?” stimulated further discussion and elaboration. In order to create an atmosphere of comfort, acceptance and to stimulate a free flow of communication, the researcher employed interpersonal and communication techniques such as nodding; maintaining eye contact, listening attentively, paraphrasing, summarising and making minimum verbal response.

- **Field notes and observations made**

Field notes are notes taken by the researcher regarding the unstructured observations made during the interview process and their interpretations (Polit, Beck & Hungler 2004:642). Greeff (2005:311) quoted Morse and Field who describe field notes as a written account of the things the researcher hears, sees, experiences and thinks in the course of collecting or reflecting on data obtained during the study. In this study the researcher, assisted by a helper, watched out for shyness or hesitation when answering, tone of voice, body language, comparisons of institutions and resources, emotional expression, attitude and the free flow of language.

- **Transcription of interview data**

The proceedings during the focus-group interviews were recorded on audio tape after permission was obtained from the participants. Verbatim transcriptions were made by the researcher prior to data analysis (see Annexure G). Creswell (2007:233) describes transcription as the process of converting audio-taped recordings into text data to ease the process of data analysis.

2.5.3 DATA ANALYSIS

Data analysis in the qualitative tradition is not a linear process. Data collection, data analysis and interpretation can take place simultaneously in a circular fashion. Creswell (quoted by De Vos, 2005:334) refers to a data-analysis spiral. Polit, Beck and Hungler (2004:570) indicate that the aim of data analysis is to organise and structure data in such a way that meaningful conclusions can be drawn. Babbie and Mouton (2001:490) state that there is no general rule or approach for the analysis of qualitative data.

The researcher came to an agreement (see Annexure F) with a second researcher who is an advanced psychiatric nursing specialist, with a known record as being experienced in qualitative data analysis to act as co-coder in the data-analysis process.

In this study, the audio-taped recording of the semi-structured interviews were transcribed verbatim. A content analysis was performed independently by two people; the researcher and co-coder. The two researchers met for a discussion of their findings. During this discussion, they decided that the data was not yet saturated and another round of focus-group interviews were scheduled and conducted with the available participants who participated in the first round. Ten (10) of the original 13 (thirteen) nursing students and 5

(five) of the original 6 (six) professional nurses participated in the second round of focus-group discussions. As introduction to the second round of focus groups, the researcher verified the data collected during the first round with the participants to ensure the truthfulness of the researcher understands and to explore the issues that needed further clarification. The field notes taken during the focus-group interviews were analysed together with the data collected from these interviews.

The process described by Graneheim and Lundman (2004:105-112) was used as guide for data analysis in this study:

- The transcribed texts of both focus groups were read to get an overall idea of the content.
- A unit of analysis was selected (the transcribed text for 4 focus group interview).
- The contents were read again, and emerging meaning units such as specific experiences or repetitive phrases were highlighted (contents units).
- Similarities were grouped together or reduced in themes and subthemes with a central meaning: coding units.
- The themes and subthemes were described, illustrated with direct quotations from the participants and related to existing literature as described in Chapter 3.

The themes and subthemes agreed upon by the researcher and co-coder (see Annexures F and G) are discussed in Chapter 3.

The research process as followed in this study is illustrated as diagram in Figure 2.1.

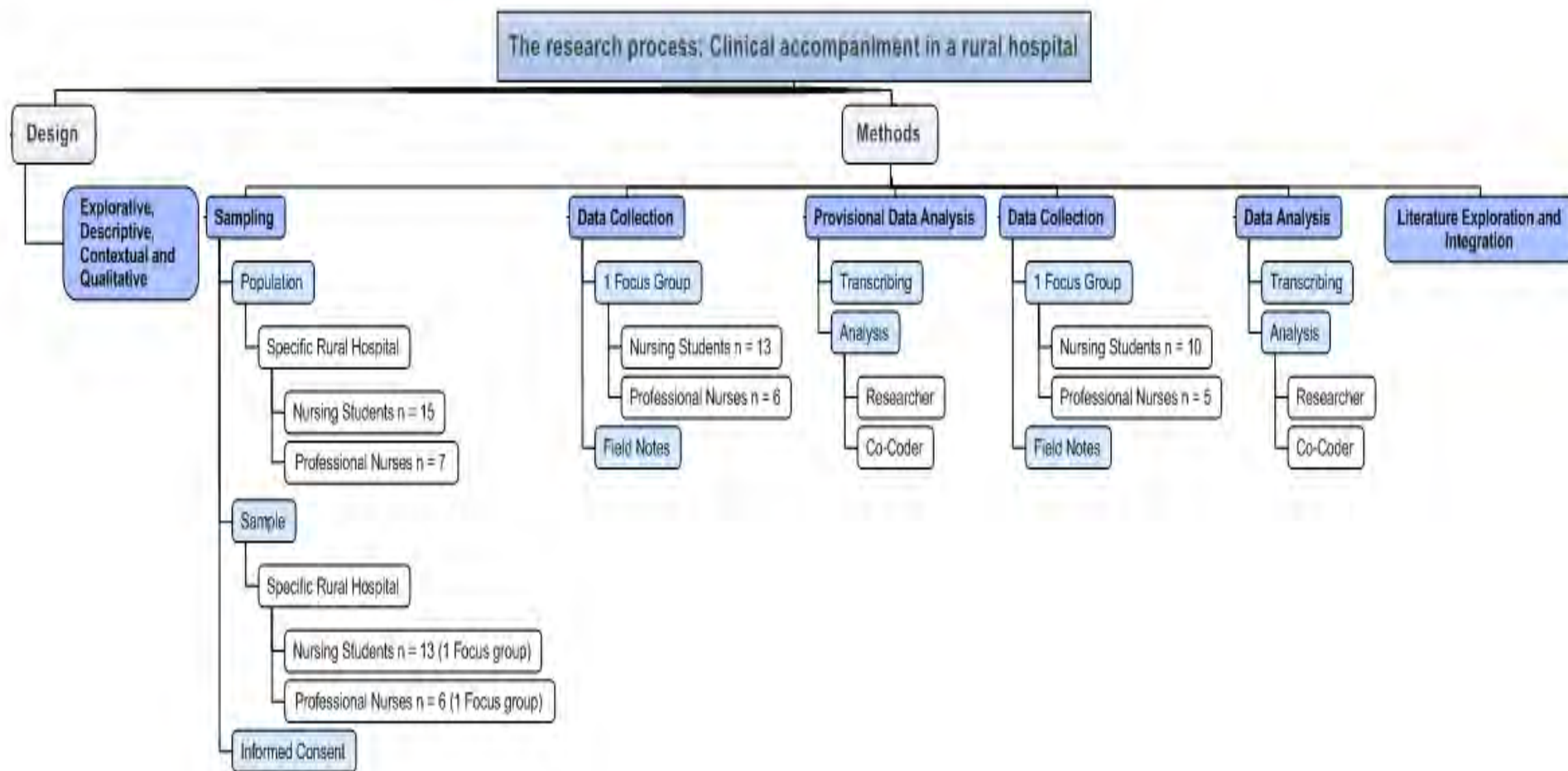


Figure 2.1 Diagrammatic representation of research process

2.6 TRUSTWORTHINESS

According to Babbie and Mouton (2001:276), trustworthiness is the term used in qualitative research for what is known as validity and reliability or objectivity in quantitative research. Measures to ensure the trustworthiness of a study, is a principle of good research; to evaluate whether the findings reflect the experience and discussions of the participants, rather than the perceptions of the researcher (Polit & Hungler, 2001:312-316). Lincoln and Guba (1985: 298) “translated” the criteria for validity and reliability to criteria applicable in qualitative research (trustworthiness): credibility, dependability, confirmability and transferability.

The measures taken during the course of this study to ensure trustworthy results are indicated in Table 2.1., below:

TABLE 2.1: MEASURES TAKEN TO ENSURE TRUSTWORTHINESS

STRATEGY	CRITERIA	LITERATURE	APPLICATION IN THIS STUDY
Credibility Are the findings true and a reflection of reality?	-prolonged engagement -reflexivity - triangulation - member checking -peer examination - interview technique	Lincoln & Guba (1985:298) Polit & Hungler (2001:304) Babbie & Mouton (2001:277) Graneheim & Lundman (2004:111) De Vos (2005:345-346)	-The researcher spent time (two rounds of focus groups) with participants to ensure understanding of the situation -Thick description of study -Data saturation -Planning the research process with experts -Similar questions -Findings checked with participants -Context familiar to researcher -Ethical accountability
Transferability Are the findings applicable in another setting or broader population?	- purposive sampling -dense descriptions	Lincoln & Guba (1985:297) Polit & Hungler (2001:304) Babbie & Mouton (2001:277) Graneheim & Lundman (2004:112) De Vos (2005:345-346)	-Sample: first hand experience of participants -Purpose: understanding of unique situation, not to generalise findings -Thick description of research methods and process
Dependability Would the findings be replicable?	- peer examination - triangulation - dense description of	Lincoln & Guba (1985:298) Polit & Hungler (2001:304)	-Research plan, method and implementation checked by study leader, supported from literature -Thick description of research methods and process -Central question posed to all participants

	methodology - code-recode process	Babbie & Mouton (2001:277) De Vos (2005:345-346)	
Confirmability Are the findings reflective of the participants and the inquiry itself?	- triangulation - reflexivity	Lincoln & Guba (1985:298) Polit & Hungler (2001:307) Babbie & Mouton (2001:277) De Vos (2005:345-346)	-A second researcher, experienced in qualitative data analysis as co-coder -Consensus between researcher and co-coder regarding findings -Focus group interviews audio recorded, transcribed verbatim, field notes; records available for audit -Findings correlated/supported from literature -Data saturation ensured -Personal and interpersonal (researcher and study leaders) reflection regarding intentions and decisions

2.7 ETHICAL ACCOUNTABILITY

Ethical accountability is a critical aspect in the trustworthiness of a qualitative study; failure to comply with the principles undermines the scientific process, the ethical codes and the rights of the participants (Brink, 2006:30). The measures taken in this study to comply with the generally accepted ethical principles for research are described as follows.

- **ETHICAL APPROVAL**

The researcher obtained ethical approval from the Ethics Committee of the NWU, Potchefstroom Campus before data collection; certificate number- NWU-00011-09-A1 (see Annexure A).

- **PERMISSION TO CONDUCT THE STUDY**

Permission to conduct the study was requested in writing from the following authorities:

- Department of Health and Social Development (Limpopo Province) (see Annexure B1) and granted in writing (see Annexure C).
- Limpopo College of Nursing (see Annexure B2) verbal agreement based on permission granted from the Province (see Annexure C).
- Hospital management where the study was conducted (see Annexure B3) verbal agreement based on permission granted from the Province (see Annexure C).

- **INFORMED CONSENT**

- Voluntary consent was obtained in a written format (see Annexure E) from participants prior to data collection (Burns & Grove, 2005:173) and after the details of the study regarding the measures to ensure respect, confidentiality, anonymity, protection from harm and the benefits of participation were explained to them (see Annexure D).
- Participants' choice to participate or not, as well as the right to stop participation at any time during the course of the study was respected.
- The researcher obtained permission from participants to record the focus-group interviews on an audiotape.
- The participants were given sufficient time to review the consent letters before signing.

- **Respect**

- The identity and qualifications of the researcher and the supervisors were made known to the participants.

- Respect for the participant's name: numbers instead of names were used as measure of identification and data was reported in aggregate format.
- Privacy: data collection took place in a private room.
- Respect for the participant's choice: participants were informed of the voluntary nature of participation as well as their right to withdraw at any time before or during data collection;
- The researcher, as facilitator of the focus-group interview acknowledged the participant's expression of emotion during data collection.
- Data collected during the focus-group interview was clarified with participants for verification of accuracy and truth before commencement of the second focus-group interview.
- **Confidentiality and anonymity**
 - Data gathered from participants is kept confidential and raw data will be kept for five years at the School of Nursing Science NWU, Potchefstroom Campus.
 - The researcher and the co-coder who assisted with data analysis signed an agreement (Annexure F) regarding the process of data analysis.
- **Benefits**
 - The participants in this study did not benefit directly from the outcome of this study. The guidelines for clinical accompaniment in a rural hospital will be proposed to the relevant authorities for consideration and possible implementation.
 - The opportunity to verbalise and share their experiences of clinical accompaniment may have resulted in the participants' personal reflection and reconsideration of their practices.

2.8 SUMMARY

Chapter 2 gave a detailed description of the research methodology applied in this study, as well as the research design and methods for selecting a sample from the identified population, data collection and data analysis. The methods applied to ensure trustworthiness and ethical accountability concluded the chapter. Chapter 3 reports on the results of this study.

CHAPTER 3: RESULTS

Chapter 2 described the research process up to the measures that were taken to ensure trustworthiness and ethical accountability. In this chapter the research findings are presented and discussed in terms of literature to either support the findings of this study or to identify the findings of this study as unique.

3.1 INTRODUCTION

The purpose of this study is to formulate guidelines for clinical accompaniment of nursing students in a rural hospital in order to improve the clinical accompaniment as a learning opportunity and enhance clinical competence.

This will be achieved by the following objectives for the study:

- To explore and describe the experience of nursing students in terms of the clinical accompaniment in the rural hospital
- To explore and describe the experience of professional nurses in terms of their accompaniment of nursing students in the rural hospital

Data was collected by means of semi-structured focus-group interviews; one with nursing students (n=13) and another one with the professional nurses (n=6) directly involved in the clinical accompaniment of the nursing students. One open-ended question was asked in both focus-groups, namely nursing students and professional nurses. During data analysis it was realised that data saturation had not been reached and another round of focus-group interviews were conducted with the nursing students (n=10) and the professional nurses (n=5). The central question was the following:

Describe your experiences of clinical accompaniment in this hospital.

Data analysis was done according to the principles of contents analysis for qualitative research as described by Graneheim and Lundman (2004:105 -112). Five main themes emerged from the data collected from the professional nurses, and three main themes emerged from the data collected from the nursing students. Each theme is illustrated with direct quotations from the participants. Relevant national and international literature was explored and integrated with the findings of this study. The quotations are presented without

interfering with the grammar in the statements and are coded to facilitate an audit trail (see Annexures F and G).

3.2 THEMES AND SUBTHEMES

The themes and subthemes that were identified from the transcribed data are listed and described in the following two categories:

- The themes and subthemes, identified as the nursing students' experience of clinical accompaniment in a rural hospital, are listed in Table 3.1. A detailed description of the themes and subthemes illustrated with direct quotations and integrated with relevant national and international literature then follows.
- The themes and subthemes, identified as the professional nurses' experience of clinical accompaniment in a rural hospital, are listed in Table 3.2. A detailed description of the themes and subthemes, illustrated with direct quotations and integrated with relevant national and international literature, then follows.

3.2.1 NURSING STUDENTS' EXPERIENCE: CLINICAL ACCOMPANIMENT

The nursing students' experience regarding the clinical accompaniment they were exposed to during the time they were allocated to a specific rural hospital for clinical exposure and learning, is described under the themes and subthemes identified by analysis of the data collected during focus-group interviews as listed in Table 3.1.

Table 3.1 THEMES AND SUBTHEMES: NURSING STUDENTS

THEMES	SUBTHEMES
Theme 1: Experience: own behaviour	1.1 Internal awareness 1.2 External messages
Theme 2: Experience: hospital	2.1 Hospital / student accommodation infrastructure 2.2 Resources 2.3 Practice environment 2.4 Cultural context

Theme 3: Experience: clinical accompaniment	3.1 Hospital/college collaboration 3.2 Clinical accompaniment process
--	--

3.2.1.1 Theme 1: Experience: own behaviour

During the focus-group interview with the nursing students, the participants indicated that they found it difficult to respect some of the professional nurses and other staff members in the clinical area owing to an unwelcoming and negative attitude that they experienced from the staff members of the hospital towards the students allocated for clinical exposure and learning.

• Subtheme 1.1 Internal awareness of own behaviour

The nursing students stated that they did not respect the staff members in the clinical area. They were aware that their behaviour was unacceptable, and that it was wrong to behave in such a manner towards the professional nurses. They tended to blame the staff members in the hospital for the ineffective clinical accompaniment. The nursing students clarified their behaviour as follows:

“... undermine the sisters in the ward; we do not follow their instructions, especially sisters with one bar. I personally think they do not have knowledge to feed me.”

“... these sisters train at the hospital....they do not have the knowledge of how we train as four-year students.”

“... some that I worked with are good even if they are having one bar.”

“We suffer a lot ...”

“There is too much pressure ...”

“It (nursing) changed me as a person ...”

• Subtheme 1.2 External messages about behaviour

The participants made it clear that the atmosphere in some wards was pleasant; staff members were helpful, kind and assisting, they praised good work and made an effort to involve the students in ward activities. However, that was not the case in all the wards. Some of the staff members at the hospital made insulting remarks about them, and were

openly hostile. The following are some of the quotes from the nursing students who were participants in this study:

"We are not treated well in this hospital and they say we are lazy..."

"They tell us that we do not know the work....we think we are smart, and that we are going to die of HIV."

"When we do good things, professional nurses do not tell us."

"The ward sisters wait for us to do a mistake and scold at us. I hate some of the professional nurses."

"Some even prohibit us from approaching them when they are working, we lose motivation."

"... sisters cannot give me an answer if I ask for help...told me to read from the book...I conclude that the sister does not know."

- **Discussion and literature integration: Theme 1**

From the constructivist approach to teaching and learning, (Klopper, 2000:103-104) the student, as an adult learner, should take responsibility for his or her own learning. The teaching-learning process is a deliberate and active process of interaction between the student, the accompanist and the learning material (experience); a sharing of understanding, not a "feeding" process as it seemed to be expected by the students" response.

To allow learning to take place satisfactorily, the relationship between the students and the accompanist is crucial. Klopper (2000:104) quoted Pastoll who explained such a relationship as "a levelling relationship". Attributes such as an invitational attitude, mutual interdependence, mutual trust and acceptance of responsibility for the success of the learning process are characteristics of the teaching-learning relationship that seems to be absent in the nursing students" experience of clinical accompaniment in a specific rural hospital.

Andrews, Brodie, Andrews, Hillan, Thomas, Wong and Rixon (2005:861) reported that the data in their study, which was conducted in the United Kingdom, highlighted the students" expectation of passive learning, being taught by others (mentor, clinical tutor) instead of seeking and discovering knowledge and skills themselves. Mills, Francis and Bonner

(2005:4) explained clinical supervision or clinical accompaniment in nursing as the support mechanism for practising professionals within which they share clinical, organisational, developmental and emotional experiences with another professional in a secure confidential environment in order to enhance knowledge and skills. The nursing students and the professional nurses within the clinical environment should work in harmony for professional development of the nursing students.

Mongwe (2009:69) supported the study conducted by Erickson-Owens and Kennedy that nursing students in the clinical learning environment should be active, committed, curious, self-directed and responsible.

Summarised statement: Theme 1:

The relationship between the nursing students and the clinical accompanists is not facilitative for learning due to mutual disrespect and mistrust resulting in offensive behavioural patterns on both sides.

3.2.1.2 Theme 2: Experience: hospital

The nursing students interpreted their experience at the rural hospital they were allocated to for clinical exposure and learning as not being conducive to learning due to poor infrastructure, old-fashioned and insufficient apparatus and a shortage of staff for proper clinical accompaniment.

- **Subtheme 2.1: Hospital / student accommodation infrastructure**

The nursing students experienced the following:

- The hospital was old and dilapidated with an unreliable water supply, and was generally poorly maintained.
- The accommodation for students was uncomfortable with leaking roofs, doors not closing properly, insufficient lighting in a bushy environment with a possibility of snakes and no roofed passages between the living quarters and the hospital for protection in rainy conditions.
- The sleeping quarters were poorly furnished and inadequate; some students had to sleep in the sitting room; there was inadequate study space (desks/tables and chairs), and students didn't feel safe to rest properly due to a lack of privacy.

"Sometimes the whole hospital will be having no water...we think of cross infection and personal hygiene."

"The sisters told us that there is nothing they can do ..."

"In my ward the sister phoned maintenance, showed me how it is done and helped me to resolve the problem. Some sisters are very good and helpful in our learning."

"The accommodation is very poor. The roof leaks...move your things from one corner to the next preventing them from getting wet."

"Doors do not close well...no privacy....share...we are six with one cupboard, two chairs and no table to study."

"...dark without light in passage."

"So anytime I can be bitten by the snakes because this place is bushy."

"I reported darkness and (no) toilet paper to the cleaners, but she said they do not provide because this is not the hotel."

- **Subtheme 2.2: Resources**

The nursing students experienced the lack and inadequacy of resources as not being conducive to learning and caring for the patients.

- The ward personnel use old-fashioned apparatus such as manual blood-pressure machines and mercury thermometers; students had been taught to use digital apparatus and disposable thermometers and don't know how to use the available apparatus.
- Although there are more adequate modern, automatic machines in ICU, theatre and the surgical ward, in some wards they seem to be constantly away for repairs and only the old machines are available for use.
- One monitoring machine is shared between different wards. The participants found it difficult to function with the limited resources.
- Some of the wards do not have curtains to create privacy for patients or bed linen.

- Staff shortages hamper the clinical accompaniment of nursing students by the professional nurses in the wards.

"Most wards where I worked do not have adequate patient monitoring machines. In other wards they tell you that the machines were sent for repairs."

"They use very old machines that cannot read well."

"There are no BP machines, thermometers and linen for patients."

"There are no screen/curtains in some wards, curtain holders are there...ask...sent for mending one month ago."

"Staff at this hospital are used to sacrifices...improvise to meet the patients' expectation and please management."

- **Subtheme 2.3: Practice environment**

The nursing students voiced different experiences regarding the practice environment. Some of the experiences were described as positive and facilitative towards personal and professional growth, while others were described as debilitating. It seems as if the way the existing conditions and realities were experienced (as either facilitative or debilitating) depends on the outlook, interpretation and expectations of the individual; what one experienced as a learning opportunity another experienced as detrimental.

Some of the nursing students experienced the following:

- Positive relationships with the professional nurses and other members of the multidisciplinary team, described as supportive and assisting.
- They verbalised that the personnel in certain wards acknowledged their (nursing students) need to learn.
- The ward personnel (professional nurses, staff nurses, auxiliary nurses) made an effort to create a learning climate by means of opportunities to be involved in and exposed to learning situations.

This is how the nursing students expressed themselves.

"I did not know what to do...she told me to improvise..."

"I learnt a lot in this hospital; doctors are so helpful, the sisters in some wards are always ready to teach and ensure that we meet our objectives."

"I am happy to be here, rooms are leaking and shortage of resources, but the learning is good. I benefited a lot in this hospital."

"In some wards we benefit. They teach us...even assign patients for us ..."

Some students on the other hand, verbalised their experiences as debilitating because –

- they (nursing students) did not feel welcome in the ward;
- the professional nurses and other members of the multidisciplinary team used them (nursing students) as scapegoats for things that had gone wrong in the ward;
- the professional nurses refused to help, assist or involve them in ward activities; and
- they (nursing students) were not treated well.

"I become confused and lost due to the neglect we receive from the ward staff."

"...some of the sisters refuse to help us during our stay in the wards."

"Others (staff) are not welcoming you, no introducing each other..."

"... first arrive in the ward, we are happy, but at the end we are not happy because they are not treating us well."

"They do not care about us."

"There is this sister who has the natural hatred, I see her for the first time but she hates me, or all the students from the college."

"Some wards are marvellous, I enjoyed it so much, not the one I am now working. I am at hell at the moment."

- **Subtheme 2.4: Experience: cultural context**

The nursing students who participated in this study expressed negative experiences regarding the ethnocentrism they were faced with in the rural hospital where this study was conducted. The college where these nursing students are registered are being attended by a culturally diverse group of lecturers and students; students are accustomed to a multicultural setting, an open and generally accommodating cultural practices and tolerance. The rural hospital where this study took place is culturally dominated by one ethnic group (a legacy from the homelands political policy) who seem to be less tolerant and culturally accommodating.

The participants explain their experiences as follows:

"...call us names...are here to take their husbands and boyfriends. They do not like other cultures like Pedi speaking."

"The college treat us as students, but the hospital segregates us; we are not treated the same like those who speak the language of the sister supervising the ward. They hate us."

"...they hate other cultures...refuse to speak the official language saying they are not whites."

"The professional nurses look at the culture of the student and they do not take care of other nations."

"There is racism in some of the wards." (Only one race was involved, presumably meant as ethnocentrism.)

- **Discussion and literature integration: Theme 2**

The picture the nursing students painted regarding their experiences of the situation they were faced with during the time they were allocated to this specific rural hospital, does not reflect the ideal environment for clinical exposure and learning. The hospital in question is situated in a deep rural area of South Africa, a developing country faced with poverty, poorly-developed rural infrastructure and debilitating diseases. The poor infrastructure and lack of resources are a reality. With that in mind, the exposure to the conditions prevailing, the experience can indeed add value to the learning process as expressed by some participants in challenging their critical and creative thinking skills within the parameters of professional nursing care. The mixed experiences of nursing students in this study regarding clinical

exposure as learning opportunity is supported by Hart and Rotem (1994:30). Beukes, Nolte and Arries (2010:4) reported that nursing students enjoyed the opportunity to work closely with staff in a non-threatening environment and experienced a sense of belonging.

Some staff members were, however, described as “hostile and hanging around nursing students too much, or leave them alone and lost”. Hart and Rotem (1994:31) further asserted that some nursing students felt that staff members were reluctant to accept them and work with them.

With regard to the facilitators of clinical accompaniment in the clinical area, Du Plessis (2004:68) stated that a lot of the clinical accompaniment was done by senior nursing students. It supports the finding of this study that clinical accompaniment is not restricted to clinical educators and professional nurses. This study endorsed the finding that nursing students experienced the clinical accompaniment by all categories of nurses and doctors as supportive and positive for clinical learning.

Poor infrastructure does not seem to be unique to this study. The Sunday News of Zimbabwe reported on nursing students from Mpilo Hospital who had to either get up early to fetch water from the fire hose in a bucket to bathe, or bathe in the open due to shortage of hostel ablutions (Anon., 19 July 2010).

In a study by Jirwe, Gerish and Emami (2009:23) conducted in the United Kingdom; poor communication and cross-cultural care encounters were identified as problematic for the nursing care of patients who came from a different background from that of the nurse. Nursing students experienced particular difficulties in communicating with patients with whom they did not share a common language. This led to patient care becoming mechanistic and impersonal. In this study, it seems to be a deliberate action from the professional nurses to exclude students of a different culture from clinical learning opportunities. The tension between some of the professional nurses and some nursing students seems to be aggravated by the students’ attitude and lack of knowledge of the local cultural customs.

Summarised statement: Theme 2:

The unique clinical learning opportunities and clinical accompaniment of nursing students in this rural hospital are hampered by the poorly maintained infrastructure, limited resources, poor interpersonal relationships and ineffective communication complicated by ethnocentrism.

3.2.1.3 Theme 3: Experiences: clinical accompaniment

The nursing students who were allocated to a specific rural hospital for clinical exposure and learning, and who participated in this study, indicated concern regarding their experience of the collaboration between the college and the hospital as well as the clinical accompaniment process. The issues of concern are described as subthemes.

- **Subtheme 3.1 Hospital/college collaboration**

The participants indicated that they experienced poor communication and relationship between the college and the clinical learning facilities, arrangements regarding transport and clinical accompaniment were highlighted. The following are some of the remarks made by the nursing students:

“Some institutions have poor communications with college in terms of transport of us.”

“The hospital staff treat us like strangers. They classify us “those college students.”

- **Subtheme 3.2 Clinical accompaniment process**

The nursing students said that they experienced that clinical accompaniment seemed to be problematic for both the professional nurses at the hospital and the clinical tutors from the college. The nursing students had the following comments on the clinical accompaniment process:

“... they (hospital staff) do not teach us because they are not lecturers.”

“Tutor does not concentrate on my performance...say we are too many...she is tired.”

“... first day the tutor accompanies us and orientates us.”

“... only one tutor accompanies us to this hospital.”

“... the tutors only visit us at the college when they want to evaluate us.”

- **Discussion and literature integration: Theme 3**

The collaboration between the college and the clinical facility, in this case the rural hospital, is a critical aspect of clinical exposure and learning. Stokes and Kost (2009:290) identify the negotiation of a contract that specifies the rights and responsibilities of both the academic institution (college) and the clinical facility (hospital) as an important aspect in selecting clinical facilities for clinical exposure and learning.

Other considerations are whether –

- the stakeholders' philosophies are compatible;
- the patient population meets the learning needs of the students;
- the patient population is congruent with the curriculum needs;
- physical resources are available and adequate; and
- working relationships and communication regarding the nature of experiences, roles and responsibilities are effective.

There seems to be uncertainty regarding where the responsibility for clinical accompaniment lies. This uncertainty seems to have a negative impact on the nursing students' experience of clinical accompaniment in the rural hospital. Searle (2000:159) describes the professional nurse's teaching function as one of the criteria for being a role model as follows: "The nurse has a duty to teach those she works with and to prevent unskilled or unauthorised persons from performing functions that may harm the patient".

The professional nurse's teaching function is also part of her scope of practice (SANC, 1992:6). Muller (1998:337) recommended the following principles for clinical accompaniment in a nursing unit:

- Application of the principles of adult education.
- Collaboration between the clinical lecturer, the nursing student and the professional nurse regarding the planning and implementation of an applicable clinical training programme, roles and responsibilities of the stakeholders.
- Implementation of the planned programme with optimal utilisation of learning opportunities.
- Assessment of the nursing students' progress.

Nursing practice is a combination of theory and practice; knowledge, skills and attitude. Therefore, the roles of educator of theory and clinical accompanist are intertwined. Educators need to be facilitators of learning, designers of clinical experiences and developers of flexible skill sets that can be used across settings (Stokes & Kost, 2009:288). A close, interactive collaboration is needed between the nurse educator teaching the theory, the clinical tutor and the professional nurse in clinical practice.

Andrews *et al.* (2005:861:) identified the need for stronger links and better communication between educational institutions and the clinical practice areas as imperative for fostering involvement and a caring attitude. They reported that the students in their study claimed that the mentors and other staff in the clinical settings were often unaware of the students' learning objectives at different stages of their educational programmes.

Lekhuleni *et al.* (2004: 22) asserted in their study that both nursing students and professional nurses in the wards expected nurse educators to accompany nursing students in the clinical settings. They emphasised that nursing students' clinical accompaniment would be enhanced if nurse educators could be available in the clinical settings.

Edwards, Smith, Courtney, Finlayson and Chapman (2004:248) conducted a study in Australia on the impact of clinical placement on nursing students' competence and preparedness for practice. Students were asked to rate the 4 (four) most important aspects contributing to positive clinical experiences. The students named the following four aspects before and after clinical placement as important for a positive clinical experience:

- Support for learning.
- Feeling part of the clinical team.
- Feeling valued for their contribution to patient care.
- Obtaining diversity of clinical experience.

Summarised statement: Theme 3:

The clinical accompaniment of nursing students is hampered by a lack of collaboration and clarification of roles and responsibilities of the stakeholders regarding the management and implementation of the nursing students' clinical exposure and learning.

3.2.2 PROFESSIONAL NURSES' EXPERIENCE REGARDING CLINICAL ACCOMPANIMENT

The experience of professional nurses who are involved in the clinical accompaniment of nursing students in a rural hospital, are described under the themes and subthemes identified by analysis of the data collected during focus-group interviews as listed in Table 3.2.

TABLE 3.2 THEMES AND SUBTHEMES: PROFESSIONAL NURSES

THEMES	SUBTHEMES
Theme 1: Experience: nursing students" behaviour	1.1: Professional behaviour 1.2: Self-isolation 1.3: Mixed experiences
Theme 2: Experience: the academic institution (college)	2.1 Student preparation 2.2: Hospital/college communication 2.3: Fragmented clinical accompaniment 2.4: Theory-practice discrepancies
Theme 3: Experience: "We versus They"	3.1: Lack of a trust
Theme 4: Experience: conflict in expectations	4.1: Hospital: workforce and learners 4.2: College: clinical exposure and learning
Theme 5: Experience: the hospital"s infrastructure	5.1: Clinical resources 5.2: Accommodation

3.2.2.1 Theme 1: Experience: nursing students' behaviour

The professional nurses indicated dissatisfaction with the behaviour exposed by the nursing students in the time they were stationed at the specific hospital for clinical exposure and learning. Although the professional nurses did not experience the same behaviour from all of the nursing students, the nursing students" behaviour were interpreted as unprofessional due to a disrespectful attitude, a lack of integrity, "pushing the boundaries" and isolating themselves.

• **Subtheme 1.1: Professional behaviour**

The professional nurses explained their experience of the nursing students' behaviour as a disregard for professional conduct expressed in –

- the way they dressed in tight slacks with short tops exposing the abdomen;
- a lack of respect for authority and patients (a haughty attitude towards single-qualified professional nurses);
- the way they disappeared from work without notice to the sister in charge of the ward;
- not respecting patients' rights when they discussed patients between themselves;
- a lack of integrity in being dishonest in booking the time coming on duty and going off duty (forging); and
- "pushing boundaries" when they regularly requested to leave early with a promise to compensate for the lost hours at a later stage.

The following are some of the remarks by the professional nurses during the focus- group interview to support the above statement:

"They arrive late at work and do not apologize... They write wrong time on the time register."

"They openly discuss the patient's conditions."

"...they do not report and they only disappear from the unit."

"Professional image is poor ..."

"They dent our professional image. They tempt male patients."

"...they do not know etiquette."

"They just absent themselves from work."

"... write the wrong time in the clock book."

"... look at nursing as an academic and disregard ethics in nursing."

"They forge..."

"... request to leave earlier and refund the hours after."

- **Subtheme 1.2: Self-isolation**

The professional nurses experienced that some of the nursing students did not seem to be interested in the clinical practice because they tended to isolate themselves from ward staff and activities by –

- “hiding in cubicles” in groups and sometimes by sitting and chatting in front of the TV; and
- not participating in ward activities, although some did participate actively and asked questions.

Here are some of the quotes from the professional nurses:

“Some do not participate...putting earpieces of phones, scrolling their cell phones...”

“...do not involve themselves in giving health education to patients.”

“...like to hide in the cubicles.”

“They do not mix with our students from the nursing school or university.”

“Professional socialization is poor ...”

The participating professional nurses expressed mixed feelings about experiences regarding the clinical accompaniment of nursing students at the rural hospital.

- **Subtheme 1.3: Mixed experiences**

During data collection the professional nurses indicated that their negative experiences regarding professional behaviour were not applicable to all the nursing students. Some did display appropriate behaviour. It was obvious that some of the nursing students were interested and motivated to gain knowledge and skills during their stay in the clinical area. They were actively involved and asked questions. There were those amongst the nursing students who displayed signs of emotional frustration. They complained of being overworked and regarded as hospital employees.

“Some participate well in in-services and ask questions.”

“It depends on the group of students allocated to your ward. From my ward, they do respect... some even stick to you like glue.”

“Some do show that they have gained...”

- **Discussion and literature integration: Theme 1**

The nursing students' professional behaviour seemed to be an issue of concern to the professional nurses. Gravett (2004:26) explains the professional development of students as *learning about* (professional attitude, expectations) and *learning to be* (a professional). Within the nursing context, the *learning about* happens in a theoretical and academic sense while the *learning to be* happens in practice where the nursing students are actively involved in the nursing care of patients and exposed to professional practitioners as role models and mentors in the process of professional socialisation.

A study done by Mooney (2007:75) emphasises the importance of professional socialisation in the professional survival of newly-qualified nurses. This applies to the nursing students who are allocated to the clinical practice for exposure to clinical learning opportunities.

Mueller and Billings (2009:173) referred to the practice exposure of nursing students for learning purposes as *service learning*. This is a structured component of the curriculum in which students acquire social values through service and "caring for others". Service learning creates opportunities for students to connect academic learning with service, to learn new skills, think critically, test new roles in situations that encourage risk taking and reward competence, promote civic responsibility and personal and professional development as well as mastering learning outcomes. Stokes and Kost (2009:288) state the importance of positive relationships for a positive clinical learning environment. The quality of the interaction between students and teachers (clinical accompanists) affects learning outcomes. By knowing the students, faculty members (accompanists) are prevented from making assumptions and eventually acting on those assumptions.

The role of the professional nurse as role model for nursing students in the clinical area is emphasised by Sharif and Masoumi (2005:473) in establishing a sense of belonging, to promote role socialisation, to encourage independence leading to clinical competence, reduce anxiety and nurturing the nursing student's self-esteem. The importance of healthy interpersonal relationships between the clinical staff and student nurses for effective clinical learning is reported by various authors in literature. Hegarty, McCarthy, O'Sullivan and Lehane (2008:7) reported studies done by Morgan (2002); Begley and White (2003:390); Savage (1999:58), Evans and Kelly (2004:476); indicating interpersonal relationships as a key factor in nursing students' experience of a positive clinical learning experience. Lee, Cholowski and Williams (2002:413) reported the significance of role modelling and

interpersonal relationships as the highest-ranking characteristics of an effective clinical educator (accompanist/mentor).

Andrews *et al.* (2005:861) indicated the role of mentor in the clinical area as one of supporter, supervisor and teacher for nursing students to work alongside the practitioner to learn from experts in a safe, supportive environment in preparation for a professional role. However, the authors acknowledge that many mentors do not see themselves as teachers, role models or facilitators, but as assessors with a managerial responsibility as supervisor and observer and not as working directly with the students.

Tang, Chou and Chiang (2005:190) found that the largest difference between effective and ineffective clinical teachers was the interpersonal relationships; the teacher's attitude rather than his or her professional ability is the crucial factor. These authors are of the opinion that a friendly attitude, understanding the students' fears, stressors and frustrations should facilitate a more empathetic environment and allow for a more tolerant attitude regarding the students' inadequacies.

Summarised statement: Theme 1:

The quality of the nursing students' clinical exposure seems to be impaired as a learning opportunity due to poor interpersonal relationships and unclear role expectations.

3.2.2.2 Theme 2: Experience: The academic institution

There seems to be a lack in collaboration between the academic institution and the rural hospital to which the nursing students are allocated for clinical exposure and learning.

The academic institution refers to the college where the students are registered for a Diploma as Nurse (General, Psychiatric and Community) and Midwife and where the nursing students are academically tutored before being allocated for clinical exposure and learning to different hospitals and other clinical facilities in the province. The clinical facility under study is a specific rural hospital.

The professional nurses verbalised experiences that indicated blame towards the academic institution for the inadequate clinical accompaniment of nursing students allocated to a rural hospital.

- Issues that were raised included inadequate preparation of nursing students for the clinical situation, inadequate communication between the college and the hospital, fragmented clinical accompaniment and discrepancies between theory and practice. These issues are discussed as subthemes.
- Nursing educators from the college did not visit the hospital or the students to facilitate or help the students with the challenges they were faced with during the students' time for clinical exposure and learning at the specific hospital.

- **Subtheme 2.1: Preparation for practice**

The professional nurses indicated that the nursing students were not properly prepared for the clinical area. The difference in how things were done in college and the rural hospital seemed to be problematic and confusing for the participants and may have contributed to the conflict.

Here are some of the quotes:

"... not properly prepared from the college."

"...in the college they do not wear uniform."

"Do not have name tags at the college so they use or misuse strapping."

"Nursing is very challenging. It does not need the mummy's baby."

- **Subtheme 2.2: Hospital-college communication**

Some of the professional nurses indicated a lack of communication between the college and the hospital. This is illustrated by the following examples:

- The hospital personnel seemed to be unaware of the time when the nursing students would arrive for clinical accompaniment. The nursing students were brought by a bus and dropped at the hospital premises without notifying the hospital of the date and time of arrival.
- The nursing students reported to the respective wards without a list indicating which students were allocated to which ward.
- The professional nurses got the report about the nursing students' clinical allocation from the students. There was no formal communication from the college to the hospital.

- Sometimes the nursing students did not bring along their learning outcomes for their stay at the hospital.

The following are some of the quotes from the professional nurses' transcriptions:

"I do not think there is communication between the college and the hospital."

"It becomes worst when they are not accompanied by the tutor from the college."

"...college brings many students in one ward...overpopulate the ward...less patient care because they do not know why they are in the unit."

"...the tutors sit in the college office and do nothing. You see the tutors when it is assessment time."

"... not sure, but we communicate with their clinical tutor verbally."

- **Subtheme 2.3: Fragmented clinical accompaniment**

Based on the following examples, the professional nurses experienced the clinical accompaniment of nursing students in the hospital as fragmented:

- There was no clear method on how and who should accompany the nursing students at the clinical area of this rural hospital.
- The clinical accompaniment of the nursing students was done by the professional nurses in the wards, staff nurses and auxiliary nurses as well as doctors who took part in teaching the nursing students.
- The college allocated one tutor for the clinical accompaniment of the entire student population that was allocated to the hospital. Sometimes the tutor had to manage two large groups (50 students) at two different levels (first- and third- year students) alone at the hospital.

Quotes from the professional nurses:

"Somebody is allocated to accompany the nursing students from the college ..."

"The main objective in the ward is the patient. The students are my second priority."

“... college must take responsibility in teaching the student, we will take over when students come to the hospital, college staff should visit students..if they are coping and achieving their objectives.”

“... tell us they belong to the college, so we end up not interacting with them...they become extra hands to push the work not to learn under my guidance. I do not recognise them.”

“... professional nurses in the unit ; helps in accompanying the students.”

“...may be as sisters we expect too much from the students.”

- **Subtheme 2.4: Theory-practice discrepancies**

The professional nurses involved in the clinical accompaniment of nursing students in a rural hospital reported an experience of a theory-practice gap that was supported by the following:

- The nursing students seemed to lack the ability to correlate theory and practice.
- It seemed as if the college and the hospital were two sides of the same coin:
 - They differed in their approach on how procedures should be carried out.
 - The equipment the students were taught to use in college were different from those used in the hospital.
- What students were taught in the college and what was practiced in the hospital seemed to be incongruent and created confusion and conflict.

These are quotes from the professional nurses to support the above statement:

“... they have been taught different theories or methods of doing the skills... creates conflict or confusion between student and the accompanist.”

“...students are crazy; how can you compare a rural hospital and a hospital in town?”

“...learning do take place, even if the building is not that good.”

“...technology promotes laziness in our profession.”

“...some wards have modernised monitoring machines... we use manual machine...new machine was sent for repairs a month ago.”

- **Discussion and literature integration: Theme 2:**

In her study, Kachiwala (2006:25) supported the idea that the nursing college needed to have specific clinical instructors who are trained in clinical supervision and who must regularly be available to nursing students in the clinical placement. The ward managers and nursing staff need to clarify and display the ward philosophy for all the nurses in the ward to have a common understanding and common goal in providing patient care. Kachiwala (2006:25) recommended that in order to improve quality of clinical learning, the nurse educators from the college should increase the number of visits to the wards when nursing students are in the clinical placement. The theory-practice gap can be narrowed or closed by reconsidering their relationship, and not defying the resolutions.

The theory-practice gap in nursing education seems to be a worldwide concern and is extensively reported in literature. Hewison and Wildman (2008:754) alluded to the fact that in the United Kingdom, the theory-practice gap in nursing has been an issue of concern for many years due to the fundamental divergence of approaches that are used. Sharif and Masoumi (2005:473), in their study that was conducted in Iran, found that the theory-practice gap was felt most acutely by the students. The students explained themselves as being torn between the demands of their tutor and the practising nurses in real clinical situations. These authors support the finding of this study in that the role of the clinical tutor is more evaluative in nature than a teaching role. The role of the nursing staff is described as focussed on ward duties with less concern about what students learn; although some of the ward staff were interested in helping the students, they were unaware of the objectives and were not prepared for their role as clinical accompanist. Hegarty *et al.* (2008:730) referred to a study by Landers (2001) in Ireland who supports the finding regarding the theory-practice gap. What was taught in the classrooms did not realise in practice. Landers (2001) suggested the need for nurse educators to maintain strong links with students in clinical practice as well as practising nurses in an effort to bridge the gap between theory and practice. This suggestion is endorsed by Andrews *et al.* (2005: 861) who mentioned the need for the coordination of student experiences and learning appropriate competencies, advocating for a closer link and cooperation between educational institutions and clinical facilities.

Summarised statement: Theme 2:

The nursing students' clinical exposure and learning seem to be influenced negatively by the inadequate communication between the educational institution and the clinical personnel who are practising in the rural hospital, resulting in widening the theory-practice gap.

3.2.2.3

Theme 3: Experiences: “We versus They”

The professional nurses in the study referred to themselves as WE and to the students as THEY. There seems to be “no sense of unity” in the relationship between professional nurses and nursing students who participated in this study; there is no mutual goal to reach. The researcher got the impression that the professional nurses experience the nursing students as “outsiders to be endured”. The lack of a team spirit between the professional nurses and the nursing students is supported by the absence of trust between the professional nurses as clinical accompanists and the nursing students.

- **Subtheme 3.1: Lack of trust**

The professional nurses experienced that the nursing students did not seem to trust them to share their problems and challenges. The students classified them as “different people from the college tutors”.

“...“we”, represent us professional nurses and „they” mean the students.”

“Students don’t present their problems to anyone.”

“... students do not trust some of us...do not have respect...undermine sisters with only one bar.”

“Students find sisters in the ward different people because they are used to be with their tutors always.”

“... they are accustomed to their “mum” from the college.”

- **Discussion and literature integration: Theme 3:**

Some of the professional nurses in this study did not seem to be motivated to create a learning environment in their wards; they seemed to expect students to trust them, without a display of acceptance and caring for the “visiting” nursing students. No literature could be found to support this finding. The researcher is, however, of the opinion that the way the professional nurses express themselves, is a reflection of the experience verbalised by the students who participated in this study (see 3.2.1, students’ experience as discussed under Theme 2 (two). Andrews *et al.* (2005:863) state that the ward manager plays a significant role in influencing staff attitudes and actions towards nursing students during clinical

experience. Andrews *et al.* (2005:863) indicated that clinical supervision is not a “natural” ability of all professional nurses; to be a mentor needs extensive training on how to facilitate and support the students in their care. At the same time the mentors need the support and feedback from both the educational institution and the management of the clinical facility.

Edward and Copeland (2010:162) suggested that professional nurses should accept the nursing students as they (nursing students) bring new information to the work place which may be a learning opportunity to the professional practitioners.

Summarised statement: Theme 3:

The “dividing” relationship between the nursing students, allocated to the rural hospital for clinical exposure and learning, and the professional nurses doing the clinical accompaniment, is not conducive to learning.

3.2.2.4 Theme 4: Experiences: conflict in expectations

The professional nurses told about an experience that indicated a conflict in expectations regarding the nursing students’ role and functions in the ward. The professional nurses wanted the nursing students to participate actively in the clinical nursing care (a pair of hands to do the job and relieve the staff shortage) while the nursing students expected to observe, rather than actively participate.

- **Subtheme 4.1: Hospital: workforce and learners**

The professional nurses expressed a critical stance on the role and function of the nursing students allocated to the ward. They seemed to interpret the role and function of the nursing students primarily as workforce; to be confident, competent and do what is expected of them without supervision.

Quotes from the participants:

“...they are trained to be the workforce of this very hospital, so they have to balance work/learning situation. They will do their theory at the college, not in the ward.”

“... only concentrate on delegated part only.”

“Refuse to take vital signs... student saying it is below their scope.”

“... refuse to do work allocated. “

"We use teachable moments ..."

"... not ready to learn... will question you that you did not learn this procedure in a day."

- **Subtheme 4.2: College: clinical exposure and learning**

According to the participants, the students expect to be in the clinical area for learning experiences based on the set objectives. This is a different expectation from what the professional nurses have in mind. The nursing students wanted to observe the permanent staff do the work and follow them without participating. Sometimes the students refused work or assisted the staff because the procedure was not in their learning outcomes.

"...they say they came for learning."

"They only want to do what they are there for..."

"Student indicated that she can't do that because it is not in her learning objectives..."

"...exposure does not mean to look and observe only; students must have the feeling of the real situation."

- **Discussion and literature integration: Theme 4:**

The professional nurses in this study seemed not to understand or accept the supernumerary status of nursing students who were allocated to the rural hospital for clinical exposure and learning. Hegarty *et al.* (2008:730) reported on studies by O'Callaghan and Slevin (2003:124); Hardy and Brady (2002) and Brady and Hyde (2002:623) that were done in Ireland with similar findings. These studies found that professional nurses had differing interpretations of the students' supernumerary status. Training was overly focussed on theory and the students' role was misconstrued as being solely observational and not as a team member.

Shin, quoted by Mabuda (2006:54), supports the view that nursing students are put in a difficult position without supervision; they are left unobserved and without guidance to carry out tasks. They (students) are not given proper opportunities for learning such as attending doctors' rounds, observing new procedures and asking questions without feeling guilty.

Summarised statement: Theme 4:

The conflict in interpretation and expectation regarding the nursing students' role and function during placement in the rural hospital for clinical learning and exposure seems to create confusion and tension between the stakeholders and is not conducive to clinical learning.

3.2.1.5 Theme 5: Hospital's infrastructure

The professional nurses agreed due to old and poorly-maintained buildings and equipment that the hospital's infrastructure was not conducive to the teaching-learning situation. The professional nurses expressed loyalty and displayed a defensive attitude regarding the hospital; the situation was a reality and the students should have taken it as a challenge, and got on with what they had to do.

- **Subtheme 5.1: Clinical resources**

The participants acknowledged the problems which were associated with resources that were needed for clinical accompaniment of nursing students in the specific rural hospital. These were due to the following:

- The hospital in question is more than one hundred years old, and was built by missionaries. Most of the available equipment and apparatus are manual and old fashioned.
- The nursing students do not know how it works, since they are trained to use modern, automatic machines that are found in new hospitals. The professional nurses who were interviewed indicated that each ward does have one or two modernised machines. The machines are easy to break, and most of the time when the students were at the clinical area, the machines were out of order and had been sent for repairs.
- The repairs take a long time and some of the machines come back without having been properly repaired.

The following are some of the quotes from the participants:

"Not enough equipment for teaching ..."

"... they need to compromise for doing the practical."

“... students use cell phones to count the pulse... use modernized machines... we do not have modernized equipments... students find it difficult...”

“Yes, some of the buildings are old, leaking and doors are not closing well...but some of the wards have been renovated.”

“...learning do take place, even if the building is not that good. We trained here, slept in those rooms and beds, yes they are very old, but it cannot be resolved now.”

“What the students should do is to concentrate on their learning and forget about the infrastructure.”

- **Subtheme 5.2: Accommodation**

The professional nurses experience the accommodation that is available for the nursing students who are allocated to this rural hospital for clinical exposure and learning, as being insufficient, problematic and not conducive to learning or sufficient rest due to the following:

- A number of nursing students (4-8) are accommodated in a large room with one wardrobe. There is no chair, desk or table to study at. According to the Education Directorate, the nurses' home must be used as accommodation for the nursing students, but in the hospital under discussion, some of the rooms are occupied by the permanent staff like the nursing manager, cleaners, etc.
- The roofs of most of the rooms leak during the rainy season. From the nurses' home to the wards there are no covered corridors, and the students get wet before arriving at work.
- A disruption in the water supply is a common occurrence.

“...students come late... looking for water as it is the hospital problem.”

“... they come late and tell that their rooms were leaking.”

“Some rooms are next to the wards ...”

“... the hospital does not have adequate accommodation.”

“The students must compromise for their own learning. There are many good things in this hospital that they benefit, like eye operations, eye problems etc.”

- **Discussion and literature integration: Theme 5:**

The professional nurses who participated in this study support the experiences of the nursing students discussed in 3.2.1 (Theme 2).

A study by Kotilainen (2001:1) supports the challenges faced by hospitals in developing countries. The standard of health care is dependent on factors such as housing, water supply and road and rail links. The majority of rural hospitals lack basic facilities, the available facilities are under-utilised and in poor condition due to sloppy maintenance.

A number of issues raised by the participants in this study are supported in a study by Kotze and Couper (2006:288) as contributing to the non-retainment of doctors in the Limpopo Province. These issues are –

- hospital accommodation;
- physical infrastructure;
- availability of essential medical equipment and medical supplies;
- hospital management;
- working conditions; and
- a lack of recreational facilities.

Summarised statement: Theme 5:

Exposure to the reality of nursing in a rural setting can be a valuable learning experience to nursing students if combined with sufficient human support and clinical accompaniment.

3.3 CONCLUSION

Chapter 3 presented the research results according to the themes and subthemes that emerged from a contents analysis of the data obtained through focus-group interviews with the participating nursing students and professional nurses, integrated with national and international literature. Chapter 4 will conclude the research report with the proposed guidelines for the improvement of clinical accompaniment in a rural hospital, the evaluation and limitations of the study, as well as recommendations for nursing education, management and further research.

CHAPTER 4: GUIDELINES, RECOMMENDATIONS AND EVALUATION OF THE STUDY

4.1 INTRODUCTION

Chapter 3 discussed the results of the study, integrated with literature. This chapter assists in answering Objective 3 of this study, namely to formulate guidelines for clinical accompaniment of nursing students in a selected rural hospital. The proposed guidelines are based on the themes discussed in Chapter 3, integrated with national and international literature as well as recommendations for management, education and further research. The study is concluded by evaluation of the study.

4.2 PROPOSED GUIDELINES

For the applicability value of the study, the researcher's purpose was to propose guidelines for the clinical accompaniment of nursing students in a rural hospital. These proposed guidelines are based on the conclusive statements stated for each theme (refer to Chapter 3) and summarised in Table 4.1, as identified during the content analysis of the data collected from the two populations used in this study. The guidelines do not entirely fit each theme due to an overlap of themes and guidelines. The proposed guidelines, supported by literature, are presented in Table 4.2.

TABLE 4. 1 CONCLUSIVE STATEMENTS AS BASIS FOR GUIDELINES FOR CLINICAL ACCOMPANIMENT IN A RURAL HOSPITAL

POPULATION 1: NURSING STUDENTS' EXPERIENCES	POPULATION 2: PROFESSIONAL NURSES' EXPERIENCES
Conclusive statement for theme 1: The relationship between the nursing students and the clinical accompanists are not facilitative for learning due to mutual disrespect and mistrust resulting in offensive behaviour patterns on both sides.	Conclusive statement for theme 1: The quality of the nursing students' clinical exposure seems to be impaired as learning opportunity due to poor interpersonal relationships and unclear role expectations.
Conclusive statement for theme 2: The unique clinical learning opportunities and clinical accompaniment of nursing students in this rural hospital is hampered by the poorly maintained infrastructure, limited resources, poor interpersonal relationships and ineffective communication complicated by ethnocentrism.	Conclusive statement for theme 2: The nursing students' clinical exposure and learning seem to be influenced negatively by the inadequate communication between the educational institution and the clinical personnel practising in the rural hospital, resulting in widening the theory-practice gap.
Conclusive statement for theme 3: The clinical accompaniment of nursing students is hampered by a lack of collaboration and clarification of roles and responsibilities of the stakeholders regarding the management and implementation of the nursing students' clinical exposure and learning.	Conclusive statement for theme 3: The "dividing" relationship between the nursing students, allocated to the rural hospital for clinical exposure and learning, and the professional nurses doing the clinical accompaniment, is not conducive to learning.
	Conclusive statement for theme 4: The conflict in interpretation and expectation regarding the nursing students' role and function during placement in the rural hospital for clinical learning and exposure seem to create confusion and tension between the stakeholders and is not conducive to clinical learning.
	Conclusive statement for theme 5: Exposure to the reality of nursing in a rural setting can be a valuable learning experience to nursing students if combined with sufficient human support and clinical accompaniment.

TABLE 4.2 GUIDELINES FOR CLINICAL ACCOMPANIMENT IN A RURAL HOSPITAL

STAKEHOLDERS	OBSTACLES / CHALLENGES	PROPOSED GUIDELINES	LITERATURE
Province: - Hospital - College Hospital: - Management - Professional practitioners - Nursing students College: - Management - Tutors	Infrastructure Resources Collaboration of stakeholders	<i>Feedback regarding the findings of this study will be given to the interested parties (Provincial government of Limpopo, Hospital and the College managements) by arranged oral presentations as well as a hard copy of the dissertation</i> The Provincial government to introduce guidelines to assist in implementing the value of clinical supervision and accompaniment The provincial government to launch an investigation regarding the status of the hospital's physical infrastructure, maintenance and availability of essential equipments. Establish policies regarding the collaboration between the hospital and the nursing college. Feedback and recommendations to be handed to the relevant stakeholders as mentioned above. The stakeholders to launch a deliberate attempt regarding collaboration by means of: Visibility of college tutors in the clinical practice	Lynch & Happel (2008) Hart & Rotem (1994) Stokes & Kost (2009) Stokes & Kost (2009) Lekhuleni <i>et al.</i> (2004) Andrews <i>et al</i> (2008); Stokes & Kost (2009) Searle (1997)

Students		and professional practitioners at the college. - Open and honest communication by means of mutual feedback between all stakeholders. - Sharing a common goal: empowering of nursing students as professional practitioners - Capacity building of professional practitioners in clinical accompaniment. - Clarification regarding mutual expectations regarding clinical accompaniment. - An agreement of understanding regarding the violation of the professional code of conduct by students. - Develop regular peer review and peer teaching programmes for the institutions.	Searle (1997)
Hospital: - Management - Professional practitioners - Nursing students College: - Management - Tutors - Students	Context non-conducive to clinical learning	Creation of a context conducive to a learning environment in the clinical practice by means of: - Clarity on mutual expectations. - Supportive environment for clinical learning: - Updated manuals for clinical practice	Klopper (2000) Mueller & Billings (2009) Klopper (2000) Mabuda <i>et al</i> (2006) Klopper (2000) Tang, Chou & Chiang (2006)

		(procedures). • Availability of resources for clinical experience. • Availability and accessibility of stakeholders (nursing students and professional practitioners) for clinical accompaniment and supervision. Deliberate attempt by all stakeholders to establish positive interpersonal relationships by means of: • Cultural sensitivity. • “Levelling relationship”. • Invitational attitude, mutual interdependence and mutual trust between stakeholders. • Honouring basic human rights (respect, confidentiality, dignity, integrity, responsibility and accountability). • Interaction, sharing of experiences, feedback. • Utilisation of teachable moments.	Jirwe <i>et al.</i> (2009); Klopper (2000) Edwards <i>et al.</i> (2004) Mongwe (2007) Sharif & Masoumi (2005) Lee <i>et al.</i> (2002) Klopper (2000) SANC (R2598); Andrews <i>et al.</i> (2006)
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		Create a supportive environment for professional socialisation by means of: • Demonstrating a professional image through role modelling. • Professional practitioners to be mentors for nursing students.	Gravett (2004)
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4.3 RECOMMENDATIONS FOR NURSING EDUCATION, NURSING MANAGEMENT AND NURSING RESEARCH

The results of the study propelled the researcher to make the following recommendations for nursing education, nursing management and nursing research:

4.3.1 NURSING EDUCATION

The researcher makes the following recommendations for nursing education:

Nursing education is directed towards the nursing student for the development of the capacity for analytical, critical and creative thinking and independent judgement and the interpretation of scientific data. The nursing students should be given the learning opportunities that cover the broad spectrum of the curriculum (SANC, 1992).

In order to achieve the abovementioned goal as stated by SANC, a close collaboration between the stakeholders at the nursing college and the hospital is essential as described in the guidelines.

The researcher recommends a deliberate attempt by all stakeholders to create a context conducive to learning in the clinical practice in order to expose the nursing students to an opportunity “to learn to be” (Gravett, 2004: 26) a professional nurse.

The researcher commits to give feedback regarding the findings and guidelines of this study to all the stakeholders (Provincial Government, Nursing College and the hospital) and should there be a need, be prepared to facilitate discussions between the stakeholders to address the challenges that emerged during this study.

4.3.2 NURSING MANAGEMENT

The nursing management of the clinical area should commit to support the nursing students as well as the professional nurses practicing in the hospital by:

- Improving the physical infrastructure.
- Providing adequate resources and essential equipment for nursing personnel to execute their duties.

- In-service education regarding the following issues that came to light during this study and may have a detrimental effect on the clinical accompaniment of students and the professional image of the profession:
 - Interpersonal relationships
 - Communication patterns
 - Cultural tolerance and sensitivity
 - The role and function of professional practitioners in the clinical accompaniment of nursing students.
- The researcher commits to give feedback regarding the findings of this study to all the stakeholders (Provincial Government, Nursing College and the hospital) and should there be a need, be prepared to facilitate discussions between the stakeholders to address the challenges that emerged during this study.

4.3.3 NURSING RESEARCH

The study on clinical accompaniment in a rural hospital: student and professional nurses" experience have triggered a number of related issues which need further scientific investigation:

- The relationship between the nursing students and the professional nurses in clinical practice.
- The perception of the staff members on the nursing students from the college.
- Nursing in a multicultural environment in a specific clinical area.
- The coping strategies of nursing students in a rural, inadequately resourced clinical area.
- The impact of poor accommodation on the nursing personnel for the rural hospital.

4.4 EVALUATION OF THE STUDY

The study was of significance to the researcher as it was unique, and the first to be conducted regarding clinical accompaniment of nursing students in this specific, selected rural hospital; a natural setting in a real life environment. The results cannot

be generalised to all the rural hospitals where nursing students are placed for clinical exposure, but the findings may not be that unique. The knowledge gained is important to the nursing profession, and the nursing institutions (college and the rural hospitals), where clinical accompaniment of nursing students occurs.

The methodology used was suitable for this qualitative, explorative, descriptive and contextual study. The non-probability, purposive sampling technique was used for the focus- group interviews. Data was collected until saturation was reached, and analysis was done by using the content analysis as described by Graneheim and Lundman (2004:105-112).

4.5 LIMITATIONS OF THE STUDY

The researcher identified the following limitations of the study:

- The participants for this study were the nursing students, in the second level of their study in the R425 programme, and the professional nurses who were involved in the clinical accompaniment of that particular group of nursing students in a specific rural hospital. The question arises whether the results would have been different if the sample included senior nursing students exposed to a variety of clinical environments.
- During the first round of focus-group interviews, data was not adequately saturated. After discussion with the independent co-coder, the researcher arranged for a second round to probe more deeply into the themes mentioned in the initial focus-group interviews for both populations (nursing students and professional nurses in the clinical practice).

4.6 CONCLUSION

The study aimed at proposing the formulation of guidelines regarding the clinical accompaniment of nursing students in a rural hospital. This chapter evaluated the study, discussed the limitations of the study, made recommendations and proposed guidelines, as well as came to a conclusion. The recommendations are made regarding nursing education, nursing management and nursing research.

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2009-07-30

ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title Clinical accompaniment in a rural hospital ¹ student and professional nurses' experience																
Student doing research: SR Rikhotso																
Ethics number:	<table border="1"> <tr> <td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>0</td><td>1</td><td>3</td><td>-</td><td>0</td><td>9</td><td>-</td><td>A</td><td>1</td> </tr> </table>	N	W	U	-	0	0	0	1	3	-	0	9	-	A	1
N	W	U	-	0	0	0	1	3	-	0	9	-	A	1		
Institution: NWU - Potchefstroom Project Number: 13-09-01 Status: S = Submission, P = Re-Submission, R = Provisional Approval, A = Authorisation																
Approval date: 29 May 2009	Expiry date: 28 May 2014															

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-EC:
 - annually (or as otherwise requested) on the progress of the project,
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-EC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof MMJ Lowes
(chair NWU Ethics Committee)

Prof HH Vorster
(Chairman: NWU Ethics Committee: Author)

ANNEXURE – B1

Stand no. 451B Lwalani

P.O. BOX 38

VALDEZIA VILLAGE

0935

08 July 2009

The Director-General: Research's ethics committee

Department of Health

LIMPOPO PROVINCE

Sir / Madam

PERMISSION TO CONDUCT RESEARCH

Herewith find attached the following documents in request for permission to conduct research at a rural Hospital:

1. Request for permission to conduct research
2. Information to participants.
3. Informed consent form.
4. Recommendation letter / clearance certificate from the University(North-West University) with reference number
5. The research proposal.

I hope that you will find this in order.

Yours

RIKHOTSO S.R (STEPPIES RICHARD)

CELL NO. 0786445400

E.mail: srrikhotso@mweb.co.za

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

Dear Sir / Madam

My name is Steppies Richard Rikhotso. I am an M.Cur. student at the School of Nursing Science at the North-West University, Potchefstroom Campus. I would like to ask for your permission to conduct the following research project:

CLINICAL ACCOMPANIMENT IN A RURAL HOSPITAL: STUDENT- AND PROFESSIONAL NURSES' EXPERIENCE

The accompaniment of nursing students in the clinical area involves theory and practice in a conducive environment, where students can integrate theory and practice under the guidance and support from knowledgeable and experienced professionals (clinical practitioners and educators).

The clinical accompaniment seems to be lacking in this rural hospital under study where students are placed for experiential learning. Ineffective communication and collaboration between the clinical practitioners in the clinical institutions, the educators at the Nursing College and the students may contribute to a negative learning experience with the students feeling stressed, anxious and fearful in the clinical areas, a situation that is not conducive to a meaningful learning experience. The students and the professional nurses that the researcher spent time with, confirm that there is a gap in students' clinical accompaniment in a rural hospital.

This is the focus of the research study for the Master's Degree in Nursing Education. The research proposal for this study has been approved by the Research Committee of the North-West University, Potchefstroom Campus. The study is based on the following objectives:

1. To explore and describe the experiences of nursing students with regard to the clinical accompaniment in a rural hospital;
2. To explore and describe the experiences of professional nurses regarding their clinical accompaniment of student nurses in a rural hospital;
3. To formulate guidelines for the clinical accompaniment of nursing students in a rural hospital.

The research will focus on these objectives by conducting a qualitative research study in which a semi-structured, focus group interview will be conducted. The inclusion criteria for the participants in this study are as follows:

The participants should be:

- ❖ nursing students, 2nd level of R425, four-year program from the Nursing College in Limpopo Province;
- ❖ professional nurses involved in accompaniment of nursing students in a rural hospital;
- ❖ voluntary, informed consent to participate in the study and agree with the recording of the interviews;

- ❖ able to communicate in English, as is the medium of instruction in Nursing College and at the workplace where the students practice their clinical experience.

Confidentiality will be ensured; the identity of the participants and the collected data will be kept confidential at all times, but not guaranteed as the participants will be interviewed in groups. The participants will be requested not to address each other by name and keep the proceedings anonymous and confidential. Attached, please find a copy of the research proposal which includes more detailed information concerning the study.

Hope to hear from you soon.

Yours sincerely

Steppies Richard Rikhotso

(M.Cur. Student)

Cellphone: 0786445400

E-mail: srrikhotso@mweb.co.za

.....

Dr MJS Williams

Project leader

.....

Mrs Gedina De Wet

Project co-supervisor

ANNEXURE – B2

Stand 451B

VALDEZIA-LWALANI VILLAGE

0935

10 November 200

The Vice-Principal

Limpopo College of Nursing

GIYANI

Dear Sir/ Madam

Ethical approval to conduct research in Limpopo Province

The above matter refers;

I hereby wish to request for permission and approval to conduct research on *clinical accompaniment in a rural hospital: student and professional nurses" experiences*.

I am presently studying for my Masters Degree at the North West University, Potchefstroom campus. The research will be conducted under the supervision and guidance of Dr Marthyna Williams and co-supervisor Mrs Gedina De Wet from the School of Nursing Science, NWU, Potchefstroom campus

Herein find the attached ethical approval letters from **the University (NWU) and the Department of Health, Limpopo Province in RSA.**

Hoping this will meet your immediate approval.

Yours faithfully

Steppies Richard Rikhotso

Cell(0786445400)

E.mail: srrikhotso@mweb.co.za

Work(015 2911194)

.....

Stand 451B

VALDEZIA-LWALANI VILLAGE

0935

10 November 2009

The Hospital Management

ELIM HOSPITAL

Limpopo Province

Dear Sir/ Madam

Re: Permission to conduct a research study

The above matter refers;

I hereby wish to request for permission to conduct research on *clinical accompaniment in a rural hospital: student- and professional nurses' experiences*.

I am presently studying for my Masters Degree at the North West University, Potchefstroom campus. My supervisors are Dr Marthyna Williams and co-supervisor Mrs Gedina De Wet.

Herein attached are the ethical approvals from **the university (NWU) and the Department of Health, Limpopo Province, RSA.**

Hoping this will meet your immediate approval.

Yours faithfully

Steppies Richard Rikhotso

Cell (0786445400)

E.mail: srrikhotso@mweb.co.za

Work (0152911194)

.....



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

Enquiries: Roma Khama NJ/Malokane CL

Ref: 4/2/2

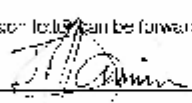
22 September, 2008
Rikhotso S.R
Private Bag X 6001
Polokwane
2620
South Africa

Dear Rikhotso S.R

'Clinical accompaniment in a rural hospital: student and professional nurses' experience, Limpopo Province, South Africa'

Permission is hereby granted to Rikhotso S.R to conduct a study as mentioned above in Limpopo Province, South Africa

- The Department of Health and Social Development will expect a copy of the completed research for its own resource centre after completion of the study.
- The researcher is expected to avoid disrupting services in the course of his study
- The Researcher/s should be prepared to assist in interpretation and implementation of the recommendations where possible
- The Institution management where the study is being conducted should be made aware of this
- A copy of the permission letter can be forwarded to Management of the Institutions concerned



HEAD OF DEPARTMENT
HEALTH AND SOCIAL DEVELOPMENT
LIMPOPO PROVINCE

Private Bag X9302 Polokwane
18 College Str., Polokwane 0710 • Tel: 015 293 6000 • Fax: 015 293 6211 • Website: <http://www.limpopo.gov.za>

The heartland of Southern Africa – Development is about people!

INFORMATION FOR PARTICIPANTS LEAFLET AND AN INFORMED AGREEMENT TO PARTICIPATE IN A RESEARCH PROJECT

TITLE OF STUDY: Clinical accompaniment in a rural Hospital: student and professional nurses' experiences

Information concerning the participation in the following research study:

Clinical accompaniment in a rural hospital: student and professional nurses' experiences

Dear Mr/ Mrs /Ms

Hereby I would like to request you to participate in this research study on **Clinical accompaniment in a rural hospital: student- and professional nurses' experiences**. I am a Master's student at the School of Nursing Science at the North-West University (Potchefstroom Campus). The purpose of this study is to explore and describe the experiences of nursing students- and professional nurses experience regarding the clinical accompaniment of nursing students in a rural hospital. When your experiences are known, guidelines for clinical accompaniment in rural hospitals can be formulated and implemented to improve the situation. The Research Committees of the North-West University as well as the Department of Health and Social Development of the Limpopo Province have approved the study.

Your participation will include that we meet for a semi-structured, focus group interview, which will be recorded on a voice recorder (to ease the process of data analysis) and will last for about 45 to 60 minutes. The interview will take place in a private, comfortable room. No names will be used during the interview as you will not be allowed to address each other by names. Data will be kept in a safe place by the researcher for confidentiality; only the researcher has access to the raw data. Your names will neither be on the voice recorder nor in the research report or publication. Your participation in this study is totally voluntary. And you can stop or withdraw your participation at any stage without any consequences to you. It will however be appreciated if you participate for the duration of the study.

If you have any questions concerning the study or on your participation in this study, please feel free to ask me at any time. I will appreciate your as participation, because your input will be valuable to my research and contribute to a change in the clinical accompaniment of nursing students in a rural hospital.

You are kindly requested, if you agree to participate, to sign the attached to confirm that you are willing to participate in this study.

ANNEXURE – E

INFORMED CONSENT FORM

Research title:

Clinical accompaniment in a rural hospital: student- and professional nurses' experience

The researcher:

I have discussed the risks, benefits and obligations involved in this research project with the participants and in my opinion, the participants understand this information.

.....

Researcher

.....

Date

The Participant:

Hereby I give informed consent to voluntarily participate in the above research study. I agree to participate in a semi-structured, focus group interview and with the tape recording of this interview. I have read the information leaflet and understand that my participation is voluntary and that I may refuse to participate or withdraw from the study at any time.

.....

Participant

.....

Date

ANNEXURE – F

Data analysis agreement between Petra Bester (co-coder) and Steppies Rikhotso (researcher)

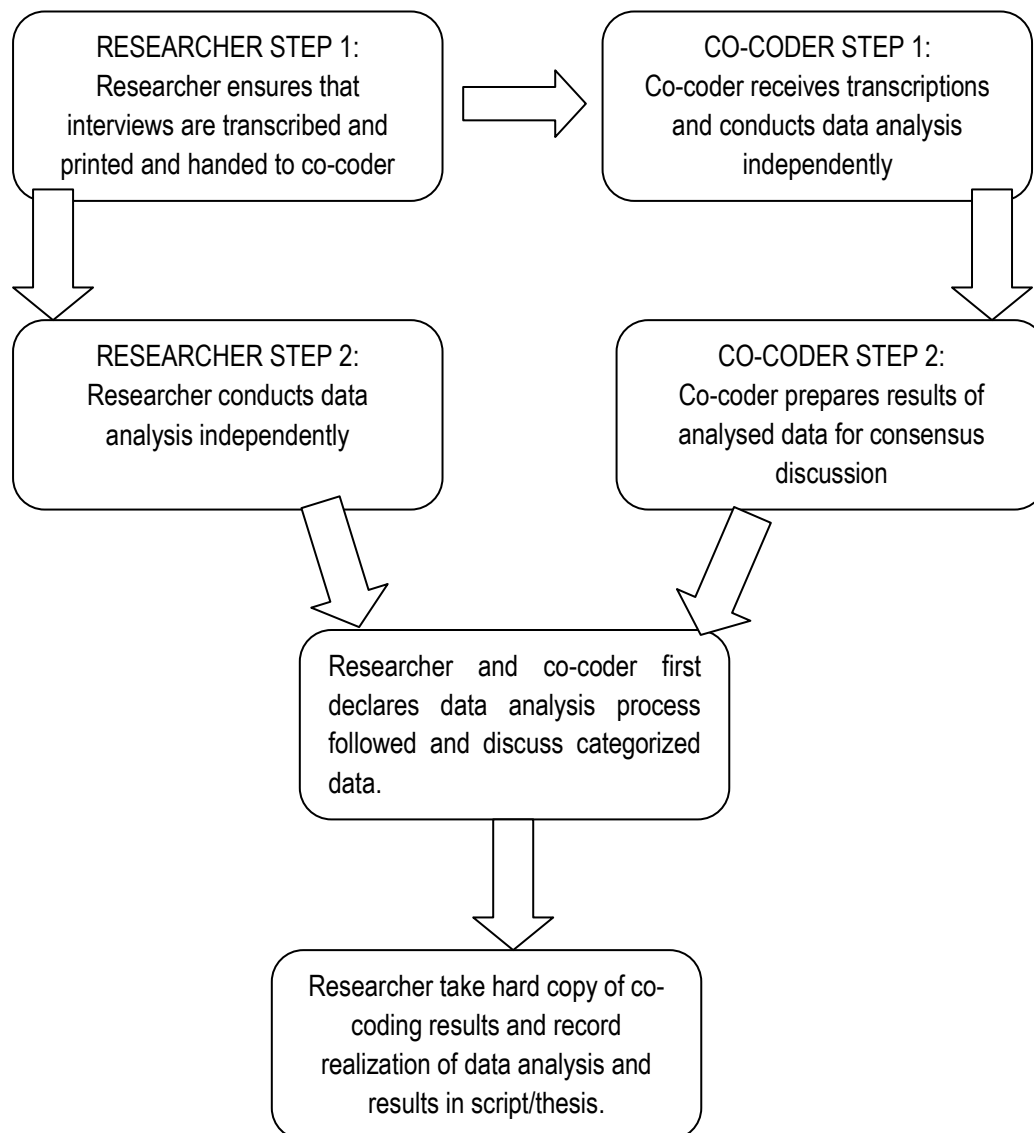
Date: 18 March 2010 **Title of study:** Clinical accompaniment in a rural hospital: student-and

Professional nurses' experiences

Interventions to be conducted by RESEARCHER (Steppies Rikhotso)	Interventions to be conducted by CO- CODER (Petra Bester)
Transcribed interviews	
Provide transcribed interviews to co-coder on/before 6 April 2010. Interviews to be either e-mailed to petra.bester@nwu.ac.za or posted to 4 Rembrandt Street, SW5, Vanderbijpark, 1911. Transcriptions preferably typed and readable. The researcher provided the transcriptions to the co-coder after he has already corrected typed spelling mistakes. Transcriptions should allow space (at least 3 cm both sides) for coding.	The co-coder needs one week prior to the consensus discussion to conduct co-coding. Transcriptions received after 6 April 2010 will not be considered for coding.
Interview questions/interview schedule	
Provide the question(s)/schedule used during the process of interviewing.	
Language	
Transcriptions in English.	Coding and consensus discussion is conducted in English.
Field notes	
If possible, please e-mail comprehensive field notes with transcriptions.	Field notes are important for the co-coder to gain better understanding of the interviews and to immerse into the data.
Consensus discussion	
A consensus discussion will be conducted on 13 or 14 April 2010 at office 107, School of Nursing Science. Confirm the date and time with the co-coder via e-mail.	Permission is granted that the researcher can record the consensus discussion on an audio recorder. Hard copies of categorized analysed data will be provided to the researcher.
Publication	
The research can state in the script that co-coding was conducted by an advanced psychiatric nursing specialist.	As co-coder I list the titles of research studies in which I conducted coding/co-coding services for curriculum vitae purposes.
Confidentiality and anonymity	
The researcher should not provide the names of any participant and institution as stated in the ethical considerations of his study.	The co-coder will adhere to the ethical principles of this study.
Trustworthiness	

The researcher will declare his process of data analysis in his script and during the consensus discussion in order to enhance trustworthiness.	The co-coder will declare the data analysis process followed to the researcher in order to enhance trustworthiness.
Remuneration	
The researcher is requested to note the role of the co-coder in his script.	The co-coder does not charge a professional fee for the co-coding of the interviews and will provide a professional data analysis service.

Process of co-coding and consensus discussion:



ANNEXURE – G

S.R RIKHOTSO

STUDENT NO: 13058339

TITLE: clinical accompaniment in a rural hospital: student- and professional nurses' experience

R: RESEARCHER

RESP: RESPONDENT

CODES	TRANSCRIPTION	THEMES
	POPULATION2: PROFESSIONAL NURSES R: Good morning our participants... [Inaudible]. I welcome you all in this study of mine. ...ehm. Our theme for today as I have briefed you earlier is clinical accompaniment in a rural hospital: student- and professional nurses" experience. So, today as the first session, we will be concentrating on you as professional nurses. I will be having one question ... which is the central question. The question reads: „As a professional nurse, please describe how you experience clinical accompaniment of student nurses in this rural hospital“? ...[pause] Anyone amongst you can start and explain the experience that she / he have regarding clinical accompaniment of student nurses who are from the Limpopo Nursing, Giyani Campus. [Pause... noise of recorder] R: If you need clarity on the question, maybe you don't understand the question; you can say so, so that we rephrase the question. Anything that you have experienced with the student nurses that have been allocated in your unit. What experiences do you have regarding clinical accompaniment... pause? RESP: I just want to be clarified, do we specifically talk about student nurses from Giyani Campus or include all the Campuses.	

Dodge Excuses Inactiveness	[Pause] RESP: Most students do not want to perform their duties. They say they <u>came for learning</u> . Many of students like to <u>hide in the cubicles</u> that are far from the nurses" bay. R: Are you saying the dodge? They do not involve themselves in unit activities?	came for learning, hide in the cubicles
Passiveness	RESP: Yes! (All nodding their heads showing acceptance and support of the Respondent). They do <u>not involve themselves in giving health education</u> to patients. R: Any complaints from the patients about the student nurses?	not involve themselves, giving health education
Complains Leisure	RESP: Patients do not complain about the behaviour of the students, but some of the <u>patients do complain</u> as they are heard talking when <u>watching TV in the ward</u> . R: Do students present problems to the professional nurses or sisters in the ward?	patients do complain watching TV in the ward
Absenteeism	RESP: Students do not present their problems to anyone. They just <u>absent themselves from work</u> . [nodding of heads, showing support]	absent themselves from work
Requisition Special arrangement	RESP: Some of them <u>request to leave earlier</u> and <u>refund the hours</u> after, especially those that are coming from far.	Request to leave earlier, refund the hours.
Communication challenge	RESP: Some do <u>sent their friends</u> to come and report on their behalf. Maybe they do not know the <u>channels of communication</u> . [quietness] R: When you have in-services, how do they respond or participate?	sent their friends, channels of communication
Active participation Inquisitive Some misbehaves	RESP: Some <u>participate well</u> and <u>ask questions about the conditions</u> . Some <u>do not participate</u> , for example, <u>putting earpieces of phones, scrolling their cell phones</u> and they look like they are chatting to their friends. R: Professional image by students towards the profession? How do they dress in uniform?	Participate well, ask questions about conditions, do not participate, putting earpieces of phone, scrolling their cell phones
Unprofessional	RESP: Most of <u>professional image is poor</u> . The way <u>they dress</u>	Professional image poor, dress is

Unethical Privacy	is" <u>presentable</u> ". Some say it is difficult for them as in the College they <u>do not wear uniform</u> . Some put <u>tops</u> for example " <u>stomach out</u> " even <u>tight trousers</u> which is <u>not presentable</u> ... (Inaudible).	presentable Do not wear uniform, stomach out, tight trousers, not presentable.
Identification Misuse	RESP: They also complain that they <u>do not have name tags</u> at the College so <u>they use or misuse strapping or scotch tape</u> , writing their names on it. R: After their stay in this hospital or ward, do they look like they have gained something from the institution for practical experience?	Do not have nametags, misuse strapping or scotch tape
Beneficial/learning	RESP: Some do show that they <u>have gained</u> because they do ask questions, for example, drafting of off-duties, giving of treatment and others. R: Is there anyone allocated in this institution to accompany the student nurses? [silence]	Have gained
Accompaniment by tutor	RESP: Yes. Somebody is <u>allocated to accompany</u> the student nurses <u>from the College</u> . R: Is this person always with them?	Allocated to accompany, from college
Accompaniment by professional nurses	RESP: [nodding head to show rejection] <u>Professional nurses</u> in the unit helps in <u>accompanying the students</u> , if there is any problem she is contacted.	Professional nurses Accompanying students
Planned teaching	RESP: As professional nurses we <u>give prepared lecturers</u> to the students....	Give prepared lecturers
Teaching strategy	RESP: In the unit where I am working we <u>use teachable moment</u> where student need to be corrected there and there. R: How is the attitude of student nurses in the wards?	Use teachable moment
Poor professionalism Ancient practice Theoretical, not practical	RESP: <u>Professional socialisation is poor</u> as they were <u>not properly prepared from the College</u> and when you ask them, they will tell you that you are still <u>practising the Florence Nightingale style</u> . Students look at <u>nursing</u> as an <u>academic and disregards ethics in nursing</u> .	Professional socialisation poor, not properly prepared from college, practising Florence Nightingale style.
Etiquette Perform for gain	RESP: [Smiling] Most of the students <u>do not know etiquette</u> ; they <u>respect their seniors</u> as they want their <u>registers</u> to be	Nursing Academic and

Verbal communication	<u>signed</u> only.	disregards ethics in nursing
	R: Is there a report compiled after their stay in the hospital? [quietness, looking at each other in the eyes]	Not know etiquette, respect their seniors, registers signed
	RESP: Not sure, but we <u>communicate with their clinical tutor verbally</u> .	Communicate with clinical tutor, verbally
Punished for incomplete hours	RESP: Sometimes the co-ordinator comes after reporting and let them to write something about the <u>hours they never worked</u> . Sometimes when you ask students they will say „mum“ knows about this...	Hours they never worked
Water shortage	R: During the accompaniment, do the students complain about this institution?	
	RESP: Sometimes they will come late saying that they were still looking for <u>water</u> as it is the <u>hospital problem of water shortages</u> .	Water, hospital problem of water shortages
	[Laughter] Sometimes others will <u>come late</u> and tell that <u>their rooms were leaking</u> and some of their rooms are next to the wards.	Come late, rooms leaking
Latecomers Excuses		
Orientation	R: Are the students given orientation on arrival, or when is it given or done?	
	RESP: Students are <u>orientated</u> during their <u>arrival</u> in the unit. These students do <u>not like going alone</u> where they have been sent and they <u>take long to come back</u> .	Orientated, arrival Not like going alone Take long to comeback
	Sense of urgency	
Shortage of equipments	RESP: Sometimes it is difficult to accompany students from the College as there are <u>not enough equipments</u> for <u>teaching</u> them. For example, Doing wound dressing, other students need equipments which are not available in the unit as they are coming from the institutions which are well equipped or enough resources. They need <u>to compromise</u> for doing <u>the practical</u> .	Not enough equipments, teaching
Compromise		To compromise, practical
In-coordination	RESP: Sometimes there is a problem when teaching these students as they have been <u>taught different theories or methods of doing the skills</u> at the College which creates a <u>conflict or confusion</u> between the student and the <u>clinical accompanist</u> .	Taught different theories or methods doing skills, conflict or confusion, clinical accompanist
Confusion		
Cell phones usage Technological	RESP: During olden days every nurse used to have a second-hand watch. These days” <u>students use cell phones</u> . When taking vital signs they <u>use modernised machines</u> , but it’s a	Student use cell phones, modernised

students Manual equipments	problem when it comes to taking a temperature as a second-hand watch is needed. We <u>do not have modernised equipments</u> in this hospital <u>in some wards</u>, so students find it difficult. R: How do they monitor the patients without the watch?	machines Do not have modernised equipments
Forgery Refuse	RESP: They <u>just chart without using it</u>. They <u>forge</u>. Others <u>refuse to take vital signs</u>. For example, 4th year students saying it is <u>below their scope</u>. R: Any other information that we may have left regarding accompaniment?	Just chart, forge Refuse to take vital signs, below their scope
Willingness	RESP: Most student nurses do not have <u>etiquette and professional image</u>. They <u>lack practice</u> and <u>not ready to learn</u>.	Etiquette and professional image, lack practice, not ready to learn
Strangers College tutors	RESP: Students find sisters in the ward <u>different people</u> because they are <u>used to be with their tutors</u> always.	Different people, used to be with tutors
Ethnicity	RESP: Students do not like to <u>talk any language</u>. Students should be <u>able to talk English</u> as they <u>write exams</u> with it, because it becomes difficult for them to read questions.	Not like to talk any language, able to talk in English, write exams
Willingness Stubbornness	RESP: Students are <u>not ready to learn</u> as some will question you that you <u>did not learn this procedure in a day</u>. So it is <u>difficult</u> for them <u>to perform the task</u>. Sometimes they <u>only concentrate</u> on the <u>delegated</u> part only.	Not ready to learn Did not learn this procedure in a day Difficult, perform the task.
Delegation	R: Thanks very much for your participation in this session of research study. RESP: Thanks 11 March 2010 POPULATION 1: STUDENT NURSES R: Good morning everybody. You are welcome in this research study. I am Mr Rikhotso, from Limpopo College of Nursing, stationed at Waterberg campus, as a lecturer but currently I am at Sovenga campus. R: I am with sister Mamiekie Makhubele, I worked with her here at this Hospital, operating theatre. Some of you who are allocated in theatre you may have seen her during the night	Only concentrate, delegated part.

	shift change over. RESP :(Nodding heads and some smiling). R: As I have briefed you earlier about the details of the study, now we will start. Please switch your cell phone to silence, not off because you may miss some important calls. The air-conditioner is on for your comfort. RESP: May you switch it off, I have got sinuses. R: Ok. (Switch off the air-conditioner) R: Can we start now? RESP: Yes, sir. R: I have only one central question which I would like you to explain your experiences in this hospital as 2nd level learners. The question reads „could you please describe your experiences as 2nd level students, regarding clinical accompaniment in this rural hospital? [Pause] R: Please, describe your experiences regarding clinical accompaniment in this rural hospital? Any experience that you have, good or bad positive or negative. Anything please. Anyone can start. RESP: Ok. We as students tend to <u>undermine the professional</u> nurses and they have a problem with students. R: What causes students to undermine professional nurses? RESP: They <u>do not do</u> what they have been <u>allocated</u> for. RESP: We are a group of students from <u>different institutions</u>. We are <u>not treated well</u> in the hospital and they say <u>we are lazy</u>. R: Can you explain more on that aspect? Different institutions, what do you mean? RESP: When we <u>do good things</u>, professional nurses <u>do not tell us</u>, but when we <u>do bad things</u> they do <u>shout</u> at us. RESP: The <u>resources</u> used in the hospital are <u>different</u>; <u>some</u>	
Respect		Undermine professional nurses
Misbehaviour		Not do allocated
Ill treatment Laziness		Different institutions Not treated well, we are lazy
Appreciation Shouting		Do good things, do not tell us, do bad, shout
Old resources		Resources different, some are old

Environment Unconductive	are <u>old</u> , for example, accommodation, leaking rooms. RESP: The <u>place</u> where we stay is <u>poor</u> , <u>not conducive for learning</u> . <u>No tables and chairs</u> for study.	Place poor, not conducive for learning, no tables and chairs Sleeping in sitting room
Environment	RESP: Some of us are <u>sleeping in the sitting room</u> .	Rooms leaking in rain
Dilapidated rooms	RESP: In some other <u>rooms</u> when it is <u>raining</u> they are <u>leaking</u> .	
Integration of theory/practice	RESP: (Others smiling, nodding, mh..., raising hands up to be pointed by the researcher). The <u>resources</u> at the <u>College</u> were <u>good</u> , but when we reach this hospital they are using <u>old resources</u> and this is <u>difficult for us</u> . For example, the thermometer. I cannot read the readings and when I ask for assistance the person laughed at me.	Resources college good Old resources difficult for us
Assistance and support	RESP: (Laughter). Pause.	
Orientation	R: How was the orientation here at the hospital? RESP: The <u>orientation</u> is <u>different</u> as we are allocated in different wards.	Orientation different
Integration of theory/practice	RESP: In our <u>procedure manual</u> we are taught that we must <u>screen the patient for privacy</u> and you find that there are <u>no resources</u> ; you do not have to screen for the patient.	Procedure manual, screen patient for privacy, no resources
No assistance	RESP: Some of the <u>sisters refuse to help</u> us during our stay in the wards.	Sisters refuse to help
No involvement	R: Do they involve you in health talks? RESP: Some of the staff does involve us on health education. <u>Some units do not involve</u> us much in the <u>ward activities</u> .	Some units do not involve, ward activities Staff great
Helpful	RESP: I work in a certain ward, the <u>staff was great</u> .	
Unwelcoming No introduction	R: Someone to add on this? RESP: I am repeating that some staff members are great; <u>others are not welcoming</u> you, <u>no introducing each</u> other.	Others not welcoming, no introducing each other First arrive, we are happy, end we are not happy, not treating us well
Arrival and happy	RESP: When we <u>first arrive</u> in the ward, <u>we are happy</u> , but at the <u>end we are not happy</u> because they are <u>not treating us well</u> .	Achieve our goals,

Goals achieved	R: Do you achieve your objectives of learning?	delegate, scope of level one
Delegation		
Unwillingness	RESP: Sometimes we do <u>achieve our goals</u> . Sometimes they <u>delegate</u> us for the <u>scope of level one (1)</u> , while not in that level. For example level II.	Not willing to sign, registers, to beg, skill or procedure
Relationship	RESP: Sisters are <u>not willing to sign</u> for <u>our registers</u> . We have <u>to beg</u> them to do that, even if we have done <u>the skill or procedure</u> .	
Orientation	R: Are you welcomed in the ward when you arrive?	Orientate us, appreciation, good, bad, are not lecturers
Appreciation	RESP: It depends in the ward. Some welcome us, some do <u>orientate us</u> , showing <u>appreciation</u> , depending on the wards and type of person. Some are <u>good</u> , some are <u>bad</u> . Some say they do not teach us because they <u>are not lecturers</u> .	Culture of student
Attitude		Do not care of other nations
Ethnicity	RESP: Some professional nurses look at the <u>culture of the student</u> and they <u>do not</u> take <u>care of other nations</u> .	Racism
Racism	[All smiled and nodding heads. Some mumbling] RESP: There is <u>racism</u> in some of the wards.	
Accompaniment by tutor	RESP: (Nodding, mh...) quietness.	Tutor accompanies.
Loneliness	R: Who accompanies you in this hospital?	Orientate
	RESP: First day the <u>tutor accompanies</u> us and <u>orientates</u> us. Then for the second time we go there on our own.	
	RESP: When we have arrived at, for example, 12h00, the tutor accompanies us and orientate us around the hospital. In different hospital it is done the same day.	
Integration of theory/practice	R: How do you integrate theory and practice, in terms of skills?	Might not find the same resources at the hospital
	RESP: We have demonstration room in the College using dolls and other resources and they tell us that we <u>might not find the same resources at the hospital</u> .	
Learning	R: What is your feeling about accompaniment in this hospital?	Missed through learning
	RESP: I compare all the institutions I have been through, and find out what I have <u>missed through learning</u> .	Changed me, good
Professional development	RESP: Nursing did great to my life. I have grown and	

Overloaded	developed since joining nursing. It <u>changed me</u> as a person for <u>good</u>. RESP: <u>Too much</u> to do, <u>too little time</u>. Books are huge and have to read and write test in a short space of time. There is too <u>much pressure</u>. [Laughter] R: How many people accompany you in this hospital? RESP: Only one tutor accompanies the students in this hospital, but not at the college they are many.	Too much, too little time Much pressure
Good institution		
Shortage of resources	RESP: When comparing the three hospitals that I worked, this <u>hospital is good but no resources</u>. Also the other hospital is good, but <u>no accommodation</u> for the students.	Hospital is good, no resources; no accommodation
Unfriendliness		
Helpful	RESP: In this hospital, some <u>doctors are not friendly</u>, but some are willing to <u>help and teach</u> us. Some enjoy our company during ward rounds.	Doctors are not friendly, help and teach
Teach		
	R: Any additional information that we may have left out?	
New resources	RESP: When this hospital wants us to come and work here after completion, they must <u>renovate the buildings</u> and <u>buy resources</u> for the wards. We <u>learn a lot</u> in this hospital, especially in some of the wards who are so helpful and willing to help us.	Renovate the buildings, buy resources, learn a lot
Learning achievable		
Rude doctors	RESP: Some <u>doctors are very rude</u> and during ward rounds, some are <u>willing to teach us</u>.	Doctors are very rude
Willingness		Willing to teach us
	RESP: The staff nurses and auxiliary nurses help us with procedures. Some of the <u>staff nurses and assistant nurses teach us the wrong things</u>. When we show them what we have been taught at the college, they say we must <u>leave them alone</u> because they are <u>in a hurry</u>.	Staff nurses and assistant nurses teach us wrong things, leave them alone
Staff accompaniment		
Forgery		Sisters do assist, comment too slow
Assistance by professionals	RESP: Some <u>sisters do assist</u> us and teach me on how to take blood, but the sisters <u>comment</u> that I'm <u>too slow</u>.	
Short-tempered	R: Do you achieve any learning objectives at end of your stay at this hospital? RESP: We do <u>achieve</u> at the end of the <u>learning exposure</u>, but in some wards we <u>experience different procedures and diagnosis</u>.	Achieve, learning exposure, experience different procedures and diagnosis
Achievement		Evaluations are not fair
Extensive learning		
Unfair assessment		

General blaming Communication	RESP: Some <u>evaluations are not fair</u> . The tutor does not concentrate on my performance and remarks that we are too many and she is tired in OSCE. Some facilitator's remark badly about us, that we are poor, we are not supposed to be in nursing college.	Tutors blame, one student's wrong, poor communications
Choosing	R: Any general comment on accompaniment? RESP: <u>Tutors blame</u> all of us due to <u>one student's wrong</u> . Some institutions have <u>poor communications</u> with college in terms of transport of us. „that is true, we suffer a lot“ RESP: If we <u>had a choice</u> , we will <u>not come to this hospital</u> due to <u>poor equipment, poor accommodation</u> .	Had a choice, not come to this hospital, poor equipment, poor accommodation
Staff members not helpful	RESP: When I complete I won't come and work here due to accommodation problem. (mh... mh... nodding heads up and down) RESP: Some <u>staff members do not assist us</u> . They continue with their work as if we do not exist. R: Thanks very much for your cooperation and participation in this study. RESP: Thanks, sir.	Staff members do not assist us