

Perceptions of professional nurses on clinical competence of problem-based learning trained students in North-West Province, South Africa

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DECLARATION

I Kholofelo Lorraine Matlhaba hereby declare that this dissertation entitled **“perceptions of professional nurses on the clinical competence of problem based learning trained students in North-west province”** is my own work and has never been submitted to any institution of higher education.

Kholofelo Lorraine Matlhaba

Date: _____

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DEDICATION

I dedicate this dissertation to my parents Mr Solomon Tikedi Tlabela and Mrs Maggie Mmabatho Tlabela

ABSTRACT

Background: Nursing students require highly specialized competencies to accurately determine patients' states and to predict and cope with problems that may occur during nursing care. Nurses at the undergraduate level should play an important role in developing the competency of new routines in quality improvement programs for patients

Purpose: This research study focused on exploring and describing the perceptions of professional nurses regarding the clinical competence of Problem-Based Learning (PBL) trained students in the North West Province of Republic of South Africa.

Methodology: A qualitative, exploratory, contextual and descriptive research was used to collect data from purposively recruited participants. The study population comprised professional nurses, Focus groups discussions and individual interviews were used to gather data. Adapted Tesch's model was adapted to analyse data. Competency Framework for Career Development Practitioner in South Africa was followed to guide data collection and analysis

Results: Three main themes emerged from the interviews inter alia, communication, professional conduct competence and ethical conduct competence. PBL is believed to be the best approach to provide the student with necessary knowledge and skills to become competent independent practitioner. However, from the results of this study, it was unclear as to whether the use of PBL as a teaching approach in nursing education enhances clinical competency among nursing students.

Recommendations: It is therefore recommended that more studies be conducted with the focus being on PBL trained students themselves as well as the facilitators. It is recommended that all stakeholders strengthen partnership as clinical competence of students nurses particularly with the nursing institution being the ones implementing the approach; it is of utmost important that workshops and in-service training be provided to the professional nurses and with clear expectations regarding PBL trained students' supervision. It is also recommended that professional nurses play their teaching role and provide support to students.

Key Words: Perceptions, Professional Nurses, Clinical Competence, Problem Based Learning, Student Nurses

ABBREVIATIONS

AJNM- African Journal of Nursing and Midwifery

CPD – Continuing Professional Development

DHET – Department of Higher Education and Training

FGD – Focus Group Discussion

MMACON – Mmabatho College of Nursing

ND – No date

PBL – Problem Based Learning

RSA - Republic of South Africa

SANC – South African Nursing Council

SAQA – South African Qualification Authority

UK – United Kingdom

UKZN – University of Kwa-Zulu Natal

UNIBO –University of Bophuthatswana

USA- United State of America

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CHAPTER 1: ORIENTATION OF THE STUDY

1.1. INTRODUCTION

Globally and nationally, there is a call to transform higher education learning environments to change to from teacher-centred to learner-centred approaches. In South Africa, the South African Qualification Authority (SAQA, 2002:12) and the South African Nursing Council (SANC, 2001: 6) emphasize a paradigm shift from teacher-centred to learner-centred teaching approach. The learner-centred approach postulates that students take responsibility for their own learning in order to become independent, self-directed and competent practitioners who are able to meet the health needs of their society. As a result of this transformation, the problem-based learning (PBL) expanded its approval in many higher education institutions worldwide, particularly in the Human Science disciplines (White, 2001:1). PBL has become widely used in many professional educations and nurse educationalists are not an exception in using the approach within their teaching strategies. However, its effects on nursing students learning has received light attention in nursing education (Tiwari, Chan, Wong, Wong, Chui, Wong and Patil, 2006:430). The purpose of introducing PBL into the design of teaching students specialising in community health is to improve the quality of student learning. Hopefully, students should be able to apply theory to practice, and will value the opportunity to share experiential learning and common goals, and thus contribute to improving the appreciation of multidisciplinary and collaborative working.

1.2. BACKGROUND AND RATIONALE

The change in the political, economic, technological environment and disease profile has resulted in creating a human resource demand around the world. These changes require complex combination of various attributes, and nursing students to be equipped with highly specialized competencies to accurately determine patients' states and predict and cope with the problems that may occur during nursing care (Nehrir Vanaki, Mokhtari Nouri, Khademolhosseini, & Ebadi (2016:3). The need

urgency of adequate nursing competencies in changing and improving care is evident (Nehrir, et al 2016:3). Nurses at the undergraduate level should play an important role in developing the competency of new routines in quality improvement programs for patients (Fan, Wang, Chao, Jane, & Hsu, 2015:97). This necessitated many curricula reforms to embrace participatory pedagogies such as Problem-Based Learning (PBL) as a method used to develop cognitive and metacognitive skills as well as competencies in the nursing students. This has resulted in an extensive pressure in the academic sphere in order to meet the growing demands of labour around the world.

Due to the changes in the disease profile and primary health care needs in the communities worldwide, there is an increase demand for clinically competent and accountability in man power in the health care systems (Chikotas, 2009:393).

Such challenges have affected those with responsibilities of providing professional education to move at the fastest pace in order to meet the emergent of the population. For example, in the United Kingdom (UK) and Sweden, extensive change of curricula has been done to meet the changing needs of medical and nursing students' clinical competence (Anderson, 2012:218; Williams & Lau, 2008:92 & Ehrenberg & Häggblom, 2007:67). Likewise, in the United States of America (USA), evidence of PBL has been reported in the nursing and medical education through their accredited programmes (Savery, 2006:10). The same paradigm has been adopted in sub-Saharan Africa (Adeogun, 2008:72). Among factors involved in this programmes include, lifelong professional development, knowledge acquisition delivered through lectures, and case-based learning (Adeogun, (2008:72). Although recruitment of new graduate nurses is reckoned as a significant factor according to Benner's Novice to Expert Theory (Benner, 1984:402), these novice nurses have been associated with low level of clinical competence and inadequate clinical experience. Moreover, unpreparedness enables them to perform the nursing care with competence in many countries around the world and that include South Africa (Halfer, 2007:7; Moeti, Van Niekerk & Van Velden, 2004:72).

Due to the need for clinical competence among nurse graduates in hospitals, nursing education institutions both in under-developed and developing countries are characterized with having programmes aimed at orientating student nurses to become clinically competent practitioners (Khumalo & Gwele, 2000:57; Kim, Lee, Eudey & Dea, 2014:184). This involves facilitation of transition process where student nurses are attached to senior staff nurses in the service. For instance, the role of student nurses is about to change and be the beginning of their nursing career as professionals. According to Kim et al (2014:184), during this time, student nurses' transition into the functional independent nurses is conducted under an indirect supervision of the qualified professional nurse who always takes a supervisory role to assist the student nurse gain clinical competence. Given this scenario, it becomes necessary to explore and describe the perceptions of professional nurses on clinical competence of PBL trained students in the North-West Province.

In South Africa, just like other countries, curriculum transformation has been adopted for an over a decade now South African Qualification Authority (2002:6). In its policies the Critical Cross-Field outcomes, the South African Qualification Authority (SAQA) puts emphasis on the paradigm shift. On the other hand, SANC, which is the body regulating nursing education, stresses the importance of learner centred-education through the practice of PBL in its nursing education policies (SANC, 2001:12). In many institutions such as the institution where the study was conducted, this transformation took the form of PBL learning approach. Following the curricular reforms, it becomes necessary to evaluate the competencies of the students from the clinical practitioners' perspectives

PBL came out of the constructivist theory of education, which states that learning is active knowledge development rather than the passive absorption of information (Almasoudi, 2012:3). According to Almasoudi (2012:3), traditional methods of teaching emphasize the presentation of content information through a lecture presentation whereas PBL methods relies on the introduction of real life problems as a means to facilitate self-directed learning

According to Albanese & Mitchell (1993:52), McMaster University Medical School in Canada was the first to introduce PBL in the 1960s. Since then, the approach gained popularity worldwide, including South Africa. PBL is also used from level three to four at an institution of higher learning where this study was conducted.

The PBL approach intended to create a shift from traditional teaching method to learner-centred approach which motivates the learners to develop self-directed learning, learner-centeredness, critical thinking skills, research skills, reflective learning skills, well ethical decision making skills, problem solving skills, collaboration and teamwork, contextual and integration skills (Gwee, 2009:232). These skills are key competencies in making a competent clinical practitioner (Hartling, Spooner, Tjosvold & Oswald, and 2010:28). Several authors concur that PBL was an effective approach in nursing education practice (Uys Gwele; Mclerney; van Rhyn & Tanga, 2004; Ehrenberg & Häggblom, 2007:68; Chikotas, 2009:393; Rakhudu, 2011:88). As such, without understanding the clinical competence among PBL student nurses, challenges associated with such an approach and perceptions of professional nurses cannot be well understood.

It also puts the behaviour of student nurses to the spotlight when they are deployed into the field where they practice the skills and knowledge they would have learnt at the nursing college. In the North West Province (NWP), the University adopted this learning approach in 2002.

The University engages in curriculum transformation through their collaboration with McMaster University, Canada, with the aim to improve the state of undergraduate nursing education in the NWP of South Africa.

Despite such developments in implementing approaches aimed at improving the clinical competence of newly graduated nurses, the level of their competence in as far as satisfaction to the work, extensive involvement in practice, management of allocated tasks in practice and their innovativeness from the perspective of their supervisors is deeply understood in South Africa. Several studies including Cohen-Schotamus, Muijtjesns, Schondrock-Adema, Geertsma & van der Vlueten (2008); & Saloojee and Van Wyk (2013) have been conducted on clinical competence of PBL but the focus has been on medical students rather than on student nurses. As such, the need to study the perceptions of professional nurses on clinical competence of PBL trained student nurses; particularly the final year student nurses at the institution where the study was conducted could not be overlooked. This

knowledge gap prompted the researcher to conduct a study of this nature in the NWP of SA.

1.3. PROBLEM STATEMENT

The School of Nursing Science (SONS) in the NWP of SA adopted PBL since 2002 with the aim to develop motivation and empower student nurses with the abilities to acquire skills necessary in making a competent clinical practitioner.

However, it has been more than a decade now since the institution adopted this approach and a decade after the graduation of the first group of PBL trained, but there has not been any evaluation of their clinical competence. Nevertheless, there has been no study conducted about the perceptions of professional nurses on clinical competence of PBL trained student nurses. Thus, the researcher saw a need to explore and describe the perceptions of professional nurses regarding clinical competence of final year PBL trained student nurses.

1.4. AIM OF THE STUDY

The aim of the proposed study was to explore and describe the perceptions of professional nurses regarding the clinical competence of PBL trained student nurses in the NWP of SA.

1.5. RESEARCH QUESTION

The study sought to answer the following research question:

- What are the perceptions of professional nurses on clinical competence of PBL trained student nurses particularly final years student nurses with regard to:
 - Communication
 - Professional Behaviour
 - Ethical Behaviour

1.6. SIGNIFICANCE OF THE STUDY

It was envisaged that the study would contribute to the body of nursing knowledge already existent and also improve the standard of nursing education in the NWP, South Africa and beyond. Since PBL is recommended to be the best approach in both theoretical and clinical teaching and learning, the study may benefit nursing practice with regard to nursing education policies.

The study would also benefit the nursing profession as it may contribute to the curriculum development for the transition from teacher-centred to learner-centred approaches.

1.7. STUDY SETTING

The study was conducted at the three provincial hospitals in the NWP of SA. These are the hospitals where the university places their student nurses trained in PBL for clinical learning and community service. The two hospitals are less than 10 kilometres from the educational institution, and the other hospital is about 196 kilometres from the educational institution. The hospitals also place nursing students from other educational institutions in the province.

1.8. PRELIMINARY LITERATURE REVIEW

PBL is a method of teaching and learning that originated at McMaster University's Medical Programme in the mid-60s. This method of teaching and learning spread fairly faster and within a few years of its conception, there were PBL curricula in the Netherlands, Australia, Israel and the USA (Savery, 2006:10). Now several hundred schools offer some form of PBL.

In the early 2000s, administrators and curriculum planners at McMaster started the revision process of the undergraduate medical curriculum. They first conducted an environmental scan that included input from medical residents (Lohfeld, Neville & Norman, 2005:191). It was established that:

- PBL promotes students helping and teaching each other.
- PBL is based on contextual or real life learning and more memorable.

- PBL promotes better global knowledge.
- PBL fosters independent learning and teaches people how to learn, and that
- PBL students gain evaluation skills.

While literature review in qualitative studies is not recommended in the qualitative study to avoid contamination of the results (Polit & Beck, 2012:61), a preliminary review in the study was conducted to do the following:

- Provide a context for the research;
- Justify the research
- Ensure the research hasn't been done before (or that it is not just a "replication study")
- Show where the research fits into the existing body of knowledge;
- Enable the researcher to learn from previous theory on the subject;
- Illustrate how the subject has been studied previously;
- Highlight flaws in previous research;
- Outline gaps in previous research; Show that the work is adding to the understanding and knowledge of the field; and
- Help refine, refocus or even change the topic (Polit & Beck, 2012: 95; Brink, Van Der Walt and Van Rensburg (2012:71).

English language was used to search for information and different search engines were used for preliminary literature review.

Table 1.1: Preliminary Studies

Author/s	Article	Context	Design	Population	Findings	Identified gaps
Chikotas (2009)	PBL & Clinical practice: the practitioners 'perspective	USA	Qualitative, Phenomenological exploration	Nursing graduates	PBL shown to be effective approach to prepare student nurses for their nursing career	The study focussed on newly qualified nurses perceptions, with the proposed study, the focus will be on Professional Nurses who are supervisors for PBL trained student nurses
Rideout et al. (2002)	A comparison of Problem-based learning & Conventional curriculum in Nursing Education	McMaster University-Canada	Qualitative study	Nursing students	No statistically significant differences in clinical functioning	This study was conducted at McMaster which is developed and well-resourced for PBL as well as champions of PBL, the researcher want to explore the perceptions of Professional Nurses in the developing country
Applin et al. (2011)	A comparison of competencies between PBL & Non-PBL	Canada	Quantitative study	Nursing students	No significant difference on self-reported entry to practice	This study was conducted using quantitative paradigm, the researcher is intended to explore and describe the Professional Nurses daily experiences on PBL trained student nurses' clinical competence

	graduate nurses					
Schmidt et al. (2006)	Long –term effects of PBL: A comparison study of competencies acquired by graduates of PBL & a conventional medical school	Netherlands	Qualitative, comparison study	Medical students	There was significant difference between the two groups: PBL group believed to have much better interpersonal skill, were better problem solvers, self-directed and able to plan and work more efficiently	The gap identified is that the study focus was on competencies acquired by medical students from PBL and conventional approaches, therefore the researcher will focus on student nurses' clinical competence from the PNs perspective.
Saloojee et al. (2013)	A PBL curriculum & undergraduate performance in final psychiatry	UKZN- RSA	Quantitative, Comparison study	Medical students	No statistically significant differences in the mean marks for long case and oral examination. Results shown that despite the fact that PBL	Irrespective of how PBL is perceived on clinical competence, this study shows no difference on knowledge and skills on medical students, therefore the researcher sees the need to conduct the proposed study to explore the views of PNs on PBL trained student nurses

	examination at the Nelson R Mandela School of Medicine				curriculum produced more doctors, there was no change in the doctors psychiatric knowledge and skills compared with graduates from lecture-based curriculum	
Prince et al. (2005)	General competencies of PBL & non-PBL graduates	Maastricht University & 4 Medical schools in Netherlands	Quantitative, Comparative study	Medical graduates	There was statistically significant difference: There was high rate of competence in PBL than in non- PBL graduates	The focus of this study was on general competencies, so the researcher sought to explore and describe the daily life experiences of PNs on clinical competence of PBL trained student nurses
Cohen-Schotanus et al. (2008)	Effects of conventional & PBL on clinical & general competencies and career development	Medical Faculty of the University of Groningen- Netherlands	Quantitative, Comparative study	Medical graduates	No differences were found on clinical competence: PBL curriculum scored higher on self-rated competencies.	The gap identified is that there is no differences on the level of competencies and career development between PBL and conventional approaches on medical students, therefore the researcher will focus on student nurses clinical competence from the PNs perspective
Uys et al. (2004)	The competence of nursing graduates	University of Natal- RSA	Qualitative study	Nursing graduates	Results showed high levels of functioning in PBL graduates	University of Natal is believed to be one of the best universities in South Africa unlike North-West University (Mafikeng Campus) which is believed to be rural University and mostly cater

	from problem-based programs in South Africa					for disadvantaged students. Therefore the clinical competence of student nurses in Mafikeng Campus from the PNs perception cannot be overlooked
Rich et al. (2005)	Problem-based learning versus a traditional education: A Comparison of Preclinical and Clinical Periodontics Performance	University of South California School of Dentistry	Quantitative Comparison study	Dental students	Scores revealed that PBL students performed significantly better than traditional students in both midterm & final examination, but there was no differences in performance of clinical examination with actual patients	The gap identified is that there was a significant difference on 2 exams but not when it comes to real life situation with patients, the researcher will focus on student nurses clinical competence from the PNs perspective

1.9. PARADIGMATIC PERSPECTIVE

The paradigmatic perspective of this study guides research decisions and comprises of meta-theoretical, theoretical and methodological assumptions

1.10. META-THEORETICAL ASSUMPTIONS

The meta-theoretical assumptions for this study are based on the researcher's own view of man and world. The assumptions regarding nursing, person, health and environment are discussed as follows:

- **Nursing** is a profession within the health care sector focused on the care of individuals, families, and communities, so that they may attain, maintain, or recover optimal health and quality of life (Nursing Act, No 33 of 2005). In this study, student nurses were placed in the clinical area in order to acquire required knowledge and skills to become competent practitioners. These student nurses receive theoretical and clinical education through PBL.
- **Person** is a human being created by God in His image. Person perfects himself through knowledge seeking, understanding and making meaning of things surrounding him/her (Nursing Act, No 33 of 2005). In this study, the nursing students are persons who undergo the training journey in order to become professional nurses. The student nurse is expected to translate what is learned in classroom into practice. During this journey, the professional nurses act as mentors who guide and support the student in the clinical area to become independent competent nurse practitioner.
- **Health** is a state of complete physical, mental and social well-being of an individual (Fitzpatrick & Whal, 1999:213). These aspects capacitate an individual to function independently as a person, and to be able to interact with other individuals. A patient depends on the competent nurse practitioner for rehabilitation. In this study, clinical competence of PBL trained students will ensure that they become competent practitioners that will benefit the health of the society.

- **Environment** refers to a complex spiritual, ethical, natural, and cultural phenomenon created by God. Nursing practice in the clinical area represents the elements of social structure and spiritual and caring patterns of meaning (Meleis, 1998:330). In this study, environment refers to a hospital where student nurse are placed for their clinical practice and function under the supervision of professional nurses.

1.11. THEORETICAL ASSUMPTIONS

Clinical competence forms the basis of nursing practice. In their nursing education and training standards under the provision of Nursing Act no 33, 2005, SANC emphasises the importance of clinical competence among nurses. According to Benner's Novice to Expert Theory (1984:402), a person passes through five levels of proficiency, with the third level being competence, which SANC defined as the combination of knowledge, psychomotor, communication and decision-making skills that enable an individual to perform a specific task to a level of proficiency. The student passes through the novice and advanced beginner before they can become competent. It is belief that PBL is the approach that encourages students to achieve these skills. The theoretical assumptions of this research include the central theoretical argument as well as the conceptual clarification of the major concepts applicable to this study.

- **Central theoretical argument**

The exploration and description of the perceptions of professional nurses on clinical competence of PBL trained students will give insight into this phenomenon. Based on this insight, recommendations regarding implementation of PBL in the nursing curriculum can be formulated to improve the clinical competence of student nurses.

METHODOLOGICAL ASSUMPTIONS

Methodological assumptions of this study are based on the research model of Botes (1995:6) due to the fact that it is specifically developed for nursing research. The model is consists of three levels and each level will be discussed.

The first level represents the nursing practice. In this study, the researcher being a nurse educator herself, identified a gap on integration of theory and practice by the students in the clinical areas which lead to incompetence nurse graduates.

The second level involves the nursing research. This study is aimed to explore and describe the perceptions of professional nurses on clinical competence of PBL trained students, in order to provide insight into this phenomenon. Based on the insight provided, recommendations regarding involvement of both the nursing education institution can be formulated in order to improve clinical competence of these students

The third level consists of the paradigmatic perceptions of the researcher. The paradigmatic perceptions of this study are discussed in details in 1.10 and 1.11.

1.12. RESEARCH DESIGN AND METHODOLOGY

A qualitative approach was used to collect data from the participants. Creswell (2014:4) defines qualitative research as an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem.

An explorative, descriptive and contextual research design was employed in this study. This research design allowed the researcher to explore an in-depth understanding of participants about the phenomenon under study (Burns & Groove, 2009:51), which is clinical competence of PBL trained nursing students.

1.13. POPULATION AND SAMPLING

Burns and Groove (2009:42) define a population as all the components (characters, objects or elements) that meet certain criteria for inclusion in a particular world. The target population in this study were professional nurses in three hospitals in the North West Province where PBL trained students from the university are placed for clinical learning. Purposive sampling techniques were used for the study.

1.14. DATA COLLECTION

The purpose of data collection is to obtain specific information related to the stated problem, aim and objectives. In this study, Focus group discussions (FGDs) and individual interviews were used to collect data from all professional nurses.

1.15. ETHICAL CONSIDERATIONS

The three fundamental ethical principles as stipulated by Brink *et al.* (2012:34-38) were ensured from the beginning until the end of the study. These ethical principles were the principle of respect for persons, principle of beneficence and principle of justice. Ethical clearance was sought from NWU Ethical Committee (NWU-00420-15-A9) and from North-West Provincial Department of Health Research Committee. Permission was also obtained from hospitals' management after receiving the letter that described the aim of the study. Informed voluntary consent meant that participants had adequate information about the research, comprehended that information, and had the ability to consent to or decline participation voluntarily. Thereafter, participants received informed consent letters and the researcher ensured that they were informed regarding the purpose of the research. Participants were requested to sign a written informed consent form and those who did not give informed consent were excluded from participating in the study.

1.16. DEFINITION OF KEY WORDS

The key terms to be defined in this study are perception, professional nurse, clinical competence, PBL as well as a student nurse. Definitions of these key terms are given below:

- **Perception** refers to the ability to have knowledge and understanding of something through observation (<http://www.oxforddictionaries.com>). In this study, perception refers to the understanding of the clinical competence of PBL trained student nurses through the observation of professional nurses in selected hospitals in NWP of SA.
- **Professional nurse** 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 (Nursing Act, 2005:25). In this study, a professional nurse refers to qualified nurse working as a supervisor in a particular hospital ward where student nurses are allocated for clinical practice.

- **Clinical competence** refers to the ability to perform within the legal scope of defined practice, following standards or principles that satisfy the demands of the given situation (Kramer, 2004:892). In this study, clinical competence means the student nurse's ability to demonstrate knowledge, judgement, skill and experience to make a correct nursing diagnosis and capable of providing appropriate nursing interventions according to the scope of practice (SANC Regulation 2598 of 1984 as amended).
- **Problem-based learning (PBL)** refers to an instructional learner-centred approach that empowers learners to conduct research, integrate theory and practice and apply knowledge and skills to develop a practical solution to a defined problem (Savery, 2006:12). In this study, PBL enhances critical thinking and problem solving skills that are the key competencies in making a competent clinical practitioner.
- **Student nurse** refers to a person registered with the Council as a student nurse or a student midwife, and who receive education and training at a nursing education institution accredited to provide that programme (Nursing Act, 2005:27). In this study, student nurse refers to the final year nurse trainee from university, who is about to exit the four-year training programme to become a qualified nurse practitioner.

1.17. CHAPTER OUTLINE

- Chapter 1. Overview of the study
- Chapter 2. Research design and Methodology
- Chapter 3: Results and Literature Control
- Chapter 4: Conclusions, Limitations and Recommendations.

1.18. CONCLUSION

This chapter discussed the introduction to the study, problem statement, aim and research question, and significance of the study. Research design and methodology, and ethical considerations were briefly discussed. The next chapter describes and explains the research methodology used in this study.

CHAPTER 2: METHODOLOGY

2.1. INTRODUCTION

The previous chapter presented the overview of the study. In this chapter, focus will be on the following: 1) research methodology of this proposed study, 2) to the sample selection, 3) the methods used in designing the interview guide and collecting data, and 4) the methods used to analyse the collected data. This chapter will also discuss the data collection methods, presentation and analysis of data collected. Ethical considerations and measures to provide trustworthiness will also be discussed.

2.2. RESEARCH RATIONALE

Rationale is defined as the explanation of the logical reasons or principles employed in consciously arriving at a decision or estimate (www.dictionary.com). North-West University SONS adopted PBL approach in 2002, through their collaboration with McMaster University, Canada, with the aim to improve the state of undergraduate nursing education.

PBL approach is intended to create a shift from traditional teaching method to learner-centred approach which motivates the learners to develop necessary skills to become a competent clinical practitioner at the end of the training (Hartling *et al*, 2010:28). This motivated the researcher to explore and describe the professional nurses perceptions on clinical competence of this PBL trained students where students are placed for their practical learning. This study will benefit professional nurses in the sense their personal understanding regarding the phenomenon studied will assist to make recommendations regarding implementation of PBL in the nursing curriculum in order to improve the clinical competence of student nurses that will lead to competent practitioners.

In adherence to research ethics, participants were requested to sign a consent form before commencing with the interview. However, participants who were not willing to sign were excused.

There were no risks or discomfort towards the participants during data collection. Interviews were done in a form of group discussion, and the researcher used an audiotape to record information obtained from participants. Safekeeping of the audiotapes used in an interview as well as the transcription of those tapes was ensured. To maintain the principle of anonymity, no name was mentioned on the audiotape, even on the transcription of those tapes. All the information supplied by participants was not linked to their names.

2.3. THE CONCEPTUAL FRAMEWORK

Polit and Beck (2012:729) define conceptual framework as the conceptual underpinnings of the study. According to the authors, frameworks help to guide the inquiry and to interpret collected information. The conceptual framework serves as an anchor for the study and is referred to at the stage of data interpretation (Polit & Beck, 2012:50).

In this study, adapted Competency Framework for Career Development Practitioner in South Africa was followed (DHET, 2015:9). This framework was used to inform thinking and to give meaning and direction to nursing research. The purpose and rationale of the competence framework for CPD in South Africa is to establish minimum competencies that individuals must possess in order to provide service (DHET, 2015:9). This framework is set to be a structure that offers career development that sets out the knowledge, skills, attitude and values inherent within each competency. It was designed to provide information to employers, practitioners, qualification developers, professional bodies as well as beneficiaries of communication, professional conduct and ethical conduct (DHET, 2015:5). This conceptual framework assists the researcher with data collection and data analysis.

- **Overview of the conceptual framework.**

This is a structure that sets out and defines the knowledge, skills, attitudes and values inherent with competencies requested for South African Service Practitioner. It explains all core and specialized competencies required. This framework recommends for this study the used concepts used to guide data collection and data analysis including e.g. Competency in Ethical Behaviour

- Competency in Professional Behaviour
- Competency in communication

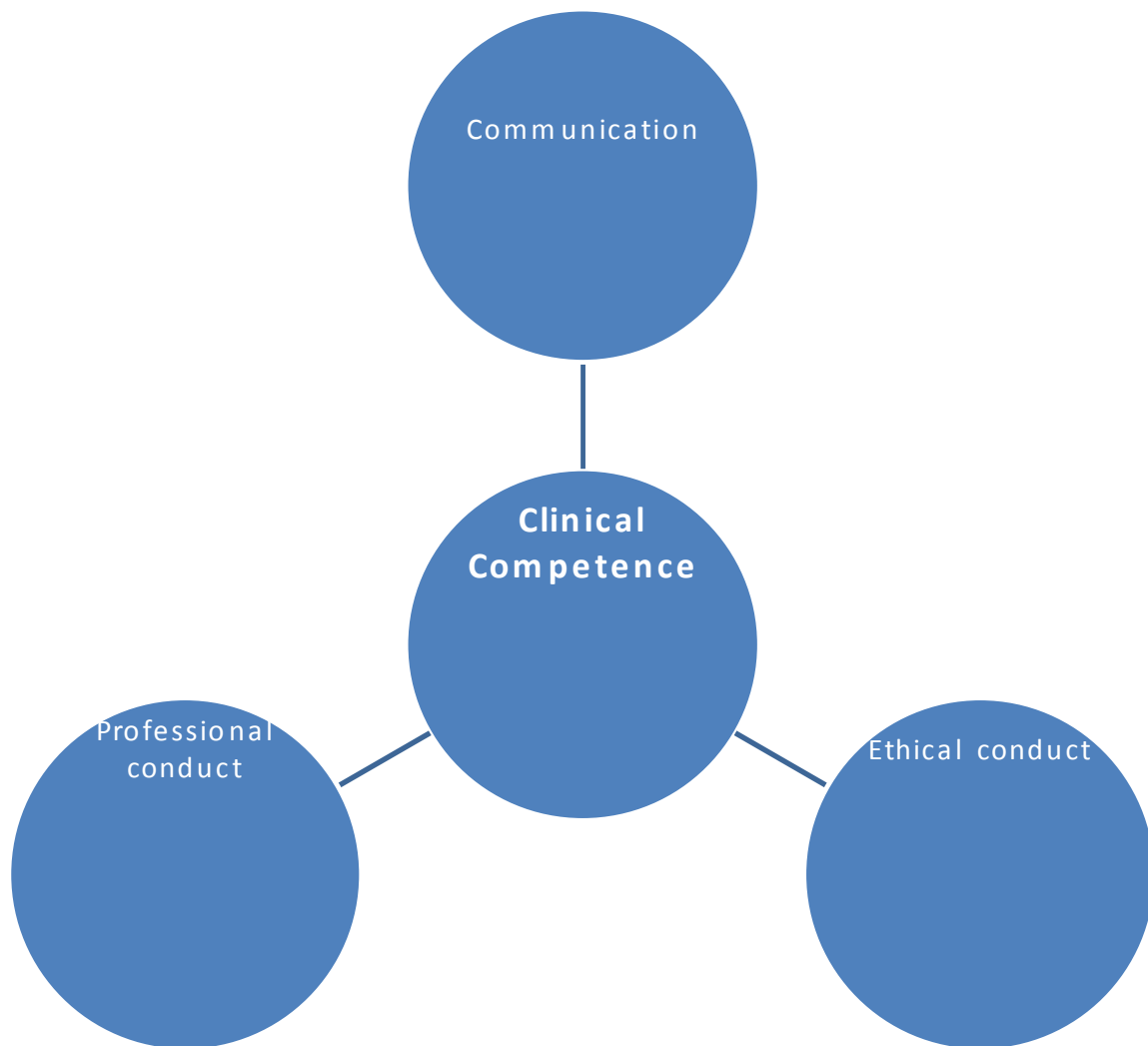


Figure 1.1: Conceptual Framework

2.4. RESEARCH METHODOLOGY

A qualitative research approach was used to collect data from the participants. Creswell (2014:4) defines qualitative research as an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. In addition, Polit and Beck (2012:733) describe methodology as the techniques of obtaining, organising and analysing data. Methodology decisions depend on the nature of the research question. Methodology in research can be the

theory of correct scientific decisions that includes the design, setting, sample, methodological limitations, and data collection and analysis techniques in a study.

Brink *et al.* (2012:121) as well as De Vos, Strydom, Fouche and Delport (2011:309) indicate that qualitative research is inductive, holistic, emic, subjective and process-oriented method used to understand, interpret, describe and develop a theory on a phenomena or setting. The authors also indicated that qualitative research is mostly associated with words, language and experiences rather than measurements, statistics and numerical figures. In this study, the researcher followed this approach with the aim of gaining insight through discovery of meaning (Creswell, 2014:205; Burns & Groove, 2009:51). The authors argue that qualitative research uses an explorative design because it allows the researcher to explore an in depth understanding of participants about the phenomenon under the study. Therefore, an explorative, descriptive and contextual research design is employed in this study. This design is explained in detail below:

2.4.1. Exploratory research

According to Polit and Beck (2012:727), exploratory research refers to a study that explores the dimensions of a phenomenon or that develops or refines hypothesis about relationships between phenomena. De Vos *et al.* (2011:95) define exploratory research as research conducted to gain insight into a situation, phenomenon, community or individual in order to discover new ideas or to increase knowledge. In this proposed study, an exploratory research is selected to gain insight and discover new ideas to increase knowledge on the perceptions of professional nurses regarding clinical competence of PBL students. Therefore, the researcher entered the research field with curiosity from the point of not knowing and to provide new data regarding the phenomena in the context.

2.4.2. Descriptive research

According to Polit and Beck (2012:725), descriptive research is defined as research that intends to explore and describe the accurate portrayal of people's characteristics

or circumstances and/or the frequency with which certain phenomena occur. In this study, descriptive refers to the experiential meaning of being involved with PBL trained students in the clinical area.

2.4.3. Contextual research

In a contextual research strategy, the phenomenon is studied for its intrinsic and immediate contextual significance. Polit and Beck (2012:489) point out that contextual studies focus on specific events on the naturalistic settings. Naturalistic settings are uncontrolled real-life situations sometimes referred to as field settings. Research conducted in the natural setting refers to an enquiry in a setting that is free from manipulation. This means that this study was conducted in the hospitals where PBL trained students are placed for their clinical learning under the supervision of professional nurses. Focus group discussion and individual interviews with semi-structured interview questions were conducted with professional nurses who were purposively selected according to the sampling criteria in the proposed study.

2.5. RESEARCH PROCESS

This study involved three phases, namely: the conceptual, narrative and interpretative phase. These phases are explained below:

2.5.1. CONCEPTUAL PHASE

The conceptual phase is characterised by formulation of research question, the objective and the purpose of the study. A preliminary literature review is done to familiarize the researcher with the content and concepts related to the study. The processes of reflexivity and bracketing were described.

- **Literature review**

Different researchers display different views regarding when a literature review should be done in a qualitative research (Morse & Field: 1995:125). Qualitative research literature review can be done either before or after data collection. However, some researchers maintain that a literature review before data collection

may mislead the researcher's ability to make accurate decisions in the study (Morse & Field: 1995:129). Other researchers feel that literature review should be done after data collection to avoid the researcher being influenced by prior thoughts on the topic (Polit & Beck, 2012:61).

In this study, preliminary literature review was done as an evaluative report of studies found in the literature related to the selected area so that the researcher to be familiar with the content of the literature.

- **The process of reflexivity**

In qualitative research, the researcher is both the researcher and the participant and can therefore not be able to be detached from the phenomenon under study. According to Creswell (2014:235), reflexivity is a continuous process whereby researchers reflect on their preconceived values and those of the participants, such as reflecting on how data collected will be influenced by how the participants perceive the researcher. Polit and Beck (2012:534) add that researchers should reflect on their own actions, feelings and conflicts experienced during research. To achieve credibility of the study, the researcher adopted a self-critical stand to the study, participants, their role, relationships and assumptions (Creswell, 2014:187).

- **The process of bracketing**

To clear any preconceived ideas about the phenomenon, the researcher did bracketing. According to Brink, et al (2012:122), "bracketing is the process where the researcher identifies and sets aside any preconceived beliefs and opinions that he/she might have about the phenomenon under investigation so that he/she can consider every available perspective."

A qualitative researcher uses bracketing to improve rigour and to reduce bias in research.

Polit and Beck (2012: 495) define bracketing as the process of identifying, holding in abeyance any preconceived beliefs and opinions about the phenomena under study so that they do not interfere with or influence the participants' perception.

Brink *et al.* (2012:122) indicates that bracketing is achieved when the researcher identifies what she/he expects to discover and then deliberately puts this ideas

aside. Bracketing facilitates the researcher's focus on the participants' perceptions and shape the data collection process according to it. The researcher being a nurse educator herself, she deliberately puts aside all her beliefs, opinions and expectations on clinical competence of PBL trained students so that all that does not interfere with or influence the participants' expectations.

2.5.2. NARRATIVE PHASE

Narrative phase involves the research design and planning the proposed study. The researcher was the data collection instrument, and sample was the participants who meet the eligibility criteria.

- **Research population**

Burns and Groove (2009:42) define population as all the components (characters, objects or elements) that meet certain criteria for inclusion in a particular world. The target population in this study was professional nurses in three hospitals in the NWP where PBL trained students from North-West University are placed for clinical learning. Brink et al (2012:131) and Polit and Beck (2012:738) concur that a population is a collection of objects, events or individuals having some common characteristics that the researcher is interested in studying or the aggregate of all cases that conform to some designed set of specifications.

- **Sample**

A sample is a portion of the target population selected to participants in the research study (Brink *et al.* 2012:131). The principle of sampling is that it should minimize representatives of selected population and allow generalization to be as accurate as possible (Polit & Beck, 2012:275, 742). Polit and Beck (2012:742) define a sample as a sub-group of a population comprising those selected to participate in a study. The sample was chosen from professional nurses employed at three selected hospitals in the North West Province where PBL nursing students are placed for

clinical learning. A carefully selected sample can provide data representative of the population from which it is drawn.

Brink *et al.* (2012: 143) asserts that sample size does not influence the importance or quality of the study and notes that there are no guidelines in determining sample size in qualitative research. De Vos *et al.* (2011:391) contend that qualitative researchers do not normally know the number of people in the research beforehand: the sample may change in size during research. Sampling goes on until saturation has been achieved; meaning no new information is generated (Creswell, 2014:189). In this study, data were collected until no new information was coming. Purposive sampling technique is used by a researcher to subjectively select participants based on what the researcher considers will be representative of the population (Brink *et al.*, 2012:141).

In this study, a purposive sampling was used because the sampled participants are professional nurses who are in constant supervision of PBL students at the three provincial hospitals in the NWP. A total number of 34 professional nurses participated in the study. Four (4) focus group discussions and seven (7) individual interviews were conducted with professional nurses at the three selected hospitals in the North West province. All of these professional nurses are involved in supervision of these PBL trained students. One (1) FGD consists of nine (9) professional nurses and three (3) FDG's consists of 6 professional nurses each. And individual interviews of seven (7) participants.

The criteria used to select participants of this study are as follows:

- Professional nurses who are registered with SANC;
- Professional Nurses with more than two years of working experience after registration with SANC as professional nurse; and
- Professional nurses who were exposed to supervision of PBL trained student nurses.

- **Sampling process**

Brink *et al.* (2012:132) refers to sampling as a process of selecting a group of people, events or behaviour with which to conduct a study. Polit and Beck (2012:742) confirm that in sampling a portion that represents the whole population is selected. Sampling is closely related to generalizability of the findings. Sampling of the participants was done with the assistance of the Nursing Service Managers from the three hospitals in a way that professional nurses were given permission to participate with no obligations by the Nursing Service Managers as the Focus group discussions and individual interviews were done during working hours.

- **Research setting**

In qualitative research, researchers tend to collect data in the natural setting in the field at the site where the participants experience the issue or problem under study (Creswell, 2014:185).

A study setting is the physical location and conditions or circumstances where and within which research study takes place (Polit & Beck, 2012:743). To maximise bias and influences, a neutral venue was selected. A neutral setting is associated with comfort, accessibility, feeling at ease and without any expected behaviours (Polit & Beck, 2012:743). The setting will be carefully determined to decide where and when data will be collected to promote neutrality. This study was conducted at the three provincial hospitals in the NWP where PBL trained student nurses from North-West educational institution are placed for clinical learning. The two hospitals are less than 10 kilometres from the educational institution, whereas the other hospital is about 196 kilometres from the educational institution.

2.5.3. INTERPRETIVE PHASE

Interpretive phase involves the actual data collection, analysis and interpretation of data. The purpose of data collection is to obtain specific information related to the stated problem, aim and objective. In this study, FGD and individual interviews were used to collect data.

2.6. DATA COLLECTION

Polit and Beck (2012:725) define data collection as the process of gathering information to address a research problem. Data collection in qualitative research is different from quantitative research methods because in qualitative research data is typical text based and unsuitable for statically analysis. The purpose of data collection is to obtain specific information related to the stated problem, aim and objective. In this study, FGD and individual interviews were used to collect data. The FGDs and individual interviews comprised professional nurses who are in constant supervision of PBL students. Data was collected between April and July 2016 and duration for FDG was 1 hour – 1 hour 30 minutes. And individual interviews 30 – 45 minutes. According to Polit and Beck (2008:394), the researcher guides, monitors and records the discussions and interviews. Digital voice recorder used to record the words of participants to ensure that pre-stories from the participants are captured. The recording of words assisted the researcher to capture pure stories cited by participants as the researcher might have missed some words during field note taking.

- **Field notes**

Note taking was done on the field and this was used as a back-up with the help from the digital voice recorder; all missed words can be easily recovered. Field notes help to record all the events happening during the observations (Krueger, 2002:9).

Probing questions were used to allow participants to elaborate more clarity on the phenomenon.

2.6.1. FOCUS GROUP DISCUSSIONS

In this study, focus group discussions (FGD) were useful in participatory and action research where members of the group were equal participants, and where the topic was a practical concern. Participants were all professional nurses. A FGD is a good way to gather together people from similar backgrounds or experiences to discuss a specific topic of interest (Sharif & Masoumi, 2005:5). The group of participants are guided by a moderator (or group facilitator) who introduces topics for discussion and helps the group to participate in a lively and natural discussion among themselves

(Sharif & Masoumi, 2005:5). The strength of FGD relies on allowing the participants to agree or disagree with each other.

This situation provides an insight into how a group thinks about an issue, about the range of opinion and ideas, and the inconsistencies and variation that exist in a particular community in terms of beliefs and their experiences and practices. FGDs can be used to explore the meanings of survey findings that cannot be explained statistically, the range of opinions/views on a topic of interest and to collect a wide variety of local terms (Masadeh, 2012:63). The crucial element of FGDs is the facilitation. Some important points to bear in mind in facilitating FGDs are to ensure even participation, careful wording of the key questions, maintaining a neutral attitude and appearance, and summarizing the session to reflect the opinions evenly and fairly. A detailed report should be prepared after the session is finished. Any observations during the session should be noted and included in the report. The other rationale for employing FGD is that it increases stimulation.

The researcher wanted to get more in-depth information on perceptions of the professional nurses who are in constant supervision of PBL students.

Polit and Beck (2012:537) as well as de Vos *et al.* (2011:361) define FGDs as carefully planned discussions that take advantage of group dynamics for accessing rich information in an economical manner.

A focus group is a group of interview of approximately 6 to 12 who share similar characteristics of common interests. According to some literature, there are advantages and disadvantages when coming to focus group interviews. Krueger (1994) cited by Masadeh (2012:64) presented these advantages and disadvantages.

According to the above-mentioned researchers, advantages of FGDS are as follows:

- It is comparatively easier to drive or conduct;
- It allows to explore topics and to generate hypotheses;
- It generates opportunity to collect data from the group interaction, which concentrates on the topic of the researcher's interest; and
- It has low cost in relation to other methods and quicker way of obtaining valuable data.

The researchers also stated the disadvantages by mentioning that focus group discussions:

- The researcher has less control over the data that are generated;
- It is not possible to know if the interaction in group he/she contemplates or not the individual behaviour;
- The data analysis is more difficult to be done. The interaction of the group forms a social atmosphere and the comments should be interpreted inside of this context;
- It demands interviewers to be carefully trained;
- It takes effort to assemble the groups; and
- The discussion should be conducted in an atmosphere that facilitates the dialogue.

In this study, Four (4) focus group discussions and seven (7) individual interviews were conducted with professional nurses at the three selected hospitals in the North West province. All of these professional nurses are involved in supervision of these PBL trained students. One (1) FGD consists of nine (9) professional nurses and three (3) FDG's consists of six (6) professional nurses each. And individual interviews of seven (7) participants FGD were beneficial in saving time and travelling costs as compared to individual interviews. The other reason was that participants may be more comfortable talking in a group than individually.

2.6.2. Individual Interviews

Polit & Beck (2012:731) defines interviews as a data collection method where the interviewer asks questions to an individual participant. Tis method can be done either face-to face or telephonically (Polit & Beck, 2012:265). In this study, face to face interviews was conducted where individual participants where asked the same semi- structure interview.

In this study, seven (7), face to face interviews were used when it was difficult to assemble groups especially after travelling to areas for data collection.

2.6.3. Semi- structured interviews

In this study semi-structured interviews were used as guided by Annexure A. with semi-structured interviews, the researcher had a list of questions to be covered by participants during the discussion (Polit & Beck, 2012:536)

- **Semi-structured Format**

Although it is important to pre-plan the key questions, the interview should also be conversational, with questions flowing from previous responses when possible.

For example, if an interviewee remarks that “PBL is learner centred approach” an appropriate response would be, “How do you think PBL can improve clinical competence of student nurses?”

- **Seek Understanding and Interpretation**

It is important to use active listening skills to reflect upon what the speaker is saying. The interviewer should try to interpret the conversation and should seek clarity and understanding throughout the interview.

- **Recording Responses**

The responses are typically audio-recorded and complemented with written notes (that is field notes) by the interviewer.

Written notes include observations of both verbal and non-verbal behaviour as they occur, and immediate personal reflections about the interview. In semi-structured involve not only asking questions, but also systematically recording and documenting the responses to probe for deeper meaning and understanding.

The primary advantage of semi-structured interviews is that they provide much more detailed information than what is available through other data collection methods, such as surveys. They also may provide a more relaxed atmosphere in which to collect information; people may feel more comfortable having a conversation with you about their programme as opposed to filling out a survey.

However, there are a few limitations and pitfalls, each of which is described below (Boyce & Naele, 2006:3).

- **Prone to bias**

Because programme or clinic staff might want to “prove” that a programme is working, their interview responses might be biased. Responses from community members and programme participants could also be biased due to their stake in the programme or for a number of other reasons. Every effort should be made to design an interviews schedule and conduct interviews to allow for minimal bias.

- **Can be time-intensive**

Interviews can be a time-intensive evaluation activity because of the time it takes to conduct interviews, transcribe them, and analyze the results. In planning one’s data collection effort, care must be taken to include time for transcription and analysis of this detailed data.

- **Interviewer must be appropriately trained in interviewing techniques**

To provide the most detailed and rich data from an interviewee, the interviewer must make that person comfortable and appear interested in what they are saying. They must also be sure to use effective interview techniques, such as avoiding yes/no and leading questions, using appropriate body language, and keeping their personal opinions in check.

- **Not generalizable**

When semi-structured interviews are conducted, generalizations about the results are usually not able to be made because small samples are chosen and random sampling methods are not used. Nevertheless, semi-structured interviews provide valuable information for programmes, particularly when supplementing other methods of data collection. It should be noted that the general rule on sample size for interviews is that when the same stories, themes, issues, and topics are emerging from the interviewees, then a sufficient sample size has been reached, that is, data saturation.

2.6.4. ANTICIPATED PROBLEMS DURING DATA COLLECTION

- **Situational contaminants**

Some situational factors could influence the participants' response adversely, including being aware of the interviewer presence (reactive factor). Environmental factors such as lighting, temperature and noise may impact the participants' reaction.

In this study, situational contaminants were excluded by use of a well-ventilated and lighted room, chairs were arranged in a circle to be nearer the tape recorder, and a 'do not disturb' sign put outside the interview room to limit interference during data collection session.

- **Response set bias**

Personal characteristics of participants may influence their responses to questions, resulting in the phenomenon of social desirability of response, extreme of response and submission. The interview technique, explanation of the purpose of the research to the participants and assurance of confidentiality as well as the signed consent form were useful in reducing the above-mentioned traits.

- **Transient personal factors**

Some temporary states of participants, such as anxiety and fatigue, could influence their response. To limit this, the interviews were scheduled for the mornings.

- **Administrative disparities**

Administrative disparities are problems during data collection. In this study, the researcher practiced how to use the tape recorder. The researcher ensured that the audiotape was fully charged before the interview commence. The researcher operated the audiotape, and appointed an assistant to take field notes and both the researcher and the assistant served light meals after the interview.

- **Researcher bias**

The researcher was the main conductor of the research in the participants' natural environment. This could lead to distortion of the findings of the research. However,

the researcher practiced bracketing as well as reflexivity to overcome this problem. The researcher also verified and clarified participants' responses.

- **Research guide**

In this study, the researcher was the primary data collection guide because the data from participants were words in the context of the research problem (Creswell, 2014:185). This approach allows greater latitude in providing answers.

Therefore, professional nurses were able to provide in-depth information regarding the phenomenon.

The researcher developed a guide for data collection in alignment to the conceptual framework. This helped with structuring of questions used as a 'road map' and memory aid during the discussion (Krueger, 2002:6). The researcher guide was for collecting qualitative data on the professional nurses' perceptions on clinical competence of PBL trained students. The same focus guide was used for each focus group.

The rationale for choosing this method was to:

- Obtain different perspectives on the phenomenon under investigation.
- Clarify unclear questions because dialogue will be used.

The interview was audiotaped to ensure correct use of the digital voice recorder and to listen to the researchers' problems with probing and verbal reactions. During this exercise, body language and non-verbal responses as well as the manner of asking questions were given attention (Krueger, 2002:9). This enhanced the researcher's level of confidence.

- **The researcher's role**

The researcher introduced herself to the participants to establish rapport. Participants were informed about the purpose of the study. The researcher was the facilitator of the focus group discussion. A non-threatening climate was ensured. All participants introduced themselves. The participants sat in a circle to facilitate better communication and to ensure productivity as well as comfort in disclosing information. The researcher established the following ground rules:

- The most important rule is that only one person speaks at a time. There may be temptation to jump in when someone is taking but please wait until they have finished;
- There are no right or wrong answers;
- You do not have to speak in any particular order;
- When you do have something to say, please do so. There are many of you in the group and it is important that I obtain the views of each of you; and
- You do not have to agree with the views of other people in the group.

These ground rules are necessary for the smooth running of the interview. The researcher introduced the topic to be discussed to put the participants at ease. Questions will be asked inductively, proceeding from general to specific using semi-structured interview guide.

Ethical issues, in particular confidentiality and anonymity, were ensured by asking the participants to keep the discussion confidential and identity cards with numbers will be used during the interview. Therefore, participants were asked not to mention their real names but use the names on the cards (Creswell, 2014:238).

- **Process of recording interview**

According to Creswell (2014:239), research observation is when the researcher takes field notes on the behaviour and activities of the individuals at the research site. Polit and Beck (2012: 544) stated that the main aim of observation is to understand the behaviours and experiences as they occur in a naturalistic setting. Therefore, observation involves observing people's actions and behaviour to certain stimuli or situations.

Because the researcher wanted to capture narrative and verbal exchange in an exploratory and holistic way, the researcher documented otherwise ephemeral highlights of group discussion. Digital voice recorder was used to record the words of participants to ensure that pre-stories from the participants were captured. The recording of words will assist the researcher to capture pure stories cited by participants as the researcher might miss some words during field note taking.

Field notes were taken with the help from the audio tape. All missed words can be easily recovered. Field notes help to record all the events happening during the observations. Probing questions were used to allow participants to elaborate more clarity on the phenomenon.

2.7. DATA ANALYSIS

Data analysis means to organise, provide structure and elicit meaning. Analysis of qualitative data is an active and interpretive process (Polit & Beck, 2012:725). The information gathered from data collection requires it to be systematically analysed so that it can be interpreted for conclusions to be drawn (Polit & Beck, 2012:560).

Qualitative data analysis is based on a common set of principles, namely; transcribing the interviews; reading and rereading transcripts to gain detailed insights of the phenomena; labelling segments of data by coding; developing a system to sort and store codes; and linking codes together to form overarching categories or themes which may lead to the theory development (Smith & Firth, 2011:59-60).

In this study, data were analysed simultaneously when data collection was done. Data were transcribed to verbatim and later coding of themes, categories and subcategories was done as discussed in Creswell (2014:197). Trustworthiness of data was done with the assistance of a qualified qualitative researcher to ensure stability of data recorded.

- **The Process of coding**

Data were coded using the following coding system adapted from the Tesch's Model: (Creswell, 2014:198).

- Read through the entire transcript – the researcher will carefully read through the entire transcript to get a sense of the data as a whole
- Identify the major categories – the researcher will be picking any transcript file and read through it, jotting down ideas as they come to mind and write thoughts in the margin and identifying the major categories represented

- Read the entire transcript file again – the researcher will read through the entire transcript file again and underline units of meaning related to the identified major categories
- Identifying subcategories - the researcher will put the units of meaning into major categories while at the same time identifying subcategories within the major categories
- Recording the existing data – the researcher will record the existing data if necessary and conduct a preliminary analysis.
- Recording the existing data: the researcher recorded the existing data if necessary and conducted a preliminary analysis.

2.8. TRUSTWORTHINESS

In this study, trustworthiness was ensured by laying aside the preconceived ideas about the phenomenon. Trustworthiness was also ensured by following the criteria suggested by Lincoln and Guba (1985) cited in Polit and Beck (2008:539) as well as Brink *et al.* (2012:172).

- Credibility involves establishing that the results of the research are credible or believable from the perspective of the participant. Therefore, the purpose of the qualitative research is to describe or understand the phenomena of interest from the participants' eyes. Polit and Beck (2012:724) define credibility as the confidence to the truth of the data and interpretation of them.
 - Members checking were done to assess the intentionality of the participants, to correct obvious errors and to provide additional information (Brink *et al.* 2012:172).

This involved giving feedback regarding preliminary findings and interpretation to participants and securing their reaction (Creswell, 2014: 201). Data elicited from the people under study were checked throughout the focus group interview. This was achieved by the researcher's summary, paraphrasing or repeating the participants' words. The

researcher asked participants whether the interpretation was a true and fair reflection of their perceptions.

- The researcher also checked the reliability of the coding with a qualified researcher who encoded the data and checked for agreement.
- Dependability refers to verification of data for authenticity and accuracy to confirm whether it was the actual data recorded during the interview (Brink *et al.* 2012:172). The idea of dependability, on the other hand, emphasizes the need for the researcher to account for the ever-changing context within which research occurs. The researcher is responsible for describing the changes that occur in the setting and how these changes affected the way the research approached the study.
 - Inquiry audits: inquiry audit refers to data and relevant supporting documents being scrutinised by an external reviewer (Creswell, 2014:202). In this study, the supervisor of the research audited the research project.

In this study, stepwise replication was used where by all the steps and replicated by a qualified qualitative researcher who dealt with the data independently and then compared the findings.

- Confirmability refers to the potential for congruency of data in terms of accuracy, relevance or meaning (Brink *et al.* 2012:172). Qualitative research tends to assume that each researcher brings a unique perspective to the study.

There are a number of strategies for enhancing conformability, 1) the researcher can document the procedures for checking and rechecking the data throughout the study, 2) the researcher can take a "devil's advocate" role with respect to the results, and this process can be documented.

The researcher can actively search for and describe and *negative instances* that contradict prior observations. And, after the study, one can conduct a *data audit* that examines the data collection and analysis procedures and makes judgements about the potential for bias or distortion.

In this study, confirmability was ensured by using enquiry audits where the auditor examined critical incidents of the study.

- Transferability refers to the extent to which research findings can be transferred to other contexts (Brink et al, 2012:172). Transferability refers to the degree to which the results of qualitative research can be generalized or transferred to other contexts or settings. From a qualitative perspective, transferability is primarily the responsibility of the one doing the generalizing. The qualitative researcher can enhance transferability by doing a thorough job of describing the research context and the assumptions that were central to the research. The person who wishes to "transfer" the results to a different context is then responsible for making the judgment of how sensible the transfer is. In this study, the researcher purposively selected participants based on their knowledge of the phenomenon under investigation and the location. Sample size was determined by data saturation.

2.9. CONCLUSION

In this chapter, the discussion was on research methodology and focus was on the research design, research setting, population and sampling, data collection and analysis. The next chapter focuses on the presentation, interpretation and analysis of results and literature control.

CHAPTER 3: RESULTS AND DISCUSSION

3.1. INTRODUCTION

The previous chapter discussed the methodology used to conduct this study. In this chapter analysis and interpretation is guided by the competency framework (DHET, 2015). The quotes are provided in the discussion of the results to give the perceptions of participants.

Both focus group discussions (n=27) and individual interviews (n=7) were conducted using semi-structured interviews with professional nurses in the clinical areas where PBL trained students are placed for clinical learning. Literature control was done to validate the findings.

3.2. PERCEPTIONS

Perception refers to the ability to have knowledge and understanding of something through observation (<http://www.oxforddictionaries.com>). Many authors define perceptions differently. Michener, De Lamater & Myers (2004: 108) define social perception as assembling an understanding of the social world. In this study, perceptions are the professional nurses understanding of clinical competence of students trained in PBL context as they have been placed for their clinical learning at the work place of these professional nurses. It is set to believe that these professional nurses are the relevant people who can give a clear understanding of their opinions as it is believed that they have direct and continuous supervision of these PBL trained students.

3.3. OBJECTIVES

Chapter three was developed under the following research objectives:

- To analyse raw data, and reduce it to codes/concepts, sub-categories, categories and themes.

- To reflect participants' perceptions and views through quotations from what they had said, and
- To discuss findings in the light of relevant literature.

3.4. DERMACATION OF CONTENT AND SAMPLE

Four (4) focus group discussions and seven (7) individual interviews were conducted with professional nurses at the three selected hospitals in the North West province. All of these professional nurses are involved in supervision of these PBL trained students. One (1) focus group discussions consists of nine (9) professional nurses and three (3) FDG's consists of six (6) professional nurses each. And individual interviews of seven (7) participants.

3.4.1. DESCRPTION OF THE SAMPLE

Table 3.1.1: Reflects the hospitals and its classification involved in the study, the number of professional nurses per hospital, age, gender, race and the years of experience after registration as professional nurses as well as the years of experience in supervision of PBL trained students in focus group discussions.

Table 3.1.1: Description of the sample for focus group discussions

		Hospital 1	Hospital 2	Hospital 3
Age ranges		25 – 29 = 1 30 – 39 = 3 40 – 49 = 6 50 – 55 = 5	30 – 39 = 1 40 – 49 = 2 50 – 60 = 3	30 – 39 = 1 40 – 49 = 3 50 – 55 = 2
Gender		11 females & 4 males	6 females	5 females & 1 male
Race		15 blacks	2 whites and 4 blacks	6 blacks
Years of experience post SANC registration	2 - 3	2	2	-
	3– 5	1	5	2
	5-10	1	2	1
	>10	2	4	3
Years of experience in supervision of students	2 - 3	2	4	1
	3 - 5	2	2	2
	5-10	1	4	2
	>10	2	3	1

Table 3.1.2: Reflects the hospitals and its classification involved in the study, the number of professional nurses per hospital, age, gender, race and the years of experience after registration as professional nurses as well as the years of experience in supervision of PBL trained students in individual interviews.

Table 3.1.2: Description of the sample for individual interviews

		Hospital 1
Age ranges		24 – 33 = 1 34 – 40 = 2 41 – 49 = 3 50 – 52 = 1
Gender		5 females & 2 males
Race		7 blacks
Years of experience post SANC registration	2 - 3 3– 5 5-10 >10	2 1 1 2
Years of experience in supervision of students	2 - 3 3 - 5 5-10 >10	3 2 - 2

3.5. THEMES, CATEGORIES AND SUB-CATEGORIES

Themes were derived from the questions asked all participants. The questions also generated categories, which provided descriptions of the subcategories. Selected categories were verified through reflection on the data and discussions with the independent experts who analysed raw data, refining the categories and identifying the propositions (Creswell, 2014:203-204).

In discussing the findings of this study, the researcher used constructivism, which is a theory built upon the premise of a social construction and interpretation of reality

(Polit & Beck, 2012:12). One of the advantages of this approach is the close collaboration between the researcher and the participant, while enabling participants to tell their stories. Through these stories the participants are able to describe their perceptions of reality and this enables the researcher to better understand the participants' actions (Rideout *et al.* 2002:34).

Three (3) themes, eight (8) categories and twenty-six (26) sub-categories emerged during data collection phase of the study. These themes were analysed using the adapted Tesch's eight steps of qualitative data analysis (Creswell, 2014:198).

Each theme, category and sub-category will be discussed separately, and will be supported by direct quotations from participants' responses. Relevant literature will be cited to ensure that literature control is done. Themes, categories and sub-categories emerged from the results of this study are given in Table 3.2.

Table 3.2: Perceptions of professional nurses on clinical competence of PBL trained students.

THEMES	CATEGORIES	SUB-CATEGORIES
1. Perceived communication	1. Dysfunctional stakeholders collaboration between university facilitators, clinical professional nurses and PBL trained students	1. Lack of clinical partnership between clinical stakeholders 2. Operational barriers between clinical education stakeholders
	2. Disenfranchisement in student's clinical teaching and learning	1. Ineffective communication amongst stakeholders 2. Insufficient clinical accompaniment from facilitators 3. PBL trained students unable to integrate theory and practice
2. Perceived professional conduct competence	1. Attributes/Characteristics of PBL trained students	1. Knowledgeable and Informed 2. Critical thinkers 3. Lifelong learners 4. Problem solvers 5. Possess presentation skills 6. Possess leadership skills
	2. Destructive professional response of students educated in PBL context in the clinical area	1. Judgemental to diploma trained professional nurses 2. Lack of interest in the clinical area 3. Poor time management

		4. Lack of professional reporting in the clinical area 5. Cell phones chatting in the clinical area 6. Poor team work
	3. Misrepresentation of the PBL-teaching and learning approach from practice professional nurses	1. Misunderstanding of PBL 2. Perception of PBL approach
3. Perceived ethical conduct competence	1. Attitude of PBL trained students	1. Positive attitude towards patients 2. Negative attitude toward professional nurses 3. Negative attitude towards nursing
	2. Unprofessional attitude of professional nurses towards PBL trained students	1. Lack of clinical support from professional nurses 2. Dormant anger and discrimination towards student nurses educated in PBL context
	3. Projection of professional nursing role in the clinical practice	1. Irrational expectations from student nurses 2. Lack of trust in PBL trained students

The above themes, categories and sub-categories are discussed in the following sections. The first theme that emerged from the findings of this study is perceived communication, categories and sub-categories that emerged from this theme are depicted in Table 3.3 below:

3.5.1. THEME 1: PERCEIVED COMMUNICATION

The first theme to emerge in the findings of this study is perceived communication. See Table 3.3 Theme 1, its categories and subcategories:

Table 3.3: Theme 1, its categories and subcategories

THEME	CATEGORIES	SUB-CATEGORIES
1. Perceived communication	1. Dysfunctional stakeholders collaboration between university facilitators, clinical professional nurses and PBL trained students	1. Lack of clinical partnership between clinical stakeholders 2. Operational barriers between clinical education stakeholders
	2. Disenfranchisement in student’s clinical teaching and learning	1. Ineffective communication amongst stakeholders 2. Insufficient clinical accompaniment from facilitators 3. PBL trained students unable to integrate theory and practice

Communication is a first theme identified in this study. Communication is an important component in the construction of workplace identities, including leader and group identities (Mallett-Hamer, 2006:9). Communication skills can help improve on overall workplace culture. These skills can eliminate barriers and resolve problems (Akhter, Khan, & Hassan, 2009:113). In some instances, effective communication can enhance the promotion of stronger workplace relationships and impact positively on productivity (Reich, 2010:18).

David (2012:10) in his conceptual framework highlighted that a skilled workforce is an investment to any organization as they can relate well with peers and clients, and skilled workforce is a motivation for organizational growth. However, the ability to communicate with stakeholders is a skill that can be learnt or influenced. The study also established that there was disenfranchisement in students’ teaching and learning.

The contributory factors to this was ineffective communication among stakeholders, insufficient clinical accompaniment from facilitators and the inability of PBL trained students to integrate theory into practice. The two categories emerged in the results of this study are dysfunctional stakeholders' collaboration between university facilitators, clinical professional nurses and PBL trained students and disenfranchisement in student's clinical teaching and learning. These categories are discussed below:

CATEGORY 1: DYSFUNCTIONAL STAKEHOLDERS' PARTNERSHIP BETWEEN UNIVERSITY FACILITATORS, CLINICAL PROFESSIONAL NURSES AND PBL TRAINED STUDENTS –

In PBL spheres, PBL is considered as utmost important to learners (Barrows, 1986: 483). In the study conducted by Rakhudu & Davhana-Maselesele (2016:7), researchers stated that the nursing education institution and clinical staff need to work together to educate the students through PBL.

The present study found that there dysfunctionality exists in stakeholder partnership between university facilitators, clinical professional nurses and PBL trained students. The participants of the study indicated that they had no awareness about what the students should be mentored on as expected by the university facilitators.

The majority of the professional nurses being products of traditional methods of teaching found it difficult to be of much help to the PBL trained students who they view as boasting of a "better educated disposition." The study established that if efficiency was to be harnessed, both university facilitators and professional nurses need to determine common agenda and clinical curricula for the PBL trained students in order to forestall the barriers.

Sub-categories that emerged from dysfunctional stakeholders' partnership between university facilitators, clinical professional nurses and PBL trained students are discussed below:

Sub-category 1: Lack of clinical partnership between clinical stakeholders - All participants indicated that there is huge and urgent need for meetings and feedback between the university and facilities. They also indicated that this intervention should not only focus on management but also professional nurses on the ground floor as they are the ones in constant supervision of the students.

One participant said: *"Yes in the hospitals again we must arrange someone to give feedback on a meeting of all the people where they work and ask if we experience any problems on this and what was [were] your problems and give a proper written feedback."*

Another participant said: *"I think if the tutors or lecturers can create good relationship with professional nurses in the ward then that will solve the problem because they cannot always be here."*

The study results concur with the study conducted by Sadlo (2014:7) that both practice placements and campus-based PBL can promote quality learning experiences for students. The study establish that practical placement need careful planning in order to identify specific theoretical learning to match the practical learning needs according to students level of training and to assess whether those needs are met at the end of placement. Therefore, partnership between facilitators and professional nurses is vital.

Sub-category 2: Operational barriers between clinical education stakeholders –

All participants indicated that there are important aspects that need to be considered as they are barriers that might contribute to incompetency of PBL trained student nurses. Those barriers include the PBL curriculum itself, clinical exposure as well as the methods used in assessment of students during practical exam.

One participant said: *“...So my challenge is I don’t know if the curriculum itself is not, what should I say is not modernised or is not being reviewed according to what is happening or relevant to what is happening in the clinical facilities for example in the psychiatric hospital .”*

Another participant said: *“Mhmh because they will only come on Thursdays and Fridays so it’s mmm time is limited so they don’t get enough exposure*

Another participant said: *“If they can change the method on doing assessment with a doll and do it to the living people in real life will change their attitude.*

The study findings concur with that of the study conducted by Gilbert and Brown (ND: 27) in Australia. Researchers found that short placements can result in a decreased sense of belonging and limited opportunities for student nurse. Researchers further allude that a number of clinical placement hours has been identified as a negative factor in student achieving sufficient clinical experience.

CATEGORY 2: DISENFRANCHISEMENT IN STUDENT’S CLINICAL TEACHING AND LEARNING –

The majority of the participants in this study indicated that there was no close engagement between the college facilitators and hospital staff, insufficient clinical accompaniment from facilitators and that PBL trained students were unable to integrate theory and practice.

One participant said: *“The sign is we miss each other, the feedback from the hospital and the university and on the progress of the students but definitely they have to seriously look into the staff because now that is the problem we don’t have time to monitor them.”*

Based on the findings of a study at one African Health Sciences University (2006), it was established that some facilitators lacked knowledge of the subject matter.

In the study conducted by Thomas & Harden, (2008:45), the study indicated that some feedback was generalized, random and structured. Mubuuke, Louw & Van Schalwyk, (2016:5) indicated that some feedback addressed different domains, hence was of no relevance to the PBL students. Therefore, these findings underscore the need of enfranchisement in students' clinical teaching and learning.

Sub-category 1: Ineffective communication amongst stakeholders - The study established that ineffective communication prevailed between facilitators and professional nurses. As results of this, professional nurses found it challenging to supervise these PBL trained student nurses as they are sometimes not sure whether the students are absent or they are called urgently at the university.

The evidence below corroborated these findings.

One participant said: *"... You will never get a call from the university says to you kindly release the student because we need them urgently because of this matter so is difficult to control is difficult to supervise."*

The study results coincide with the results in the study conducted by Ustun (2006:423) that recommended that effective communication and communication skills are the most important fundamental elements in the daily performance of the health care staff, nurses and student nurses included.

Sub-category 2: Insufficient clinical accompaniment from facilitators - All participants indicated that there is insufficient clinical accompaniment from the facilitators and that have a negative impact on the development of clinical competence of the students.

One participant said: *"Teachers from the nursing education they don't follow them up because for example they have objectives they have workbooks."*

Another participant said: *"We have a problem with those preceptors/lecturers they hardly come."*

One participant said: *"I think from the side of the institutions, there has to be continuous assessment, continuous interaction with practicing institutions, maybe they come weekly to give us the objectives, and you come maybe next week again to check if we have assisted the students with regards to that."*

A study conducted in the NWP of South Africa highlighted that strategic management and leadership should offer support and commitment of time, energy and resources to PBL students for PBL to be successful (Rakhudu & Davhana-Maselesele, 2016:10).

The study confirms that sufficient clinical accompaniment is significant in nurse training and facilitators must accompany PBL trained students regularly, and must have continuous interaction with the professional nurses in the clinical area. .

Sub-category 3: PBL trained students unable to integrate theory and practice -

The study findings show that students educated in the PBL context are good in theory but unable to apply what was taught in class in the practical situation.

One participant said: “... *then from the university they do a lot of theory so the level four students in the ward, they need ehhhh, I think they still need lot of supervision.*”

Another participant indicated the following; “...*PBL ones my experience is that they are not more into practical work, they are more into theory.*”

The study findings confirm the finding of the study conducted by Tiwari, Chan, Wong, Wong, Chui, Wong and Patil (2006:431), where it was frequently observed that nursing students with appropriate theoretical bases shown insufficient skills in the clinical environment.

3.5.2. THEME 2: PERCEIVED PROFESSIONAL CONDUCT COMPETENCE

The second theme to emerge in the findings of this study is perceived professional conduct competence. See table 3.4 Theme 2, its categories and sub-categories:

Table 3.4: Theme 2 and its Categories & Sub-categories

THEME	CATEGORIES	SUB-CATEGORIES
2. Perceived professional conduct competence	1. Attributes/Characteristics of PBL trained students	1.Knowledgeable and Informed 2. Critical thinkers 3. Lifelong learners 4. Problem solvers 5. Possess presentation skills 6. Possess leadership skills
	2. Destructive professional response of students educated in PBL context in the clinical area	1. Judgemental to diploma trained professional nurses 2. Lack of interest in the clinical area 3. Poor time management 4. Lack of professional reporting in the clinical area 5. Cell phones chatting in the clinical area 6. Poor team work
	3. Misrepresentation of the PBL-teaching and learning approach from practice professional nurses	1. Misunderstanding of PBL 2. Perception of PBL approach

Theme 2 of this study focus on perceived professional conduct competence and it will be discussed in the following section

Professional conduct is the field of regulation of members of professional bodies, either acting under statutory or contractual powers. According to SANC nurses are expected to behave in a professional manner towards all the stakeholders in the health care facility and communities at large. Nurses are expected to maintain professionalism at all time (Uys *et al.* 2004:75).

Categories and sub-categories for professional conduct are discussed in the following section.

CATEGORY 1: ATTRIBUTES/CHARACTERISTICS OF PBL TRAINED STUDENTS

All participants indicated that PBL trained students were given good education from the university and that ensured that they possess the attributes or characteristics of PBL. All participants of this study mentioned attributes/characteristics of PBL trained students in their responses.

One of the participants said: *“Me I have realised that ehh students are being taught at university they are being given good education.”*

The results also concur with that of the study conducted by Hamdan, Khan, Ghafar & Sihes (2014:140) in Malaysia.

The study confirmed that PBL provided the students with the opportunity to develop critical thinking, problem solving, information retrieval and evaluation skills.

Sub-categories emerged from the attributes/characteristics of PBL trained students are discussed below:

Sub-Category 1: Knowledgeable and informed - Majority of participants mentioned those PBL trained students are more knowledgeable with the clinical learning despite the fact that they cannot apply that knowledge in to practice.

One participant said: *“I think with knowledge neh, because they are doing this PBL they have information because they looked for it themselves.”*

Another participant said: *“The students come informed with what they have been taught at school.”*

The findings concur with those in the study conducted by Othman and Shalaby (2014:58) in Turkey, where the results showed that students in PBL group rated high scores in knowledge than those in lecture group.

Sub-Category 2: Critical thinkers - Majority of participants indicated that PBL trained students are critical thinkers. This is what one of the participants had to say:

“... What I like and understand mostly about the PBL students, they don't depend on anyone else but themselves; they are not afraid to take risk and they have critical thinking...”

One participant said: *“...they are students who think critically.”*

The findings of this study are in agreement with the results on the study conducted by Chou and Chin (2009:261) in Taiwan. The study suggested that PBL can increase the abilities for critical thinking in students in the nursing education. The study results also concur with the results in the study conducted by Harasym, Tsai and Munshi (2013: 524). Researchers indicated that PBL helps to foster clinical problem solving skills and critical thinking ability and self-directed learning.

Sub-Category 3: Lifelong learners - The above sub-category looked at proper ways of engagement in lifelong learning. The majority of participants said PBL trained students are students who are eager to learn.

One participant said: *“I experience university students they communicate; they want to learn.”*

Another participant said: *“...according to my understanding or views of the PBL students from our university, they are eager to learn more...”*

These findings concur with the results in the comparison study conducted by Choi, Lindquist, and Song (2014:52) on Korean nursing students. The study showed that PBL facilitates self-directed and life-long learning. Despite all the challenges related to lifelong learning of the students as mentioned by Jamshadi (2012:3336) in the study conducted in Iran, PBL trained students showed positive results on engagement in lifelong learning.

Sub-Category 4: Problem solvers - Some of the participants indicated that these students are problem solvers. Participants also said that PBL trained students possess the ability to spot problems and are always trying to come up with the solution to that problem before asking for help.

A participant said: *“So I think they possess the ability to spot problems and also come with solution. That's why I am saying they are problem solvers. They can see the problem and also try to come up with solution.”*

The study findings coincide with the comparison study conducted by Schmidt, Vermeulen, and van der Molen, (2006:56) where it was found that the PBL group believed they were better problem solvers and self-directed practitioners. The findings of the study corroborate Niemer, Pfendt and Gers', (2010:69) findings. The researchers found that PBL improves students learning and helps them to solve real-life problems.

Sub-Category 5: Possess presentation skills - Participants mentioned that PBL trained students are good when it comes to oral presentation.

One participant said: *“During the presentation when it comes to presenting, they present comfortably so because they don’t have stage fright.”*

Participant further said: *“They know how to present the patient to all members of the team because they normally follow protocols.”*

The study results concur with the results of the study conducted by Pastirik (2006: 263-264) in Canada. However, the study focus was on group presentation. The researcher found that the group chose the group leader who will present to the other groups. In addition, the researcher found the results effective as they provide individuals with the sense of accountability and responsibility during presentations.

Sub-Category 6: Possess leadership skills - Majority of participants indicated that students possess leadership and supervision skills.

One participant from said: *“... the students are trained to be leaders anywhere they go because they stand up for themselves during their learning set up at work.”*

The study findings coincide with that of Wang, Tsai, Chiang, Lai and Lin, (2008:62) and Tiwari *et al.* (2006:7). Literature shows that any competent practitioner should be adept with good leadership and supervisory skills for quality results. The results also concur with findings in the study conducted by Tseng Chou, Wang, K., Jian, and Weng, (2011:44) in Taiwan where it was found that there were both short and long term effects on PBL performances such as group interaction, reasoning, leadership and active participation.

CATEGORY 2: DESTRUCTIVE PROFESSIONAL RESPONSE OF STUDENTS EDUCATED IN PBL CONTEXT IN THE CLINICAL AREA

All participants displayed high amount of dissatisfaction towards students’ responses in clinical area. Participants mentioned that PBL trained students are taught well in school but they display unacceptable responses in the clinical area.

One participant said: *“Things are done properly at school.”*

Another participant said: *“I think things are done properly at school neh, so, the school setting is different from the work setting.”*

The study findings concur with that of the study conducted by Awuali-Pearsah, Sarfo and Asamoah (2013:23-26) in Ghana. The study reported that most of the participants indicated a high level of dissatisfaction on student nurses with regard to late coming, absenteeism, lack of reporting their whereabouts and the use of cell phones during clinical practice.

Sub-Category 1: Judgemental to diploma trained professional nurses -The study established that PBL trained students consider themselves to be more educated than diploma trained professional nurses in the clinical area. As a result, of these judgements, there is continuous conflict with their supervisors.

One participant said: *"...they have attitude towards professional nurses; they have this tendency of differentiating a professional nurse from UNIBO (referring to NWU) and a professional nurse from MMAACON....because they don't have the degree."*

One participant said: *"You expect them to do same routines neh; they feel they are more educated to perform those duties; some of the duties and ... the students result having some conflict with professional nurses."*

The study findings are opposite to the findings in the study conducted by Awuali-Pearsah, Sarfo and Asamoah (2013:23-25) in Ghana. The study found that supervisors were the ones who seemed to be judgemental towards degree trained student nurses. According to the results, one supervisor mentioned that degree nursing students are very nonchalant and they have a perception when they come to the ward that they know it all.

Sub-Category 2: Lack of interest in the clinical area – The majority of participants of this study indicated that PBL trained students have no interest in clinical work. They mentioned that it is like these students are just in the clinical area for the period they are allocated, but not to learn anything.

Participant form said *"...although they come into your ward you orientate them from a-z you even tell if you don't know if you not sure come I will show you or tell you but after you have orientated them is that they go into the corner they stay there and that's it until the period is over..."*

One participant said: *"Others they are so reluctant that you can't even understand if maybe they fear the patients or if maybe they have no interest aaaaaa!!!"*

Results also contrast with findings from the study conducted by Gunn, Hunter, & Haas, (2012:331) in the UK, where supervisors felt that PBL provides the students with positive effects in the clinical setting.

Sub-Category 3: Poor time management - With regards to time management, participants indicated that majority of students report late on duty and expect to leave early. They alluded that this has some negative impact on the competency of students as they miss most importance routines in the wards.

Another participant had this to say: *“And if something can be done with that. And the other one is punctuality, yah they don’t come on time...They come late they want to knock off early. Yah so professionally is not acceptable.”*

Another participant said: *“...Some of them they arrive at seven o’clock; they will give you excuses of transport they [are] staying far, they didn’t sleep last night, but at least they are trying. But not all of them.”*

The study findings are in agreement with that of the study conducted by Awuali-Pearsah *et al.* (2013:23) in Ghana. The study reported that most of the participants indicated high level of dissatisfaction on student nurses with regard to late coming, absenteeism during clinical practice.

Sub-Category 4: Lack of professional reporting in the clinical area - Majority of participants indicated that students just leave the wards without reporting and visit their colleagues in the other wards. They also alluded that some of the students do not report or notify the wards if they are going to be late or absent from work.

One participant said: *“They go into other units and they don’t report to the sister in that unit who is working there; unprofessional.”*

Another participant said: *“They do not report their movements and again they don’t communicate with you whether tomorrow they are coming or not coming; they just absent themselves without communicating to you.”*

The study findings concur with that of the study conducted by Awuali-Pearsah *et al.* (2013:23-26) in Ghana. The study reported that most of the participants indicated high level of dissatisfaction on student nurses with regard to absenteeism and lack of reporting their whereabouts during clinical practice.

Sub-Category 5: Cell phones chatting in the clinical area – The majority of participants of this study indicated that PBL trained students were chatting on their cell phones while on duty. Participants indicated that this act was unprofessional and may lead to mishaps as the student attention will be on the phone instead of the patient.

One participant said: *“...they still have cell phones every now and then, still having earphones in front of the patients inside the unit.”*

Another participant said: *“...And after that the student will be coming late but busy with the cell phone and even putting on ear phones”.*

These results are in contrast with results found in the study conducted by Mobasheri, King, Johnston, Gautama, Purkayastha & Darzi, (2015:1) in the UK where nurses and doctors perceive these devices to be useful when performing clinical duties. According Patel, Sayers, Patrick & Hughes (2015:108), health care facilities are increasingly looking for mobile solutions to aid both clinical care and research. The researcher indicated that this is partly because medical professionals consider the use of mobile

devices to support their work because of limitations in time and space (Patel *et al.* 2015:108).

Sub-Category 6: Poor teamwork - Majority of participant indicated that PBL trained students like to do things on their own, without asking any questions. That led to the professional nurses finding it difficult to work with these students as they enjoy working in isolation.

One participant said: *“Team work is zero because you have to tell them to do whatever you have to ask them and even when the person don’t understand he or she won’t ask sister I don’t understand.”*

Participant said: *“They just do things on their own; they just there and there when they come to you and start to ask but most of the time they do things on their own.”*

Results contrast with findings from the study conducted by AL- Kloub, Salaneth, & Froelicher, (2014:144) in the USA where students found that PBL increases the ability to work as a team and encourages collaboration.

These results are also in contrast of what was found by Demiris and Zierler (2010:177) from the University of Washington. Researchers mentioned on their study on PBL recommendations that PBL fosters group work and collaboration. Students don’t work in isolation but with other group members.

CATEGORY 3: MISREPRESENTATION OF THE PBL TEACHING AND LEARNING APPROACH FROM PRACTICE PROFESSIONAL NURSES -

All participants in this study had a misrepresentation of PBL approach, which led to them associating PBL trained students’ negative attitude with the approach.

One participant said: *“... you will ask yourself if its PBL making them to behave this way...I don’t know if is PBL or maybe we can blame them while the problem lies with their programme.”*

These results also concur with the results of the study conducted by Wood (2006:36) in Essex where students found their clinical mentors to be unsure of the expectations of PBL.

SUB-CATEGORY 1: Misunderstanding of PBL – The study established that all participants had misunderstanding of PBL as they mentioned that PBL is the approach whereby a student is given a scenario or a problem, then search for information themselves.

One participant said: *“A problem based learning approach it’s a teaching whereby a student is given a problem. So the student has to search for information and use his own...”*

One participant said: *“I think problem based learning is when you are given a scenario you have to go and research that and do whatever like a lecture can give you that information so on this one you are given you look for yourself with PBL.”*

These findings concur with the findings on the study conducted by Khumalo and Gwele (2000:59). The study was conducted in South Africa on perceptions of nurse educators on PBL, where researchers found most of the nurse educators to have minimum knowledge about PBL approach.

Sub-category 2: Perception of PBL approach - The study established that there was a different perception of professional nurses on PBL approach. Most of the professional nurses had no idea or minimum idea on what the PBL approach is and what it entailed.

One participant said: *“Ehh what I understand about the PBL is that the students are trained to be leaders anywhere they go because they stand up for themselves during their learning setup even if at work.”*

Participant said: *“I think this system of problem based learning it has the advantages and disadvantages because for those students who has access of [to] computers and books, for them things are going to be easy and for those who are don’t have them things is gonna be hard for them. ”*

The study findings concur with the findings on the study conducted by Khumalo and Gwele (2000:59). The study found most of the nurse educators to have less or no knowledge about PBL approach.

Theme 2, which is professional conduct, its categories and sub-categories were discussed above with quotations from participants as well as literature control to support the findings. The discussion of Theme 3, its categories and sub-categories are discussed below:

3.5.3. THEME 3: PERCEIVED ETHICAL CONDUCT COMPETENCE

The third theme to emerge in the findings of this study is perceived professional conduct competence. See table 3.5 Theme 3, categories and sub-categories:

Table 3.5: Theme 3, its categories and sub-categories

THEMES	CATEGORIES	SUB-CATEGORIES
3. Perceived ethical conduct competence	1. Attitude of PBL trained students	1. Positive attitude towards patients 2. Negative attitude toward professional nurses 3. Negative attitude towards nursing
	2. Unprofessional attitude of professional nurses towards PBL trained students	1. Lack of clinical support from professional nurses 2. Dormant anger and discrimination towards student nurses educated in PBL context
	3. Projection of professional nursing role in the clinical practice	1. Irrational expectations from student nurses 2. Lack of trust in PBL trained students

Perceived ethical conduct competence emerged as the third and last theme of the study. Ethical conduct in nursing is a result of interpersonal collaboration between training institution and clinical facilities (Lin Chan, Lai, Chin, Chou & Lin, 2013: 505). Ethical conduct is the outcome of the curriculum development which guides and directs nursing professionals in the conduct of their daily duties.

The roles of the professional nurse include teaching and supervision of student nurses under the professional nurse’s care.

The categories emerged from ethical conduct includes attitude of PBL trained students, unprofessional attitude of professional nurses towards PBL trained student and projection of professional nursing role in the clinical practice are most important element of ethical conduct. These categories and their sub-categories are described in the next section.

CATEGORY 1: ATTITUDE OF PBL TRAINED STUDENTS -

Majority of participants mentioned that PBL trained students display positive attitude towards the patients. However, they display negative when it comes to professional nurses and nursing. They mentioned that students are not into nursing because they care but they have other motives like taking the profession as a substitute for what they initially wanted to study. This was shown when the participants mentioned students’ positive and negative attitude in the clinical area.

These results concur with the results on the study conducted by Hanafi, Parvizi and Joolaei (2012: 1777). The researchers mentioned that there were some good and negative attitudes depending on the contributing factors like friendly/unfriendly behaviour, support or lack of support towards the students. Sub-categories that emerged from these categories are discussed below:

Sub-Category 1: Positive attitude towards patients - Majority of participants showed that students displayed the positive attitude when it comes to patients. They mentioned that students could interact well with patients regardless of their conditions.

One participant indicated the following: *“They have at least treated the patients with courtesy and care and with that respect and dignity. They are really trying though at times you will find that maybe communication barrier like the person speaks more of Afrikaans...”*

The results also coincide with the results from the study conducted by Leal, Tirado, Rodriguez-Marin & Roman, (2016:84) in Spain. The researchers indicated that results found health professionals consider communication skills helping them to feel safer and more competent and that they foster relationship with patients.

Sub-Category 2: Unprofessional attitude toward professional nurses – Majority of participants indicated that PBL trained students displayed unprofessional attitude towards them as their supervisors and that makes supervision difficult.

One participant had to say: *“...Yah even the most senior person can come to the ward they don’t care. Just to show respect, they don’t care.”*

Another participant said: *“...and attitude in these students, you don’t have toeven if you ask them a question you see they answer you with an attitude”*

Another participant said *“... and you don’t even know how to approach them because as soon as you approach them, they having an attitude towards you.”*

These results contrast with the findings of the study by Azer (2001) cited in Wells, Warelow & Jackson, (2009: 194). The researcher mentioned that PBL trained students develop a range of negative attitude towards each other, poor communication and unresolved conflict that’s affect their performance. More studies not to be conducted on the attitude of PBL trained students towards professional nurses’ trained using non-PBL method. .

Sub-Category 3: Attitude towards nursing - The study established that most of the students joined nursing because they have agendas to get paid not to provide the patient with quality nursing care.

One participant said: *"I think nowadays most of our students are doing nursing because they know that in nursing you are guaranteed that you will get a job and then others are doing nursing as a stepping stone..."*

Another participant said: *"...and some of them came to nursing because opportunities are minimal out there."*

These results are in contrast with the results of Tseng et al., (2011:165) where student nurses realized that nursing was not a job for financial profit but rather a career of conscience and respect for life. This indicates that more research is needed in this aspect.

CATEGORY 2: UNPROFESSIONAL ATTITUDE OF PROFESSIONAL NURSES TOWARDS PBL TRAINED STUDENTS -

The study found that lack of clinical support from professional nurses and dormant anger and discrimination towards student nurses educated in PBL context is common in the clinical learning areas, which are the factors that may contribute negatively towards clinical competence of PBL trained students.

One participant said: *"You can your role as a teacher and teach but it depends if a person who is willing to learn or not... I would like to differ, that I should waste my energy on a person to a person and give assessment form, they must come to me."*

Another participant said: *"And I always ask them and tell that remember next year you are on your own. You can't say I don't know, you can't say I don't know this and this. We gonna put you in the ward and you gonna be in charge of that ward, and you can't say I am not ready... you can't."*

The study findings are in contrast with the findings on the study conducted by Lawal, Bryan & Lindo, (2011:34) in Jamaica. The study reported that support from clinical staff could be a source of motivation on students in the clinical area.

Sub-Category 1: Lack of clinical support from professional nurses - Majority of participants indicated that there was a lack of clinical support towards PBL trained students because of shortage of staff.

One participant said: *"There are things that do not make an environment conducive for them. We expect them to be on duty at 06h45 but we are not there, so we expect them to take a report when they have never been taught how to take a report, how to give a report, how to do the rounds."*

Another participant said: *“I think all in all these students even if they are final year students, they still need supervision and it is unfortunate because of the shortage of staff that we are facing nowadays. So, you will find that at time we are sort of abundant them...”*

The study findings confirmed that lack of clinical support from professional nurses was experienced in the clinical area, which can be hinder with the chances of the student to become competent. The results concur with the findings on the study conducted by Lawal *et al.* (2011:34) in Jamaica. The study reported that support from clinical staff could be a source of motivation to students in the clinical area. The study findings also concur with the study conducted by Suresh, Matthews & Coyne (2012:778) where results showed that students were feeling less supported due to shortage of staff in the clinical area.

Sub-Category 2: Dormant anger and discrimination towards student nurses educated in PBL context - The study indicated that professional nurses have anger and discriminations attitudes towards PBL trained students. They felt that students only interact positively with those professional nurses who were trained in the PBL context.

One participant said: *“Because you will find that if they are in the ward you are working with your colleague as professional nurse from UNIBO (referring to former name of NWU), they will more interact with that colleague of you and they will be talking about their research with Mr who and who and Professor who and who...”*

The study findings concur with that of Hothorn, Machtmes & Tillman (2009:241-242), where it was revealed that nurses admitted to acting out negative attitudes by being condescending, ignoring or being judgemental towards student nurses.

CATEGORY 3: PROJECTION OF PROFESSIONAL NURSING ROLE IN THE CLINICAL PRACTICE –

The study established that irrational expectations from student nurses and lack of trust in PBL trained students were common from the professional nurses as the supervisors of these students.

One participant said: *“A fourth year is a professional nurse already, everything actually supervise the subordinates and teach. A fourth year must do everything and must respect the first years, second years and the third years.”*

The study findings concur with the findings in the study conducted by Lapana-Monux Cibanal-Juan, Orts-Cortes, Macia-Solar and Palacios-Cena (2016:6) in Spain. The study reported that nurses did not reveal their role in learning of students. Instead, all

the learning responsibilities were given to student nurses and the nurses' role as supervisors were less active.

Sub-Category 1: Irrational expectations from student nurses - The study found that PBL trained students are perceived as managers who are expected to run the wards. Their roles as students are not taken into consideration despite the fact that they still need supervision and mentoring.

One participant said: *"We expect them that since we experience shortage of staff if you know they must be so is it dependable or in dependable so I can be able to place them in block because our... we are working in blocks our patients are divided in blocks..."*

These results concur with the study conducted by Cunado-Barrio, Sanchez-Vicario, Munoz-Lobo, Rodriues-Ganzalo & Gomez-Garcia (2011) on assessment of student nurses on hospital clinical practice. The researchers found that some nurses would avoid supervising students as they feel it that this increases their workload and can be problematic.

Sub-Category 2: Lack of trust in PBL trained students - Majority of professional nurses displayed lack of trust in the students. They mentioned that there were lack of interest and lack of confidence in these fourth year students who are about to become professional nurses that lead to professional nurses have no trust in them.

One participant said: *"...so that's why they are still lacking confidence...competence of doing procedures even the easiest procedure they can't do it or they do it with no confidence."*

Another participant said: *"Like I said they never come to you, they never show interest. So, for me to see them as sister next year not showing interest just floating around not showing interest? I don't see them."*

The findings were consistent with those of Reeves, Summefield-Mann, Counce, Beecraft, Living & Conway (2004:12). The study found that a small proportion of nursing graduates felt that PBL did not equip them with sufficient knowledge of independent practice techniques.

3.6. CONCLUSION

The results of this study on the perceptions of professional nurses on clinical competence of PBL trained students; data analyses as well as the literature control were discussed in this chapter. For the results to be rich, the researcher used direct quotations from the transcripts as verbalised by professional nurses who are in constant supervision of this students. The results were also supported by literature. In the next chapter, conclusions, limitations and recommendations of the study will be discussed with specific references to nursing education, nursing research as well as nursing practice.

CHAPTER 4: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

4.1. INTRODUCTION

The previous chapter comprised a discussion of the realisation of data collections and analysis as well as a description of the results and literature control. These results were supported by direct quotations from the participants. In this chapter, conclusions, limitations and recommendations of the study will be made with specific reference to clinical nursing education, nursing practice and nursing research.

The objective of this study was to explore and describe the perceptions of professional nurses on clinical competence of PBL trained students. Three themes were identified regarding the use of PBL in order to enhance professional competency for the graduating nurse. These inter alia were communication, professional conduct and ethical conduct. The discussion of the findings makes suggestions for the utilisation of PBL in future reviews of nursing curricula and outlines the implications for clinical practice. This includes the need to carefully plan the students' initial placement experiences and provide extra support at this stage.

4.2. CONCLUSIONS

Conclusions of this study are derived from the results, literature control as well as the field notes. From the results of this study, three themes were identified after four focus groups discussions and seven individual interviews with the professional nurses as discussed the previous chapter. Conclusions on these three major themes, namely; communication, professional conduct and ethical conduct will be discussed separately after which the general conclusions will be drawn. These conclusions provide more understanding on the perceptions of professional nurses regarding clinical competence of PBL trained students, as therefore address the gap highlighted in the problem statement of this study (see 1:3). Conclusions for the major themes of the study are discussed separately in the following sections:

4.2.1. Conclusions regarding communication

From the findings of the study, a conclusion is drawn that there is a high rate of dissatisfaction on ineffective communication which led to dysfunctional stakeholders' collaboration and disenfranchisement in student's clinical teaching and learning which negatively affects clinical competence of PBL trained students. It is also clear from the findings of the study that clinical competence of PBL trained student depend on the facilitator, the professional nurse who is the supervisor and the student he/herself. However, if there is insufficient communication between these stakeholders, the student is the one who will be suffering as she/he is expected to be a competent independent practitioner who will be able to render quality nursing care for the communities at large.

4.2.2. Conclusions regarding professional conduct competence

From the findings of this study and literature control, the conclusion made is that professional conduct plays an important role in nursing practice and nursing education. It was also reflected that even though this PBL trained students have all the attributes/characteristics of PBL, they were seen to be unable to correlate theory and practice. They were also seen to be having destructive unprofessional responses such as being judgemental to diploma trained professional nurses; lack of interest in the clinical area; poor time management; lack of professional reporting in the clinical area; cell phones chatting at all times as well as poor team work.

On the other hand, professional nurses showed lack of support and dormant anger and discriminations on PBL trained students. All participants in this study mentioned the challenges for shortage of staff in the clinical area as the reason for them not being able to provide full support to PBL students and they acknowledge the fact they are neglecting these students. However, majority of participants displayed anger and discrimination on these students as it was seen that several times participants would compare PBL trained students from the university with traditional method trained students from the college. Moreover, majority of participants indicated that they prefer to work with traditional method trained students than working with PBL trained ones. Misrepresentation of PBL approach was also seen to be a challenge as this aspect affects the supervision of this students. Majority of participants had little or no idea of what PBL approach entailed and what is expected from them as people in the constant supervision of these students. One participant was quoted saying “... *you will ask yourself if its PBL making them to behave this way.....I don't know if is PBL or maybe we can blame them while the problem lies with their programme.*”

From the above information, it is therefore concluded that professional nurses must make it their business to enquire about the needs of the students under their supervision in order to ensure that a competent nurse is produced at the end of the day.

4.2.3. Conclusions regarding ethical conduct competence

From the study findings, it was concluded that unethical conduct between both the supervisor and the student had a negative impact the student clinical competence. It was seen that supervisors are shifting their role and responsibilities to the PBL trained students who still need guidance and advice in the clinical area - that was seen as the main cause of constant conflict amongst this stakeholders. Projection of professional nursing role in the clinical practice was also seen as a major problem as professional nurses displayed lack of trust and have irrational expectations on this fourth year PBL trained students. Therefore, to enhance PBL trained students clinical competency, it would be prudent to get all stakeholders on board.

4.3. LIMITATIONS OF THE STUDY

The current study had unavoidable limitations and they are discussed below: The limitations identified during this study will be discussed below:

The main limitation identified in the present study was the fact that more than 60% of professional nurses were from one mental health care establishment, with 40% of the participants from another mental health care establishment and general hospital in the NWP of South Africa. This caused imbalance in the total number of participants per hospital. This limitation emphasises the importance of having the same percentage of participants from each hospital as this may have an impact on the results. Furthermore, the fact that these fourth year PBL trained students are not only allocated in the hospitals, but also in the primary health care settings places the focus only in hospitals, that was seen to be a limitation of the study. This indicates the fact that there is a need to involve primary health care nurses in the future studies.

Another limitation is the fact that data were collected during working hours at the participants' workplace when they were on duty. Some participants were complaining about shortage of staff and the workload in the wards or it was time to knock off. This also indicates that future studies should attempt to collect data from professional nurses when they are not on duty in order to avoid to compromise quality. Also, some of participants came for discussions thinking that they were attending a meeting regarding patients care as they were not given proper report regarding the research from their supervisors (Unit managers). Most of them left immediately after the researcher explained the purpose of the meeting. This happened even though the researcher attempted to explain the importance of the study to them.

The last limitation is the fact that participants had limited knowledge on how to differentiate between PBL and traditional methods utilized by two institutions in the NWP of South Africa (University & College) both placing the fourth-year students for their clinical learning. So, it was a challenge for most participants to differentiate between these two groups of students. In addition, most of the participants trained using traditional method. So, it was challenging for them as they have limited or lack of knowledge on the expectations of PBL.

4.4. RECOMMENDATIONS FOR CLINICAL NURSING EDUCATION, NURSING PRACTICE AND NURSING RESEARCH

From the findings, literature and conclusions of this study, recommendations for clinical nursing education, nursing practice, as well as nursing research are given in the following section

4.4.1. Recommendations for clinical nursing education

From the results of the study on the perceptions of professional nurses on clinical competence of PBL trained students, recommendations for clinical nursing education will be given to improve the clinical competence of student nurses' trained using PBL approach.

4.4.1.1. Recommendations for communication

Effective communication among clinical facilitators, students and professional nurses should be encouraged and maintained because failing to do so; students will find themselves wondering around in the clinical area because the professional nurses are not sure of what is expected of them as there was no proper handover of students by facilitators.

This will definitely affect students' clinical learning which will have a negative impact on competence of the students. Therefore, it is recommended that stakeholders improve their communication that will have a positive impact on clinical competence of PBL trained students.

4.4.1.1.1. Importance of partnership among stakeholders

- It is highly recommended that the nursing education institution and clinical facilities have regular meetings and feedback. Meeting should include professional nurses as they are the ones on the ground and are in constant supervision of these students.
- It is also recommended that the nursing education institution as it is where PBL is implemented, conduct workshops and in-service trainings on PBL for supervisors in the clinical areas as this would provide them with insight on this approach and that will make supervision easier and effective with positive results on students' clinical competence. This recommendation would also prevent the misrepresentation of PBL approach by professional nurses that was observed during data analysis and discussion. The recommendation also supports the suggestion made by Sangestani and Khatiban (2014:792) where they suggested that before the implementation of PBL programme, clinical trainers or mentors have to be trained.

4.4.1.1.2. Students clinical teaching and learning

- It is recommended that the nursing education institution and clinical facilities develop a proper handover programme on handing over of students during clinical placement. That programme can include:
 - orientation programmes ;
 - demonstrations of clinical procedures according to students level of training; and
 - end of clinical placement report from the clinical facility to the nursing education institution

- It is also recommended that the nursing education institution provides the clinical facilities (each department) with clear learning objectives of students according to their level of training. This must be done every time the students are being sent to clinical area for their clinical learning.

This will ensure that updates regarding the learning objective are implemented. PBL trained students clinical manual can also be sent to the training coordinator of each clinical facility.

- In addition, it is recommended that the nursing education facility and clinical facilities to have communication protocols that will be used by students in the clinical area. This can also be done in a form of log book where the facilitators record date and time for their visit to the wards.
- It is also recommended that assessment be done in the clinical area on real life patients, if possible.
- It is also recommended that period for clinical placement done in a manner that PBL trained students will have more time in the clinical area so that they are able to concentrate on the clinical work rather than being in the clinical area twice or three times a week. By doing so, they are able to follow-up on patients stay in the hospital. In so doing, PBL trained students will be able to gain interest and confidence in their clinical work which will lead to clinical competence (Cheng & Liou, 2013:145).

4.4.1.2. Recommendations for Professional Conduct

Based on the results of the study on professional conduct, it is recommended that the nursing education institution provides in-service training for the professional nurses on how to mentor and guide PBL trained students during clinical placement. This recommendation is in line with the recommendation made by Awuah-Peasah *et al.* (2013:27) when they argued that nurses should receive training on how to effectively and positively relate and mentor students.

4.4.1.2.1. Attributes/Characteristics of PBL trained students

In this study, results showed that PBL trained students possess all the necessary attributes or characteristics of PBL. However, these attributes are seen to be the competencies in theory, but not in practice.

Therefore, the researcher recommends that professional nurses be equipped with necessary training through workshops and in-service trainings in order to be able to assess this student's clinical competence. This recommendation is supported by Ehrenberg and Håggblom (2007:73) where they concluded by saying for the successful

implementation of PBL in the clinical education, support of students and preceptors is needed.

4.4.1.2.2. Professional response of students educated in PBL context in the clinical area

- It is recommended that policies should continue to enable the student nurses to be autonomous and self-directed though closely monitored by those under their care, as the field deals with human life. The study further recommends that student nurses should display behaviours that could contribute to the desirable outcomes, including for instance good communication, honesty, openness, cooperation and non-judgemental.
- It is recommended that clinical facilities develop policies on the use and handling of mobile phones during working hours. This policy should be applicable to the employees (professional nurses) too as students most of the time imitate what was done by staff members in the wards.
- It is recommended that PBL trained students learn to work as a team with other multidisciplinary team members, including professional nurses.
- The Nursing Act No 33 of 2005 supports this recommendation where the student is expected to function as a member of the health care team with certain responsibilities.

4.4.1.3. Recommendations for Ethical Conduct

Policies should continue to enable the student nurses to be autonomous and self-directed though closely monitored by those under their care, as the field deals with human life. The study further recommends that student nurses should display behaviours that could contribute to the desirable outcomes, including for instance good communication, honesty, openness, cooperation and non-judgemental. Provision of clinical support from the professional nurses to PBL trained students. Professional nurses should maintain their teaching role and not to shift their duties to fourth year students (Kim *et al.* 2014:188).

4.4.1.3.1. Attitudes of PBL trained students towards nursing

- It is recommended that selection criteria and procedures for admission into nursing be looked at as it was clearly stated by majority of participants that some students chose nursing as a stepping-stone or they do nursing because they know they will be employed at the end of the course.
- It is also recommended that professional nurses in the facilities act as role models for these students and provided necessary support and guidance at all times. It is mentioned in the literature that most of the times the attitude of

students nurses towards their supervisors in the clinical area depends on the attitude of the supervisors themselves (Tseng *et al.* 2013:166).

4.4.1.3.2. Professional Nurses role in the students learning in clinical practice

- It is recommended that professional nurses occupy their role and function as stipulated in the Nursing Act No 33 of 2005. It is stated in the Act that in the clinical practice, all professional nurses and midwives are key stakeholders in the accompaniment of the student (Nursing Act No 33 of 2005).
- It is therefore, recommended that professional nurses create conducive learning environment for PBL trained students as their clinical competence depends on their attitudes as the supervisors. Negative attitude by supervisors would decrease the student ability to learn and also decrease the sense of belonging as the student would feel he/she does not belong to the nursing profession. This recommendation is supported by Henderson, Briggs, Schoonbeek & Paterson (2011:198-201) in their study when they mentioned that nurse leaders are influential in developing the qualities of their staff to create learning environment and to act role models for subordinates including student nurses.
- It is also recommended that professional nurses refrain from irrational expectations from student nurses as they still need guidance and supervision to make it through during their community services until they are fully qualified. In other words, students' responsibilities need to be clearly stated and professional nurses to keep that in mind always when having students in their wards. Student should be given the opportunity to practice under direct or indirect supervision as this will increase trust and improve student-supervisor relationship.

4.4.2. Recommendations for nursing practice

Participants perceived the creation of a positive and harmonious environment in the workplace and the promotion of good student nurse-nurse supervisor relationships to be conducive to learning and promotive of high levels of clinical competency. Therefore, the good influence of these positive factors should be reinforced in order to improve nurse supervisor-student nurse relationships since they affect clinical competency.

- It is recommended that the curriculum should also be periodically reviewed in order to cater for rapid changes at the workplace and an informed patient clientele. Involvement of other stakeholders in curricular design, implementation and evaluation can also enhance the modus operandi of clinical competency. This follows the comments of some participants as they mentioned that sometimes what is taught in class is not applicable in the clinical area.
- It is therefore recommended that the nursing education institution and the clinical facilities develop mentoring programmes that will be utilized in order to develop clinical competence of these students. The availability of mentors in the clinical area will alleviate the pressure from the professional nurses as they are faced

with a challenge of shortage of staff. It will also improve the overall observed competency skills and confidence of students who are about to exit the training to become professional nurses (Kim *et al.* 2014).

- In addition, these mentoring programmes will also benefit the students as they will gain support during training from both the professional nurses, mentors and facilitators (Wagner & Seymour, 2007:202).

In addition to the above recommendations, participants in this study mentioned that this study was educative to them as they now know that the students they are getting in the wards from two different institutions are training using two different methods, namely; PBL and traditional methods.

4.4.3. Recommendations for nursing research

From the results of this study, regular studies should be conducted in order to spearhead improvements of health personnel's clinical competency. There has been little or no research on the clinical competence of PBL trained students' particularly in the NWP of South Africa. This study has identified serious gaps that need more attention; for example, the importance of stakeholders' partnership on clinical competence of PBL trained students. Therefore, it is recommended that more studies should be conducted which focus mainly on perceptions of students themselves and PBL facilitators and preceptors on the clinical competence of PBL trained students as well as the effects of stakeholders' partnership on clinical competence of these students. In addition, it is also recommended that more studies be conducted on stakeholders' partnership on the implementation of PBL in the NWP. The recommended studies will be an addition to the study conducted by Rakhudu and Davhana- Maselele (2016) at the NWU, NWP of South Africa.

The main areas to be researched are as follows:

- Research on the perceptions regarding the effects of PBL on clinical competence (the students and facilitators/preceptors views);
- Research on comparison study on clinical competence of PBL trained and traditional method approach student nurses in Ngaka Modiri Molema District, as this will give a clear understanding on the difference between PBL trained and traditional method trained student nurses;
- Research on how to strengthen partnership between all stakeholders in nursing education institutions. These stakeholders include students, facilitators and professional nurses;
- Research on implementation of PBL curriculum in nursing education institutions;
- Research on how to build or improve a nurse-supervisor relationship between the degree student and diploma trained professional nurse; and
- Research needs to be conducted on the effects of professional nurses' roles on clinical competence of PBL trained students as it was established in this study

that some professional nurses were unfairly off-loading their roles on to 4th year PBL trained students.

This Master's dissertation on the perceptions of professional nurses on clinical competence of PBL trained students will be available at the library of Mafikeng Campus of the NWU. The findings of this study will also be published in accredited journals so that other students researching about PBL and clinical competence in nursing education can be thoroughly informed.

4.5. GENERAL CONCLUSION.

In spite of the ambivalence in literature, PBL as a curricular innovation seems to have substantial and practical advantages over the conventional or traditional system of education. However, literature on the appropriateness of PBL in nursing educational and socio-economic settings is scarce. In this study, it was unclear as to whether the use of PBL as a teaching approach enhances clinical competency among nursing staff. Therefore, more research studies need to be conducted with the aim of getting a clear picture of the effects of this teaching and learning approach in the nursing education in the Republic of South Africa particularly the RSA. Though hiccups were mentioned, the nursing student can only be competent if his or her cognitive, psychometric and affective domains are well managed during training.

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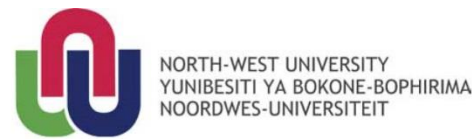
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APPENDIX A: SEMI-STRUCTURED INTERVIEW QUESTIONS

- What is your understanding of problem-based learning?
- What do you think about clinical competence of PBL trained student nurses particularly final years student nurses with regard to:
 - Communication
 - Professional Behaviour
 - Ethical Behaviour

ETHICAL CERTIFICATE



Private Bag X6001, Potchefstroom
South Africa 2520

Tel: (018) 299-4900
Faks: (018) 299-4910
Web: <http://www.nwu.ac.za>

Institutional Research Ethics Regulatory
Committee

Tel +27 18 299 4849
Email Ethics@nwu.ac.za

ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by the **Health Science Ethics Committee (FAST)**, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby approves your project as indicated below. This implies that the NWU-IRERC 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: Perceptions of professional nurses on clinical competence of problem based learning trained students.

Project Leader: Dr MA Rakhudu

Ethics number:

N	W	U	-	0	0	4	2	0	-	1	5	-	A	9
Institution			Project Number						Year		Status			

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Approval date: 2015-07-01

Expiry date: 2016-11-30

Category

N/A

Special conditions of the approval (if any):

- All queries regarding this application received from the Health Sciences Ethics Committee (FAST) must be addressed and clarified.

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-IRERC:
 - 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-IRERC. Would there be deviated 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-IRERC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-IRERC 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-IRERC 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 IRERC 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 IRERC for any further enquiries or requests for assistance.

Yours sincerely

Prof LA
Du Plessis

Digitally signed by Prof LA Du Plessis
DN: cn=Prof LA Du Plessis, o=North-West
University, ou=Campus Rector,
email=Linda.DuPlessis@nwu.ac.za, c=ZA
Date: 2016.02.24 09:13:37 +0200

Prof Linda du Plessis
Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

APPENDIX C:

REQUEST FOR PERMISSION TO CONDUCT RESEARCH (NORTH WEST DEPARTMENT of HEALTH)

ENQUIRY: K.L. MATLHABA (Ms)

Tel: 018 392 0661

Cell: 078 247 6009

Director for Policy, Planning, Research, Monitoring & Evaluation

Department Of Health

North West Province

Private Bag x 2068

MMABATHO

2745

2016.03.01

Dear Dr FRM Reichel

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am a registered Master's student in the School of Nursing Science at the North West University (Mafikeng Campus). The project will be conducted under the supervision of Prof. M.A. Rakhudu.

The proposed topic for my project is: Perceptions of professional nurses on clinical competence of problem based learning trained students. The purpose of the project is:

(a) To explore and describe the perceptions of professional nurses regarding the clinical competence of problem- based learning trained students.

I am hereby seeking your consent to conduct research in three selected hospitals in the North West Province (Mafikeng /Bophelong Complex and Witrand Hospital).

To assist you in reaching a decision, I have attached to this letter:

- (a) A copy of an ethical clearance certificate issued by the University
- (b) A copy of my research proposal
- (c) Copies of the letters requesting permission from the hospitals
- (d) A copy of consent form for the participants

Should you require any further information, please do not hesitate to contact me or my supervisor. Our contact details are as follows:

- (a) Kholofelo Lorraine Matlhaba - 078 427 6009 (mobile) or 018 392 0661 (work) or
- (b) My supervisor Professor. M.A. Rakhudu at Hunadu.rakhudu@nwu.ac.za.

Upon completion of the study, I undertake to provide the department with a bound copy of the full research report.

Your permission to conduct this study will be greatly appreciated.

Yours sincerely,

Kholofelo Lorraine Matlhaba (Ms)

Date: _____



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

3801 First Street
New Office Park
MAHIKENG, 2735

Eng: Tshiamo Mokate
Tel: 018 391 4504
TMokate@nw.gov.za
www.nwhealth.gov.za

POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

Name of researcher : Ms. K. L. Matlhaba
North West University

Physical Address : 1554 Magongare 40th Unit 6, Mahikeng
(Work/ Institution) Mmabatho College of nursing
Mmabatho Unit 2

Subject : Research Approval Letter- Perceptions of professional nurses on
Clinical competence of Problem Based Learning trained students.

This letter serves to inform the Researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The Researcher is expected to arrange in advance with the chosen facilities, and issue this letter as proof that permission has been granted by the Provincial office.

This letter of permission should be signed and a copy returned to the department. By signing, the Researcher agrees, binds him/herself and undertakes to furnish the Department with an electronic copy of the final research report. Alternatively, the Researcher can also provide the Department with electronic summary highlighting recommendations that will assist the department in its planning to improve some of its services where possible. Through this the Researcher will not only contribute to the academic body of knowledge but also contributes towards the bettering of health care services and thus the overall health of citizens in the North West Province.

Kindest regards


Mr. L.P. Moaisi
Acting Director: PPRM&E

30/03/2016
Date


Researcher

2016-03-31
Date



Healthy Living for All

APPENDIX C1:

REQUEST FOR PERMISSION FROM HOSPITAL 1 AND THE APPROVAL

ENQUIRY: K.L. MATLHABA (Ms)

Tel: 018 392 0661

Cell: 078 247 6009

Hospital Manager

Mafikeng Provincial Hospital

Lichtenburg Rd

Mafikeng

2745

Dear Sir/Madam

APPLICATION TO CONDUCT RESEARCH STUDY ON PROFESSIONAL NURSES AT YOUR INSTITUTION.

I hereby request to conduct research on professional nurses at your hospital. I am an M Cur student at the University of North West under the supervision of Professor. M.A. Rakhudu. The topic of my research study is “Perceptions of professional nurses on clinical competence of Problem Based Learning trained students”

The purpose of the study is to explore and describe the perceptions of professional nurses regarding clinical competence of PBL trained students particularly the final year students (R425).

With your permission data will be obtained by focus group discussion and with the use of audio-tapes from the professional nurses who are eligible in the inclusion criteria at the hospital.

The researcher will ensure that the right to privacy and confidentiality are maintained, i.e. the identity of the participants will be protected, as their names will not be mentioned during the interview sessions.

The participants will participate at their own free will. Should they wish to withdraw from the study, they will not face any penalty.

The researcher is committed to honour participants and no biasness will be made. The research results will be made available, should you request to have them. Should you have any queries regarding this project, I will be pleased to answer them.

I hope that my request will be taken into consideration.

Thanking you in advance

Yours Sincerely

Researcher

Date: _____



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

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Private Bag 92031
Mahikeng 0105

Tel: 0181 363 2005
Fax: 0181 3633 903
Email: info@nw.gov.za
www.nw.gov.za/health

MAHIKENG PROVINCIAL HOSPITAL

To: Ms. K. L. Matlhaba

From: Mrs. JCE Taljaard
Acting CEO
Mahikeng Provincial Hospital

Date: 05 April 2016

RE: PERMISSION TO CONDUCT A RESEARCH

Your request dated: 04 April 2016 was received and acknowledged.

This serves to inform you that your request has been approved.

Thank you


Ms. Taljaard JCE
Acting CEO

APPENDIX C2:

REQUEST FOR PERMISSION FROM HOSPITAL 2 AND THE APPROVAL LETTER

ENQUIRY: K.L. MATLHABA (Ms)

Tel: 018 392 0661

Cell: 078 247 6009

Hospital Manager

Bophelong Pyschiatric Hospital

Lomanyaneng Village

Mafikeng

2745

Dear Sir/Madam

APPLICATION TO CONDUCT RESEARCH STUDY ON PROFESSIONAL NURSES AT YOUR INSTITUTION.

I hereby request to conduct research on professional nurses at your hospital. I am an M Cur student at the University of North West under the supervision of Professor. M.A. Rakhudu. The topic of my research study is "Perceptions of professional nurses on clinical competence of Problem Based Learning trained students"

The purpose of the study is to explore and describe the perceptions of professional nurses regarding clinical competence of PBL trained students particularly the final year students (R425).

With your permission data will be obtained by focus group discussion and with the use of audio-tapes from the professional nurses who are eligible in the inclusion criteria at the hospital.

The researcher will ensure that the right to privacy and confidentiality are maintained, i.e. the identity of the participants will be protected, as their names will not be mentioned during the interview sessions. The participants will participate at their own free will. Should they wish to withdraw from the study, they will not face any penalty.

The researcher is committed to honour participants and no biasness will be made. The research results will be made available, should you request to have them. Should you have any queries regarding this project, I will be pleased to answer them.

I hope that my request will be taken into consideration.

Thanking you in advance

Yours Sincerely

Researcher

Date: _____



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

Lichtenburg Road
Danville
Mafikeng
2745
Private Bag X2031

mmonokoane@nwpg.gov.za
Tel: (018) 383 6700 Ext.6406
Fax: (018) 38336268

OFFICE OF THE CEO: BOPHELONG PSYCHIATRIC HOSPITAL

TO : Ms K.L Matlhaba

FROM: Mr M.D Monokoane
Chief Executive Officer
Bophelong Psychiatric Hospital

DATE: 08th April 2016

SUBJECT: RE- APPLICATION TO CONDUCT RESEARCH STUDY
ON
PROFESSIONAL NURSES

This letter serves to inform you that permission is granted for you to conduct research.

You are expected to make an arrangement in advance with the Acting Nursing Services Manager (Ms T. Tyolo) at telephone no: (018) 383 6700, extension 6777.

Kind regards

=

CEO: Bophelong Psychiatric Hospital



Healthy LivingforAll

APPENDIX C3:

REQUEST FOR PERMISSION FROM HOSPITAL 3 AND THE APPROVAL LETTER

ENQUIRY: K.L. MATLHABA (Ms)

Tel: 018 392 0661

Cell: 078 247 6009

Hospital Manager

Witrand Psychiatric Hospital

Deppe Street

Potchefstroom

2531

Dear Sir/Madam

APPLICATION TO CONDUCT RESEARCH STUDY ON PROFESSIONAL NURSES AT YOUR INSTITUTION.

I hereby request to conduct research on professional nurses at your hospital. I am an M Cur student at the University of North West under the supervision of Professor. M.A. Rakhudu. The topic of my research study is "Perceptions of professional nurses on clinical competence of Problem Based Learning trained students"

The purpose of the study is to explore and describe the perceptions of professional nurses regarding clinical competence of PBL trained students particularly the final year students (R425).

With your permission data will be obtained by focus group discussion and with the use of audio-tapes from the professional nurses who are eligible in the inclusion criteria at the hospital.

The researcher will ensure that the right to privacy and confidentiality are maintained, i.e. the identity of the participants will be protected, as their names will not be mentioned during the interview sessions.

The participants will participate at their own free will. Should they wish to withdraw from the study, they will not face any penalty.

The researcher is committed to honour participants and no biasness will be made. The research results will be made available, should you request to have them. Should you have any queries regarding this project, I will be pleased to answer them.

I hope that my request will be taken into consideration.

Thanking you in advance

Yours Sincerely

Researcher

Date: _____



health

Department of
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North West Province
REPUBLIC OF SOUTH AFRICA



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nmowaledi@nwpg.gov.za
witranshos2@nwpg.gov.za
Enquiries: Mrs. N.L. Mowaledi-
Senyane

Witrans Hospital
Private Bag X253
Potchefstroom
2520

WITRAND HOSPITAL

WITRAND HOSPITAL: Office of the Chief Executive Officer

11/04/2016

Ms Kholofelo Matlhaba (BIO & SOS Lecturer)
Mmabatho College of Nursing
Mafikeng

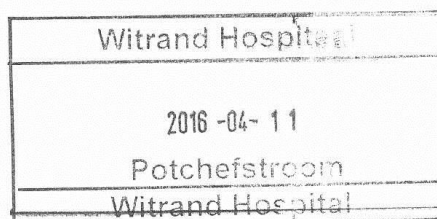
Tel: 018 392 0600 Ext. 0661 / Cell no. 078 427 6009 / E-mail:
kmatlhaba@nwpg.gov.za

Perceptions of professional nurses on clinical competence of problem based learning students

1. The above-mentioned research presentation to our Research and Ethics committee dated 08/04/2016 refers and your ethics approval from the NWU dated and the approval of the NWDoH refers
2. Your request is thus approved and the contact person will be the Acting Nurse manager Mrs Mpho Gorekwang at tel no 018 – 2949100
3. Please submit a full copy of your research report to this Institution

Kind Regards

MRS N/L MOCWALEDI-SENYANE
CHIEF EXECUTIVE OFFICER: WITRAND HOSPITAL



APPENDIX D

REQUEST FOR CONSENT FROM THE PARTICIPANTS AND CONSENT FORM

TOPIC: PERCEPTIONS OF PROFESSIONAL NURSES ON CLINICAL COMPETENCE OF
PROBLEM- BASED LEARNING TRAINED STUDENTS

RESEARCHER: KHOLOFELO LORRAINE MATLHABA

With reference to the above mentioned topic, I hereby inviting you to participate in a research study on Perceptions of professional nurses on clinical competence of Problem Based Learning trained students. The purpose of this study is to explore and describe the “Perceptions of professional nurses on clinical competence of Problem Based Learning trained students particularly final year students (R425)

This study will benefit you directly as a professional nurse in the sense that your personal understanding regarding the phenomenon under investigation will assist to make recommendations regarding implementation of PBL in the nursing curriculum in order to improve the clinical competence of student nurses that will lead to competent practitioners.

As far as your participation is requested, there will be no risks or discomfort of some sort to you. In the process of participation, you will meet with me and other participants as the interview will be done in a form of group discussion, and you are requested to allow me to use audiotape record information obtained from you.

As a researcher, I will ensure the safe keeping of the audiotapes used in an interview as well as the transcription of those tapes. I want to assure you that your name will not be mentioned on the audiotape, even on the transcription of those tapes. The reason behind this is that all the information you will supplied, will not be linked with your name. All data that you will give will be kept safe and no one except the research team will have access to it. Your identity will not be exposed when the study is published.

If you have any questions or queries regarding study or about being a participator in this project, please feel free to contact me, Kholofelo Matlhaba on the following numbers: 078 427 6009 (mobile) or 018 392 0661 (work), kmatlhaba@nwpg.gov.za (email address) or my

supervisor Professor. M.A. Rakhudu at Hunadi.rakhudu@nwu.ac.za.

Your participation in this research project is completely voluntary and you are under no obligation to take part. You have a right to withdraw at any time if you wish to, there will be no penalty posed to you, even in an on-going process of interviews.

The research study and its procedures have been approved by relevant people and appropriate research committees of North West University (Mahikeng Campus) and the department of Health (North West Province)

The above points will be communicated to the participants. I have a positive mind that the participants will understand the benefits and the obligation included in participating in this research project.

Researcher

Date

I confirm that I have read and understand the information given in the informed consent for the abovementioned study.

I understand that participating in this study is voluntary and that I may freely decline to participate or withdraw my consent and stop taking part at any time without giving any reason and no penalties will be posed against me.

I understand that the data gathered from this study will be accessible to other researchers at the North-West University and that the results will be published.

I hereby freely consent to participate in this research study.

Signature of participant

Signature of witness

Date

APPENDIX E

TRANSCRIPTIONS

Title: perception of professional nurses on clinical competence of problem based learning trained students (particularly 4th levels)

TRANSCRIPT FROM FOCUS GROUP DISCUSSION

Transcription
Good afternoon colleagues, my name is Kholofelo Matlhaba, a second year master's degree student from North West University, Mafikeng campus under the supervision of Dr Rakhudu. My topic for the study is perceptions of professional nurses on clinical competency of problem based learning trained nurses. Thank you very much for coming and thank you for signing the consent form and feel free, remember that there is no wrong or right answer. You are just going to tell me your experiences with regard to this students in your ward. Thank you very much. Can we start? Question number 1: what are your expectation on final year student nurses when are allocated in your ward? What is it that you are expecting? The fourth year students. Professional nurse 6: I think as registered nurse in the ward, when you are allocated students in their final year, we expect them to run the wards. At fourth year level we expect a lot from you. We regard you as a manager. Because at that level is when you have done nursing management, we expect you to run the ward and to do all the activities that are being done by the operational manager. To do ordering of the drugs, supervising the patients, make sure that there is a ward coverage in the ward. Make sure that bed making has been done and where the patients are sleeping is clean, the environment is clean and make sure that patients are occupied with activities. So generally ward management

especially, at fourth year level you are a manager, delegate other colleagues and do other management activities

Prof Nurse 1: A fourth year is a professional nurse already, everything actually supervise the subordinates and teach. A fourth year must do everything and must respect the first years, second years and the third years. And she must teach the in the wards, ensure that she has experience and she must guide junior ones. She must do everything, she is the manager in the ward do everything as my colleague has said.

Prof Nurse 2: Ah! Fourth year learners we expect as my colleagues have said, they should be running the wards, most of the time they should come in time and should be the ones who are taking reports and should do ward rounds.

Unidentified: they should be punctual on duty, take the reports, relieve and be responsible.

Prof nurse 6: in our institution there is this thing called management by walking around, that one is normally done when you do a hand over to other nurses, a final year student should be able to be there on time taking a report so that they can go around the wards, identifying the risks and in addition to the drugs, I want to emphasise more on the drugs. They should ensure that daily counting of the drugs is done and they should make sure that they balance the drugs when there is a shortage and they should report to the sister in charge if they don't understand or the thing is above their scope of practice.

Prof Nurse 1: In psychiatry, there is this daily counting of users, they must be responsible. They must count them and users love these people, they obtain much information from them.

Prof Nurse 6: in our hospital we have days for MDT (multidisciplinary team), where they sit and discuss users. So MDT includes psychiatrist, psychologist, social worker and a nurse and occupational therapist, so students are also involved there, we expect them to give reports because we are the ones who most spent them with users, so we expect them to be part of the team because they mostly interact with users.

Prof nurse 5: I was about to say what he said, so he actually took words out of

my mouth. But I can add they are expect to kind of reproduce what they have learned, I mean they read throughout of the year or that and the most important thing is involvement and encourage them to do things. You cannot expect them to do rounds when you have not taught them, when you have not orientated them on how to do rounds. Ah! Or before you come on duty and when you leave, those are the things we should teach them and expect them to reproduce. We cannot expect them to be part of MDT when we have not involved them at first. These are things that do not make an environment conducive for them, because we are not being role models to them. We expect them to be on duty at 07h45 but we are not there, so we expect them to take report when they have never been taught how to take a report, how to give the report, how to do the rounds. So you teach them and expect them to reproduce what you have taught them plus the knowledge that they came with from school.

Researcher: so what you mean is that we need to be examples of what we expecting from students?

Prof Nurse 5: exactly, we should be mirrors, sort to say.

Prof Nurse 1: I am also worried that they will be busy with some things instead of occupying those who are helpless. They will be busy with some things they think they keep them busy instead of looking of what they can do. They will maybe concentrating on giving medicines, being five or six in the medicine trolley with the nurse there supervising them. From there, they will only go to the tuck shop for a long time, you see?

Researcher: ma'am what you mean is that you expect those students to perform basic nursing?

Prof Nurse 1: basic nursing that is where they need to start.

Researcher: sir you wanted to say something?

Unidentified: I didn't get her words, that's why I had to ask there and there..... you should be fair to them and even they are brought you should know or teach them in week 1 and expect them to do the work before they go, maybe for a month. Their objectives do not make sense to me, even if they do but before you can lose track of what to do for the whole month, if it could be if week 1 can be

inspected to do this and that or maybe week 1 and week 2... maybe it will be easier like that to make a follow up. And the other thing sister professional nurse 1 said they busy with this and that yah, they do their work, books because we don't occupy them, we should be giving tasks to them, after maybe we doing 1, 2, 3 and I expect the feedback tomorrow, maybe you say section 33, or section 27.... Yah. What are the signs or what are the causes? Then you expect the feedback from them. But when you just let them be there they will loiter around or go gallivanting and stuff, it's our responsibility to give them a tasks because if we give them a sheet from school to do a thing if you don't follow that they don't end up doing it or focusing on it only.

Researcher: okay, that was professional nurse 5?

Unidentified: yah

Researcher: alright colleagues can we move to the second question? What is your understanding about problem based learning approach?

Prof nurse 6: my understanding of problem based learning approach I think is where a student is given a scenario and is expected to go around and to go and source this information, if it's a small scenario he will bring more and more and more information. That is my understanding.

Prof nurse 5: in line with problem solving you give them a problem and they come with ways of solving the problems

Prof Nurse 2: basically what my colleagues have saidis that give them a problem and they get all the information they should get regarding the problem....

Silence maintained

Researcher; can we move to the next question? How do you describe clinical competency? In order to say the students that you are having, the fourth year students in your wards, for you to say their competent, what is it that you see? What are you referring to when you say they are competent, clinical competent?

Unidentified; I think it has to do with uhm, being able to perform given tasks with a little supervision as possible and initiative, initiative jah initiative.....problems before asking for help, I think that's competent

Unidentified; to, clinical competence relates to for the student to perform the

given task without wasting time.

Researcher: okay, for example like maybe searching for equipment for example running around not knowing where they could find them?

Unidentified; like they do not know where the equipment is saved or kept.

Prof Nurse 2: Jaaka badiri-mmogo le nna ba bua moithuti o clinical competent, kera gore ga ale mo warding, tshwantse a kgone go ntsha ditlhare, a kgone go supervisor di patients. Tshwanetse a itse gore didiriswa di dula fo kae. Ga re batla dianamap, asa taboga a thula mabopa a itse gore dianamap e nna fale ke ele. Ha a batla thermometer a itse gore thermometer e fale ra e dirisa or ha re batla go suture patient suture pack e fale wa itse re ya go e tsaya kae.

Prof Nurse 3; nna o ke itseng gore if I have given him the task he knows what to do eseng motho o tlebeng a sa itse before.

Unidentified: I think clinical competence is a student who always do properly and is eager to learn, who is asking questions and is a student who does not wait to be told what to do, who is doing things by himself knowing that is doing the right things for himself and the patients.

Researcher: what is your view regarding clinical competency of PBL trained nursing students, this time we going to concentrate on their knowledge, skills, attitude, values with regard to effective communication, when they communicating with us in the wards, when they communicating with multidisciplinary teams, when they communicating with patients and relatives and going to look on their demonstration of ethical behaviour. Do these students know patients' rights, do they respect them? Do they respect patients' culture? Ooh! And we also going to look at the demonstration of professional behaviour, where we look at the scope of practice, do they follow the scope of practice? Can we say yes, these student nurses who are about to exit are professionals? When you are going to answer you can answer 1 or 2 or all the questions.

Unidentified: about the PBL train students akere ha ba spoon feediwe like before, akere ba fiwa scenario and they gather information for themselves, something that you did for yourself you grasp it more than something that was done for you. I think we expect that they..... the PBLs my expectations is more on practical

work.

Researcher: what you are saying is that they are good in theory but lacking in practicals?

Prof Nurse 2: with regard to that, in communication usually they don't communicate. They just do things on their own, they just there and there when they come to you and start to ask but most of the time they do things on their own because they already know because they used to gather information for themselves, they think what they have gathered is best.

Prof Nurse 6: like professional nurse 2 has said, I don't know what to say but students don't communicate with us. They don't even come to you and ask if they don't understand something. Don't know whether is it a pride or they're afraid to associate with us or what, but they hardly come and us when they are in need of something. You understand? Regarding demonstration of ethical behaviour, you highlighted BathoPele principle, they sort of some time that, you understand? I don't know what to say but, demonstration of professional behaviour knowledge, our students are playful, and they are not serious.

Researcher: they don't show any signs of being professionals?

Prof Nurse 6: No, no. they don't show. We don't know, sometimes we ask if is it where they come from or is it the environment. You can't even differentiate between a first year and a fourth year, they are very playful in a way, let me show you, the expectations we talked about like they have to run the wards, give medications and do walking around management, MDTs, they don't do those things. They only do things when you push them. So beside that you will find them busy chatting. I side with my colleague, Prof Nurse 5 that we are the ones who should involve them and let them reproduce what we have learned them. You teach them and involve them. We are trying our best, we put them on in-service training but when you give them a task that tomorrow you should in-service us with this they will be just saying we didn't prepare. So we have a challenge, I'm telling you about who are at my ward. I give them tasks but they don't complete them, I teach them how they should know drugs, their trade and generic name, if they say haloperidol if they don't say haloperidol its serenace.

We push them, we just ask ourselves who are they going to nurse if they this empty. Sorry to say that but they don't learn anything.

Researcher: so what you're saying is that, what Prof Nurse 3 mentioned is that talking about passion, they don't show passion.

Prof Nurse 4: as they have said we have to push them to do something in the wards, they develop attitudes towards you and I was in P2A where we admits patients, when patients come for admission, they go out of the ward, they run away. You will be left alone, I'm telling you the truth and they will tell you "no I went for tea, doing this, doing that" but all the time they were all seated and without the patient, chatting alone there, using their cell phones but there came a patient for admission you won't see them.

Prof Nurse 3: like my colleague Prof Nurse 6 has said that we are trying our best, you find students coming to the ward, you ask is it the first time they coming here, when you tell them it's the same structure, routines are the same, but when you ask them there are blank as if it's for the first time they come to the psychiatric setting. It clearly shows they are not passionate, they not even interested in their career. Don't know if I mentioned at the beginning that they are more into theory than a practice.

Prof Nurse 4: when you ask them before they knock off they should write progress report forms for patients..... You ask them where you have been if you don't know how to write a progress report. To tell the truth when, they only write two lines, in care plan they write a problem and leave it like that, they are done and signing. They won't even bring it to you so that you can counter sign. After they have left, when we check patients' progress reports that's when we see those things. And then tomorrow when you ask whose signature is this they all don't know.

Prof Nurse 6: you know I have realized that, my colleagues will agree or disagree with me, I have realized that, I, personally, students don't care about patients, especially those who come to us for practice, I don't know if, it's a personal view, if practical they do at schools during exams, and they are doing here, if they take patients serious. I don't know if you get what I'm trying to say. Maybe others

would care for patients if their practicals are being done in real patients, you understand, maybe they would be hands on and interact with patients. They would care because they know the very same patients they will work with them during exams. But they don't care because when they leave here they will be using a doll somewhere. You see? So all these skill they should learn from the patients, they don't care about them because they are going to use dolls. That is why they don't care about psyche, I don't know if you understand.

Researcher: so what you saying is, especially when they doing OSCE, because that's the assessment you are talking about, if they were doing with the real live patients things were going to change because they were going to be forced to treat the patients the way they are going to treat them during OSCE.

Prof Nurse 3: I have realised that maybe if the preceptors were coming with the students, even if not every day, because we don't see them in the wards maybe coming to supervise the students. Same as when you kid is from crèche and you are trying to help them with homework, they will say you are not a teacher. You can't teach me, my teacher is Mr Mathithibale, you see. Maybe they also have that idea that their teachers are at collage, so when these people are two in the ward, MACON and UNIBO, you will also observe the difference or if this one from MACON is it because they are getting paid and this one is not getting paid. And some of them came to nursing because job opportunities are minimal out there. They will be seating there holding whatever they will be holding, maybe a cell phone or something and us sisters will be hands on and on a serious note we ask them to remove that phone you can see that this person is not here, when you are busy or in MDT.

Unidentified: like when you compare student from Macon and Unibo, you will ask yourself if its PBL making them to behave this way, because their more into theory than practica, and the ones from Macon they are always coming with their workbooks. For you to sign that workbook, the person have to interact with the nurse and the patient. Because at the end of the day you as a nurse you have to sign that workbook and at the end of the day they have to give patients health education. Because when they do not have a workbook they do not need

anything from you, what do you help them with? Because it's just a signature when they knock off. I don't know if it is PBL or maybe we can blame them while the problem lies with their programme.

Researcher: Ma'am what you are saying is that there is a big difference between the two students? Unibo and Macon? Remember the reason we conducting this study is to see if at the collage we can adopt this method, it's the best method or not because at the end of the day we want what's best for the patients. We don't want our patients to be neglected. Any other view?

Unidentified:..... diploma, the thing is there you can see it, for them they can sit at the office even if they are 10 or more, they will be sitting at the office. Us nurses we don't even know how to approach them because they have an attitude and they even check on off duties to check when the sister who reprimand them is coming so they can absent themselves.

Prof Nurse 2. And still they have that tendency, especially the uniwest students, they come with the lame excuses especially when they want to absent themselves from work, they come with a bag telling you they wanna go home there is this and that. When you ask if at school they are aware because you should come here till Wednesday they say no they are not. You as a professional nurse you have to make them that favour because they want to leave, but when there is a work that needs to be done in a ward like my colleagues have said, you call them, come and be part of the MDT, students from collage don't do that they know that they should be involved, they are eager to be involve they even ask you when is the MDT ward round staff we want to be part of it. You see that student is eager to learn, he want to know what's going on with their patients or when we say that patient should be discharged they know the conditions for discharge.

Unidentified: you have to push them, come please people. Even to write drug books it's a problem they don't know how to write.

Researcher: so sir now you a supporting the statement Prof Nurse 3 has said, their more into theory..... Okay let's go to the last question, how do you think BPL can assist nursing institution to improve clinical competency of students?

Prof Nurse 3: if it can be coupled with practica, maybe with workbooks and OSCEs. Maybe there PBL will excel.

Researcher: what you are saying is that we have to look at the curriculum?

Prof Nurse 6: I agree with my colleague, professional nurse 3 in addition to the practica part of it, the practica that they get is less than theory. They get more theory than practical. If they can expose them more into practical because when they graduate we expect them to excel in practical, so they are being given a limited time for practical, maybe if they can do the block system like in the olden days that this month they going to the block and his month they are going to practice. Maybe it can work for them in a way, but it's just my perception.

Researcher: any other view?

Unidentified: we are talking about the BPL but most of us doesn't know what PBL curriculum entails, maybe if we were talking knowing what exactly does it entails. We would know what it that is expected from us is.

Researcher: ma'am what you are saying is that maybe the PBL institution needs to involve the professional nurses so that they know what are they dealing with?

Prof Nurse 5: I think there has to be continuous interaction and continuous assessment between PBL institutions and practical institution, maybe they come weekly to give us the objectives and come after a week to check if we have assisted the students and the objectives are met. With the university students they come Monday to Wednesday for the whole month which is more than ten times in a month and is enough for practice. Even in theory its easy to implement theory into practice in the general site than in psychiatric site. Here in one hour the job is done, and the rest of the day is observations, orientation and interaction. The only thing to assist them after the routine you allocate each student one patient and at the end of the day they write a report that today I talked with Ntswelengwe and tomorrow they rotate, the one who was with Ntswelengwe goes to the other one. That will keep them occupied and will make them have insight....because its theory obviously, psychiatry is a theory, theory and theory.

Researcher: what you saying is that (1) the lecturers needs to meet with

professional nurses and share their problems? (2) The professional nurses needs to ensure that they use their teaching role? So you have to remember that as a professional nurse that one of your role is to teach. Thanks very much.

Prof Nurse 3: you can use you role as a teacher and teach but it depends if you teach a person who is willing to learn or not. The one without passion will make you develop an attitude towards students because you are trying and they are giving you attitude while you are trying to play your role as a teacher. You end up begging off, you see? And you end up assisting those who are egad to learn.

Prof Nurse 5: I think giving individuals tasks will avoid this blanket contamination so you will be able to pin point, you see? So if there is a tool we use for an individual assessment. Maybe a weekly one, or biweekly to write a report, that will push them to work and will be allocated a patient so we need a report for this patient. You will be able to identify, we know they are brilliant on exams and they pass but on practice they do not care if demonstration/ practical book is signed its fine. If they can get an individual assessment form from the nurses every two weeks or so. Maybe we will be able to identify those who are not willing to learn in a process it will also assist those who are struggling there and there..... MSE and that will also be productive.

Researcher: thank you very much sir which means us as professional nurses we have tasks?

Unidentified: I would like to differ, that I should waste my energy on a person to a person and give assessment form, they must come to me and say I did 1,2,3 on this patient, please help me what did I left out? What is it I did wrong and right? But now I would rather waste time on the one who has interest.

Researcher: like what we saying like when in class I would say this is an adult learning, you take responsibility of your studies. So we need to encourage them to do that not to pull them.

Prof Nurse 5: Prof Nurse 3, like I said you give them tasks, those with feedback are the one willing to learn those without feedback they are not willing to learn. So it is not like... like the report you collect the report with regards to a particular student. Yu will see that okay, student 4 did nothing and the report will be given

by the professional nurse not the students

Researcher: okay! So the professional nurses will give the lectures report? At time you will be identifying students who are willing to learn and students who are not willing to learn, alright.

Prof Nurse 3. I would like to differ, so you say..... They won't come because they know I'm busy making reports about them, and they come and take the report. So they must also come and make their assessments to see who is working and who is not.

Prof Nurse 6, I agree with professional nurse 3, because now we have a problem with those preceptors/lecturers they hardly come. You will only see them bringing learning outcomes and allocations after that gone. So by doing what professional nurse 5 is saying, in a way we will be telling them not to bring the learning outcomes. They will bring it via students, so how will we measure that students are being knowledgeable or learning. So we will be saying stay there.

Researcher: okay guys I think we need a study, a special study on this, the relationship with professional nurse, is there anything you want to say? If there is nothing thanks very much for your time, opinion and information is very valuable to me. I will come back after compiling the report and come and give it to you. The end.

TRANSCRIPT FROM INDIVIDUAL INTERVIEWS

Researcher: good afternoon ma'am, my name is Kholofelo Matlhaba second year master's degree at the university under the supervision of doctor Rakhudu and the topic for my masters is perceptions of professional nurses on clinical competency of problem based learning trained students. Thanks very much for giving me this opportunity to interview just keep in mind that there is no right or wrong answer what I need is your view and understanding since you have been supervising this students. Anything before we start?

Researcher: What are your perceptions, views or understanding of PBL trained students?

PN: I would like to say they just come to the hospital around the third year neh, having started at the general hospital. Some of them started to have interest of general site and already choose along the way where they can work. If they come to psychiatric, they take it as the last option as they come on the third and fourth year. And even the orientation they don't take it seriously and you can never see them coming along with their procedure books as we used to do in the previous nursing when we were training. They don't even follow up some of the procedures; they will just come on the last minutes when manuals are supposed to be submitted. Is then that they will come around and ask for assistance with the manuals, whereas they could start when they come to psychiatry.

Researcher: Ok. Anything else?

PN: NO

Researcher: what are you views, understanding or perceptions regarding communication of PBL trained students? Can we say with regard to communication they are clinically competent? We can look at communication with regard to the patients, the way they giving report, and the way they communicating with multidisciplinary team

PN: so with communication I can say. When they communicate with patient the mistake that they usually do and I actually realise that they trust our patient too much and they perceive our patients as normal patients. Even if you try to explain to the that you don't just communicate with our patients like any other patients because their behaviour is so unpredictable. They get easily provoked by their communication. So they must be well orientated of how to communicate with our patients. They still need though orientation on how to communicate and interact with our users.

Researcher: What about the staff?

PN: Yah some they well but some already think that they are already professionals. They can communicate whatever they think they can just say it. They perceive themselves as our colleagues

Researcher: what about multidisciplinary team?

PN: Yah At least they are able to communicate with other disciplines. They are

able to present the patients after being orientated. And sometimes we professionals are the ones who call them to come and participate. Even if they don't show interest we try to motivate them to come and participate and see what is happening there. We tell them there is a need to participate there.

Researcher: what about patient's records? The recording and reporting skills?

PN: Yah they do record especially for example medication. But the problem is that if they change or see that the other medication is not available, they will not report. They only failing to report because some of the things you will just see that students were around and some of the things they did not report.

Researcher: so we can say they good in recording but lacking in reporting?

PN: But what I can say is that for example we will teach them about waste management, but they don't follow the correct way of disposing whereas we taught them how to dispose.

Researcher: so that problem is it a continuous thing?

PN: We maintain strict supervision now especially when they are around. We maintain strict supervision throughout.

Researcher: Recording after Drs Round, do they do Drs Rounds?

PN: They are not yet clear. They still need more exposure and orientation.

Researcher: Ok anything else?

PN: No

Researcher: what are your perceptions/ views/ or understanding regarding ethical behaviour of PBL trained students?

PN: Please explain that for me.

Researcher: Ok with ethical behaviour we are going to look at issues like culture, because we having patients from different cultures, do they take this into consideration when they communicating or performing any procedure to the patients? Or Bathopele principles, do they follow that or respect that or patients' rights

PN: Yes they practice that. For example we ask them to teach our patients about BathoPele Principles from time to time even us we teach staff members and students about Bathopele principles and patients' rights from time to time so that

they can nurse our patients based on Bathopele and patients' rights. So on that they do practice it.

Researcher: Anything else with regard to culture maybe?

PN: And even the meals they can understand which culture prefers which food as we have explained to them how to write diet sheet so that they can be able to write that special diet for that special patient.

Researcher: so we can say they respect that and they are competent and practising that?

PN: Yes

Researcher: and they are able to report to as a supervisor that they are admitting this patient with different cultural needs?

PN: Yes

Researcher: Anything Else? If there is anything you remember while we busy you can say it.

Researcher: What are your views/ understanding or perceptions regarding professional behaviour of PBL trained students?

PN: their behaviour differs. Especially when it comes to dress code because as nurses we have a way of dressing and even the patterns, you must not look inappropriate but students of nowadays the way they look... Gigggle... the hair styles are so flamboyant. Sometime you are not even show how are they going to perform some of the procedures. And even the attire you find them wearing low waist pants and even if you trying to talk to them they don't understand you because they think you are old fashioned. So it is difficult for us and I think even at the institution there is a need to teach them how to dress. Even I think on the other hands they build a trust on the patient the way the dress. So if you appearance is not acceptable where a patient is even querying it , the patient won't have a trust on you as a nurse even when you nursing this patient, then the patient will be saying you are not a nurse because of the appearance.

Researcher: ok anything else because you have been focusing on the appearance. Any other information on professional behaviour like their work? Can we say they are professionals?

PN: Yah even the most senior person can come to the ward they don't care. Just to show respect, they don't care. Even if the person was busy chatting on the cell phone, she/he will continue doing that irrespective of whether the senior personnel is next to him or her. They don't show that respect to their seniors.

Researcher: Ok anything else with regard to the procedures that they are doing in the ward? Like maybe if you delegated them to do something, what about that?

PN: the only thing they like and feel like they are supposed to do is giving of medication and recording. With bed making you push them. They feel like they are at the highest level now so somebody must do it for them. They can just give medication and write on the books and be in the duty room whereas they are still practising. They are supposed to practice and observe.

Researcher: so with giving of medication are they competent when doing it and do they report if there are any side effects since you mentioned that they like doing this procedure?

PN: Yah on that one they are doing it good. It will be there and there were you will come across the problems but not always.

Researcher: So we can say the basic nursing is an issue for them?

PN: Yah is a big issue because maybe we have a hypertension or diabetic patient in the ward, checking of blood pressure or monitoring blood glucose level and vital signs, they feel that somebody must do it, not them. And they still need orientation on psychiatry so that they take it positive not negative towards the routine of the ward.

Researcher: ok anything else you want to add in general?

PN: what I am thinking even us guiding them on the field, the preceptors must also be available and be able to come to the hospital unannounced so that they can see what this students are doing so that when they go back to class they can talk to them and be able to correct the unacceptable behaviours. And the preceptors must give us chance to report to them the challenges we coming across. So that together we can assist in ensuring competence of these students. Because most of the time they know that if they do something here in hospital as a professional nurse I won't be able to report it because the preceptors are not

available. That is the reason why most of the time they do thing and get away with it because we are not able to report them.

Researcher: Ok anything else?

PN: No

Researcher: Thank you for your time.

APPENDIX F: FIELD NOTES

Field notes of observations were made during the observation sessions, mostly as soon as a session ended to avoid disturbing participation. The fields' notes would help with data recording and analysis and provide comprehension of meanings Creswell (2014:247). Field notes were expanded into narratives immediately after the discussions and interviews to avoid losing memory of important point and loss of rich data. It was deemed important to observe participants during discussions and interviews as this would give a researcher a clear picture of understanding their perceptions on clinical competence of PBL trained students, and provide the researcher with deeper understanding of how do they regard clinical competence in their own world.

FOCUS GROUP DISCUSSIONS

With all four focus group discussions, most professional nurses left the discussion rooms immediately after the aim of the study was explained to them as they felt that they did not want to be part of the discussions due to their limited knowledge of the subject problem based learning approach. Participants who agreed to participate showed interest on the study and we willing to give as much information as they can as they are in constant supervision of these PBL trained students. Participants who agreed and signed the consent forms were relaxed at the beginning of the discussions. However, few of them started to be restless as the discussion continue as they felt it was nearing knock of time and some of them have to go back to work or go pick up their children form school, or because they wanted to go back to the wards to start with afternoon routine.

Field notes from 1st focus group discussion hospital 1

This focus group discussion was comprised of ten (10) professional nurses both (females and males) from the same hospital different wards. Participants showed interest and were ready and willing to give as much information as they could.

Some participants though had nothing much to say as they felt that some questions particularly directed to PBL was a challenge for the because of limited knowledge of the approach. However their participation was fair. Some participants started to be restless as the discussion continued where it was observed that they were looking at their watches now and then. Like PN 8 who lost concentration and started answering the phone even after the researcher asked all participants to switch their cell phones off or put them to silent to avoid distractions during the discussion.

There was lots of comparison between PBL trained students and students from the other institution using traditional method when it comes to clinical competence where anger and discrimination emotions were observed. During the discussion, negative emotions were observed especially when it comes to professional nurse's role in clinical teaching of nursing students particularly PBL trained where majority of participants felt like these students are judgmental and discriminating among professional nurses in the wards. They felt that PBL trained students only associate themselves with professional nurses trained from the same nursing education institution.

All participants displayed lack of interest on clinical support of PBL students because students are not interested in learning or in nursing as a profession. They maintained that PBL training students are good in theory but failing to correlate what was taught in class with the real life situation at the clinical area. The same emotions were observed during discussion on the relationship or partnership of professional nurses and facilitators from the nursing institution. It was clearly observed that there was lack of interaction between the two stakeholders which can be a great hinder on PBL trained students' clinical learning.

Field notes from 2st focus group discussion hospital 2

This focus group was comprised of six female professional nurses. Participants were relaxed and ready to participate.

However, lots of confusion was observed as the participants did not know that among the students' particularly fourth years' students they supervising, those students are trained using different teaching methods. It was observed some delays before answering the questions on some participants. Lots of comparisons between students were made. It was mentioned that PBL trained students were not too bad except lack of confidence there and there on some students, where one participants mentioned that they still lack confident and still hiding behind you as a professional nurse. All participants edged the nursing education institution facilitators to avail themselves and work together to ensure that clinical competence of students is achieved.

Field notes from 3rd focus group discussion hospital 3

With this focus group discussion, twelve (12) professional nurses where in the room but only six (6) left to sign the consent forms and ready to continue with the discussion. Participants where really excited to be part of the study as they mentioned that even though some of them had limited knowledge of PBL, they would like to participate as they have been working with PBL trained students from the nursing education institution. Majority of participants supported what participants from focus group 1 mentioned, that PBL trained students were good in theory but lacking practical. All participants displayed some disappointment when it comes to clinical support of PBL trained students both from clinical facility and nursing education institution. It was also observed that some participants were not relaxed during the discussion as some questions wanted them to focus on PBL as a teaching method and they felt they have limited knowledge and was not sure of their expectations as supervisors of these students. At the end of the interview, it was observed that participants were happy as they mentioned that they are really waiting for the results of the study as they felt it was educative for them and it reminded them of their role in the clinical learning of students nurses despite other challenges like shortage of staff and equipment and PBL approach itself as they were not sure of what the curriculum entailed.

Field notes from 4th focus group discussion hospital 1

This focus group was comprised of three female and three male professional nurses. Among the participants, some were PBL trained graduates from the same institution. There were lots of mixed emotions during the discussion. Anger and blaming were observed as participants felt it was the nursing education institution facilitators' responsibilities to ensure that clinical learning needs of PBL trained students are met. Majority of participants maintained that PBL is a good teaching method but PBL trained students were lacking clinical knowledge.

Even though some lack of insight on PBL approached was observed because some participants was heard saying maybe is the curriculum that make the students to behave the way they behave, like to be on the phone all the times as they say they are doing research and googling information, they still maintained that facilitators must improve on clinical accompaniment for these students and provide the clinical facilities with clear learning objectives of PBL trained students as it is challenging for them because they don't know what is expected of them with regards to the approach.

Some dissatisfaction of this PBL approach was noted during the discussion as the participants kept on comparing PBL trained students with traditional method trained students with regard to readiness to become professional nurses after training. It is because of this observations why the researcher recommended that the nursing institution provide workshops and in-service trainings for clinical facilities particularly the professional nurses on the ground as they are the people having direct contact and supervision with these PBL trained students.

Shifting of responsibilities was also noted during the discussion. Majority of participants expected PBL trained students to run the wards and do all administration duties. They perceived them as managers as they are about to exit the course. This was also noted with other focus groups where majority of participants expected PBL trained students to supervise and mentor 3rd, 2nd and 1st years when they are in the wards.

In general, there was high dissatisfaction from all the groups when it comes to clinical competence of PBL trained students.

FIELD NOTES: INDIVIDUAL INTERVIEWS

All participants were professional nurses working in different wards at hospital 1. Six (6) of seven (7) participants trained in the context of PBL approach and were well informed about the approach working in different wards. Their interviews were conducted at different dates and times. Upon receiving consent form, they all felt relax and ready to participate as they felt that they are the correct people to give needed information about this students as they have been working with different groups of students who are PBL trained. They all showed interest in the study and give all the necessary information.

However they all participants displayed some dissatisfaction with regard to PBL trained students' lack of interest and seriousness in their clinical learning which lead to them not being competent at the end of their training. They maintained that PBL trained student particularly the fourth years, still need strict supervision as they are good in theory but could not correlate that into practice. They maintained eye contact and mentioned that the study was so educative for them.

For example participant in interview 4 a female participant graduates from the nursing education institution and trained using PBL approach, during the when she was talking, kept on shaking her head as she was trying to show her dissatisfaction regarding PBL trained students. She had much to say about their unprofessional attitude including improper uniform and attitude towards seniors when they are delegated to perform basic procedures. This was supported by participant in interview 2, a male participant who is also a graduate from the same institution. During the interview he kept on giving that disbelieve kind of smile when talking about PBL trained students lack of practical knowledge on basic procedures and dishonesty when it comes to their absent behaviour. He also mentioned that these students don't wear proper uniform and are well presented when coming to work.

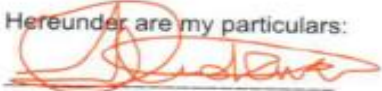
The same observations were made with female participants in interview 1, 3 and 7 all of them are PBL trained graduates.

As for participant in interview 5, a female PBL graduates from the same institution, she really displayed some negative emotions when she was talking about the professional and ethical behaviour of PBL trained students. She kept on comparing PBL trained students behaviour with the times she was still a student at that nursing education institution. She got angry when talking about the appearance of the students and the fact that they came to nursing not because they wanted to become nurses but had their own motives. And she kept on repeating that PBL trained students are book based not practically based.

As for a female participant in interview 6 with more than 30 years' experience in nursing, she was just relaxed throughout the interview. She had a limited knowledge about PBL. She had much to say about factors contributing to incompetence of PBL trained student in the clinical area where she cited lack of supervision and resources as the main challenge which impact negatively on students' clinical competence.

APPENDIX G

EDITING AND PROOF READING CERTIFICATE

EDITING AND PROOFREADING CERTIFICATE	
	7542 Galangal Street Lotus Gardens Pretoria 0008 27 November 2016
TO WHOM IT MAY CONCERN	
This letter serves to confirm that I have edited and proofread Ms K. L. Matlhaba's dissertation entitled: "Perceptions of professional nurses on clinical competence of problem-based learning trained students in North-West Province"	
I found the work easy and enjoyable to read. Much of my editing basically dealt with obstructionist technical aspects of language which could have otherwise compromised smooth reading as well as the sense of the information being conveyed. I hope that the work will be found to be of an acceptable standard. I am a member of Professional Editors Guild and also a Language Editor at Bureau of Market Research at the University of South Africa.	
Hereunder are my particulars: 	
Jack Chokwe (Mr)	
Bureau of Market Research (Unisa)	
Contact numbers: 072 214 5489 / 012 429 3327	
jmb@executivemail.co.za	
	

APPENDIX H

TURN-IT-IN REPORT