Nursing students' experience of clinical practice in primary health care clinics

BM Zulu

21928304

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Supervisor: Prof E du Plessis

Co-supervisor: Prof D Koen

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ABSTRACT

The 2008 World Health Report emphasises that we need “primary health care (PHC) now more than ever”. Competent primary health care providers who “put people first” are required in the front line in order to make a difference. The need for widely accessible, competent and caring professional nurses thus places expectations on training programmes and health services.

In South Africa, a number of studies have been conducted on primary health care and methods of teaching clinical competence to nursing students (Truscott 2010; Magobe *et al*. 2010; Naledi *et al*. 2010) but not on the experiences of nursing students during PHC practice. The researcher observed that the emphasis on the positive, supportive and helpful experiences of nursing students in coping with challenges during their clinical practice was distinctly lacking.

The objective of the study was to explore and describe the experiences of nursing students during the clinical practice in PHC settings. It was expected that this information will enable the researcher to formulate recommendations to support nursing students to cope with challenges during clinical practice in a PHC setting. A qualitative descriptive inquiry, with an appreciative approach was used.

Five semi-structured focus group interviews were conducted to obtain data. The population comprised of 4th year nursing students who were selected using purposive sampling with the assistance of a mediator, namely the Head of the Department for PHC at a Nursing College. The sample size was determined by data saturation. Data analysis was carried out simultaneously with the collection of data. Fifteen main themes were identified during a consensus discussion between the researcher and the co-coder. The main findings related to the meaning students attached to being placed in a PHC clinic; positive, supportive and helpful experiences; how they can be supported and what help them cope irrespective of challenges they experienced.

Conclusions were drawn which pertained to: placement in a PHC setting for clinical practice; positive, supportive and helpful experiences; support when placed at a PHC setting for clinical practice and coping measures when placed at a PHC setting for clinical practice; and recommendations were formulated for nursing education, nursing research and nursing practice that focused on supporting and empowering nursing students to cope with challenges experienced at a PHC setting.

Key words: Clinical practice, experience, nursing students, primary health care, resilience.

OPSOMMING

Die Wêreldgesondheidverslag vir 2008 beklemtoon dat ons ‘primêre gesondheidsorg (PGS) nou meer as ooit' benodig. Bevoegde primêre gesondheidsorgverskaffers wat ‘mense eerste stel’ word in die voorste linies benodig om 'n verskil te maak. Die behoefte aan algemeen toeganklik, bevoegde en besorgde professionele verpleegkundiges plaas dus verwagtinge op opleidingsprogramme en gesondheidsdienste.

In Suid-Afrika is daar baie studies oor kliniese plasing van verpleegstudente in primêre gesondheidsorg gedoen (Truscott 2010; Magobe et al 2010; Naledi et al 2010) maar nie oor ‘n waarderende perspektief van die ervarings van verpleegstudente tydens hul PGS praktyk nie. Die navorser het opgemerk dat daar geen fokus op die positiewe, ondersteunende en nuttige ervarings van verpleegstudente was om hul uitdagings tydens die kliniese praktyk mee te oorkom nie.

Die doel van die studie was om die ervaring van verpleegstudente van die kliniese praktyk in PGS-instellings te verken en te beskryf sodat aanbevelings geformuleer kon word om verpleegstudente te ondersteun ten einde uitdagings tydens die kliniese praktyk in 'n PGS omgewing te kan oorkom. 'n Kwalitatiewe beskrywende ondersoek, met 'n waarderende benadering, is gebruik wat die navorser gehelp het om die manier waarop verpleegstudente hulle kliniese praktyk in PGS instellings ervaar, te verstaan en om te identifiseer hoe hulle ondersteun en bemagtig kan word in die hantering van uitdagings.

Vyf semi-gestruktureerde fokusgroeponderhoude is gevoer om data te verkry. Die populasie wat bestudeer is was 4de jaar verpleegstudente wat gekies is met doelgerigte steekproefneming met die hulp van 'n tussenganger wat die Hoof van die Departement vir PGS van ‘n Verpleegkollege is. Die steekproefgrootte is bepaal deur dataversadiging. Data-analise was gelyktydig met data-insameling uitgevoer. 'n Konsensusbespreking is deur die navorser en die mede-kodeerder gehou en 15 hooftemas is geïdentifiseer. Die hoofbevindinge hou verband met die betekenis wat studente daaraan heg om geplaas te word in PGS klinieke; positiewe, ondersteunende en nuttige ervaringe; hoe hulle ondersteun kan word en wat hulle help om uitdagings te hanteer, ten spyte van hierdie uitdagings.

Gevolgtrekkings is gemaak met betrekking tot die betekenis van die plasing in 'n PGS omgewing vir kliniese praktyk en aanbevelings is gemaak vir verpleegonderrig, verpleegnavorsing en verpleegpraktyk wat op die ondersteuning en bemagtiging van verpleegstudente fokus om uitdagings wat in 'n PGS omgewing ervaar te hanteer.

Sleutelwoorde: Kliniese, ondervinding, praktyk, verpleegstudente, primêre gesondheidsorg, veerkragtigheid.

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LIST OF ABBREVIATIONS

DHS- District Health System

DOH- Department of Health

EPWP- Expanded Public Works Programme

NDOH- National Department of Health

WBOT- Ward -Based Outreach Teams

CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION

In this chapter the background, problem statement, research questions, research objectives, paradigmatic perspective, research methodology, measures to ensure rigour and ethical considerations will be discussed.

1.2 BACKGROUND

Nursing colleges place nursing students at PHC clinics for clinical practice. Clinical practice is a learning environment which includes nursing students, clinical settings, equipment, staff, patients, nurse mentors, and the nurse educator (Papp, Markkanen & Von Bonsdorff, 2003:263). This clinical practice encompasses care for clients, actions and decisions based on knowledge (Mckie *et al.,* 2012:257). A conducive clinical environment includes co-operation between staff members, a positive atmosphere, and an environment where nursing students are regarded as colleagues (Mattila *et al*., 2010:153; Papp *et al.,* 2003:263). In brief, the clinical environment should be such that students are able to transfer classroom knowledge to clinical practice (Mckie *et al*., 2012:262).

Nursing students must be able to draw significant information and respond appropriately in a concerned and involved manner in patient care situations (McWilliam & Botwinski, 2012:35). Nursing courses emphasise critical thinking, problem solving, decision making and clinical skills, enabling nursing students to correlate theory and practice to reach educational outcomes as well as meet the needs of the community (McWilliam & Botwinski, 2012:35). However, according to Mellish, Brink and Paton (2008:62-63), students entering nursing have different backgrounds (values, beliefs and traditions) varying previous experiences and levels of readiness for learning. These differences may include previous knowledge, intellectual skills, level of motivation, interests, level of anxiety, preferred learning styles, expectations, self-concept, personality, health, psychological needs and culture (Mellish *et al*., 2008:63). Students may experience learning problems in clinical placement ranging from deficits in clinical practice to difficulties in communication and professional conduct (Wilson, 2012:534).

In addition, students have to cope with an ever-changing health environment. South Africa continuously need to transform its health care delivery system, not only to meet citizens' expectations of good quality care, but also to improve critical health care outcomes linked to

the Millennium Development Goals (NDOH, 2011:06). The importance of providing quality health services is non-negotiable. Therefore, strengthening primary health care services in South Africa is essential and strategies are needed to accelerate the implementation of processes to manage the disease and poor health outcomes. Since the advent of democracy (April 27 1994) a need was identified to empower health care providers, including nursing students with clinical care competencies and skills. The training included the diagnosis and management of patients at the PHC clinics. Competent, caring and integrated primary health services require a functional team of professionals who share similar goals, values and beliefs. Therefore, it is important that training is also coordinated so that they share a similar approach to patients and the management of common conditions (Mash, Blitz, Kitshoff & Naude, 2011: xii; Naledi, Barron & Schneider, 2011:18).

Changes in the South African health care system include the adoption of the primary health care (PHC) approach, because it was the most effective and a cost efficient means of improving the population's health (Naledi *et al*., 2011:23). The PHC approach requires a much more holistic outlook and is aimed at improving the health of communities within a country (Hattingh & Janks, 2012:2). The focus of PHC is on health needs of clients at all levels (preventive, promotive, curative and rehabilitative) of care (Truscott, 2010:60-63). All the PHC clinics should offer comprehensive services (one stop supermarket approach) (Naledi *et al.,* 2011:23) which are available, accessible, affordable, effective and efficient thereby bringing health closer to the communities. Services, for example, maternal and child health, reproductive health, curative and chronic care, Human Immuno Virus (HIV) / Acquired Immuno-Deficiency Syndrome (AIDS) care, sexually transmitted infections (STIs) and Tuberculosis (TB) care, youth friendly services and emergency care, should be collaborated to meet the needs of the community (Magobe, Beukes & Muller, 2010:525). Therefore, PHC forms an integral part of the country's health system, and it is the main focus which constitutes the first element of a continuing health care process (Naledi *et al*., 2011:23; Magobe *et al*., 2010:1).

Changes in the PHC sector, for example, the re-engineering of PHC require that nursing students should adapt to a changing environment and constantly develop new skills (Naledi *et al.,* 2011:23) which they are not necessarily prepared for. The introduction of new programmes, for example: changes in the management of HIV clients such as collaboration of HIV/AIDS, sexually transmitted infections and Tuberculosis (HAST), men's health (male circumcision, men having sex with other men) reproductive health (termination of pregnancy, insertion of implants), post exposure prophylaxis (for needle stick injuries and rape victims), adolescent and youth friendly services may also impact negatively on nursing students (Naledi *et al*., 2010:18). Furthermore, nursing students may experience patient death, severe

illness for the first time and difficulties with professional nurses in charge and doubts about future plans as training nears completion (Haider, 2011:975).

The role of PHC nurses becomes very important when looking at support for nursing students placed at PHC settings for clinical practice. The role of PHC nurses include: the organisation of staff, management of equipment, care of clients and educating nursing students (Roussel, Swansburg & Swansburg, 2006:478). Professional nurses who render PHC services are regulated by the South African Nursing Council. A professional nurse is a person who is qualified and competent to independently practice comprehensive nursing and who is capable of assuming responsibility and accountability for such practice (Nursing Act 33 of 2005). According to Henderson *et al.* (2010:177), the nurse acts as a role model by displaying knowledge about care of clients, and making critical decisions for implementing quality care and the creation of a clinical learning environment for students. Professional nurses including PHC nurses should be able to guide, mentor and support nursing students during clinical practice. Furthermore, PHC nurses are held responsible and accountable for their acts and omissions (Nursing Act 33 of 2005 Regulation 387).

However, although changes in training curricula have moved towards a PHC orientation, professional nurses are still not adequately prepared for the challenges of implementing PHC. Newly qualified nurses and other professionals require training especially on TB, HIV/AIDS, maternal, child and women's health. Furthermore, there is still an increase in disease, scaling up of PHC programmes, a decline in life expectancy, inadequate health outcomes, and a lack of both human and material resources.

It is clear from the above discussions that professional nurses in PHC need to be versatile and adequately prepared for clinical specialisation as well as play a role in teaching and mentoring nursing students during their clinical placement (Truscott, 2010:60-63). These professional nurses should ensure that they are skilful, approachable and helpful towards the students (Quinn & Hughes, 2007:338-340). Team spirit should be emphasised so that the students feel that they are a part and parcel of a team (Ruth-Sahd, 2011:2450). The professional nurse's management style should be efficient and flexible to enable nursing students to fully engage in PHC as a learning opportunity (Quinn & Hughes, 2007:398). The gap between nursing practice and theory should be narrowed and the nursing students be given the responsibility and encouraged to demonstrate their initiative (Hope *et al*., 2011:711; Mattila *et al*., 2010:153). Professional nurses in PHC should teach by example (Quinn & Hughes, 2007:153), and provide as much support as necessary to foster students' self-esteem (Hutchingings & Williammson, 2005:945-955).

International and national studies reveal that nursing student who could not cope well needed supportive mentoring and counselling (Hutchingings & Williammson, 2005; Matshedisho, 2010; Henderson, 2010, Callaghan *et al*., 2011). Negative feelings experienced by nursing students include clinical practice which was not conducive for learning, decreased self- esteem and a sense of giving up (Skaalvik *et al*., 2011:2294; Killam & Carter, 2010:1523; Myhre, 2011:1320; Haider, 2011:975; Mattila *et al.,* 2010:153). Nursing students are not always ready to optimally utilise clinical placement in PHC as a learning opportunity (Magobe *et al*., 2010:525). Literature on these issues confirms that nursing students might experience difficulty in adapting to PHC (Magobe *et al*., 2010:525).

In addition nursing students experience different challenges during clinical practice at PHC clinics ranging from lack of human and material resources, nursing staff burnout and low morale, lack of quality control, lack of continuing education, lack of support and mentoring from professional nurses moreover nursing students were regarded as part of the nursing staff or workforce (Magobe *et al.,* 2010:04). Furthermore nursing students experienced a challenging environment with feelings of uncertainty, lack of autonomy, feeling of being under pressure, lack of role models and incongruence between theoretical and practical training (Watkins, Roos & Van der Walt, 2011:03).

Irrespective of the challenges experienced in the nursing profession, including PHC, it is also observed that nurses, including nursing students are coping and displaying resilience (Koen, Van Eerden & Wissing, 2010b). Resilience is the ability to bounce back in spite of difficult circumstances (positive adaptation) (Koen & Du Plessis, 2011:4). Making a difference and providing loving care are sources for inner strength that may give courage to students to practice in a caring manner and become responsible nurses (McWilliam & Botwinski, 2012:36). Nursing students may experience their own vulnerability in clinical settings as an opportunity for development. Furthermore, vulnerability then becomes a source for the development of self-confidence and courage to endure difficult situations (Pederson & Sinoven, 2012:838-842). Positive experiences in clinical practice may include appreciation of orientation to the service, sense of belonging to the team, independent working, growth towards professionalism and working as a member of a team (Papp *et al*., 2003:265; Courtney-Pratt, FitzGerald, Ford, Marsden & Marlow, 2011:1380). However, the experiences of nursing students in PHC settings from an appreciative viewpoint and how the experiences influence their personal caring and the need for learning-teaching support seem to be a challenging but rather an under-examined research subject.

1.3 PROBLEM STATEMENT

PHC nurses are responsible in the creation of a conducive learning environment and support of nursing students to help them overcome negative experiences and be able to make informed decisions regarding patient care (Mellish *et al*., 2006:323). Working in PHC may be a challenging experience for nursing students (Adebajo, Eluwa, Allman, Myers & Ahonsi, 2012:27). However, it seems that some of the nursing students may demonstrate resilience (Koen & Du Plessis, 2011:4). Resilience is a positive factor that helps nursing students to grow towards professionalism (Koen & Du Plessis, 2011:4). A review of research articles on this topic reveal that recent research on PHC issues include reasons for poor clinical competence in clinical nursing, diagnosis, treatment and care programme, implications for the new vision for PHC re-engineering and a method of teaching clinical problem-solving skills to PHC student nurses (Truscott, 2010; Magobe *et al.,* 2010; Naledi *et al*., 2010), with very limited focus on the positive, supportive and helpful experiences of nursing students during PHC practice. This trend could be confirmed by the researcher, who worked in PHC services at the time of conducting the research. All the PHC services are rendered daily, with home visits and campaigns also being undertaken. There are staff shortages, increased workload and a number of patients as well as an increased number of students to be supervised by PHC nurses. This placement might be difficult as nursing students are included as work force and their learning expectations might not be met (Haider, 2011:214; Mattila, Pitkajarvi & Erikson, 2010:153). On the other hand, the researcher observed that placement in a PHC setting was also an empowering experience for some nursing students.

Because of the limited research conducted on the positive, supportive and helpful experiences of students in PHC settings in Gauteng, and from the discussion above, it is evident that further research is needed to explore and describe the nursing students' experience of clinical practice in PHC clinics, to inform PHC nurses how to guide nursing students during their placement in PHC so that their clinical placement at PHC clinics becomes a valuable learning experience, one that could also strengthen their resilience. This research formed part of the RISE study that focused on strengthening the resilience of health caregivers and risk groups (Koen & Du Plessis, 2011). The RISE study acknowledges that it might be valuable to explore the resilience of health caregivers, as resilience enables individuals to survive – and even flourish – in spite of difficult circumstances (Koen & Du Plessis, 2011). In this research the focus was on the positive, supportive and helpful experiences of students in PHC settings that may help them to cope with challenges.

1.4 RESEARCH QUESTIONS

The following research questions were based on the problem statement, and are asked from an appreciative viewpoint:

- What are the experiences of the clinical nursing practice of students in a PHC setting?
- How can nursing students be supported to cope with challenges during clinical practice in a PHC setting?

1.5 OBJECTIVE OF THE STUDY

The objective of the study is:

- To explore and describe the experiences of clinical nursing practice of students in a PHC setting.

By exploring and describing the nursing students' experience from an appreciative viewpoint, insight could be gained to support them to cope with the challenges during clinical practice in a PHC setting.

1.6 PARADIGMATIC PERSPECTIVE

George (2002:594) defines paradigmatic perspective as a way in which the researcher views the research world; a particular perspective of reality. The paradigmatic perspective of this research includes meta-theoretical, theoretical and methodological assumptions.

1.6.1 META-THEORETICAL ASSUMPTIONS

Meta-theoretical refer to the researcher's beliefs about the man (patient), environment, nursing (discipline) and the purpose of the discipline (nursing) as applicable to this research (Botma, Greef, Mulaudzi & Wright, 2010:287).

1.6.1.1 Man

The researcher believes that a man is a biological, psychological, social and spiritual being. In this research man refers specifically to nursing students. Nursing students construct their own reality through their lived clinical experiences and knowledge is developed through clinical practice and interaction with patients in primary health care settings (Botma *et al*., 2010:44). Nursing students are social beings who create meaning and who constantly make sense of their clinical environment using their subjective beliefs and values.

1.6.1.2 Health and illness

The researcher agrees with George (2002:345) that health is defined as the optimal state of wellness at a given time and is seen as a continuum from wellness to illness. Health is dynamic, with changing levels that vary because of basic structure and the client system‘s response and adjustment to the environment stressors. In this research the focus is on clinical practice where nursing students care for patients with different illnesses, and nursing care is provided to improve the health status of patients from illness to complete recovery and optimal health.

1.6.1.3 Nursing

The researcher concurs with the statement that nursing is the protection, promotion, and optimisation of health, prevention of illness, and alleviation of suffering through the diagnosis and treatment and advocacy in the care of patients (George, 2002:2). Nursing students practice nursing through the integration or correlation of theory taught at the nursing college and hands on practice done at primary health care clinics by using the nursing process that is assessment, planning, implementation, and evaluation. All the steps are recorded in the patient’s file.

1.6.1.4 Environment

According to George (2002:344) cited by Neuman (1995), the environment is defined as all internal and external factors that surrounds the individual. The internal environment includes the nursing students’ body, mind and spirit and the external environment includes the cultural forces and societal values and beliefs associated with personality. In this study, external environment refers to selected PHC clinics in a specific region as clinical placement for practice experience.

1.6.2 THEORETICAL ASSUMPTIONS

Theoretical assumptions are a reflection of the researcher’s views of valid knowledge. In this research conceptual frameworks include the central theoretical argument as well as the definition of key concepts applicable to this research (Botma *et al*., 2010:287).

1.6.2.1 Central theoretical argument

By exploring and describing the clinical nursing practice students experience in a PHC setting from an appreciative viewpoint, insight may be gained to support them to cope with the challenges during clinical practice in a PHC setting. Such insight will inform the formulation of recommendations for nursing practice, nursing education and further research with regard to supporting nursing students to cope with the challenges during clinical practice in a PHC setting.

1.6.2.2 Definition of key concepts

The key concepts of this study are clinical practice, nursing students, primary health care and resilience.

1.6.2.2.1 Clinical practice

Clinical practice involves the development of knowledge, skills and attitudes by correlating theory and practice and enabling an individual to perform fully in the process of becoming a nurse and a professional, without putting the patients at risk. It includes not only the performance of nursing procedures, but the relationships with patients and colleagues (Mattila *et al*., 2010:154; Ruth-Sahd, 2011:2447). In this study clinical practice refers to Gauteng PHC Clinics.

1.6.2.2.2 Experience

Experience is a process of gaining knowledge or skill acquired from seeing and doing things (Oxford advanced learner's dictionary of current English, 1991:422).

1.6.2.2.3 Nursing students

Nursing students are student nurses registered under Regulation 425 of the Nursing Act (Act 50 of 1978) as amended to qualify as a nurse (General, Psychiatric, Community) and Midwife. In this study nursing students refers to fourth year student nurses enrolled at a provincial nursing college for a nursing diploma and have been allocated in a specific region in Gauteng at PHC Clinics for clinical practice.

1.6.2.2.4 Primary health care

Primary health care is "essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination" (Magobe *et al*., 2010:2). PHC is an important foundation for transforming health care services in South Africa (Hattingh, 2011:1). In this research the focus was on PHC clinics in a specific region in Gauteng, administered by the local government, also called municipal clinics. These clinics comprise 14 fixed clinics and 1 fixed porter cabin.

1.6.2.2.5 Resilience

Resilience is the ability to recover ones' strength, health, energy, spirit and motivation after experiencing a setback (Koen & Du Plessis, 2011:4). The Oxford Advanced Learners' dictionary of current English (1991:1075) defines resilience as" the quality of being buoyant,

able to recover quickly after a setback". In this research the focus will be on the resilience of nursing students to cope with the challenges in PHC settings.

1.6.3 METHODOLOGICAL ASSUMPTIONS

According to Botma *et al*. (2010:287), methodological assumptions explain the researcher's beliefs of what good science practice entails. The methodological statements guiding this research are based on Botes's research model (2002:15). The model provides a holistic perspective of the research process and represents the activities of nursing on three levels or orders (Botes, 2002:9).

The first order represents the nursing practice which forms the research domain for nursing. In this study this level is represented by the nursing students' experience of clinical practice and recommendations for their support in PHC clinics in a selected region in Gauteng. The research problem was thus derived from nursing practice.

The second order represents the theory of nursing and research methodology (Botes, 2002:9). In this second order, good research practice is when the researcher conducted a study on the identified problem based on the research problem, the research objectives, and the research methodology. The results of the study will then be added to the scientific knowledge through an article. This study explored and described the nursing students' experiences of clinical practice in PHC settings in a selected region in Gauteng, from an appreciative viewpoint. The researcher analysed the positive, supportive and helpful experiences during clinical practice in order to formulate recommendations to support nursing students at PHC clinics.

Good research practice is furthermore when the researcher declares her paradigmatic perspective which lies on the third order of nursing activities. The paradigmatic perspective included the meta-theoretical, theoretical and methodological assumptions which directly influence the nursing practice, research methodology and the interpretation of data. These assumptions functioned as determinants for research decisions (Botes, 2002:10).

1.7 RESEARCH METHODOLOGY

The research methodology, namely the research design and method are briefly discussed. A detailed discussion is provided in chapter 2.

1.7.1 RESEARCH DESIGN

The study was conducted using the qualitative descriptive inquiry (Botma *et al.*, 2010:194). This design was used to study a natural context which enabled the researcher to explore

and describe nursing students' experience in their actual clinical natural setting (Botma *et al.,* 2010:182). It further seemed valuable to explore and describe these experiences from an appreciative perspective. Positive, supportive and helpful clinical experiences of the nursing students were explored and described, for example, how they experienced clinical placement in PHC as a learning curve to rectify mistakes and strengthen, motivate and empower nursing students. The study thus also followed the appreciative inquiry principles to explore and describe the experience of nursing students from a success and strengths perspective and further produced knowledge and action to raise consciousness towards change (Botma *et al*., 2010:193; Mothibinyane & Bodibe, 2009:18-19).

Appreciative inquiry is used mainly in participative action research in organisational and social life contexts and it is aimed to transform both theory and practice (Botma *et al.,* 2010; Troxel, 2002). In this study the principles of an appreciative inquiry (namely discovering what works best and that appreciation might bring about change) were applied. The researcher was aware that placement in a PHC setting may have been both a challenging and an empowering experience for nursing students (Mouton, 2011:150-151). An appreciative approach was used to explore and describe the experiences of nursing students in PHC clinics (Troxel, 2002:1). Following this approach an opportunity was created to interact with the students to foster a relationship of trust and empathy between them and the researcher (Collins *et al.,* 2006:134), and to explore their experiences in a comprehensive and appreciative manner.

1.7.2 RESEARCH METHOD

1.7.2.1 Population and sampling

Based on the guiding principles of appropriateness (the identification and use of participants who can best inform the research) and adequacy (enough data are available to develop a full and rich description of phenomenon) (Botma *et al.,* 2010:199), the population comprising 197 fourth year nursing students was identified at a provincial nursing college who had been placed at PHC clinics in a specific region in Gauteng for primary health care practice during their training and who were willing to participate in the data collection.

Purposive sampling was used in this study because the sample was judged to be representative of the population on the basis that they have experience of the phenomenon (Botma *et al.,* 2010:200) namely: clinical practice in PHC clinics. The focal inclusion criteria required that the participants should be fourth year nursing students, because they had been placed more than once at PHC clinics and are familiar with the clinical settings and they should be able to communicate in English. The data was collected through semi-structured

focus group interviews consisting of approximately five to eight respondents per group. An initial sample of six focus groups was envisaged including the trial run. The semi-structured focus group interviews were conducted in detail until all the relevant aspects pertaining to the study had been exhausted. Data saturation was reached after 5 focus group interviews including the trial run.

1.7.2.2 Data collection

Because a qualitative descriptive inquiry and appreciative approach is a social process, it is also participatory, practical and collaborative, emancipatory, critical, reflective, and it is aimed to transform both theory and practice (Botma *et al.,* 2010:193). Semi-structured focus group interviews were used to explore nursing students' experiences regarding their clinical practice, including their perceptions, thoughts and feelings, in a more descriptive manner and from an appreciative stance (Mouton, 2011:151; Botma *et al.,* 2010:206). Awareness about time, resources and finances was also taken into consideration to maintain the feasibility of the study (Bak, 2004:25). Experiences were seen as perceptions, feelings, beliefs, memories, decisions, judgements, and evaluations (Botma *et al*., 2010:190). In this instance, the experiences of clinical practice in a PHC setting.

English was used during the focus group interviews. Rapport was created with the students, their role and purpose of the research stated, approximate time to be taken stated and confidentiality and partial anonymity ensured. The researcher explained that the interview was recorded, obtained informed consent and confirmed the voluntary consent on the digital recorder (Bak, 2004:26). The participants were reminded that they were free to withdraw from the study at any time and they were made aware of the availability of referral for counselling and debriefing should a need arise.

Focus group interviews were conducted in an allocated room for approximately an hour per interview and the conversations were recorded. Four questions were planned, and were reviewed beforehand with research experts in the Faculty of Health Sciences, North-West University, Potchefstroom Campus. A role play exercise was conducted to test the appropriateness and applicability of the questions and to practice interviewing and recording before the actual data collection was undertaken (Botma *et al.*, 2010:207). A trial run was also conducted, namely: an initial interview was conducted with 5 to 8 participants from the population, focussing again on the clarity and appropriateness of the interview questions as well as on the researchers interviewing skills. An audio-recording of the practice interview and the trial run was submitted to researchers with expert knowledge of the qualitative approach. Their feedback as well as that of the participants was used to refine the interview questions.

The questions for the interviews were as follows: What does it mean to you to be placed in PHC clinics for clinical practice? Describe your positive, supportive and helpful experiences during the clinical practice at primary health care clinics. Please elaborate on how you can be supported to cope with the challenges. What enables you to cope irrespective of the challenges you encounter?

The above questions were formulated based on the research question, the objectives as well as on three of the four principles of an appreciative inquiry, namely: to discover what works well, to dream what would work well in the future and to participate in designing processes that would work well (Troxel, 2002:2). Continuous reflection with the participants was ensured by means of probing and follow-up questions in order to enhance commitment, participatory decision-making and the promotion of ownership of the process. The digital recorder was placed where it would not distract the participants. Immediately after the interview session, the recordings were checked for audibility, completeness and transcriptions (Botma *et al.,* 2010:214).

1.7.2.3 Data analysis

Qualitative analysis is a systematic, sequential, verifiable, continuous process of comparison (Botma *et al.,* 2010:221). The process of data analysis involved making sense of text and image data, moving deeper and deeper into understanding what represented the data, as well as interpret the larger meaning thereof (Botma *et al.,* 2010:220). The transcriptions of the interviews were read carefully, followed by detailed notes. The data material was scrutinised for patterns and data belonging to different categories was grouped using colour codes. All the data from the transcriptions was summarised to bring richness and a deeper understanding of the meaning to the description. Thematic data analysis was used. The goal was to integrate the themes and concepts into a description that provides an accurate detailed interpretation of the research. A manual analysis was undertaken (Burns, Grove & Gray, 2013:284). An independent co-coder also analysed the data, and a consensus discussion was held to reach consensus of the findings. The results will be shared in a scientific article with nursing educators and nursing students by means of presentations and a report (Botma *et al*., 2010:250).

1.7.3 LITERATURE CONTROL

After the data analysis was undertaken, the results were compared with the existing literature (Rossouw, 2003:148). The results and comparisons of the existing literature are discussed in Chapter 3.

1.8 MEASURES TO ENSURE RIGOUR

Rigour was ensured by adhering to principles of trustworthiness, authenticity, neutrality, truth value, applicability, consistency (Botma *et al*., 2010:232-234). Authenticity was ensured by documenting data accurately and comprehensively, checking transcripts for correctness, accuracy and summarising representation of the phenomenon being studied. Neutrality was ensured by freedom from bias during the research process and describing the results in a neutral manner and showing fairness and faithfulness in the portrayal of the different realities of the participants (Wilson, 2011:250). Providing a comprehensive report promoted consistency and applicability, as it will provide an audit trail as well as a thick description (Mouton, 2011:240-241). Truth value was strengthened by prolonged engagement by inviting an external interviewer who was not familiar with the research to provide an objective analysis of the data. Furthermore, the proposal was submitted to the North West University Research Committee for quality control purposes (Burns *et al*., 2013:661). Rigour is discussed in more detail in Chapter 2.

1.9 ETHICAL CONSIDERATIONS

Nurses are expected to exercise autonomy in clinical practice which places greater accountability on the quality of their professional activities (McWilliam & Botwinski, 2012:36). The nursing students as participants in the study were required to adhere to ethical considerations. The protection of human rights as stated by Burns *et al.* (2013:171) were applied during the study. The participants' right to self-determination was ensured whereby the researcher remained neutral. This excluded the risk of the participants perceiving themselves as subservient to the researcher, feeling obliged to participate (Botma *et al*., 2010:7-8) and therefore, respect their right to autonomy. The participants' right to privacy and confidentiality was ensured by collecting data in a private venue thereby respecting the participants' right to determine the time and extent to which they shared personal information by omitting any identifying data in the data sets and reports (Burns *et al*., 2013:171-172). Their rights to fair treatment and protection from discomfort and harm were ensured (Wilson, 2011:250; Pederson & Sinoven, 2012:840) through fair selection as discussed under sampling as well as by obtaining voluntary informed consent. Voluntary informed consent was obtained after explaining the nature and purpose of the study to the participants thereby making them aware of their right to withdraw from the study at any time (Matlakala & Mokoena, 2011:481). The participants were protected against possible emotional discomfort by ensuring the availability of a trained counsellor for the purpose of debriefing if needed.

Approval was requested from the North West University ethics committee while permission was sought from both the Gauteng PHC Clinics and the College Council to undertake the study. After obtaining ethical clearance and permission from the provincial nursing college, the college was requested to identify a mediator with whom the researcher communicated with the purpose of recruiting potential participants (Botma *et al*., 2010:13). Ethical considerations are discussed in more detail in chapter 2.

1.10 FURTHER CHAPTER OUTLINE

Chapter 2: Research methodology

Chapter 3: Discussion of research findings and literature control

Chapter 4: Conclusions, limitations and recommendations

1.11 SUMMARY

Chapter 1 covered the background and problem statement, research question and objectives, followed by the paradigmatic perspective and an outline of the research design and method. Measures to ensure rigour and ethical considerations were briefly discussed. In chapter 2 the research methodology will be discussed in detail.

CHAPTER 2: RESEARCH METHODOLOGY

2.1 INTRODUCTION

Research methodology pertains to rules and procedures that specify how the researcher must study or investigate what he or she believes must be known (Botma *et al.,* 2010:41). It is a theory of how researchers go about studying whatever they believe can be known (Botma *et al.,* 2010:287). Research methodology is thus the process or plan to undertake specific steps of the study (Burns *et al*., 2013:270). This chapter provides a discussion of the research methodology, namely: research design and research methods, population and sampling, data collection and data analysis. Rigour and ethical considerations are discussed in detail.

2.2 RESEARCH DESIGN

Research design is a blueprint for conducting a study that maximizes control over factors that could interfere with the validity of the findings (Burns *et al*., 2013:214). To design valid research means that one must be knowledgeable about the research methodology and adhere to the guidelines of the selected design (Botma *et al.,* 2010:6).

The need to know is more often related to learning about how an individual or a group experiences or makes meaning of something, or about a situation as it exists (Botma *et al.,* 2010:182). It was proposed that the study be conducted utilising the qualitative descriptive inquiry, that is, to study natural contexts in which social events occur, and allow nursing students to describe and explore their subjective feelings in their actual clinical natural setting (Botma *et al.,* 2010:182).

Qualitative descriptive inquiry is a means for exploring and understanding the meanings that individuals and groups ascribe to social or human problems (Botma *et al.,* 2010:194). In this study comprehensive summary and daily event of PHC clinical experiences of fourth year nursing students was presented. This was done in a specific region in Gauteng, with the aim to explore and describe the nursing students' experiences of clinical practice in PHC clinics and how they could be supported to cope with the challenges associated with clinical practice.

Furthermore, this study followed an appreciative approach to explore and describe the experience of nursing students to produce knowledge and action and to raise consciousness towards positive change (Botma *et al.,* 2010:193; Mothibinyane & Bodibe, 2009:18-19). Appreciative Inquiry comprises four principles namely: appreciative, applicable, provocative

and collaborative and it can be pragmatic and visionary. The principles of an appreciative inquiry applied in this research included discovery of what works well and an analysis of discovered applicable practical methods that can be used. Because health is an open-ended indeterminate system, it is capable of becoming more than what it is at any given moment. Knowledge can be used to generate realistic developmental opportunities. Therefore, the participants were selected to co-create plans to solve problems (Troxel, 2002:6-7). In this study the participants were required to explore and describe their experiences and ideas on how they could be supported to cope with the challenges.

A qualitative, descriptive inquiry with an appreciative approach was followed to explore and describe the experiences of the clinical nursing practice students in PHC clinics.

2.3. RESEARCH METHOD

2.3.1 POPULATION

According to Collins *et al*. (2006:147), a population is defined as the entire group of persons or set of objects and events the researcher wants to study. It contains all the variables of interest to the researcher and is sometimes called the target population. From the target population an accessible population was utilised which is the aggregate of persons that meet the sampling criteria and are available or accessible as participants for the study. Two guiding principles in identifying the population were appropriateness (the identification and use of participant's who can best inform the research) and adequacy (enough data available to develop a full and rich description of phenomenon) (Botma *et al.,* 2010:199). The population comprised fourth year nursing students from a provincial nursing college who had been placed in Gauteng at clinics in a specific region for PHC practice during their training as well as willing to participate in the data collection. Fourth year nursing students were selected for the purpose of this study because they had been placed on several occasions at PHC clinics and were familiar with the clinical setting and have gained more knowledge to explore and describe their experience of clinical nursing in a PHC setting.

2.3.2 SAMPLING

According to Rossouw (2003:108), sampling is the process of selecting a part of a group under study. Qualitative descriptive inquiry depends on purposefully selected samples. Purposive sampling was selected as the sample to be representative of the population because they had experienced the phenomenon - clinical practice in PHC clinics (Botma *et al.* 2010:200) - and could provide detailed information about clinical practice.

In this study, the researcher with the help of a mediator (training co-ordinator) selected the participants who met the inclusion criteria: fourth year nursing students who had been placed on more than one occasion in PHC clinics and were familiar with the clinical setting, had gained more knowledge and experience during placement, and who were able to communicate in English.

2.3.2.1 Gaining entry to the participants

Entry to the participants was gained through a mediator, that is, the training co-ordinator of fourth year nursing students who was also the head of the department for primary health care. Soon after permission was granted by the provincial nursing college and the appointment of the mediator was confirmed, the researcher made an appointment with the mediator to explain the nature and purpose of the research, explained what was expected from the mediator, obtained a list of names of all fourth year nursing students (N=197), and made appointments to meet with the potential participants. On the agreed date the researcher and the mediator met the participants in the nursing college hall. The mediator introduced the researcher to the participants and the researcher explained the purpose of her presence. Information leaflets and consent forms were distributed to the participants. The researcher viewed the research participants as an integral part of the research in order to gain an understanding and an insight into their life worlds (Mouton, 2011:150). Respect for the participants as experts on the topic was maintained throughout (Botma *et al.,* 2010:247). Firstly, the researcher focused on fostering a relationship of trust and empathy (Collins *et al*., 2006:134), and thereafter proceeded with data collection, that is, explore their experiences in an in-depth and appreciative manner.

2.3.2.2 Sample size

Sample size is the numbers of participants recruited and have consented to take part in the study (Rossouw, 2003:721). Data was collected by means of semi-structured focus group interviews which comprised of approximately five to eight members per group. An initial sample of approximately six focus group interviews was envisaged including the trial run. The semi-structured focus group interviews were conducted in detail until all the relevant aspects pertaining to the study had been exhausted. Data is saturated when additional sampling provides no new information of previously collected data (Burns *et al*., 2013:268). Data was saturated after the five focus groups interviews including the trial run.

2.3.3 DATA COLLECTION PLAN

A detailed description of data collection included the role of the researcher, the setting and the data collection method.

2.3.3.1 The role of the researcher

Permission was requested by the researcher from the North-West University (NWU) Ethics Committee (Appendix A). Permission was granted (Appendix B; Ref no NWU-00036-11-A1) as a sub-study of the RISE study which focuses on strengthening the resilience of health caregivers and risk groups. Permission was also requested from the City of Johannesburg, Gauteng Department of Health (Appendix C). The permission was granted (Appendix D). Permission was also sought from the Nursing College (Appendix E) which was granted (Appendix G). The involvement of a mediator was also requested by the researcher (Appendix F). The college principal delegated the training co-ordinator to assist in the selection of the participants who met the inclusion criteria. The college principal also agreed to release nursing students for an hour during which they were issued information leaflets (Appendix H) and consent forms (Appendix I). These documents were distributed by the researcher to inform the nursing students about the study and its aims. Constant contact was maintained with the potential participants to keep them updated about the dates of the focus group interviews.

English was used as the medium of language to collect data. Rapport was created with the students. Their role and purpose of the research was explained, approximate time of the interview was provided and confidentiality and anonymity was ensured. The researcher explained that detailed field notes would be taken and the discussions recorded during the focus group interviews. Voluntary consent was confirmed on the digital recorder (Bak, 2004:26). The participants were reminded that they were free to withdraw from the study at any time and they were made aware of the availability of referral for counselling and debriefing should the need arise. The digital recorder was placed where it would not distract the participants and soon after the interview the recorded interview was checked for audibility and completeness. Transcription was undertaken immediately after the interview (Botma *et al.,* 2010:214). Through the dialogue, new insight into the study was gained as well as probable interventions that could be implemented identified.

2.3.3.2 The setting

Focus group interviews took place at the municipal clinics in a clean room. The windows were opened so that the fresh air could circulate and keep the venue cool. Adequate light was provided to create a conducive environment. To ensure privacy, a do not disturb sign was put on the door to inform others that a focus group interview sessions was in progress. Barriers such as tables were removed to enable the participants to sit comfortably. The seating was arranged in a circular format to maintain eye contact with all the participants.

2.3.3.3 Semi-structured focus group interviews

The researcher utilised the qualitative, appreciative approach. During the semi-structured focus group interview, English was used as the language medium. Rapport was created with the students, their role and purpose of the research was explained. Furthermore, the approximate time frame for the interview, confidentiality and partial anonymity was ensured. The researcher explained that the interview would be recorded. Informed consent was confirmed on the digital recorder (Bak, 2004:26). The participants were reminded that they were free to withdraw from the study at any time and they were made aware of the availability of referral for counselling and debriefing should a need arise.

The semi-structured focus group interviews which were conducted in a room for approximately an hour per were recorded. The appropriateness and applicability of the questions were role played before the actual data collection was collected (Botma *et al.*, 2010:207). A trial run was also conducted, that is, an initial interview which focussed on the clarity and appropriateness of the interview questions as well as on the interviewing skills of the researcher. A group of approximately five to eight participants from the population was included in the trial run and the transcribed interviews and questions were given to the study supervisors for evaluation and comments. An audio-recording of the role play and trial run was submitted to experts in qualitative research. Their feedback as well as those of the participants was used to refine the interview questions.

The four open-ended questions prepared for the interview were reviewed by the experts in the Faculty of Health Sciences. The qualitative descriptive inquiry and appreciative approach is a social process, participatory, practical and collaborative, emancipatory, critical, reflective, and it aims to transform both theory and practice (Botma *et al.,* 2010:193). Semi-structured focus group interviews were used to explore nursing students' experiences regarding their clinical practice, including their perceptions, thoughts and feelings, in a more descriptive manner and from an appreciative stance (Mouton, 2011:151; Botma *et al.,* 2010:206). Awareness about time, resources and finances was also taken into consideration to maintain the feasibility of the study (Bak, 2004:25).

The following opening questions were utilised for the interviews:

What does it mean to you to be placed in PHC clinics for clinical practice?

Describe your positive, supportive and helpful experiences during your clinical practice at Primary Health Care Clinics.

Please elaborate on how you can be supported to cope with challenges.

What enables you to cope irrespective of the challenges you encounter?

The participants' responses were probed further through communication. The following communication skills were used:

- The participants were requested to **clarify** their statements by repeating what they had just stated.
- **Paraphrasing** was also used to test whether the researcher understood what the participants attempted to communicate.
- **Probes** were used to assist the participants to express their experiences and needs openly, by posing open-ended questions and encouraged to give more information to substantiate their point of view.
- **Continuous reflection** was ensured by repeating the participant's statement using the exact words thus allowing other participants to hear and follow the discussion to enhance commitment, participatory decision making and promotion of ownership of the process.
- All the responses were summarised by highlighting the key ideas expressed. This was to ensure that every participant including the researcher understood what was said during the discussion.
- The researcher **checked perceptions** by sharing with participants how she perceived the group members to validate her perceptions (Burns & Grove, 2009:514).

The focus group interviews took approximately an hour and the conversations were recorded (Botma *et al.,* 2010:185).

2.3.3.3.1 Trial run

The trial run was included in the study and analysed as part of the data gathered. Questions that reflected interests and concerns about the topic of discussion were posed. Selected participants (a focus group) were used to test the appropriateness and applicability through a mock recording (trial run) (Botma *et al.,* 2010:207).

The participants were encouraged to speak audibly and not all at once. Continuous reflection was ensured by paraphrasing, probing, asking questions and requests the participants to clarify ideas that were verbalised. The researcher checked the participants' perceptions by sharing how she perceived the group members. Furthermore, the researcher summarised by highlighting the main ideas expressed to ensure that what was said during the discussion was understood by all the group members and herself.

As a researcher I did not impose, but listened attentively and was non-judgemental to what the participants imparted. English was used as the language medium during the trial run.

2.3.3.3.2 Field notes

Field notes (Appendix K) are a written account of the things the researcher hears, sees, feels, experiences and thinks about during the focus group and is much broader, more analytic, and more interpretive than a listing of occurrences (Botma *et al.,* 2010:217). Personal, observational, methodological and theoretical notes were taken after each interview.

Observational notes are a detailed description of the events as seen and heard during the group discussion by the researcher. Each individual's reactions, reflections and experiences were noted by the researcher as observed. Other aspects that were included in the notes were the seating arrangements, the order in which the participants responded, non-verbal behaviour such as eye contact, posture, gestures between group members, crying, fidgeting, striking themes as well as specific group dynamics (Botma *et al.,* 2010:218-219).

Methodological notes are a critical analysis of the methodology used to conduct focus group discussions, including the formulation of interpretations, directions and motivations. The notes documented that what worked well.

Theoretical notes are the researcher's thoughts about how to make sense of what is going taking place. The researcher's effort to attach meaning to observations was written down to serve as a starting point for subsequent analysis.

Demographic information about time, place and numbers used to identify the participants and dates when the discussions took place were also noted in order to facilitate an orderly description of data for analysis.

2.3.4 DATA ANALYSIS

The process of data analysis involves making sense of the text and understanding the data, representing the data, and an interpretation of the larger meaning of the data (Botma *et al.,* 2010:220). Data was analysed after the first interview and was carried out simultaneously with data collection. The transcriptions of the interviews were read carefully and the details as well as ideas were noted in detail. The data material belonging to each category was grouped together using colour codes. The data from the transcriptions was summarised to bring richness and a deeper understanding of the meaning to the description.

Thematic data analysis was used. The goal was to integrate the themes and concepts into a theory that offers an accurate, detailed interpretation of the research. Manual analysis was

undertaken by cross checking each piece of data (Burns *et al*., 2013:279). An independent co-coder also analysed the data, and a consensus discussion was held to reach consensus of the findings. A letter of invitation and work protocol is added as Appendix J. The work protocol included the following steps.

- Each transcript was divided into three columns: the left-hand column for interviewer and the participant's verbal responses; centre column for categories emerging from the responses and right-hand column for ideas that come to mind.
- All the transcripts were read to get a sense of the knowledge described by the participants in their own words.
- Select one transcript, for example, the shortest transcript or the one which was most interesting.
- The transcript was read to extract important ideas. Thereafter, the verbal input provided by the participants was underlined.
- The underlined words and phrases were grouped into main categories, sub-categories and left-over categories. The process was repeated with the remainder of the transcripts.

Finally, the categories, sub-categories and left-over categories were grouped together in themes. A consensus meeting was held at a convenient time after the researcher and the co-coder completed the data analysis. The findings are discussed in chapter 3.

2.4 LITERATURE CONTROL

The purpose of literature control is to compare the findings of the study with existing literature (validating data) (Botma *et al.,* 2010:196). Findings that are available in literature and closely related to the study were identified and new findings from the data analysis that were not found in the literature were also identified. The findings from this study were compared and combined with information in the literature, that is, clinical nursing practice students' experiences of clinical practice in PHC clinics.

2.5 TRUSTWORTHINESS

According to Guba and Lincoln (cited by Botma *et al.* 2010:252-253), there are five epistemological standards of trustworthiness: truth value, applicability, consistency, neutrality and authenticity. These were used in this research to ensure trustworthiness.

2.5.1 TRUTH VALUE

Truth value refers to the degree to which the truth of the findings can be trusted (Rossouw, 2003:176). Truth value is ensured through credibility.

Credibility – the strategy of credibility refers to the degree to which the findings and the methods used to generate information can be trusted. Credibility was ensured by prolonged engagement, peer examination and member checking. Credibility relates to data collection, analysis and interpretation, choice of the population, methods and sample size (Rossouw, 2003:178).

Prolonged engagement - Prolonged engagement was achieved by building rapport with nursing students who met the criteria for inclusion to win their trust, to familiarise oneself with their culture and values and eliminate misconceptions. Prolonged interaction with the interviewees was ensured. Many years of work experience in PHC clinics assisted the researcher to relate and understand each participant's experiences during clinical placement. Most of the study material which addressed the nursing students' experiences at clinical practice was read by the researcher during the literature study to ensure continuous involvement with the topic (Rossouw, 2003:180).

Peer examination is a process where experts in the phenomenon under study, review and explore various aspects of the research process and participate in an argument involving challenging questions with the researcher about the research project (Rossouw, 2003:181). Written summaries of collected data, categories and themes that emerged during data analysis were submitted to the research experts. A letter was addressed to the co-coder to confirm whether the conclusions drawn of the data analysis are supported by the data collected (Appendix J). Regular meetings were held with the study supervisor in preparation for the fulfilment of the requirements of the dissertation.

2.5.2 APPLICABILITY

Applicability refers to the degree to which the research findings can be applied in different contexts and groups. The findings can be carried over to a larger population of similar phenomenon or a similar context (Rossouw, 2003:176). Applicability is ensured through transferability.

Transferability refers to the ability to generalise the research findings from the research sample to the target population. To ensure transferability of data to be collected, the following techniques were used:

Nominated sample

Nominated sample: experienced mediators in the research field were used to assist in the selection of the participants who are representative of the phenomenon under study (Botma *et al.,* 2010:200). In this study, a letter requesting a mediator was written to the Nursing College to select nursing students who met the inclusion criteria (Appendix F).

Data saturation

Saturation of data occurs when additional discussions or interviews do not provide new information and themes deduced become ineffective and repetitive or redundancy is achieved (Botma *et al.,* 2010:290). In this research, data was collected continuously and analysed until saturation was reached. This included the trial run and the four focus group interviews.

Thick dense description

The researcher provided a detailed description of: the research design and method, the captured audio-recorded interviews, including transcriptions thereof of each participant as well as the results, conclusions, limitations and recommendations.

2.5.3 CONSISTENCY

Consistency considers whether the findings will be coherent if the inquiry was replicated with the same participants and in a similar context (Botma *et al.,* 2010:233; Rossouw, 2003:177).The dependability strategy was used.

Dependability - Dependability of data refers to the consistency of the research findings over time in different situations and implies the following criteria: audit trail, traceable variability that can be ascribed to identifiable sources and stepwise replication of the study (Botma *et al.,* 2010:233). Dependability was ensured indirectly by applying measures of credibility and transferability (Rossouw, 2003:183), for example, provision of an audit trail.

Audit trail is the detailed description of how the researcher collected data and the kind of data collected (Botma *et al.,* 2010:233). In this study, the researcher collected data using focus group interviews. Four questions were planned and reviewed before-hand with research experts at NWU Potchefstroom Campus. The study supervisors also guided the study from the outset and the experts in nursing research examined the study before it was published.

2.5.4 NEUTRALITY

Neutrality refers to the impartial, unprejudiced way in which the research is carried out to eliminate prejudices, interests, and individual views (Rossouw, 2003:177). Neutrality entails freedom from bias during the research process and results description, and refers to the degree to which the findings are a function solemnly of the informants and conditions of the research and not of other biases, motives or perspectives (Botma *et al.,* 2010:233). The strategy of conformability was used to ensure neutrality by scrutinising data and relevant supporting documents by an external reviewer. After the data analysis was done by the researcher, the transcriptions of the focus group interviews were sent together with the work protocol to the co-coder (Appendix J) for analysis. On completion, a consensus meeting was held with the researcher to compare the results.

2.5.5 AUTHENTICITY

Authenticity refers to the extent to which the researcher fairly and faithfully identifies a range of different realities. Authenticity emerges in a report when it conveys the feeling and tone of the participants' lives as they lived it (Botma *et al.,* 2010:234). In this study the direct transcripts of the focus group interviews between the participants and the researcher were included (Appendix M) to highlight the different responses and feelings of the participants.

2.6 ETHICAL CONSIDERATIONS

According to Botma *et al.* (2010:04), ethical considerations should be included in every phase and aspect of the research, from conceptualisation, planning and implementation, writing the report and disseminating the results. In this study the researcher considered the following ethical issues that could affect the study in its entirety. The factors that were considered included permission to conduct the study, the principle of beneficence, the principle of respect for persons and the principle of justice.

2.6.1 PERMISSION TO CONDUCT THE STUDY

Permission to conduct the study was granted by the NWU School of Nursing Science research committee and the Human Research ethics committee of the North- West University as part of the RISE study (Ref no: NWU-00036-11-A1). Permission was also granted by the Gauteng PHC Clinics (Appendix D) and the provincial nursing college (Appendix G).

2.6.2 THE PRINCIPLE OF BENEFICENCE

The principle of beneficence requires the researcher to protect the well-being of the participants by ensuring that no harm befalls the participants (Burns *et al*., 2013:174). The

researcher aimed to protect the participants from discomfort and harm, that is, physical, emotional, spiritual, economic, social and legal in nature. In this research the participants were exposed to the following:

Risks: The participants could suffer psychological distress when describing their personal views about their experiences in clinical practice at PHC clinics. The researcher made arrangements with the social worker to counsel nursing students should a need arise. During data collection the participants missed their delegated routine tasks, though the facility manager was informed to permit the students access to the interviews by the Regional Deputy Director of the specific region's municipal clinics.

Benefits: Participation in the focus group interviews enabled the students to increase their knowledge and support of the experiences they had encountered during the clinical practice as well as how to cope with the challenges.

Freedom from exploitation: The information provided by the participants was used for the purpose for which it was provided. Furthermore, it would neither be used against the participants nor for the researcher's personal benefits at any point of the study.

2.6.3 THE PRINCIPLE OF RESPECT FOR PERSONS

According to Burns *et al*. (2013:172), the right to self-determination is based on the principle of respect for persons while the participants are capable of controlling their own destiny. The participants were treated as autonomous agents who had the freedom to conduct their lives as they choose without coercion or deception.

Ensuring understanding – The participants must understand the research being undertaken before they can agree to participate in the study. The information was imparted to the participants in English which is the medium utilised to teach the nursing students. Information leaflets were distributed to reinforce clarity of the study.

Informed consent – It is imperative to obtain informed consent from the participants which requires the researcher to disclose specific information to each participant such as research activities, the purpose of the study, counselling, risks and discomforts, benefits, assurance of anonymity and confidentiality, offer to answer questions, non-coercive disclaimer and option to withdraw (Burns *et al*., 2013:176). In this study detailed explanations were provided to the nursing students who were probable participants. The purpose of the study, why specific participants were selected to participate, data collection methods, possible risks and discomfort, counselling if needed, how the data would be handled to ensure confidentiality and privacy, contact person should participants needed more information about their

participation and the use of an audio-recorder during the interviews was explained in detail. The participants were also requested to complete the consent form as evidence that they had agreed to participate in the study (Appendix I).

2.6.4 THE PRINCIPLE OF JUSTICE

The right to fair treatment is based on the ethical principle of justice. This principle holds that each person should be treated fairly and should receive what he or she is due or owed (Burns *et al*., 2013:174). The principle of justice includes the participants' right to fair selection, treatment and privacy. In this study the participants were selected according to the selection criteria and treated equally without discrimination.

Ensuring anonymity: Anonymity exists if the participant's identity cannot be linked, even by the researcher, with his or her individual responses. Full anonymity of the participants cannot be ensured in focus group interviews. The rules of confidentiality were discussed in the groups in order to put the participants at ease that what they shared in the group would not be shared outside the group. The information related to the study would not be availed to anyone beyond the immediate study team. In this research the ground rules of confidentiality were discussed with the group.

The right to privacy: Private information includes the participants' attitudes, beliefs, behaviours, opinions and records (Burns *et al*., 2013:169-170). Privacy is the freedom an individual possesses to determine the extent and the general circumstances under which private information can be shared with or withheld from others. In this study the participants' privacy was ensured and the transcripts of the interviews were secured in a safe place. Furthermore, only the researcher and the supervisors who knew the security pin could access the information.

The right to confidentiality: Confidentiality is the researcher's management of private information shared by a participant that must not be shared with others without the authorization of the participant. It is the researcher's responsibility to protect all data collected from being made available to any other person (Burns *et al*., 2013:171-172). The transcripts of the interviews were secured in a safe place. Only the researcher and the supervisors who knew the security pin could access the information.

2.7 SUMMARY

The research methodology were discussed in detail. The design, population and sampling, data collection, data analysis, literature control, trusthworthiness and ethical considerations

of the study was expounded upon. In chapter 3 the research findings and literature control will be discussed.

CHAPTER 3: DISCUSSION OF RESEARCH FINDINGS AND LITERATURE CONTROL

3.1 INTRODUCTION

In this chapter the findings regarding the nursing students' experiences of clinical practice in selected PHC clinics will be discussed. In the findings the nursing students referred to professional nurses as sisters and non-nursing to as staff members. The findings are supported by quotations from the focus group interviews conducted with nursing students selected from PHC clinics. These findings were further compared with relevant literature pertaining to the experiences of nursing students during clinical practice.

3.2 REFLECTION ON DATA COLLECTION AND ANALYSIS

Focus group interviews were initially planned to be conducted at the nursing college in an assigned room, but had to be changed to the PHC clinics as advised by the mediator (PHC HOD). The reason for the change in venue was due to the tight lecture time-table and block tests had been scheduled for the nursing students. The mediator further stated that: "nursing students spend most of their time being allocated at PHC clinics." Consequently, the qualitative research was an appropriate approach (Botma *et al.,* 2010:182). Health professionals often ask questions about the reality they face in health care or about a reality they would like to understand.

The change of venue for the focus group interviews to the selected PHC clinics contributed positively because the nursing students felt at ease to share information. Five focus group interviews (Appendix M) including the trial run were conducted for data collection. The field notes (Appendix K) were categorised as observational, methodological and theoretical notes. The data was analysed as described by Burns *et al*. (2013:284) and a consensus meeting was held by the researcher and the co-coder to compare the findings. The findings were categorised according to the work protocol reflected by Appendix J, and a consensus was reached based on the research findings and the main themes and sub-themes that had emerged (See table 3.1).

3.3 RESEARCH FINDINGS AND LITERATURE CONTROL

The research findings were derived from the participant's responses to the questions below:

- What does it mean to be placed in a PHC clinic for clinical practice?
- Describe your positive, supportive and helpful experiences while placed at PHC clinics?

- Please elaborate further on how you can be supported to cope with the challenges?
- What enables you cope irrespective of the challenges you encounter?

Fifteen main themes emerged from the four questions, with related sub-themes, (see table 3.1). The themes and sub-themes are discussed in detail and supported by the results, through integrating the latter with relevant literature. The occurrence of each sub-theme in the reports (transcripts of the focus group interviews) is indicated in brackets in the relevant headings. Quotes are reported in the following manner: F = Focus group interview number, P = Page number and staff To explore and describe the experiences = other members at PHC clinics except professional nurses i.e. auxiliary nurses, health promoters, administration clerks, general workers, data capturers, queue marshals, defaulter tracers and HIV counsellors.

TABLE 3.1 NURSING STUDENTS' EXPERIENCE OF CLINICAL PRACTICE IN A PHC SETTING

Question 1: What does it mean to be placed in PHC clinic for clinical practice?	Question 2: Describe your positive, supportive and helpful experiences at PHC clinics?	Question 3: Please elaborate on probable support to cope with the challenges.	Question 4: What enables you to cope irrespective of the challenges you encounter?
1. Gaining experience, knowledge and exposure. 1. Practical experience (putting theory to practice) 2. Gaining experience, knowledge and skills 3. Exposure to comprehensive care 4. Exposure to different people (patients) from different backgrounds 5. One on one interaction with patients	**1. Staff related experiences** 1. Staff are supportive 2. Staff nurture independence and push them to explore. 3. Staff ensure that nursing students reach their educational objectives 4. Staff provide guidance and supervision 5. Staff are warm, welcoming, non-judgemental and enhance a positive environment 6. Staff are skilled and experienced	**1. Educational support** 1. Continuous/effective supervision 2. Clinical tutor support and/or supervision 3. Clear communication between colleges and clinics 4. Placement at PHC clinics	**1. Passion for the nursing profession** 1. Pride in the nursing profession 2. Doing good for patients /making a difference in someone's life 3. Acceptance/gratitude of patients
2. Community related interaction 1. Understanding or learning about the community health profile or health needs 2. Opportunity to work with the community	**2. Staff related challenges** 1. Staff shortages and heavy workload 2. Unsupportive staff 3. Negligence of staff 4. Absenteeism 5. Staff have limited skills 6. Lack of supervision by staff 7. No orientation done by staff 8. Operational managers not organised 9. Staff conflict 10. Negative generalisation of students by staff	**2. Support from professional nurses at PHC setting** 1. Supportive professionals 2. Mutual respect 3. Facilitating/nurturing patient/community trust in students	**2. Personal strengths** 1. Determination/being goal-directed 2. Acquiring skills/knowledge/experience 3. Faith/spirituality 4. Having challenges to overcome 5. Knowing that you have responsibilities/obligations 6. Confidence
3. Reach educational objectives	**3. Environment and service related experiences and challenges** 1. Availability of resources/equipment 2. Limited resources /equipment 3. No school health services at the PHC clinic 4. No emergency (at-risk patient) identification system in place/non-effective triaging of patients	**3. Service and environmental aspects** 1. Health education to patients and/or community 2. A support system in place for staff 3. Availability of ward based outreach teams 4. An effective rotational system 5. Clear communication between staff 6. Conductive environment 7. Availability of resources and equipment 8. Availability of an emergency (at-risk patient) identification system (e.g. bring back red pens) 9. Separate consultation and dispensing 10. Availability of school health services at the clinic 11. Availability of a doctor on site daily for patients that have to be referred 12. Workshops/training for NGO's to interpret vital signs 13. Training essentials for staff	**3. Support** 1. Availability of a support system 2. Positive working relationships 3. Being allocated at a good PHC clinic 4. Having everything (e.g. resources) you need
4. Guidance	**4. Patient related challenges** 1. Patient distrust 2. Negative patient attitude 3. Lack of patient compliance **4.** Patients lack information		
	5. Lack of tutor support /supervision		

3.3.1 QUESTION 1: WHAT DOES IT MEAN TO YOU TO BE PLACED IN A PHC CLINIC FOR CLINICAL PRACTICE?

Theme 1: Gaining experience knowledge and exposure

The participants mentioned that being placed at PHC clinics for clinical practice is to gain practical experience, knowledge and exposure to the clinical environment.

Sub-theme 1: Practical experience (putting theory to practice) (5 reports)

In the focus group interviews the participants stated that the meaning of being placed for clinical practice is to correlate theory to practice. They viewed clinical practice as putting what they have learned in class into practical experience.

"We are here to practice what they have taught us". (F2:P3)

"To put whatever theory we have done to practice". (F2:P2)

"We take what we have learned at school and we incorporate it, and learn how to do it practically, that is what we do". (F3:P2)

According to Kaphagawani and Useh (2013:181), effective learning takes place in clinical practice if the students are afforded the opportunities to practice what they have learnt and learning takes place when the students apply what they have learned in the classroom situation and practiced in a simulation laboratory. Therefore, it is important that nursing students utilise the theoretical knowledge learned in classrooms in the clinical field (Papp *et al.,* 2003:266).

Sub-theme 2: Gaining experience, knowledge and skills (8 reports)

The participants mentioned being placed in PHC clinic for clinical practice helps them gain experience, knowledge and skills which will enrich them with the ability to assess, diagnose and be able to treat minor ailments which the community might have. Furthermore, this would help them to grow in their profession.

"I can say it's about learning and having experience in our profession". (Trial run:P1)

"…To gain as much knowledge and experience as possible so that at the end of the day, you have, you are able to nurse a patient or diagnose and treat whatever minor illnesses we find in the community". (F1:P2)

"Gaining the skill to see the patient". (F3:P2)

Literature supports this finding. According to the study conducted by Truscott (2010:60-63), patient-based teaching promoted improved behaviour in nursing students as they gained knowledge and PHC skills by diagnosing and managing paediatric and adult patients. Teaching clinical problem- solving skills to primary health care nursing students helped them to gain experience. It enabled them to develop their theory and clinical practice thus preparing them for the working situation.

Sub-theme 3: Exposure to comprehensive care (3 reports)

The participants also emphasised that clinical practice exposed them to comprehensive services which they could implement as defined by the Primary Health Care services packages starting with preventative care before patients reach the second level of care which is the hospital.

"I think it's also about exposing us to different settings like we usually go, we usually do practical at the hospital, so we have to know how to tackle illnesses from the community before they go to the hospital". (F4:P2)

"…as also the PHC it is not focusing only on one thing it's a comprehensive care so meaning that whatever the patient is having and nurse the patient holistically before the patients can be referred". (F4:P2)

"As the others have said that the PHC clinics are a comprehensive setting we get to see different specialties that can help us to reach our goals". (F4:P2)

The DHS (2010:03) states that to strengthen the District Health System according to the comprehensive service plan for the implementation of health care, Primary Health Care service should provide comprehensive and integrated services which are child health care, STI and AIDS, TB, reproductive health, chronic diseases, Mental Health, Trauma and injuries and disabilities. PHC also covers services rendered at community level, clinic/mobile level and community health centre level and should be fully comprehensive. PHC services are limited to preventative and promotive, with a significant part of PHC level curative services being rendered at hospitals.

Sub-theme 4: Exposure to different people (patients) from different backgrounds (1 report)

Participants in one focus group interview stated that clinical practice exposes nursing students to different people/patients from different backgrounds which enables them to learn

more by interacting with different age groups, gender and culture. Furthermore, they learn how to care for different patients from various cultural backgrounds.

“We also learn how to deal with the different people, different cultures…different cultures in regards to our age, us being females, however that regards age, gender, culture, different backgrounds and learning how to deal with such”. (F3:P2)

This finding is confirmed in the literature. Although nursing students learn how to deal with different patients during patient-based teaching, they also learn to better understand the issues faced by patients and become more tolerant in accepting patient behaviour (Truscott, 2010:63). Primary health care is the foundation of an effective and efficient public health service because it is the most frequent and first point of contact between the patient and the health services. Furthermore, it is aimed at maximizing the integration of services and assist in preventing patients from inappropriately by passing the lower levels of care (DOH, 2007:03).

Sub-theme 5: One-on-one interaction with patients (1 report)

During one focus group interview the participants stated that clinical practice exposes the nursing students to one-on-one interaction with patients during history taking, assessment and diagnosis of the patients during consultation in the rooms.

“eh I want to believe that since we are…we have done a lot of theory since the beginning of the year in particularly in regards to PHC and the theory part of it we have done and now the clinics gives us exposure to have a one-on-one interaction with the very same patients, because at the end of the day we are going to be diagnose, firstly to identify the problems of the patients and ...” (F2:P2)

According to the study conducted by Truscott (2010:61), one on one interaction with a patient gave primary health care nursing students an opportunity to take history, undertake head to toe physical examination and draw up a final diagnosis of the patient. This method of teaching was undertaken during the clinical problem-solving skills training of PHC nursing students to improve their clinical knowledge thereby providing an opportunity to gain experience as qualified PHC professional nurses.

Theme 2: Community related interaction

According to the participants, clinical practice helps one to understand the community, that is, the catchment area, their needs, community dynamics and the common diseases that

they face. They further stated that clinical practice is about understanding or learning about the community, its health needs and profile.

Sub-theme 1: Understanding or learning about the community health profile or health needs (5 reports)

According to the participants, clinical practice is about understanding or learning about the needs or profile of the community.

“I think they have said it right but in addition I think it also helps me personally mam, maybe to understand the community and their needs and maybe to come with ideas on how to improve, to help the community”. (F1:P3)

“Getting to know how the community functions and getting more in touch with the community”. (F3:P2)

“I think with the community as well, you look at the age group around the community like the people who are in the community females, males, old people or younger people, child bearing age and stuff as well as like she was saying the problem regarding maybe their health, like what people present within a certain community and with the PHC like with the PHC setting with services being rendered there should be catering for that form of problem that you have identified in that community”. (F3:P3)

The literature supports the findings. According to Pender (2012:01), health promotion is directed at increasing patients’ level of well-being by identifying their health needs and disease profile within the community. The health establishment staff including nursing students should identify community health needs, provide outreach services, health promotion and other disease prevention activities among at risk patients, give support or participate in relevant community health promotion initiatives in their catchment area (NDOH, 2011:03). Furthermore, nursing students are part of the larger nursing community and their well-being and health needs are closely related to that of the community in which they function (Watkins *et al*., 2011:01).

Sub-theme 2: Opportunity to work with the community (1 report)

The participants in one focus group interview mentioned that clinical practice affords the opportunity to work with the community and encourage community participation and involvement by community based outreach activities to raise health awareness issues.

“Ehm okay as we also doing the well-baby and we also do the sick baby I guess ehm from the community health care centre can be involved in campaigns that are being like…let’s say

there is an outbreak of Ebola out there, so I guess we could also do campaigns on that ehh, us as community health care workers we can get involved and also help the government to spread the word or also to give information or health education to the community by going around the community also doing the campaigns and then when people are coming in the clinic we raise awareness and also teach them (patients) about outbreaks and also to prepare for those outbreaks". (F4:P3)

According to NDOH (2011:30), domain 4 states that public health covers how health facilities should work with NGO's and other health care providers along with local communities and relevant sectors, to promote health, prevent illness and reduce further complications, and ensure that integrated and quality care is provided for their whole community, including during disasters.

Theme 3: Reach educational objectives (3 reports)

The participants raised the point that being placed at a PHC clinic for clinical practice was to reach their educational objectives set according to the curriculum outcomes at the nursing college after the completion of clinical placement and their comprehensive four year course.

"Ehh, being placed in a PHC clinic I think we are here firstly to reach our objectives that were put forward to us when we were at college, according to the syllabus and do…that at the end of the day you have, you are able to nurse a patient or diagnose and treat whatever minor ailments we find in the community". (F2:P2)

"OK, when coming to talk about that we have specific outcomes as a learner or students' need to achieve at the end of the period we have been allocated at certain clinics". (Trial run: P2)

"Ok, for us we are here to reach our objectives, to ensure that at the end of our stay we, we have reached a lot that we understand what we are doing and become further professional nurses". (F4:P1)

These findings are in line with South Africa Nursing Council Regulation 425, Nursing Act 50 of 1978 as amended, which stipulates that the programme objectives of the comprehensive four year leading to registration as a general nurse, psychiatric nurse, community health and midwife states that: the curriculum shall provide for the personal and professional development of the student so that on completion of the course of study is skilled in diagnosing an individual, family group and community health problems and planning and implementing therapeutic action and nursing care for the health service consumers at any

point along the health/illness continuum in all stages of the life cycle (including care of the dying, and evaluation thereof).

Theme 4: Guidance (1 report)

Guidance was also mentioned as another reason to be placed at the PHC clinic for clinical practice. The participants stated that there should be clinical guidance whereby professional nurses should demonstrate procedures to nursing students as well as supervise and evaluate whether the procedures have been undertaken correctly during the clinical practice.

“Ok for me it means hands on practice with guidance, because when you are at the clinical area, there will be someone supervising you showing you how to do a certain procedure but it’s not like in theory where you read something, with practical then you are able to see someone during that procedure, eh and see if you are competent or not”. (Trial run: P2)

Literature confirms that the clinical nurse educators’ role is to enhance learning through provision of opportunities of learning through supporting, guiding and conducting timely and fair evaluation (Kaphagawani & Useh, 2013:183). According to Watkins *et al*. (2011:05), nursing students reported that they were very close to their clinical lecturers and they could talk to them and discuss problems and speak of their willingness to offer support and guidance, which encouraged them to engage in new activities.

3.3.2 QUESTION 2: DESCRIBE YOUR POSITIVE, SUPPORTIVE AND HELPFUL EXPERIENCES AT A PHC CLINIC

Five themes emerged from this question. The participants highlighted the supportive experiences and challenges experienced. The following themes were identified: staff related experiences, staff related challenges, environmental and service related experiences and challenges, patient related challenges and lack of tutor support.

Theme 1: Staff related experiences

Throughout the focus group interviews the majority of the participants stated that their experience of professional nurses at PHC clinics as supportive, nurturing independent, ensuring that the nursing students reach their educational objectives, guidance, warm, welcoming, non-judgemental, skilled, experienced and finally, encourage the nursing students to explore.

Sub-Theme 1: Staff are supportive (8 reports)

Participants raised the point that their positive and helpful experience during clinical practice was the support they received from the staff members specifically professional nurses who welcomed them on arrival at the clinics, taught them where they lacked capacity and ensured that they reach their educational objectives.

“Ok for me at the clinic I am right now right now I have experience of being supported by staff”. (Trial Run: P2)

“So we have full support and is very welcoming and, and overwhelming sometimes, so” (he laughs). (F1:P3)

“Yes and also being supportive and patient towards us…you do things that you are here for”. (F4:P3)

Literature also supports the finding. Mellish *et al.* (2006:73), state that a caring educator’s attitude towards learners is characterised by deep respect, provide support and encouragement, listen attentively and view the situation from the learner’s perspective.

Sub Theme 2: Staff nurture independence and push them to explore (7 reports)

The participants mentioned that staff members’ especially professional nurses nurtured independence. They were not spoon-fed during clinical practice at PHC clinics. Professional nurses pushed them to explore by posing questions related to patient care and find answers on their own by diagnosing and giving the correct treatment to the patients under supervision. This encouraged learning and they were able to strengthen their clinical skills.

“…they also allow us to be independent because at the end of the day when you are out there as a professional nurse…they want to push as much as possible for you to be able to ask questions to explore, because that is the only way you can learn”. (F1:P4)

“…they still want us to master the ability to look for things and find things on our own, it’s the sense of finding independence and in that way you get to explore as she said”. (F1:P4)

“…It becomes easier for us to be independent because we see one, two, and three as they are around there whilst we move out here we can be able to continue to correctly diagnose the participants and correctly give medication to patients”. (F2:P3)

Literature confirms that clinical guidance offered by the preceptors and clinical instructors during the clinical learning phase enabled nursing students to function independently with limited referrals to a medical doctor in the PHC facilities. PHC clinical guidance aims at

producing professional nurses who are both clinically competent and prepared for clinical practice (Magobe *et al.,* 2010: 02). The nurse educator, in this case the professional nurse at PHC clinic should indeed accept differences among students and respect students' rights to challenge, question and express their own views and encourage them to become independent (Mellish *et al.,* 2006:73).

Sub-Theme 3: Staff ensure that nursing students reach their educational objectives (4 reports)

The participants mentioned that the staff at the PHC clinics ensured that they reach their objectives which were put forward at the nursing college according to the curriculum.

"Personally the positive experiences that I have had in ehm, the staff here…they are always there to make that we fulfil school objectives that we are supposed to cover". (F1:P3)

"…they very first two days the sister was just showing me how things are done….so she would say call all your others colleagues to come and see something different and shows us ok this is what…open your books, page what, what, you know and write your notes like that, remember others who come now you have seen what it's done and it's a most common condition, that you will find…. Ya try to work". (F3:P6)

"…For the first time they want to see the hand outs, to see your objectives and so that you don't do things that you are not here for you do things that you are there for". (F4:P3)

According to Shuriquie (2009:882), nursing students stated that professional nurses helped them to practice the theory that they had learned in the classroom and instilled confidence and competence in providing safe patient care. The professional nurse in charge must be fully aware of the practical progress of each student allocated to her unit. This enables assessment of the degree to which educational objectives have been attained (Mellish *et al.,* 2006:208-209).

Sub-Theme 4: Staff provide guidance and supervision (4 reports)

The participants' responses confirmed that the professional nurses at the PHC clinics offered guidance and supervision during their clinical practice.

"…Like they guided me in everything, especially when consulting a patient, there's always been somebody here for me to guide me, tell me what to do, how to examine that patient and what to give the treatment". (Trial Run: P2)

"We do under supervision, the PHC trained nurse will be next to you, and you will be doing physical assessment, managing, refer, you gonna do the whole process on your own, she's gonna be there to supervise you and direct you if need be". (F3:P4)

"And they are independent, they don't rely on students that much they support us, they guide us you know, even if some of the things we need them, but ensuring that what needs to happen, and one day we had to start consulting and I would have my client and she would check my client as well and any problems I encounter, I would ask and she would assist". (F3:P6)

Literature also supports these findings. According to the research findings conducted by Papastavrou *et al.* (2010:180), nursing students stated that guidance and supervision from professional nurses during their clinical placement was good. As a role model, the committed nurse evoke a desire in others to follow her examples, and as preceptor and mentor they guides others to protect the patients' rights and commitment to practice (Searle, 2009:78).

Sub-Theme 5: Staff are warm, welcoming, non-judgemental and enhance a positive environment) (5 reports)

The participants stated that staff were warm, welcoming and non-judgemental and that enhanced a positive environment. All the staff members starting with the person in charge to the non-nursing staff welcomed them with a positive smile that made them welcome, free of tension and sense of belonging to the same profession.

"Personally the positive experience that I have had is ehh the staff here is very welcoming…" (F1:P3)

"….When we come to the clinic for the practical part of it, they do help a lot and then they are patient with us, they don't judge us, you know maybe educate you one day and then expect you to be knowing everything, you know it's a continuous thing every day they help with that". (F4:P3)

"In addition to that, I think it also starts with the environment, when we came here, ehh we had this…you know positive smile form everyone, starting from the in-charge and the support staff and it's like we are free and there is no tension". (F2:P4)

According to Mellish *et al.* (2006:73), the personal qualities of the nurse educator are important in engaging students in the learning process and motivating them to learn and be open-minded and non-judgemental, display a sense of humour admitting to mistakes and limitations, co-operative and patient. Furthermore, Searle (2009:78) confirms that every

professional nurse concerned about the nature and quality of care the patient receives needs to participate in ensuring the growth of professional knowledge by educating nursing students and being exemplary in putting that to use in the interest of improved patient care.

Sub-Theme 6: Staff are skilled and experienced (2 reports)

The participants also stated that during clinical practice at the PHC clinics, their positive, supportive and helpful experiences were aided by the fact that the health care professionals at the clinics were skilled and experienced in performing their allocated duties during patient care, correction of mistakes by the nursing students until they properly understand the proper way of doing things.

"The positive thing here is that we are working with sisters who are experienced in PHC, so what they are doing is like we are guided or we are mentored by them". (F2:P3)

"…they are very skilled and whenever you are making a mistake, they won't make it a big deal, they just correct you and you will understand the mistake then". (F4:P3)

Literature supports this finding. Similar research by Nel *et al*. (2011:1), found that the participants regarded their shift leader, that is, professional nurses, as competent. It is thus important that a nurse must be able to put into practice what she has learned in theory, apply to knowledge she has obtained in the classroom to exercise educated judgement and to make skilled observations throughout the giving of patient care (Mellish *et al*., 2006:207). The profession as the storehouse of accumulated knowledge of its members plays an important role in the dissemination thereof for improved patient care and a profession whose knowledge remains static cannot adequately protect the rights of the patient to quality nursing care (Searle, 2009:78).

Theme 2: Staff related challenges

While participants mentioned positive staff experiences, they also spontaneously shared challenges with regard to staff. The following challenges were raised: staff shortages, unsupportive staff, negligence of staff, absenteeism, limited skills, lack of supervision by staff, no orientation done by staff, operational managers not organised, staff conflict and negative generalisation of students by staff.

Sub-theme 1: Shortage of staff and heavy workload (10 reports)

The participants stated that the shortage of PHC professional nurses and heavy workload was a challenge during their clinical practice at PHC clinics. This impacted negatively on their clinical placement. The nursing students stated, for example, that it was difficult for two

PHC nurses to supervise four nursing students. Consequently, they were unable to undertake primary health care duties but substituted staff where there was a shortage of professional nurses.

"…So when we as students come to the clinics there, we are loaded with patients alone because…if ANC sister is not there who will be doing ANC…" (Trial Run:P7)

"And funny enough they expect us to do the work alone but they are complaining either they are complaining to the area manager but they can't work alone, while we are doing the job alone…….like the other day we do the PCR to the HIV exposed babies, then there are mothers who come for the FDC follow-ups, so it's just a lot of work there". (F3:P5)

"…I have noticed that they have a shortage of staff, they only have two PHC sisters and we are four students, so if eh it's not easy. I think for them to mentor us". (F2:P5)

Literature supports this finding. According to the study conducted by Magobe *et al*. (2010:04-05), nursing students experienced a lack of PHC nurses and were regarded as workforce since they were occasionally required to 'push the queue'. The direct result in the lack of professional nurses revolves around the increased workload experienced by the remaining health care personnel (Muller, Bezuidenhout & Jooste, 2009:230). In many ways, nurses, like nursing students, are filling the gap in a system which lacks key health personnel e.g. professional nurses. Mash *et al.* (2010:128), states that the heavy workload in primary health care are sources of job stress.

Sub-theme 2: Unsupportive staff (5 reports)

Although the participants experienced supportive staff members (see Question 2, Theme 1, sub-theme 1), they also encountered the opposite. The participants stated that several staff members at PHC clinics were unsupportive. In such instances, the professional nurses treated the nursing students as if they were incompetent. Furthermore, the professional nurses were not available to the students when they sought guidance and assistance.

"I have sometimes I would feel like some of the staff, ok, they treat me in a way that I am stupid, stupid person like I came through that yesterday…" (Trial run:P3)

"….you have one person to ask, the others are so busy, and you don't have anyone to…actually you don't have anyone to support you". (F3:P3)

"Mm!! shakes the head mm ya) there is no support". (F3:P5)

The literature supports this finding. According to the study conducted by Courtney-Pratt *et al.* (2011:1380), there were higher levels of support from clinical facilitators compared to supervising ward nurses as expressed by the nursing students during their clinical placement. The nursing students did not enjoy the support from the professional nurses which involved rendering assistance and communication with supervisees, that is, in this instance, the nursing students in the workplace. Furthermore, there was no commitment to stand by the nursing students and to build and sustain the self-image of each of them (Booyens, 2008:238).

Sub-theme 3: Negligence of staff (2 reports)

The participants stated that the staff members at the clinic were negligent in terms of recording patient details and information and the distribution of protective clothing to the nursing students such as protective face masks to prevent them from contracting infectious diseases such as tuberculosis.

"…Others come like…3pm and she is coming with six weeks old baby and then you argue and the mother argues, HIV positive? She doesn't even understand positive and negative and there are cards which are not filled, they are just blank". (F3:P5)

"She gave me the N95 mask but after a week, you know". (F3:P16)

In the study conducted by Magobe *et al*. (2010:04), the nursing students also stated that bad practices are never addressed in the clinics and that there was a lack of quality control. This is an important finding, especially in light of the fact that the prevention and control of infections is one of the key risk management responsibilities of all role players concerned in a health care organisation or establishment (Muller *et al.,* 2009:461).

Sub-theme 4: Absenteeism (2 reports)

The participants mentioned that they noticed professional nurses absent themselves from work when nursing students are placed at the clinics.

"The absenteeism rises when there are students, it increases they are there you will see them, the next week you are there you will see there is 8, next week you are still there then they are five, where are others". (Trial run:P8)

"There is absenteeism and also there is a shortage". (Trial run:P9)

Literature confirms the difficulties surrounding absenteeism. According to Booyens (2008:189-190), it affects the workflow when a professional nurse is absent because the

schedules have to be modified. In this instance, the nursing students be placed to perform the duties that were allocated to the absent professional nurse, or the work would not get done.

Sub-theme 5: Staff have limited skills (2 reports)

Although the participants acknowledged that staff members are skilled and experienced (see Question 2, Theme1, sub-theme 6), they also expressed during the interviews that more professional nurses needed clinical skills, especially PHC skills, to be able to teach and mentor nursing students and nurse patients holistically. They mentioned that a small number had been trained in PHC skills.

"…I think it is also the shortage of staff and the skills also required by the staff, you get that certain sister has a skill that most of the rooms require but its only one sister that can help". (F1:P7)

"So with us only have one PHC trained professional nurse ne! The thing is if it's full she is the only one…" (F3:P4)

Literature supports this finding. In the study conducted by Magobe *et al*. (2010:05), nursing students stated that several mentors, that is, professional nurses, lacked appropriate qualifications such as PHC skills. They only possess basic nursing and community nursing. Furthermore, they were unable to attend updated sessions. Consequently, they lacked the latest clinical knowledge resulting in outdated information being imparted to the nursing students.

Sub-theme 6: Lack of supervision by staff (2 reports)

While the participants experienced the lack of supervision (see Question 2, Theme 1, sub-theme 4), they also mentioned that several professional nurses didn't supervise them during their clinical practice. They reported that during their clinical placement, there were times when they were left to work by themselves with no one to supervise them.

"…and after the sister will be in the next room maybe doing IMCI, she will come and say, eh you will shout if you need help, but at the ultimate you are working on your own without supervision". (Trail Run:P7)

"The HIV, sister you know she is not always there, she is working outside doing something, we are doing HIV clinic alone, so until 4 o clock". (F3:P4)

Magobe *et al.* (2010:4), found similar results, and concluded that certain PHC nurses may not be interested in their own job, therefore, they will not mentor the nursing students. The concept of supervision includes both the organisation and the clients. Nursing students did not receive assistance and supervision from the professional nurses on duty due to the lack of staff and they had to do their best to nurse the patients (Watkins *et al*., 2011:06). The supervisor and supervisee should agree on the priorities for the process so that it can be functional and effective for both parties. Thus supervision is important in building a team that works together effectively (Booyens, 2008:228-249).

Sub-Theme 7: No orientation done by the staff (1 report)

During one focus group interview participants reported that they were not orientated to the geography of the clinic at the PHC clinic, being shown different rooms on their arrival and how certain procedures are performed. “I am supposed to be shown the building of the clinic, okay tell me where is the kitchen, when it’s time for tea, when you need medication where the pharmacy is, when you want to get to the bathroom, ehm the office, the in-charge’s office, that is, where the family planning (kuthi) you have to be shown so that it makes your job easier, you want something you go fetch it in there, you don’t go around asking where the pharmacy is, where the kitchen is, where is that, it makes you job easy so that…” (Trial run:P4).

According to the study conducted by Mattila *et al*. (2010:156), the lack of orientation during clinical practice resulted in the nursing students’ feelings unwelcome in the workplace. Booyens (2008:214) confirms the importance of orientation, namely, that it is the first stage where the team is dependent on the leader for purpose and direction. Therefore, it is better to ease the path for the new employee into the health care facility and the unit or department where he/she will work.

Sub-Theme 8: Operational managers not organised (1 report)

During a focus group interview, the participants mentioned that facility operational managers at the PHC clinics where they were placed for clinical practice were disorganised because they would grant some of the professional nurses leave simultaneously without checking the number of staff who should be on duty.

“…and operational managers sometimes I don’t think they do analysis because there was the time when we were new to the clinic, 2 sisters were on leave, 1 maternity leave, 1 sick leave, there was no one at the clinic and the operational manager ends up going and doing

IMCI, somebody go patch themselves because she authorized leave for 3 people at a go". (Trial run:P7)

Although there is no evident literature that confirms the finding, several sources reveal that the main responsibility of the managers lies in the organisation of the nursing personnel such as nursing students as well as the non-nursing personnel in their units (Booyens, 2008:127). Muller *et al*. (2009:03), states that successful management of a healthcare organisation is dependent upon the competence of individual team managers, clinical practice and all non-clinical practitioners. Health care manager's fulfil different roles and require general and specialised abilities, knowledge and skills, attitude and values.

Sub-Theme 9: Staff conflict (1 report)

During one focus group interview the participants stated that institutions with large staff numbers experienced conflicts related to various categories of ranks, especially conflict related to nursing students' responsibilities.

"…because there is conflict now and then between staff, where ever you are allocated in terms of students and who is not: a student wa bona (you see) like staff, there is always conflict". (F1: P3)

According to the study conducted by Watkins *et al*. (2011:06), nursing students stated that lecturers and fellow students gossiped about each other and confidentiality was compromised. Furthermore, the lecturers did not respect their privacy. Conflict in the workplace makes working relationships weak and poor rather than strengthened (Booyens, 2008:246).

Sub-Theme 10: Negative generalisation of students by the staff (1 report)

While nursing students did experience staff being warm and welcoming (see Question 2, Theme 1, sub-theme 5), several staff members expressed a negative attitude towards the nursing students.

"Yes, eh some of the staff I think they should go away with the attitude of saying students are the same because we really are not the same, what other students did, doesn't mean others are going to come and do the same…those kind of things we should not be judged based on their passed experience". (F1:P17)

Literature also supports this finding. According to the study conducted by Magobe *et al*. (2010:04), the nursing students expressed concern of the low morale and negative attitude displayed by the staff in general towards them. Anon. (2014:36) states that "now more than

ever health care professionals such as professional nurses and other members of the health care team need to be working together to win the fights of our time for a better healthcare system for South Africa".

Theme 3: Environment and service related experiences and challenges

With regard to the environment and services, the participants also shared positive experiences as well as challenges, such as the unavailability of resources/equipment, limited resources and equipment, school health services at the PHC clinic and emergency (at-risk patient) identification system.

Sub-theme 1: Availability of resources/equipment (1 report)

The availability of resources and equipment was also highlighted in a focus group interview as positive, helpful and supportive during clinical placement at PHC clinics.

"I think the availability of the equipment also, there is availability of resources to work with". (F4:P3)

Quality care can only be rendered if there is sufficient equipment of high quality to meet the needs of the patients and to improve the health workers' productivity (Booyens, 2008:161). Organisations of excellence continuously strive to maximise the use of all resources including financial and information resources, materials, buildings, equipment and even intellectual property. Resources should be managed in such a way that they support policy and strategy and the effective operation of the process (Muller *et al.,* 2009:478).

Sub-theme 2: Limited resources/equipment (5 reports)

In contrast to the previous sub-theme, the participants also mentioned that during clinical practice at PHC clinics, they observed that there were limited resources to perform daily procedures during patient care. Consequently, their clinical practice became so difficult that they had to buy their own equipment. The limited resources resulted in nursing students virtually move from room to room to collect equipment. For example, blood pressure machines, that caused exhaustion and might be interpreted as a heavy workload.

"We also don't have equipment at the college they told us to buy ourselves the baumanometers, the otoscope, we have our own". (Trial run:P4)

"Regarding equipment I can't say they are actually they are enough because we, when we need to do like blood pressure with other patients, we need to the vital room when we need

HB meters we need to go to ANC and sometime those ups and downs they are not productive ya". (F1:P12)

"…But then if there is no equipment it is hard to work". (Trial Run:P5)

According to the study conducted by Magobe *et al*. (2010:40), nursing students stated that there was a lack of essential resources such as medication and clinical equipment, for example, baumanometers during their PHC clinical practice. Quality care can only be rendered if there is sufficient equipment of high quality to meet the needs of the patients and improve the health workers productivity. A clear policy regarding the standard allocation of equipment to a unit should be available (Booyens, 2008:161).

Sub-theme 3: No school health services at the PHC clinic (1 report)

The non-availability of school health services at PHC municipal clinics was highlighted during a focus group interview as another challenge during clinical practice. It is part of the curriculum for nursing students which has to be completed during clinical placement.

"Ehh, so far what I have experienced, I will make an example, like ehh, in this clinic ne? They do not offer school health services…on that day whatever day you decide to go to school health, you can go and do that….."(F1:P5)

Although there is no specific literature that supports this finding, there is documented evidence that school health services should be rendered and the personnel should be able to implement specific screening tools and techniques to improve the health of school going children. Health education should be an on-going process to teach children about safety and reduction of injury risks, dental health, personal hygiene, a well-balanced diet and environment hygiene (Dreyer, Hattingh & Roos, 2006:196).

Sub-Theme 4: No emergency (at risk patient) identification system in place/non-effective triaging of patients (1 report)

Sorting and triaging of the clients could not be undertaken at one of the PHC clinics which was identified as a risk towards the critically ill patients. The participants stated that there must be a technique to identify critically ill patients at the PHC clinic by monitoring vital signs and reporting abnormalities.

"…there must be a system in a way emergencies could be identified and not necessarily only visible emergencies because people who are critically ill…that particular client have to queue, so there must be a system that allows for such people to skip the queue and be attended first…" (F2:P12)

The literature revealed that the collapsing healthcare facilities and non-existent emergency medical service meant that there is still much to be done to improving and sustaining the health care facilities' emergency care systems (Anon., 2014: 36). According to the study conducted by Pantazopoulos *et al*. (2012:2669), nurses are responsible for the activation of medical emergency teams. In this instance, professional nurses through early recognition of abnormal values.

Theme 4: Patient related challenges

During the focus group interviews the participants stated that they experienced the following staff related challenges: Patient distrust, negative patient attitude, lack of patient compliance and that patient's lack information.

Sub-Theme 1: Patient distrust (4 reports)

The participants revealed that the patients showed a lack of trust and confidence towards them and preferred to be assisted by the professional nurse during consultation. It is suggested that professional nurses reassure and brief the patients that nursing students are competent and supervised.

"I feel like they don't trust us. Others say we don't want to be your ginney pigs, I want to learn this procedure from you? Me? No, no, no, no". (Trial Run:P15)

"They even tell you what to do, what to give them because now I want it again because it helped me". (Trial Run:P14)

"The challenges that one is facing is with regards to the client themselves. We have some who would not necessarily want us to attend them and it happens to be number one on the queue and when you call that person, that person would like to come but to be attended by a PHC sister…" (F2:P5)

Dreyer *et al.* (2006:169), confirmed that misunderstandings and distrust can occur when there is a lack of knowledge and considerations for the expectations and beliefs of patients as healthcare recipients. Muller *et al*. (2009:189), supports the nursing students' suggestion that the attitudes and perceptions of the public regarding the healthcare services should be positive and the services rendered to the community strengthened through establishing a trusting relationship between the service rendered and the service consumer.

Sub-theme 2: Negative patient attitude (2 reports)

According to the participants, the patients displayed a negative attitude towards the staff members' especially the professional nurses. They displayed a negative attitude towards the input provided by the professional nurse during consultation, especially when the health care providers recommended a treatment regimen.

"Even though patients have an attitude towards the nurses". (Trial run:P11)

"I think one of the challenges I would say attitude but eh, but the clients here, they, they tend to expect miracles you know, lemonade from apples or something like that and most of them they come here to get help…yes…I noticed some of them just walk out". (F1:P5)

Patients as well as healthcare professionals are bound by their cultures, ideas and norms and these might be in conflict as some norms and ideas may contradict each other and result in a misunderstanding. This could lead to a negative attitude. Therefore, the patient might oppose the scientific decision of the health professional which could lead to conflict (Dreyer *et al.,* 2006:25-26).

Sub-theme 3: Lack of patient compliance (2 reports)

The lack of compliance to chronic medication treatment by patients was also highlighted as a challenge. Patients who travel could forget to keep their appointment cards and prescription. This could prevent them from having access to their chronic medication at the place they are visiting.

"One other challengers would be in regards to the chronic patients, you'll find that there is movement from one place to another and the clinic has done its best to tell them that at all times please carry a card…so it poses a challenge to the clinic". (F2:P1)

"…about the compliance especially for the chronic ones because they stay for 3 months not taking medication". (F2:P8)

The literature supports this finding. Adherence remains incredibly complex and most of the patients default their chronic treatment. Every opportunity should be seized by professional nurses to encourage adherence. According to Anon. (2014:07), adherence is a key and remains paramount in improving not only the life expectancy but also the quality of life.

Sub-Theme 4: Patients lack information (1 report)

According to the participants, the patients lack health care information, especially keeping their appointment. This finding is related to the previous sub-theme that the patients fail to

comply with their treatment because they do not visit the clinic as scheduled. Therefore, the patients need to be briefed about the importance of keeping their appointment and taking their medication regularly as prescribed.

“I think we do have some challenges, some of the patients I think they lack information, so we need to educate them”. (F1:P8)

According to the Batho Pele Principles (South Africa, 1999), (putting patients first), the patients should be given full, accurate information about the healthcare services that they are entitled to receive by the healthcare provider.

Theme 5: Lack of tutor support/supervision (2 reports)

It was revealed that there was a lack of support/supervision from the clinical tutors during clinical placement. Since the nursing students were placed at the PHC clinics, their tutors fail to either call or visit them to check on their progress.

“And want tutors to come visit us now and then”. (F8:P8)

“With the tutors I saw that the tutors are not supportive, they never come, and we have been in the clinic for four weeks or five but ya!! They never ever came”. (F3:P7)

Literature supports this finding. The unavailability of a learning facilitator, to support and supervise the nursing students reveals a lack of efficiency and concern by the clinical tutors. This contributes towards the students’ problems. Educators in nursing are required to equip nursing students with the competencies to render healthcare in health care settings (Maboe & De Villiers, 2011:93).

3.3.3 QUESTION 3: PLEASE ELABORATE FURTHER ON HOW YOU CAN BE SUPPORTED TO OVERCOME YOUR CHALLENGES?

From the above question three themes were identified. The participants revealed that they could receive educational, service and environmental support from the professional nurses at the PHC setting.

Theme 1: Educational support

The participants stated that their support can be improved through the following three themes: continuous/effective supervision, clinical tutor support and supervision, clear communication between colleges and clinics and placement at PHC clinics.

Sub-theme 1: Continuous/effective supervision (7 reports)

During the interviews it was revealed that effective, continuous supervision by professional nurses is needed during clinical practice to help them to deliver quality care.

"I think also if there can be someone specifically be allocated for students…but each time of the day there should be someone with the students, making sure that they do the exact thing". (Trial run:P6)

"…I think also if there was one sister to one student it would be better but if it is one sister to two students, you will find that it is difficult for the sister to identify the challenges that students are experiencing individually". (F2:P5)

"And also continuous supervision like…they have been supportive they should continue to do that in order to support us". (F4:P4)

Literature supports this finding. According to Jokelainen, Turunen, Tossavainen, Jamookeeah & Coco (2011:2854), the mentoring of students in clinical placements was described as creating supportive learning environments enabling students' individual learning processes. Furthermore, mentoring of students strengthens students' professionalism by empowering the development of their professional attributes and identities and enhancing attainment of professional competence in nursing.

Sub-theme 2: Clinical tutor support and supervision (3 reports)

The respondents revealed that they require clinical tutor support and supervision during their placement at PHC clinics Tutor support would help them to achieve their educational goals by identifying challenges and discussing and resolving them with the tutors.

"we would like to have more, you can see the clinical tutors a little bit especially maybe before the exam, you know we are going to be doing summative the following week, we would like to have the person coming in reassuring you…"(F1:P8)

"…the tutors are not supportive……they never even came, I think if they came before, they could have solved some of our problems…" (F3:P7)

"You know some of us the tutor is not coming at all and it's somehow, it means we need the support of the tutor and…" (F3:P7)

The primary aspect of a clinical facilitators' role is to give support to the students since it is their core business (Courtney-Pratt *et al.,* 2011:1385). A clinical nurse educator's role is to

enhance learning through the provision of opportunities for learning, supporting, guiding and conducting timely and fair evaluations (Kaphagawani & Useh, 2013:183).

Sub-theme 3: Clear communication between college and clinics (1 report)

The participants stated that clear communication between the tutors from the nursing college and the professional nurses at the PHC clinics would best support their goals to be achieved during clinical practice. Furthermore, someone should be placed specifically to facilitate communication between the two institutions.

"Like we said before, like we have been saying, ehh like the in-charge I don't know how can they communicate with the college but there should be clear communication between the college and the clinics that if you come and you are supposed to do 1,2,3,4 and then". (Trial run:P13)

According to the research conducted by Jokelainen *et al.* (2011:2862), mentors should hold regular meetings with the lecturer/ other educators from the university and the mentors should work collaboratively with the colleagues and the patients. Literature supports this finding. The majority of the changes have been taking place in nursing education and training while nursing instruction is available at universities, nursing colleges and other nursing education institutions where the bulk of professional nurse are prepared for practice. However, they will be required to undertake clinical practice not only for learning, but also for full participation in the nursing team to deliver nursing care during different times of the day to comply with SANC requirements. There is progress with the implementation of the strategic plan for nursing education, training and practice and there is a need to co-ordinate the progress taking place in the different spheres (Anon, 2014:08-10).

Sub-theme 4: Placement at PHC clinics (1 report)

The participants were happy with their placement at PHC clinics. They believed that placement of nursing students at municipal PHC clinics would be beneficial because the environment is conducive for learning at those specific clinics.

"Generally sister ehh this is not necessarily the problem you know for the city to allow students to be placed here is very much helpful and it should be continued…and we could have loved if students are placed and more time is given…provincial sometimes don't have what the city have in terms of drugs and everything so at least I think it's better if the students are being placed here". (F2:P15-16)

The clinical model for clinical education and training has been implemented by various nursing institutions with a view to improve clinical preparedness of students on completion of their education and training programmes (Anon, 2014:9-10). The rendering of primary care by PHC facilities (such as clinics, CHC's and district hospital) was envisaged as the responsibility of local government structures (Municipal structures) (Van Rensburg, 2004:139) Learning in clinical practice is an important component of nursing education considering that nursing is practice-based profession (Kaphagawani & Useh, 2013:181).

Theme 2: Support from professionals at PHC setting

The support from the professionals at PHC settings was identified as a theme. The following sub-themes were identified: supportive professionals, mutual respect, facilitating and nurturing community trust in students.

Sub-theme 1: Supportive professionals (4 reports)

Although the respondents were welcomed and felt at ease at PHC clinics they require supportive professionals for further guidance to achieve their goals.

"…there's always been somebody here for me to guide me, tell me what to do, how to examine the patients and what to give the treatment". (Trial run:P2)

"…we are there as students and also the best way we can make sure we get all the support". (F4:P4)

"Yes they have to be available mostly in order to supervise us during this time" (F4:P5)

Literature supports this finding. According to the research conducted by Jokelainen *et al.* (2011:2860), mentoring nursing students in clinical placement was presented as facilitating student learning in clinical placements and strengthening students' professionalism which included practices with placement as a working environment. According to the study conducted by Courtney-Pratt *et al.* (2011:1386), the results indicated that there is professional commitment of nursing staff to support the next generation of nurses.

Sub-theme 2: Mutual respect (3 reports)

Mutual respect is an important factor that is needed where there is a group of people working together. The respondents identified mutual respect between the staff members and nursing students as significant since it could help them to cope with their challenges during clinical practice at PHC clinics.

"…if you meet someone for the first time, open your mind you know, whatever this person is and try and accommodate that person be as flexible as you possibly can accommodate that person". (F1:P15)

"Everyone should be treated with the same level of respect, in order for you to achieve whatever goal that you have…" (F1:P15)

"These kind of things we should not be judged based on their passed experience". (F1:P17)

Nursing students prefer working with supervisors who show consideration, are supportive, fair and just in their treatment of others. Therefore, supervisors should create an atmosphere of approval in interpersonal relationships with their subordinates, as the latter's perception of the quality of working life is affected considerably by the treatment they receive from their supervisors (Muller *et al.,* 2006:293).

Sub-theme 3: Facilitating/nurturing patient/community trust in students (2 reports)

Rapport and nurse-patient relationships are important aspects when dealing with patients. According to the respondents, patient and community trust should be nurtured to ease the student's clinical practice in order to gain the patients trust.

"I think we do have some challenges, some of the patients I think they lack information, so we need to educate them". (F1:P8)

"…so I think we can solve it by health education to make them understand that even though a student or sister might be younger than them but they should regard that person as the person who would help them regardless of their age". (F2:P6)

Literature supports this finding. According to Muller *et al.* (2006:478), the patient is the final evaluator of the quality of service received. Issues that influence customer loyalty are also measured and analysed. Organisations of excellence comprehensively measure and achieve outstanding results with respect to patient satisfaction. Applying the basic principles of communication with all the patients is extremely important. Therefore, the health care professional uses a variety of skills to build a rapport with the patient. They need to develop trust and have confidence in the relationship (Dreyer *et al.,* 2006:124). Consequently, trust is the vital to the contractual relationship between healthcare customers and health care provider (Searle, 2009:227).

Theme 3: Service and environmental aspects

The respondents highlighted that although they had educational and professional nurses based support, they also required service and environmental based support. This will be discussed in detail below.

Sub-theme 1: Health education to patients and/or community (3 reports)

The interview revealed that health education to patients and the community should also be used as a tool to inform the patients about the presence and reasons of the nursing students at PHC clinics.

"I think sometimes it can be very much better, some people like going out and addressing the community how best…they don't just understand". (Trial Run:P4)

"…some of the patients I think they lack information, so we need to educate them and the other thing…" (F1:P8)

"maybe in solving that challenge which is something that ehh, the clinic has not done that so far, to conscientise the very same patients maybe in the morning to say before we start we've got students so and so, they are here for a particular purpose…" (F2:P5)

The principle of community engagement is important. It entails the deliberate and purposeful engagement of the community through consultation (Muller *et al*., 2006:18). According to Dreyer *et al.* (2006:42-43), health care professionals should develop the community by involving them, allowing them to assess and plan for their needs, implementing strategies and evaluate their plans, and thus improving empowerment, collaboration, participation, problem identification, self-determination, equity and co-operation.

Sub-theme 2: A support system in place for staff (2 reports)

A support system for staff was identified as a requirement during the interview. This suggestion was made specifically for professional nurses to be protected from abusive clients frustrated by the lack of skilled nurses who are forced to perform multiple tasks while patients wait in long queues.

"…one sister will be putting in implants at the same time she has got chronic patients outside waiting for her to get their medication at the same time, you know they need to be supported…you do this at this point in time and then you do this and at this point in time this…" (F1:P6)

“I think they need to be supported in their duties that they do, so that they get to do them thoroughly and finish doing them”. (F1:P6)

Literature supports this finding. According to Bergh and Theron (2009:22), employee and organisational well-being is an applied field that is also referred to as “occupational mental health”. It is illustrated by health policies and the implementation of health promotion initiatives such as Employee Assistance Programmes (EAP’s). Its aim is to facilitate positive psychology to employees and keep them healthy and resilient to hardships and promote optimal well-being and job performance. It is recommended that a wellness programme be integrated into nursing curriculums in order to sensitise the students to this aspect thereby contributing not only to their academic performance but also their professional well-being (Van Lingen, Douman & Wannesburg, 2011:406).

Sub-theme 3: Availability of ward based outreach teams (2 reports)

Ward based outreach teams that are linked to the PHC clinics was recommended by the interviewees. They supported the primary health care re- engineering approach that emphasises community based nursing and reaching out to the community.

“In fact the clinic should be in position to provide transportation to go to these people to take BP to those who cannot travel…or we have people going to this people…” (F2:P7)

“Because Provincial already has, because in Orlando they are already doing it, every morning they come and go out of the community”. (F2:P9)

This idea is supported in literature. Each clinic should have a ward-based outreach team consisting of 1 professional nurse, 1 enrolled nurse, and 4-6 community health care workers who will be responsible for 1000-1500 households (approximately 6000 people) Naledi *et al*., 2011:26).

Sub-theme 4: An effective rotational system (3 reports)

The interviewees identified effective rotation as essential to nursing students and professional nurses since it increases exposure and probably improve their nursing skills and experience. A rotational system that is effective will also ensure that the patients gain access to comprehensive health care.

“You can’t be keeping me in the EPI department only for or for a long specific time, you need to be put me in another department so that I can be exposed towards others settings”. (F4:P4)

"Ya, the other thing that is good is that there is a rotational system that allows some of us to go early,…there is this availability…" (F2:P11)

"This month I am doing PHC, next month. I am doing EPI". (Trial run:P14)

Duty rosters provide a record of staff attendance and experience while delegation requires planning. Selected tasks are transferred from one person to another in the line of authority and it involves trust, empowerment, responsibility and authority to perform the task. Furthermore, it includes effective communication. As time passes, the process will continue, the supervisee will grow in confidence, as well as be able to take on other responsibilities with less guidance and fewer guidelines (Booyens, 2008:227-228). Line and staff functions are different methods of assigning authority in an organization and nursing practice. The methods that best meet the needs of patient care should be implemented (Booyens, 2006:68).

Sub-theme 5: Clear communication between staff (1 report)

Communication is important while performing nursing duties. The participants stated that communication should be clear among staff members at PHC clinics.

"In terms of communication, because at the end of the day whether you like it or not you will have to communicate with that person because you will be serving the same patients and a report has to be given amongst where I can help, now far you have gone ehm with helping this individual…verbal communication has to be there at some point you know?" (F1:P16)

Communication is one of the basic group processes and can be defined as the exchange of information and meaning by two or more people and is a social process because it is only through communication that one establishes relationships with other people. It begins with the feelings and ideas of the sender, with the intent often being to focus on the ideas and supress the feelings, but feelings frequently leak into conversations. Therefore there should be acknowledgement from the receiver that the message has been interpreted correctly, by behaving as requested (Berg & Theron, 2009:204-205).

Sub-theme 6: Conducive environment (1 report)

During a focus group interview, the participants mentioned that the environment should be conducive for learning to take place especially at the PHC clinics.

"The environment should be conducive…" (Trial run:P14)

Creating a supportive clinical learning environment included all the arrangements in placement that prepare students' practice and organise their support system by enabling students' equal participation in team work, familiarising the student with all staff in the unit and for the staff to accept the student as a member of the care team. (Jokelainen *et al.,* 2001:2860). Therefore, a conducive clinical environment is one that is supportive with good ward atmosphere and good relationships (Kaphagawani, & Useh, 2013:184).

Sub-theme 7: Availability of resources and equipment (2 reports)

The availability of resources (human and material resources) and equipment would help the nursing students make their clinical practice in PHC clinics suitable for learning.

"I think they can order as per room, each and every room has its own equipment…" (F1:P12)

"…the environment should be…and well equipped". (Trial run:P14)

According to Searle (2009:197-198), the employer is obligated to ensure that the working conditions, equipment supplies, personnel and area of jurisdiction are such that the workload is manageable and the standards can be maintained. The nurse has a duty to utilise all the organisations' equipment and supplies with due care. She has to ensure their safe storage and protection against, loss, misuse and theft. Furthermore, ensure that expenditure is utilised correctly, equipment and supplies are available and in working order when required by a patient.

Sub-theme 8: Availability of an emergency (at-risk patient) identification system (e.g. bringing back red pens) (1 report)

The interviewees stated that there should be a system in place to identify emergencies or urgent medical cases before they even queue at the PHC clinic. Sorting or triaging patients at risk should be available at the clinic.

"I think necessarily the problem that we are having is that there must be a system in a way emergencies could be identified and not necessarily only visible emergencies…" (F2:P12)

Literature supports this finding. The practitioner must be competent and be prepared to cope with emergencies through preparation of personnel as well as equipment and supplies. He/she must be prepared to act to save lives, reduce shock, pain or haemorrhage and prevent infection and deformity. Furthermore, an emergency resuscitation tray must always be at hand (Searle, 2009:206). Early detection of physiological instability and appropriate

management is important for patients' outcome and nurses who perceive any clinical deterioration in patients. Therefore, nurses are responsible for early activation of the emergency system for these individuals (Pantazopoulos *et al.,* 2012:2669).

Sub-theme 9: Separate consultation and dispensing (1 report)

Professional nurses at PHC clinics consult patients in the rooms. They record their medical history, examine, diagnose the patients and thereafter dispense medication in the room. The interviewees believed that a separate facility to dispense the medication. This would reduce the PHC nurses workload in order to give their undivided attention to mentoring the student nurses.

"I think also to separate the consultation from the dispensing will be very helpful, I have seen clinics in the rural areas where they have a pharmacist…" (F1:P12)

Often in healthcare a patient or patients are the focus of the process map and the process they go through is called a care pathway., If we can start to map out the care pathways that occur in our clinics on an ongoing basis, then one would be able to see how things are actually being done and use process mapping analysis in order to improve the service rendered. Recognising that "all work is a process" can improve care dramatically while still working with current resource constraints (Anon, 2014:33).

Sub-theme 10: Availability of school health services at the clinic (1 report)

A participant mentioned that it would be beneficial if municipal PHC clinics could also render school health services. This is a requirement in their curriculum.

"Okay we do not have school health services…so at least she was broader minded to say ok its fine you can find something and that's where I think she was supportive". (F1:P5)

Literature supports this finding. Comprehensive school health services should be available to school children. Special attention should be given to the prevention of disease and the maintenance of health for age group 6 -14 years. A health team should be available comprising of teachers, psychologist, social worker, speech therapist, physician, dentist and school health nurse (Dreyer *et al.,* 2006:196). The national school-based PHC system led by professional nurses is one of the PHC re-engineering stream envisaged (Naledi *et al*., 2010:24).

Sub-theme 11: Availability of a doctor on site daily for patients that have been referred (1 report)

The participants identified the need for doctors to be daily on site at the PHC clinics for patients who need to be referred. Often the patient are reluctant to go to the hospital after queuing for extended periods of time and due to financial constrains (no taxi fare).

“I don’t know whether this is impossible but my preference will be having a doctor in the institute so that if there is any case of referral on that day…” (F2:P8)

Nursing is largely dependent on the doctor is duty-bound to cooperate with the doctor and not neglect to refer the patient for medical care where such care is beyond the scope of practice of the nurse. Furthermore, the nurse may not delay such referral and inculcate a collegial relationship with the doctor and other health professionals involved in patient care (Searle, 2009:202).

Sub-theme 12: Workshop/training for NGO’s to interpret vital signs (1 report)

The Expanded Public Works Programme has placed its workers at PHC clinics on a contract basis to undertake queue marshalling, voluntary testing and counselling, defaulter tracing, general work and data capturing. The participants stated that the workers should be trained to interpret vital signs and report abnormal ranges.

“I think workshops, we need to have workshop and look at training workshops even pre working in the morning…workshops should be held and everyone should learn to respect vital signs as are so important”. (F2:P14)

According to Naledi *et al*. (2011:26), the inclusion of community health workers, mid-level workers and lay counsellors as key members of the PHC team requires exploration of opportunities for task-shifting, specific and shared competencies of all team members have to be improved via training development so that on the job learning can take place.

Sub-theme 13: Training essentials for staff (1 report)

Training for staff members is needed to keep abreast with the new guidelines involving patient care. The interviewees specifically stated that staff members need to be trained in the management of HIV as it is the common disease.

“Training essentials especially you know with HIV, HIV is everywhere if you go to EPI is HIV, if you go to chronic is HIV, so all professional nurses should be trained to initiate so we don’t have a problem of saying…is the one initiating he is not here, so what about the patients who are here and need to be initiated?...why don’t people be trained? So that if I am not here, the next person can take over so that we could help the people (Comprehensive care)? (Trial run:P14).

Literature supports this finding, that is, examines the patients who report to the PHC clinic, the professional nurse treats and discharges the patient she is able to treat. If he/she is unable to diagnose or treat a patient, she refers the patient to the doctor. To execute such clinical functions, the Department of Health emphasises the need for competency among all health workers. A professional nurse should undertake tasks unless she is competent to do so unless due to the increasing burden of disease and scaling up of programmes such as the enrolment of antiretroviral treatment (Magobe *et al*., 2010; Naledi *et al*., 2011).

3.3.4 QUESTION 4: WHAT MAKES YOU COPE IRRESPECTIVE OF THE CHALLENGES YOU HAVE MET?

Three themes emanated from this question. The respondents stated that what enables them to cope irrespective of the challenges they face: passion for the nursing profession, personal strengths and support.

Theme 1: Passion for the nursing profession

According to the interviewees, they have a passion and pride for the nursing profession They undertake their tasks for the good of the patients, attempt to make a difference in someone's life and accept the gratitude of the patients.

Sub-theme 1: Pride in the nursing profession (7 reports)

Most of the participants believed that they keep bouncing back from their challenges at PHC clinics because they have love, passion and pride for the nursing profession.

"We wanna become professional nurses that are we are passionate about it, even though we have challenges we try…" (Trial run:P5)

"Loving your job, loving your job". (F3:P11)

"I think we have fallen in love with this profession". (F3, P12)

Literature supports this finding. Although nursing students stated that their resilience is motivated by their love, pride and passion for the nursing profession, the narratives from Koen and Du Plessis (2011:04) indicated that professional nurses with higher levels of resilience had an important characteristic of being proud about the nursing profession. Every nurse should love, be passionate and proud to be a member of the great profession of nursing that has supported humanity for centuries. It is an honour to be a member of a profession that means so much for fellow humans, to carry the message of faith, hope and love (Searle, 2009:92-93).

Sub-theme 2: Doing good for patients/making all the difference in someone's life (5 reports)

Most of the participants stated that doing noble and making a difference in someone's life makes them feel that they are contributing and giving back to the community.

"At least I am contributing to the community, I am doing my part". (F2:P11)

"It makes you feel good knowing that you have done well for someone you know". (F3:P11)

"At least you are making a difference in someone's life especially if you see that the patient is in a bad state and then now she is better". (F3:P11)

In the study conducted by Watkins *et al*. (2011:05), the nursing students expressed some relief that several of their expectations about nursing had been confirmed. They realised that they could indeed make a difference in patients' lives. Organisations depend on their customers and should understand current and future customer needs, meet customer requirements and strive to exceed customer expectations (Muller *et al.,* 2006:476).

Sub-theme 3: Acceptance and gratitude of patients (3 reports)

The interviewees also stated that they are encouraged by the gratitude displayed by the patients they had helped. Acceptance and gratitude by the patients about a job well -done in terms of quality patient care rendered motivated the nursing students to cope with the challenges.

"…but for me it's simple, I think the clients neh, they always saying I am helpful and I am very kind to them, so like it motivates me…" (F1:P11)

"And also the acceptance of an individual, acceptance of a patient as an individual, I do not expect that when I see this patient to be like the one I saw this morning and you gradually know them…and it helps you going". (F2:P10)

"When coming across them they are all clients in the street like seeing them happy, like giving you a long Yho!!! Sister you have helped me a lot I am well now, is very fulfilling". (F2: P10)

According to Truscott (2010:63), the patients expressed their gratitude to the primary health nursing students during patient-based teaching at PHC clinics. The patients requested to be seen by primary health care nursing students at the teaching section. This ensured a more comprehensive consultation, although the holistic management lasted for too long.

Theme 2: Personal strengths

The interviewees stated that their personal strengths which included the following made them resilient. Determination or being goal-directed, acquiring skills/knowledge/experience, having challenges to cope with and knowing that one has responsibilities or obligations and confidence. These will be discussed below.

Sub-theme 1: Determination/being goal directed (4 reports)

Determination, knowing what one wants by being goal-directed was expressed by the participants as a reason that motivates them to develop into professional nurses.

“Determination, determination to reach your goal, no matter what may come we have to achieve this goal, I came here to become a professional nurse and then I will be a professional nurse…” (F4:P5)

“Personally what keeps me going is being goal-directed and knowing what I want in spite of the hardness along the road”. (F1:P9)

“The first thing is that, I want to be a professional nurse, I want to accomplish what I came here for, to be a professional nurse…” (F2:P9)

Literature confirms that when nurses are goal-directed they have a sense of knowing that they have an important contribution to make as nurses. According to the study conducted by Watkins *et al*. (2011:05), the nursing students conveyed the realisation that they had a specific role to fulfil regardless of their own personal challenges.

Sub-theme 2: Acquiring skills, knowledge and experience (4 reports)

The participants mentioned that their goal to acquire skills, knowledge and experience in the nursing profession to be able to render quality patient care to individual patients, helps them to continue in spite of the challenges.

“I can give holistic care when I came here I had nothing in my hands and now they are full”. (F3:P12)

“…and another thing I want to be a learned professional nurse and not just to graduate and then get over with it and go, I want to gain experience so that when I go out there, I know what is the right thing to do and then what will take me I want to be something mam”. (F2:P9)

“Okay now I have acquired the skill that I can be able to function independently”. (F3:P12)

Literature supports this finding. According to Rossouw (2005:11), acquiring knowledge means that one should become familiar with the most important findings and tendencies of the discipline that is being studied, however, it is important to realise that knowledge acquisition entails more than just memorising information. Furthermore, skills are methods of dealing with definite problems such as nursing skills (Searle, 2009:411). Therefore, clinical teaching is the means by which student nurses learn to apply the theory of nursing so that integration of theoretical knowledge and practical skills in the clinical situation becomes the art and science of nursing (Mellish *et al.,* 2006:207).

Sub-theme 3: Faith/Spirituality (3 reports)

The interviewees expressed that faith in God gives them hope and strength to cope with challenges experienced during their studies to become professional nurses.

"…I applied into nursing and just like that I was into nursing, so each time I face challenges like if this is really the journey I am supposed to go cause one day I was like GOD just help me anything in health…" (F1:P10)

"Okay I would say God first neh". (F1:P11)

Literature supports this finding. In the study conducted by Koen *et al*. (2012:3-4), nursing students initially experienced home visits in a faith community as a challenge and felt overwhelmed and uncertain. This experience changed into a feeling of competence and self-confidence after the realisation that they shared the same spirituality, religion and culture. Furthermore, spirituality and religion as a positive experience boosted their resilience. According to the Bible 2009 in John (14:14) "If you ask anything in my name, I will do it". Now faith is being sure of what we hope for and certain of what we do not see (Hebrews 11:1) (Bible, 2009). The lord is my shepherd, I shall not be in want, he makes me lie down in green pastures (Psalm 23:1-2) (Bible, 2009).

Sub-theme 4: Having challenges to overcome (3 reports)

The respondents stated that bad experiences encountered during their clinical practice at PHC clinics, strengthened their emotional and spiritual strength. Furthermore, the challenges they had to cope with assisted them to remain positive in their duties.

"I don't take obstacles as obstacles; I take them as building blocks to climb my ladder up…" (F1:P9)

“And then again by having such challenges it actually strengthens you it…and it actually makes you realise how much you love your work, if you love your work even though there are challenges, storms they come and go but you still pursue”. (F4:P5)

“You undergo challenges, but you grow at the same time”. (F3:P12)

Literature confirms the findings. In the study conducted by Watkins *et al*. (2011:4-5), nursing students devised ways of dealing with stress. They had to plan and prioritise which made it easier for them to handle various pressures they were subjected to by focusing on the positive aspects of nursing rather than on the negative.

Sub-theme 5: Knowing that you have responsibilities or obligations (1 report)

Similarly, during a focus group interview, the participants stated that one has responsibilities and obligations which made it easier to cope with difficulties during clinical practice.

“Knowing and understanding that I am here, knowing the obligations, I am just trying to understand the reasons why I am here”. (F3:P11)

Responsibility means a duty to perform some function in a satisfactory manner and it is the basis for action that requires accountability. Therefore, by accepting responsibility, the nursing students are required to learn clinical skills, give quality patient care and be accountable for their actions (Searle, 2009:175).

Sub-theme 6: Confidence (1 report)

During a focus group interview the participants expressed that having confidence helped them to cope irrespective of the challenges experienced during clinical practice at PHC clinics.

“I think to have that confidence and that determination that is what keeps us going through we have a lot of challenges”. (F4:P5)

In the study conducted by Ruth-Sahd, (2011:2450), the nursing student felt secured and confident when working together as partners with other nursing students during clinical practice and that increased their resilience. According to Searle (2009:256), confidence in the ability of the nurse and faith in their mutual goodwill must be the foundation of the therapeutic and supportive relationship between the nurse and the patient; it is the basis for professional practice.

Theme 3: Support

This theme is linked to the above sub-theme as supportive relationships boosted the self-confidence of nursing students and increased their ability to cope during clinical practice. The availability of a support system, positive working relationships, being placed at a reputable PHC clinic and access to resources was considered as supportive elements for resilience.

Sub-theme 1: Availability of a support system (4 reports)

According to the participants, support from staff members, their family members and peers helped them cope irrespective of the challenges they experienced and their nursing career in general.

“Because now I assisted them you know…they are there I can never just complain and they are always around for any questions so…sometimes I do stupid movements, they don’t even laugh they don’t get on my neck, they just calm me down, give good direction, so far for me they are nice…” (Trial run:P6)

“…and also a supportive system which is the sister who are patient with us and we ask they answer us, if they do not know, they refer back to the books, and see that person has further interest in helping…” (F1:P9)

“…sometimes even em a good study group or just having ehm a group of peers that ehm share common goals with maybe they help you to stand even if the wind blows you know…” (F1:P10)

According to Kaphagawani and Useh (2013:183-184), an environment that positively influences learning have been reported as happy, friendly with good morale and attitude, co-operative and willing to teach and guide students to provide quality patient care. Furthermore, the students perform better both academically and clinically if they have social support from peers and significant others. This clinical performance increases if the students are given necessary support in the clinical environment.

Sub-theme 2: Positive working relationships (1 report)

During a focus group interview it was revealed that there was a positive working relationship between the staff members and nursing students during clinical practice at PHC clinics. This encouraged them to continue in spite of the challenges.

“For me I think that they are good and they are always helpful, ya they are helping us we don’t have any problems”. (F1:P13)

The clinical instructors established a good relationship with the professional nurses and further maintained effective working relationships with the nursing students by guiding, supporting and reinforcing clinical experience continuously like caring mothers (Shuriquie, 2009:881-882).

Sub-theme 3: Being allocated at a good PHC clinic (1 report)

Placement at a reputable PHC clinic for clinical practice was highlighted interview as a factor that helped nursing students to cope irrespective of the challenges they encountered. A reputable PHC clinic is regarded as a clinic where professional nurses are supportive, provide guidance and are willing to teach the nursing students.

“Eh, ah fortunately I have to say that I am allocated at one of the best clinics ne?" (Trial run:P5)

Literature supports this finding. According to Mash *et al.* (2011:xii), competent, caring and integrated primary health services require a functional team of professionals, in this instance, professional nurses who share similar goals, values and beliefs with nursing students by supporting them.

Sub-theme 4: Having everything (e.g. resources) you need (1 report)

Resources such as human, material and equipment helped the nursing students to cope with their clinical practice. The participants stated that having everything you need (e.g. resources) contributed to their resilience.

“…and here really we’ve got everything that we need it actually motivates us”. (F2:P10)

There was no literature to support that adequate resources such as human and material as well as equipment, during PHC clinical practice would enable them to cope with their work. The nursing students experienced a lack of equipment, human and material resources (Watkins, 2011:06; Magobe, 2010:04). According to domain three in NDOH (2011:26-28), clinical support services include the availability of medicines, laboratory services, X-ray services, medical equipment and other services. These resources should be available at all times during clinical practice to render quality patient care thus increasing the nursing student’s resilience.

3.4 SUMMARY

The realisation of data collection and results, that is, of the nursing students' experiences of clinical practice at PHC clinics was discussed in this chapter. In the following chapter (4) the conclusions, limitations of the research and recommendations will be discussed.

CHAPTER4: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The research findings, which consist of the experiences of nursing students when placed at PHC clinics for clinical practice was discussed in chapter 3. In this chapter, the limitations and conclusions of this study will be addressed. The recommendations for nursing education, nursing research and nursing practice that focus on the experiences of nursing students when placed at PHC clinics for clinical practice are also presented.

4.2 LIMITATIONS OF THE RESEARCH

Although this study provides a rich discussion on the experiences of nursing students when allocated at PHC clinics for clinical practice, there are some limitations of the study that need to be noted.

The following limitations were identified:

The planned semi-structured focus group interviews which were scheduled to take place at the nursing college, in an assigned room could not take place due to the brief time allocated for theory to the nursing students (2 weeks) at the nursing college. In this process the mediator and the researcher reached an agreement that the interviews should be conducted at different clinics where nursing students were placed for a longer period, that is, between six weeks and two months. Some nursing students who were willing to participate were placed in other regions and provincial clinics. Consequently, they could not be interviewed. These changes were positive because there were still many nursing students from the selected region who could participate. Furthermore, the nursing students confidently expressed their past and new clinical experiences in the natural environment of the PHC clinics.

4.3 CONCLUSIONS

The conclusions are based on the research findings as discussed in chapter 3 as well as on relevant literature.

4.3.1 THE MEANING OF PLACEMENT AT PHC CLINICS FOR CLINICAL PRACTICE

According to nursing students, placement at PHC clinics for clinical practice means gaining experience, knowledge and exposure to comprehensive services and learning about the

community and their needs. Furthermore, they need guidance from professional nurses to help them to reach their educational objectives as set by the curriculum. Therefore, it is the duty of the nursing college to place nursing students at PHC clinics so that they gain PHC skills and experience.

4.3.2 POSITIVE, SUPPORTIVE AND HELPFUL EXPERIENCES WHILE PLACED AT PHC CLINICS

Positive, supportive and helpful experiences of the nursing students were based on the staff related experiences and challenges; environmental and service related experiences and challenges; patient related challenges and the lack of tutor support and supervision. Staff related experiences included enhancement of a positive environment as staff were skilled, experienced, supportive, warm, welcoming, non-judgemental, nurtured independence by pushing them to explore by offering guidance, supervision and ensuring that they reach their educational objectives.

In contrast, the nursing students experienced challenges of a heavy workload, lack of tutor support and supervision, high rate of staff absenteeism among professional nurses who were also short staffed, staff conflict, unsupportive staff, negligence of staff and the lack of supervision and orientation from staff on arrival at the clinics. Furthermore, staff had limited skills, the operational managers were disorganised and there was a negative generalisation of the nursing students by staff.

Although the nursing students stated that there were limited resources, such as, the distinct lack of school health services at the PHC clinics as well as an emergency identification system in place for at-risk patients, some clinics had adequate resources available. In addition, there was a lack of trust, negative attitude, poor compliance and inadequate information from the patients.

It can be concluded that nursing students encountered negative and positive experiences at PHC clinics. Both the positive and negative experiences confirm that an PHC setting can be a valuable learning opportunity for nursing students, and they appreciate and acknowledge PHC settings as such. Nursing students seemed to appreciate the involvement of professional nurses as supervisors. In addition, it is clear that professional nurses in PHC settings contribute much in creating an atmosphere conducive to teaching and learning by being welcoming, and through challenging the nursing students and encouraging their independence.

4.3.3 SUPPORT TO OVERCOME CHALLENGES

Nursing students experienced support especially from the professional nurses which included continuous, effective supervision, mutual respect and educational support such as clinical tutor support and supervision as well as clear communication between the colleges and the PHC clinics. In addition, the nursing students need professional nurses to facilitate health education to the patients that would instil patient and community trust in them.

Other points raised were service and environmental aspects which included clear communication between staff, a support system in place for staff and an effective rotational system. It was also suggested that a conducive clinical learning environment include the availability of resources and equipment, school health services; an emergency identification system for patients and separate consultation facilities for patients and dispensing.

The availability of ward based outreach teams (WBOT), doctor on site for the needy patients were points suggested to maximise the availability of resources. The training needs included HIV/AIDS training for professional nurses and training to interpret vital signs for non-nursing staff. All these points should be taken into consideration when formulating guidelines to support nursing students during clinical practice at PHC clinics.

4.3.4 COPING MEASURES (RESILIENCE) OF NURSING STUDENTS

Reasons that enabled the nursing students to cope irrespective of the challenges included the following: passion for the nursing profession, which includes pride in the nursing profession, doing good for patients by making a difference in someone's life and acceptance and gratitude of the patients. Personal strengths included the determination or being goal-directed, cope with probable challenges, being aware that one has responsibilities and obligations, willingness to acquire skills, knowledge and experience, faith, spirituality and confidence. Bouncing back was also increased by the availability of a support system, positive working relationships, having necessary resources. It can be inferred that resilience increased by being placed at the best PHC clinic.

4.4 RECOMMENDATIONS FOR NURSING EDUCATION, NURSING RESEARCH AND NURSING PRACTICE

Based on the research findings as well as the conclusions, recommendations for nursing education, nursing research and nursing practice could be formulated.

4.3.1 NURSING EDUCATION

Nursing education should aim to include the recommendations of this study in the basic nursing curriculum offered at nursing colleges and universities. According to the participants in this research, there should be clear communication between the nursing college and PHC clinics by placing a PHC trained professional nurse specifically for nursing students at PHC clinics and clinical tutors should visit nursing students regularly, especially before their summative clinical examinations for support and guidance. Professional nurses working at PHC clinics should supervise and mentor nursing students during placement at PHC clinics. The duration of placement for nursing students at PHC municipal clinics for clinical practice should be extended for PHC learning outcomes. A conducive clinical environment includes a positive atmosphere and where nursing students are regarded as younger colleagues (Mattilla *et al*., 2010). Furthermore, PHC clinics are regarded as an environment conducive for learning and the meaning of being placed at PHC clinics for clinical practice is the correlation of theory and practice. Therefore, placement should increase as it facilitates the transfer of classroom knowledge to clinical practice (Mckie *et al*., 2012:262).

4.3.2 NURSING RESEARCH

Further research is needed on the implementation of the recommendations for nursing practice and education to support nursing students to cope with the challenges during PHC clinical practice. Based on the research findings and literature, it is evident that further research is needed to explore and describe the experiences of nursing students during clinical practice at all regions. This research was conducted in a specific region. It is strongly recommended that the study be conducted on a larger scale.

4.3.3 NURSING PRACTICE

The healthcare practice, especially professional nurses, should play a major role in implementing the recommendations formulated in this study with the goal to enhance helpful and positive support of the nursing students during clinical practice at PHC clinics.

4.3.3.1 Recommendations to support clinical practice nursing students at PHC settings.

The recommendations for nursing practice are related to the central theoretical statement study, which refers to the formulation of recommendations to support nursing students to cope with the challenges during clinical practice in PHC a setting.

The recommendations were developed from the results and relevant literature. The recommendations are grouped into support provided at PHC settings by staff and the nursing college, support relating to patients, clinical environment conducive for teaching and

learning, improvement of services and availability of resources, and the provision of training for professional nurses and non-nursing staff members.

TABLE 4.1 RECOMMENDATIONS FOR NURSING STUDENTS TO COPE WITH CHALLENGES DURING CLINICAL PRACTICE IN A PHC SETTING (T= THEME; S= SUB-THEME)

Recommendations		Related results (Theme no/sub-theme no)
Support provided at PHC settings by staff and the nursing college	• Professional nurses should be allocated specifically for the effective and continuous supervision of nursing students during clinical practice at PHC clinics.	T1; S1
	• The contribution of professional nurses in creating an environment conducive for teaching and learning should be acknowledged. In addition, professional nurses should be prepared and motivated to fulfil the role of supervisor to nursing students. The nursing college can play an important role in such preparation.	T3; S6
	• Nursing students should be welcomed and supported to make them feel comfortable and at ease by the professional nurses.	T2; S1
	• Health care workers at PHC clinics and nursing students should be flexible and accommodate each other to maintain mutual respect.	T2; S2
	• A supportive system should be in place for staff at PHC settings to enable professional nurses to perform a single task at a time, and after completion to perform another.	T3; S2
	• There should be effective rotation of professional nurses and nursing students to and from different programmes or departments to improve PHC clinical skills and experience.	T3; S4
	• Clear verbal communication should be inculcated between staff members at PHC clinics and nursing students.	T3; S5
	• Clear communication should be inculcated between the PHC setting and the nursing college to clarify the set goals to be achieved by the nursing students during clinical practice.	T1; S3
	• There should be clinical tutor support and supervision of nursing students at PHC settings, especially before clinical summative examinations.	T1; S2

	• Professional nurses and clinical tutors should build on the strengths of the nursing students assist them to continue in spite of challenges. Professional nurses and clinical tutors should conduct reflection sessions with the nursing students during which they reflect on positive and challenging experiences, and on how the nursing students managed to cope during these experiences.	T1; S2
Support relating to patients	• Health education to patients and the community should be used as a tool to inform them about the presence of nursing students at PHC clinics. • There should be rapport and facilitation of nurse-patient relationships to improve community trust in nursing students and professional nurses.	T3; S1 T2; S3
Clinical environment conducive for teaching and learning	• The environment should be conducive for learning with available resources and equipment, a conducive clinical atmosphere with mutual respect among the professional nurses, nursing students and the doctor. • There should be an extended period and regular placement of nursing students at PHC clinics for clinical practice since placement is beneficial and conducive for learning.	T3; S7 T1; S4
Improvement of services and availability of resources	• Managers of the PHC setting should consider suggestions by nursing students to improve services and the availability of resources, which may not only improve the quality of services, but also contribute towards a conducive learning environment. These suggestions may include the following: o Consultation should be undertaken independently from the dispensing of medicines. The pharmacist should dispense medication from the pharmacy. o An emergency identification system should be available for patients at risk and critical cases. Ward based outreach teams should be available for outreach to the community. o Material resources and equipment should be available per consultation room for easier access and use. o School health services should be availed at the clinic to meet the learning needs of the nursing students. o A doctor should be available daily at PHC clinics for senior opinion to avoid referral of patients to hospital. o Ward based outreach teams should be available at PHC clinics to offer services at households/home based.	T3; S6 T3; S9 T3; S 8 T3; S7 T3; S10 T3; S11 T3; S3

Provision of training for professional nurses and non-nursing staff members	• Training should be provided by PHC staff, in order to ensure better quality services are rendered, and a more conducive learning environment for nursing students can be created. Training may include the following: ○ Workshops and training should be conducted for non-nursing staff members e.g. Expanded Public Works Programme (EPWPs) to interpret vital signs. ○ All professional nurses should be trained to manage HIV/AIDS and related conditions as it is the most common disease.	T3; S12 T3; S13

4.5 REFLECTION

This research study followed a qualitative approach namely, a qualitative descriptive inquiry to explore nursing students' experiences of clinical practice at primary health care clinics, from an appreciative perspective. Permission was sought and granted by the relevant health department. Permission was also granted by the nursing college including that of the mediator. Nursing students were selected with the help of the mediator. At the beginning of the study, focus group interviews were planned to take place at the nursing college but due to the minimal time spent by the nursing students at the college, an agreement was reached by the researcher and the mediator that the interviews would be conducted at different PHC clinics where nursing students had been placed. All the nursing students who met the selection criteria were willing to participate. However, several were unable to participate because they had been placed in other regions and provincial clinics.

Trustworthiness was ensured throughout the research process. The study supervisors guided the research project throughout the process. Ethical considerations were adhered to after ethical clearance was requested and granted by the NWU ethics committee. A co-coder analysed the data and a consensus meeting was held with the researcher to compare the results. Fifteen main themes emanated from the research findings, and the discussion of themes and sub-themes were enriched with direct quotations from the transcriptions as provided by the nursing students during the semi-structured focus group interviews. Themes and sub-themes were further compared with the literature for verification.

4.6 CONCLUSION

In conclusion it can be stated that the objective of exploring the experiences of clinical nursing practice students in PHC clinics at a selected region was met which emanated in the formulation of recommendations to support nursing students to cope with challenges during clinical practice in a PHC setting.

The recommendations which were based on the results and conclusions can guide and empower professional nurses, nurse educators, nurse managers and other healthcare workers including doctors in PHC settings in supporting nursing students. The implementation and evaluation of the recommendations that were formulated in the study would be useful and should be undertaken.

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APPENDIX A: REQUEST FOR ETHICAL CLEARANCE TO CONDUCT RESEARCH

Ethics Committee

NWU

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: http://www.nwu.ac.za

School of Nursing Science

Tel: 018 2991884

Fax: 018 2991827

Email: emmerentia.duplessis@nwu.ac.za

14 May 2013

Dear Sir/Madam

Regarding the research: Nursing students' experience of clinical practice in primary health care clinics: an appreciative inquiry

(Candidate: Mrs Beauty Zulu; Supervisor: Dr Emmerentia du Plessis, Co-supervisor: Prof Daleen Koen)

This research will focus on exploring and describing the experiences of nursing students of clinical practice in Primary Health Care (PHC) clinics from a resilience viewpoint. In view of this general aim, the following are specific objectives of this study:

- To explore and describe, from a resilience viewpoint, the experiences of nursing students of clinical practice at PHC clinics.
- To formulate guidelines to support nursing students during clinical practice in a PHC setting.

This research is a sub-study in an overarching research project, entitled: *Strengthening the resilience of health caregivers and risk group*, with ethical clearance from the Ethics Committee of the North-West University (Ref no NWU-00036-11-S1). The co-investigators are Prof MP Koen and Dr E du Plessis.

Background information and link with the sub-study:

The co-investigators identified the problem that the resilience of health caregivers as well as risk groups should be strengthened by means of a comprehensive, multi-faceted approach

and research should be conducted on how resilience of health caregivers and risk groups can be strengthened by means of such an approach. The purpose of the overarching research is to develop a comprehensive, multi-faceted approach to strengthen the resilience of health caregivers as well as risk groups. We intend to reach this aim through the following objectives:

- To explore and describe the resilience of health caregivers and risk groups.
- To implement and validate strategies developed by Koen, Van Eeden and Wissing (2010c) to strengthen the resilience of professional nurses and other health caregivers and risk groups.
- To explore and describe faith community nursing as an intervention to strengthen the resilience of health caregivers and risk groups.
- To explore and describe sensory stimulation as an intervention to strengthen the resilience of health caregivers and risk groups.

To achieve the above objectives, it is necessary to explore and describe various health caregivers and risk groups. Within this overarching research project, Beauty Zulu (Student Number: 21928304) intends to focus on exploring and describing supportive and helpful experiences of nursing students at PHC clinics. The results of this sub-study will contribute towards reaching the objectives of the overarching project because the research results will inform the development of a multi-faceted approach to strengthen resilience. The methodology and ethical aspects of this study is congruent with the methodology and ethical aspects of the approved overall study on resilience. We, therefore, request that the sub-study of “Nursing students’ experience of clinical practice in primary health care clinics: an appreciative inquiry is covered by the above-mentioned ethical clearance.

Yours sincerely

Beauty Zulu (M.Cur student)

Prof MP Koen	Dr E du Plessis
Co-investigator	Co-investigator

APPENDIX B: ETHICAL CLEARANCE GRANTED

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: http://www.nwu.ac.za

Faculty of Health Sciences Ethics Sub-committee

Tel: 018 2992092

Fax: 018 2992088

Email: Minrie.Greeff@nwu.ac.za

To whom it may concern

4 July 2013

Dear Dr. Du Plessis

Ethics Application: NWU-00036-11-A1 "Strengthening the resilience of health caregivers and risk groups"

Thank you for the amendments made to your application. Your request to include the student, Mrs. B. Zulu's project, entitled "Nursing students' experience of clinical practice in primary health care clinics: an appreciative inquiry" under the above-mentioned umbrella project has been ethically approved.

Yours sincerely

Prof. Minrie Greeff

Acting Chairperson

Original details: Prof. Minrie Greeff(10187308) C:\Users\13210572\Documents\ETIEK\2011 ETHICS\NWU-00036-11-A1 Addisionele Versoek 2.docm
4 July 2013

File reference: NWU-00036-11-A1

APPENDIX C: REQUEST TO CONDUCT RESEARCH AT GAUTENG PHC CLINICS

North-West University

School of Nursing Science

Master's Degree Student

Student no: 21928304

18 July 2013

City of Johannesburg

Region D (Primary Health)

Braamfontein

Johannesburg

Dear Sir/Madam

Request for Permission to Conduct Research

I am a professional nurse working at a PHC clinic and an M.Cur-student studying at the above- mentioned university. I would like to request your permission to conduct the following research project:

Nursing students' experience of clinical practice at Primary Health Care clinics

The purpose of the study is to explore and describe, from a resilience viewpoint, the experience of nursing students of clinical practice and to formulate guidelines to support nursing students to overcome challenges during clinical practice in PHC settings. This will enable professional nurses working in PHC settings to support nursing students during clinical placement at Primary Health Care clinics. Permission to conduct research has been granted by the Research committee of the School of Nursing Science and by the Ethics Committee of the North West University (ref no: NWU-00036-11A1). Attached please receive a copy of the research proposal.

In addition to granting permission, the college will be requested to identify a mediator for recruiting potential participants. The interviews, which will be approximately 60 minutes, will be conducted at your college after a trial-run which will focus on the clarity and appropriateness of the interview questions and the interviewing skills of the researcher.

Nursing students are invited to participate voluntarily in the study, under the following inclusion criteria:

- Fourth year nursing students who have been allocated for more than five months at the City of Johannesburg (Region D) PHC clinics.
- Ability to communicate in English, have given consent to participate in the study and agree to the interviews being recorded.

Rigour and ethical principles will be ensured throughout the research project. On completion of the study, the research findings will be communicated to all the Primary Health Clinics, Chris Hani Baragwanath Nursing College, research committee, ethics committee, the departments of health and their stakeholders. Furthermore, the data will be used to improve the quality of clinical practice.

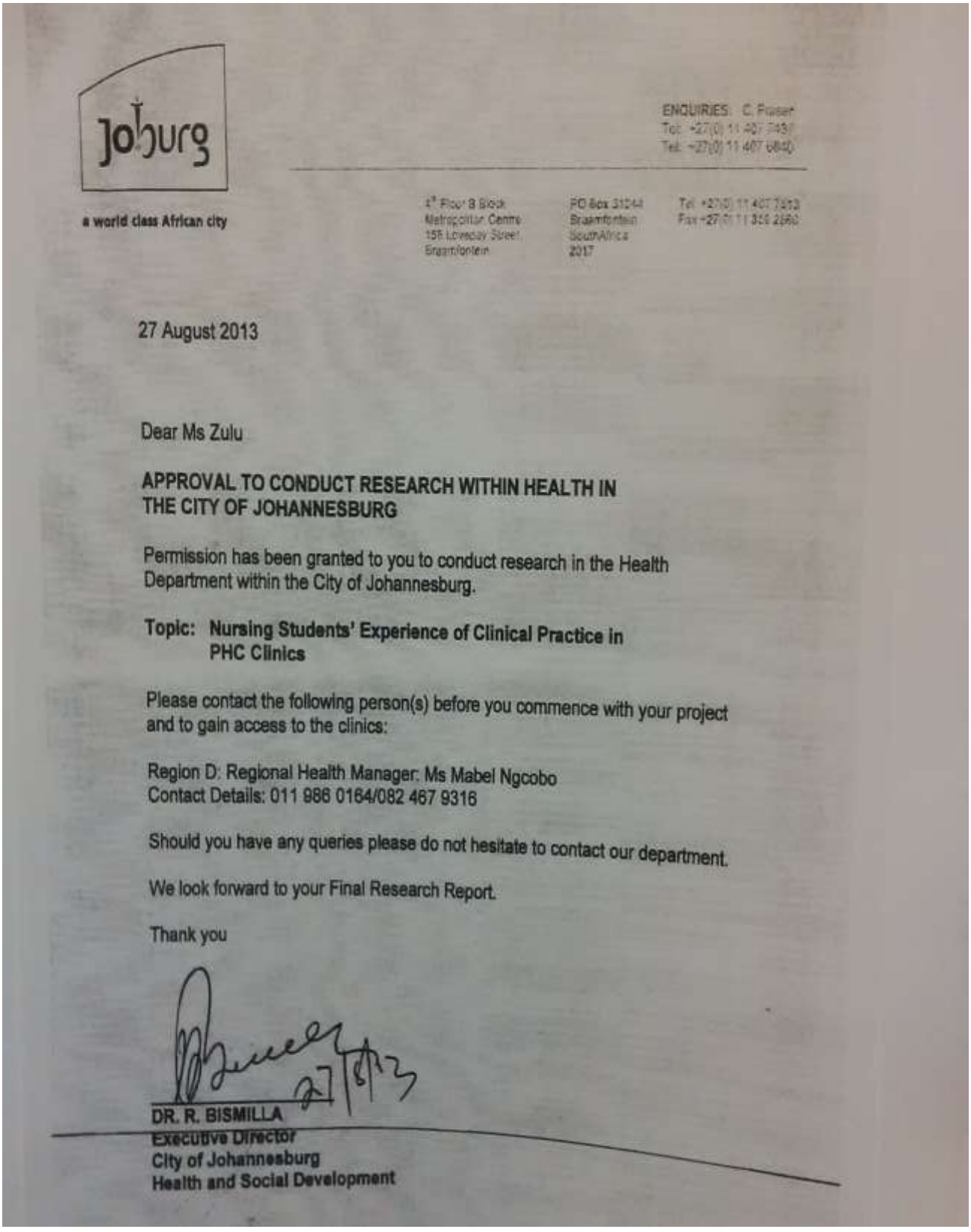
I sincerely hope my request will receive your kind consideration since clinical practice is a process of growing to become a nurse and a professional and is an essential learning opportunity for nursing students.

Yours Sincerely

B.M Zulu (Master's Degree candidate)

Supervisor: Dr E du Plessis

APPENDIX D: PERMISSION TO CONDUCT RESEARCH



Joburg

a world class African city

ENQUIRIES: C. Fowler
Tel: +27(0) 11 407 7431
Tel: +27(0) 11 407 6842

4th Floor B Block
Metropolitan Centre
156 Loveday Street
Braamfontein

PO Box 31244
Braamfontein
South Africa
2017

Tel: +27(0) 11 407 7413
Fax: +27(0) 11 339 2660

27 August 2013

Dear Ms Zulu

APPROVAL TO CONDUCT RESEARCH WITHIN HEALTH IN THE CITY OF JOHANNESBURG

Permission has been granted to you to conduct research in the Health Department within the City of Johannesburg.

Topic: Nursing Students' Experience of Clinical Practice in PHC Clinics

Please contact the following person(s) before you commence with your project and to gain access to the clinics:

Region D: Regional Health Manager: Ms Mabel Ngcobo
Contact Details: 011 986 0164/082 467 9316

Should you have any queries please do not hesitate to contact our department.

We look forward to your Final Research Report.

Thank you

27/8/13

DR. R. BISMILLA
Executive Director
City of Johannesburg
Health and Social Development

APPENDIX E: REQUEST TO CONDUCT RESEARCH AT NURSING COLLEGE

North-West University

School of Nursing Science

Master's Degree Student

Student no: 21928304

16 August 2013

Chris Hani Baragwanath Nursing College

Private Bag X 05

Bertsham

2013

Dear Sir/Madam

Request for Permission to Conduct Research

I am a professional nurse working at a PHC clinic and an M.Cur-student studying at the above- mentioned university. I would like to request your permission to conduct the following research project:

Nursing students' experience of clinical practice at Primary Health Care clinics

The purpose of the study is to explore and describe, from a resilience viewpoint, the experience of nursing students of clinical practice and to formulate guidelines to support nursing students to overcome challenges during clinical practice in PHC settings. This will enable professional nurses working in PHC settings to support nursing students during clinical placement at Primary Health Care clinics. Permission to conduct research has been granted by the Research committee of the School of Nursing Science and by the Ethics Committee of the North West University (ref no: NWU-00036-11A1). Attached please receive a copy of the research proposal.

In addition to granting permission, the college will be requested to identify a mediator for recruiting potential participants. The interviews, which will be approximately 60 minutes, will be conducted at your college after a trial-run which will focus on the clarity and appropriateness of the interview questions and the interviewing skills of the researcher.

Nursing students are invited to participate voluntarily in the study, under the following inclusion criteria:

- Fourth year nursing students who have been allocated for more than five months at the City of Johannesburg (Region D) PHC clinics.
- Ability to communicate in English, have given consent to participate in the study and agree to the interviews being recorded.

Rigour and ethical principles will be ensured throughout the research project. On completion of the study, the research findings will be communicated to all the Primary Health Clinics, Chris Hani Baragwanath Nursing College, research committee, ethics committee, the departments of health and their stakeholders. Furthermore, the data will be used to improve the quality of clinical practice.

I sincerely hope my request will receive your kind consideration since clinical practice is a process of growing to become a nurse and a professional and is an essential learning opportunity for nursing students.

Yours Sincerely

B.M Zulu (Master's Degree candidate)

Supervisor Dr E du Plessis

APPENDIX F: REQUEST TO INVOLVE A MEDIATOR

North-West University

School of Nursing Science

Master's Degree Student

Student no: 21928304

16 August 2013

Chris Hani Baragwanath Nursing College

Private Bag X 05.

Bertsham

2013

Dear Sir/Madam

Request for permission to involve a mediator

I am a professional nurse working at a PHC clinic and an M.Cur-student studying at the above- mentioned university. I would like to request your permission to conduct the following research project:

Nursing students' experience of clinical practice at Primary Health Care clinics

The purpose of the study is to explore and describe, from a resilience viewpoint, the experience of nursing students of clinical practice and to formulate guidelines to support nursing students to overcome challenges during clinical practice in PHC settings. This will enable professional nurses working in PHC settings to support nursing students during clinical placement at Primary Health Care clinics. Permission to conduct research has been granted by the Research committee of the School of Nursing Science and by the Ethics Committee of the North West University (ref no: NWU-00036-11A1). Attached please receive a copy of the research proposal.

In addition to granting permission, the college will be requested to identify a mediator for recruiting potential participants. The interviews, which will be approximately 60 minutes, will be conducted at your college after a trial-run which will focus on the clarity and appropriateness of the interview questions and the interviewing skills of the researcher.

Nursing students are invited to participate voluntarily in the study, under the following inclusion criteria:

- Fourth year nursing students who have been allocated for more than five months at the City of Johannesburg (Region D) PHC clinics.
- Ability to communicate in English, have given consent to participate in the study and agree to the interviews being recorded.

Rigour and ethical principles will be ensured throughout the research project. On completion of the study, the research findings will be communicated to all the Primary Health Clinics, Chris Hani Baragwanath Nursing College, research committee, ethics committee, the departments of health and their stakeholders. Furthermore, the data will be used to improve the quality of clinical practice.

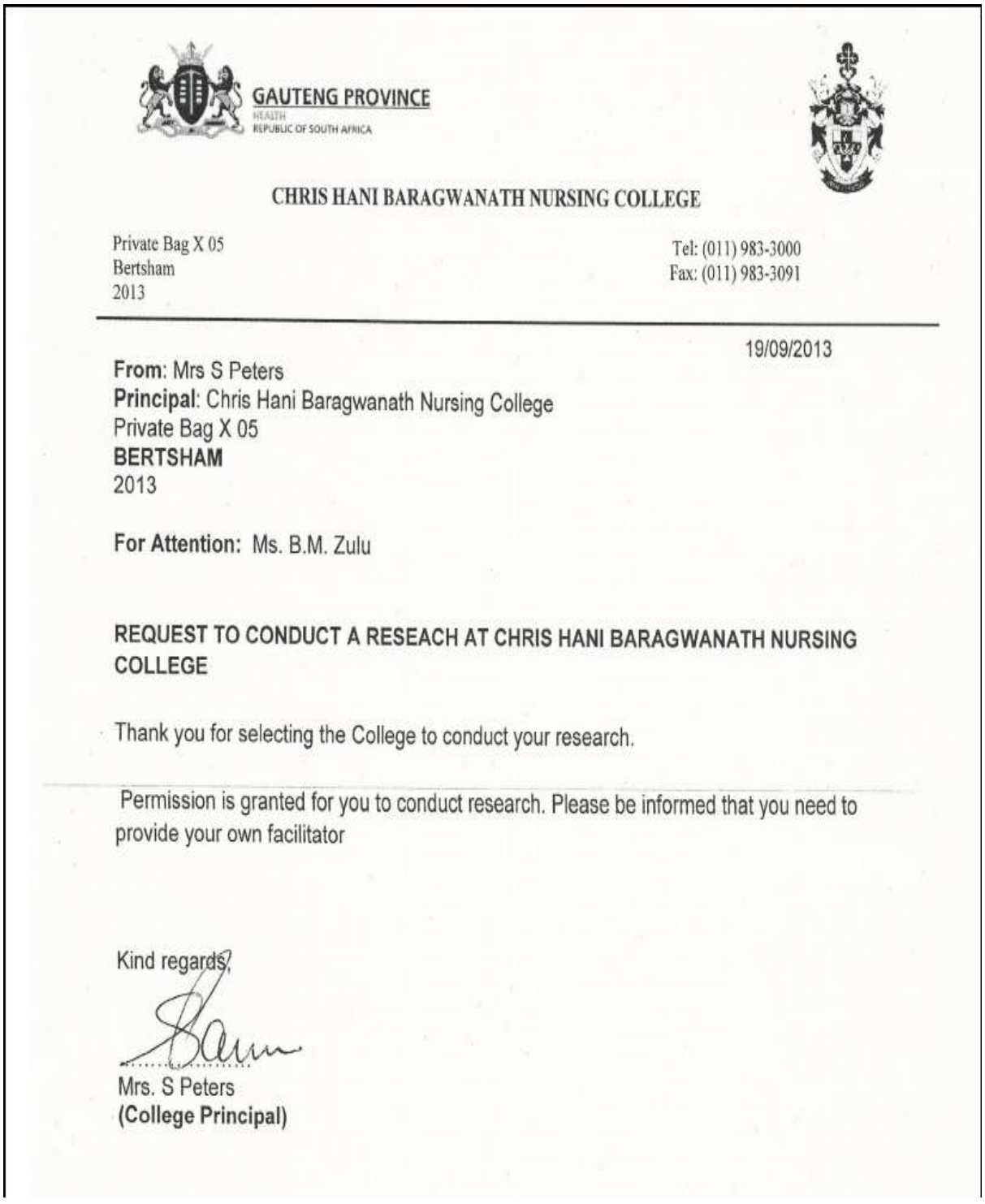
I sincerely hope my request will receive your kind consideration since clinical practice is a process of growing to become a nurse and a professional and is an essential learning opportunity for nursing students.

Yours Sincerely

B.M Zulu (Master's Degree candidate)

Supervisor Dr E du Plessis

APPENDIX G: PERMISSION TO CONDUCT RESEARCH



GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

CHRIS HANI BARAGWANATH NURSING COLLEGE

Private Bag X 05
Bertsham
2013

Tel: (011) 983-3000
Fax: (011) 983-3091

19/09/2013

From: Mrs S Peters
Principal: Chris Hani Baragwanath Nursing College
Private Bag X 05
BERTSHAM
2013

For Attention: Ms. B.M. Zulu

REQUEST TO CONDUCT A RESEACH AT CHRIS HANI BARAGWANATH NURSING COLLEGE

Thank you for selecting the College to conduct your research.

Permission is granted for you to conduct research. Please be informed that you need to provide your own facilitator

Kind regards,

Mrs. S Peters
(College Principal)

APPENDIX H: INFORMATION LEAFLET

North-West University

School of Nursing Science

Master's Degree Student

16 August 2013

Dear 4th year students

I am a professional nurse working at a PHC clinic and an M.Cur-student studying at the above- mentioned university. I would like to request your permission to conduct the following research project:

Nursing students' experience of clinical practice at Primary Health Care clinics

The purpose of the study is to explore and describe, from a resilience viewpoint, the experience of nursing students of clinical practice and to formulate guidelines to support nursing students to overcome challenges during clinical practice in PHC settings. This will enable professional nurses working in PHC settings to support nursing students during clinical placement at Primary Health Care clinics. Permission to conduct research has been granted by the Research committee of the School of Nursing Science and by the Ethics Committee of the North West University (ref no: NWU-00036-11A1). Attached please receive a copy of the research proposal.

In addition to granting permission, the college will be requested to identify a mediator for recruiting potential participants. The interviews, which will be approximately 60 minutes, will be conducted at your college after a trial-run which will focus on the clarity and appropriateness of the interview questions and the interviewing skills of the researcher.

Nursing students are invited to participate voluntarily in the study, under the following inclusion criteria:

- Fourth year nursing students who have been allocated for more than five months at the City of Johannesburg (Region D) PHC clinics.
- Ability to communicate in English, have given consent to participate in the study and agree to the interviews being recorded.

Rigour and ethical principles will be ensured throughout the research project. On completion of the study, the research findings will be communicated to all the Primary Health Clinics, Chris Hani Baragwanath Nursing College, research committee, ethics committee, the

departments of health and their stakeholders. Furthermore, the data will be used to improve the quality of clinical practice.

I sincerely hope my request will receive your kind consideration since clinical practice is a process of growing to become a nurse and a professional and is an essential learning opportunity for nursing students.

If you agree, you will be requested to give your informed consent by attaching a signature and date on the consent form provided.

Yours Sincerely

B.M Zulu (Master's Degree candidate)

Supervisor Dr E du Plessis

APPENDIX I: CONSENT FORM

I (Full Name and Surname) _____ agree to participate voluntarily in the research. “Nursing students’ experience of clinical practice in Primary Health Care Clinics.

I understand the nature of my participation and know what is expected of me. I also understand that my name and the information I am going to give will remain confidential and that I have a right to withdraw from the research at any stage if I wish to.

I also give permission that the interview conducted with me by the researcher may be audio-recorded.

Signed at: _____Date: _____Time: _____

Signature of participant: _____

APPENDIX J: REQUEST AND INVITATION FOR CO-CODING

North West University

School of Nursing Science

18 November 2014

Dear Madam

Request and invitation for co-coding

I am a M.Cur.-student studying at the above university and I am asking for your assistance in conducting the following research project:

Nursing students' experience of clinical practice in Primary Health Care clinics.

The purpose of the study is to explore and describe, from a resilience viewpoint, the experience of nursing students of clinical practice and to formulate guidelines to support nursing students to cope with challenges during clinical practice in PHC settings.

Permission to conduct research has been granted by the Research committee of the School of Nursing Science and by the Ethics Committee of the North West University (Ref no: NWU-00036-11-A1) City of Johannesburg Region D and Chris Hani Baragwanath Nursing College.

I have collated data from four focus groups inclusive of the trial run. The interviews have been transcribed verbatim and the next step is to undertake an analysis of data. Rigour and ethical principles were applied throughout the research project. The method of open coding as described by Tesch (as quoted by Creswell, 1994:152) will be used to analyse the data.

The work protocol will include the following steps:

- Each transcript is divided into three columns: left column for interviewer and participant's verbal responses, middle column for categories emerging from the responses, right column for ideas that come up to mind.
- Read through all the transcripts first to get a sense of the knowledge described by the participants in their own words.
- Choose one transcript, for example, the shortest transcript or the one which is most interesting to you.
- Read through the transcript to acquire important ideas, re-read each transcript, and underline the words and phrases as stated by the participants.
- Group the underlined words and phrases into main categories, sub-categories and left-over categories. Follow the same process with the other transcripts.

- Finally, the categories, sub-categories and left-over categories are grouped together in themes.

It will be appreciated if my request is considered favourably. I am willing to e- mail the transcripts together with probable logistics that need to be undertaken.

Your kind consideration will be sincerely appreciated since clinical practice is a process of growing to become a nurse and a professional and is an essential learning opportunity for the nursing students.

Yours Sincerely

B.M Zulu (Master's Degree candidate)

APPENDIX K: FIELD NOTES FOR FOCUS GROUP (2)

Methodological notes

The focus group interview took place in a single rondavel separate from the clinic building used for HIV counselling and testing. The brick structure was cool and had a thatch roof with two windows, which provided cross ventilation, airflow and adequate light. A 'do not disturb' sign was placed outside the door. Six chairs were placed in a circular pattern including that of the researcher. There was no disturbance since there were two separate rooms for HIV counselling and testing. The timer used was visible and used to time the duration of the whole discussion. However, there were no restrictions or limitations. The recorder was placed together with the note book on the lap of the researcher, to record and take detailed field notes.

Observational notes

The participants came to the room at 11h00 as per appointment on 01 September 2014. The participants, five in number, a gentleman and four ladies, wore navy blue and white with name tags and blue stripes, symbolising that they are fourth year nursing students. Two female nursing students wore navy blue skirts, black shoes and stockings. They were all very neatly dressed and looked presentable. The participants were welcomed and told to sit down. They were all hesitant as to which chair to sit on except the gentleman who confidently sat next to the researcher on the right hand side and smiled. The four ladies looked anxious although they had seen the researcher previously. The researcher introduced herself to them.

Theoretical notes

After the introductions, the first question was posed. What does it mean to be placed at PHC clinics for clinical practice? The gentleman responded confidently that they had done much theory since the beginning of the year particularly with regard to PHC. The clinics now provide an opportunity to interact personally with patients so that one can identify patient problems, relate to them and provide a diagnosis. He further added that the clinical practice will give them an opportunity to learn more and provide better assistance to the patients and the community. Another participant said they could correlate the theory and practice so that they can observe signs and symptoms as well as how to manage the patient properly if all the symptoms are not discernible

APPENDIX L: TRANSCRIPTIONS OF FOCUS GROUP INTERVIEWS (AND FOCUS GROUP INTERVIEW 1)

Trial run

The study was undertaken at one of the selected PHC clinics in the City of Johannesburg in Region D. Five participants volunteered to participate in the study. The researcher introduced herself to the participants and explained the purpose of conducting the study. The anonymity and confidentiality of the patients information was explained to the participants. The use of an audio recorder was also explained to the participants.

Facilitator: Ok good morning everybody you are most welcome to this session. My name is Beauty Zulu. Ehm, I am here today to discuss with you eh your feelings, your experiences when you are allocated at the clinics, especially PHC clinics, eh, in the municipality clinics meaning the local government clinics.

Do you understand?

Group: (Yes)

Facilitator: Ok, sharing this information with me, is to enable me to help you to support and maybe help you with the challenges that you are experiencing at the clinics ne? Ehm this discussion, I think it will take one hour or so, there is no right or wrong answer, please tell me whatever that you have experienced, everything that you have noted at the clinics as you are allocated, please feel free, this is important, any point that you have is important. Ok eh, the information will be kept confidential meaning that I won't tell anybody about whatever we have discussed today except my supervisor and her name is Emmerentia du Plessis ne? She is at Potchefstroom University as I am studying for my Masters. Ok! So feel free to say whatever you want to say. Your inputs are very, very, very important ne? And then if you have any questions please ask. You are free to ask concerning what I am going to say and you have to know that during a research you are free to leave or withdraw at any time ne you are not compelled or forced to be in or part of this discussion ok?

Facilitator: Did you all sign the consent forms?

Group: Yes

Ok please do not mind me, during the discussing I will be taking notes and I will also be using a recorder, meaning that whatever we are going to discuss here I am going to record ne...And ya I am going to start if you do not have questions regarding what I have just said.

Facilitator: Are you fine?

Group: Yes

Facilitator: Can we start?

Group: Yes

Facilitator: What does it mean to you to be placed in clinical practice for your clinical practical? What does it mean when you are here at the clinic?

No1: eh for me eh, I can say it's all about learning and having experience in our profession, getting to be accompanied by our lectures getting to know how to do the right thing you know, getting to know how to use our ethical ligaments and everything equipment that we need for the right course, it's just about learning and getting to do that right.

Facilitator: Ok, may you please say more about what part of learning you are talking about?

No1: Ok when coming to talk about that we have specific outcomes as a learner or students' needs to achieve by the end of the period we have been allocated at certain clinics.

Facilitator: (Ok)

No1: Example if I am allocated at a clinic for EPI, child immunisation, I need to know what to use for child immunisation, the correct instruments, the correct procedure, the way of immunizing the children and know the way to give return dates something like that so by the end of that period, when I am allocated at the clinics and I need someone that can help me to get that, maybe sister in charge or my lecture accompanying me but then at the end of the period I need to be knowing everything in EPI.

Facilitator: Oh ok, what are others saying? What does it mean for you to be here at the clinic doing clinical practice?

No2: Ok for me it means hands on practice with guidance, because when you are at the clinical area, there will be someone supervising you and showing you how to do a certain procedure but it's not like in theory where you read something with practical then you are able to see someone doing that procedure. Do it and, eh and see if you are competent or not.

Facilitator: Oh ok, do you want to add

Group: No.

Facilitator: Ok according to me if I understood you well you are saying that at college they have taught you theory and now you are here for the clinical practice that you implement that you have been taught like eh!! The speaker has just said that eh, you are doing like immunization, he gave example with immunization but now the practical thing and I heard also that you need guidance from either your tutor or the staff at the clinic. Am I correct?

Group: Yes

Facilitator: Ehh, may you please describe your positive, supportive and helpful experiences during your clinical practice, like when you are at the clinic, your helpful and supportive experiences meaning? ok.

No3: Ok for me at the clinic I am right now I have experience of being supported by the staff, like they guided me in everything, especially when consulting a patient, there's always been somebody here for me to guide me tell me what to do, how to examine that patients and what to give the treatment, but again ok, I've...I've sometimes I would feel like some of the staff (ok) they treat me in a way that I am a stupid, stupid person like I came through that yesterday...It was not yesterday, day before yesterday I even cried about it, how I was treated it was actually a senior person on that day I felt like you know, what am I doing here if I am going to be treated like this? But it's not everybody who does that...some nurses are good to the students, and some they treat the students negatively.

Facilitator: ok will you like to say more like I heard you are saying that you felt like you are stupid ok, may you please tell me how you felt.

No3: Ok I will actually tell you what happened that day. Ok I was sent to go and fetch FDC, I have never worked in CCMT room and I have never seen the FDC because apparently they have changed the packaging, so they sent me there and so I thought I knew the packaging, when I got there I was like something different you know I did not know which one was it and I took this other one and this sister was shouting, shouting making me feel that you know that I'm worthless and stupid you know and she actually did it in front of all the staff and the other patients and I was really hurting you know but I didn't show that...I didn't show how I was feeling and then after work when I just thought about it and ok why is this happening and then I started crying but I spoke to another sister, senior sister was there and I told her how I felt and the next thing I started crying about it you know and it made me feel much better it just got me to chill.

Facilitator: Oh ok, what are others saying about their positive and supportive experiences in their clinic, do you feel that nurses at the clinic are supporting you including everybody that is working at the clinic, did they help as far as today?

No4: No mina, it is my first time working here at Green village last year we were placed at Snake park but it is also a PHC, so when I got here we never been orientated I came here first and then Max followed, then the sister in charge was not there so we were shown to the if there is no in-charge there is a second in-charge, when we got to her she just said okay you are students from Bara. Ok go to the EPI next door you will stay there until further notice, ok and we went there, that was it we just worked in the EPI. That was it until the in-charge came back and we went to her and told her that we are students from Bara, she said

okay "you will be allocated to the rooms", its fine by then we did not do theory so we only did what we were doing last year which is EPI and Family Planning. So we did not know where to go when we want something we had to ask other people and the other thing is we are expected here to push the line that is what we were here for, they didn't care even the clerks the general workers here. (Ok) the EPWP they will come with a problem that this patient has a problem of this and that and when you say maybe the sister is not here, who is supposed to supervise me and she went for lunch I have to wait for her (Raises the Voice) Ahh!!! what are you here for? Blah blah blah but I am s student I have to have a supervisor when doing something, no you have been here for long you should know this by heart now. And the other thing this shifting of sisters doesn't work cause they will come to say sister Tshidi from UBC is saying sister so and so should go to Slovo or somewhere and the sister goes, only to find that her staff is short, she is short of staff they didn't come to work. Now we have to work we have to push the line sometimes we don't even know what we are doing there is nobody to ask, we don't know whether we're doing something right. Or and if you go and ask the sister who don't have PHC she will be like, no I'm not involved there leave me alone, I am doing my ANC see to finish. So at the end of the day the service is very bad. We also don't have equipments, at the college they told us to buy ourselves the baumanometers the oroscope, we have our own. Then the medication, we are supposed to get medication there is no supervisor and then we see this patients and we diagnose we try to manage there is nothing.

Facilitator: Ok, according to me if I heard you well, you are saying that you were not orientated by orientation what do you mean exactly? What were you expecting to be done to you when you arrived there?

No4: I am supposed to be shown the building the clinic, ok tell me where is the kitchen is when is time for tea, when you need medication where there pharmacy is, when you want to get to the bathroom, ahm the office, the, the in charge's office that is where the family planning (kuthi) you have to be shown so that it makes your job easier, you want something you go and fetch it there you don’t go around asking where the pharmacy is, where is the kitchen, where is that, it makes your job easy so that wasn’t done we were not ehh, familiarised we didn’t

Facilitator: they didn’t familiarise you with the environment

No4: Yes

Facilitator: Ok, but how are you now?

No4: No now that we found our way to everywhere now we don’t know where we are going anyway.

Facilitator: ok I get you, please elaborate further on how can you be supported to overcome this challenges as you are saying that you were never orientated, eh like being shown the place where you are working eh there's no supervision, though others are saying that they got the supervision is good. So elaborate further on how you can be supported on these challenges, and what you wish.

No4: You know ma'am I think by being orientated you feel welcomed that's the thing to cut out of the line she was supposed to push but as an in-charge or 2nd in-charge she is welcoming you in a way, and then am… by having somebody, I am not saying they have to spoon feed us, no but then we examine the patient and then, I go to you and ask is it alright? Am I giving the right medication? Is that how we want so if you are not there to tell if it I have diagnosed correctly. Okay I do have my SB book obviously but sometimes ehh what I found on my examinations will not be the same as the sisters cause you have more experience than me. Then you'll be showing maybe you have omitted something because I remember the other day the patient came and she had a headache, eh with the headache we tried to probe, ok the headache towards stress and the patient wasn't like giving clear answers whether she has stress or not and then the book said we must give Amitriptyline from the drug cupboard, and then when the sister comes in (ok) I went to the sister with the Amitriptyline (ok) the patient came with the headache and I… the SB said we must give him (Raises voice) no! no! no! you were not supposed to give it, you give it, you only give Amitriptyline when the patient has got social problems like stress, she cannot sleep so, ok now I have done something wrong this is a drug…schedule 5, so I was about to give the patient, luckily that day the sisters were around. What if that day the sisters were not there I was going to give schedule 5 to a patient who doesn't need schedule 5 drug….so things like that eh like sister Tshosane said they don't need to be always there but just check that we are giving the correct medication.

Facilitator: what are other members saying about the point of being supported to overcome each and every challenge that you meet at the clinic?

No5: you know the supporting, I see the supporting, and they support us but then if there is no equipment it is hard to work as in supervision like we do in theory if you are taught examination, if the patient come or during the examination is critical but coming to issuing medication but if….

Facilitator: may you please tell me, when you say equipment what exactly equipment? Which equipment are you referring to?

No5: Thermometers, ehh BP machines, the medication itself, like there was a point when there was no medication at all the clinics, we had to write down the manual of managing the

patient without medication and the problem was that the patient didn't like because they, some of them did not have money to go to Zola some of them said they are hungry its one o'clock and some are so scared to go to Zola Clinic they were fuming at us like Yaa so..

Facilitator: Ok I hear you, but what I am glad about is that ehh! or rather what I can say is that I can hear that you have challenges like there are no equipment's, there are no tablets, there are challenges with the staff ehh, the attitude like you are saying so but, you are still here, what is it that that keeps you going every day, you wake up and go to the clinic.

No3: We wanna become professional nurses, that is, we are here for a reason. We are passionate about it, even though we have challenges, we try that is why we even buy our own equipment so that we can be able to function at the end of the day. With the tablets thing there's nothing we can do there we only refer them to Zola and if they say they don't have money or what it is, it's out of our hands that way.

Facilitator: Ok, but as you are allocated here, do you feel that you are gaining something? Do you feel that there is improvement in you since you have been allocated in the clinic?

No5: Because it is the first experience obviously, there is something new learning has to be there taking place

Facilitator: May I please know what you have learned

No5: Like I have learned how to (not audible)…..

Facilitator: With others you learned…….

No1: Eh, Ah fortunately I have to say that I am allocated at one of the best clinics ne?

Group: All laugh

No 1: Because now I assist them you know… they are there … I am doing HIV so like I know exactly how to initiate ARV's, on which patient and this is even a criteria, adult criteria the child criteria so that you can assess that ok this patient falls under this one, this falls under this one, she further explained bloods, their results when they come back (ok). You have to give this medication on this one, you don't have to mix…she further explained….and she gave me a chance so that I can work on that alone….so, so far my clinic I am having, I can never just complain and they are always around for any questions so…sometimes I do stupid movements, they don't even laugh, they don't get on my neck, they just calm me down, give a good direction, so far for me they are nice….but I am…

Facilitator: Ok as I am listening to you guys ahh I hear that there are also negative experiences and positive experiences, with the negative experiences how can we…what do you think can be done so that they can be changed to the positive?

No4: There should be a strong in-charge at the clinic

Facilitator: a strong what?

No4: A strong sister in-charge at the clinic who can run the clinic like eh… who's going to be able to have staff, make sure that there's enough staff, and equipment, there is medication in the clinic, we have baumanometers but we don't have batteries. They can buy batteries for the baumanometer, so if we can only have eh sister in-charge who is ready to be in-charge of the clinic.

Facilitator: According to my understanding you are saying that you need a good leader, a good supervisor, a good in-charge so that!

No3: Because it starts there with the in-charge, then it will go to the sisters and other junior staff members.

No1: I think also if there can be someone to specifically be allocated for students, we understand that we work at the clinic it gets over crowded, yes we have to help them out, but each time of the day there should be someone with the students, making sure that they do the exact thing, they do the correct thing and incorrect procedures so that they should be better for them to work around, there must be someone they cannot be left alone and do everything Yo!

No5: Ya I think eh somehow…like we associated ourselves with one of the sisters she is … if you have someone the thing is not to push the line but to assist the students the aim is not to push the line but to assist the students…we gain confidence

No4: It's like me and Meshack at the clinic we chose that person so to be in-charge of the students. We chose him for, even though she doesn't know that we chose her, because she is interested in teaching us she is always there so we just, it is like we choosing one out of 7/8 sisters who are here we don't like them, we don't like her but because she is interested…

Facilitator: So if I am getting you right the person, the professional nurse was not basically allocated to you, you are the one that saw that she is friendly and then you associated yourself with her?

No4: It's not the matter of being friendly, we are not here to make friends we don't want them, we want them to teach us, we want them to help us so that learning can take place (YA!). She is not friendly you know when you borrow a stethoscope from her, she says no, it's no, it's her but when it comes to patient and teaching she is there.

Facilitator: Okay what are the others saying?

No2: My strength of municipality clinics I think is that at the very municipal controlling the clinics because it was in the clinic I worked, they are very short staffed and it's like they are narrow minded, if you work in TB you should work in TB only, if the sister in ANC is not there, it's not her problem she does not go she does TB so then, there is no comprehensive health if that is the case, it means that I am doing ANC and I am not there, I am sick, there is no ANC at the clinic, so when we as the students when we come to the clinics, there we are loaded with patients alone because (pause)…if the ANC sister is not there who will be doing ANC and eh, and the other sister will be in the next room maybe doing IMCI she will just come and say, eh you will shout if you need help, but at the ultimate end you are working on your own without supervision, with my clinic there was no problem with medication and whatever and the only thing is that eh, most of times there won't be someone helping you or teaching you, because the only thing you are there to do is push the line if you are doing EPI, EPI and then you are done, and then once you are done with EPI, then you will have to go to the triage and you know you just pushing the clinic so that people will go and then there is this issue of support staff who will be doing nurses jobs like for example in EPI the children who come for vitamins by the .. (High Voice) someone who will be controlling the line or a cleaner will be giving the vitamin A, weigh the baby and give them the return dates and you don't know what is happening. She is doing it fast next, next, next, she will be telling you that you are slow then you don't know what you are doing (simultaneous talking), so the support staff there are nurses.

Facilitator: ok

No2: Even in triage you will find them doing BP, they do urinalysis, you know, you don't know whether they are training or what, they do everything they do pregnancy test, whatever so you just have to deal with whatever you want to deal with, so it's about the staff…shortage of staff. That's why I am saying that it is from the municipal should be the one going to the clinics and checking if they're got enough staff and even unit managers and operational managers sometimes I don't think they do analysis because there was a time when we were new to the clinic. 2 sisters were on leave, 1 maternity leave, 1 sick leave, there was no one at the clinic, and the operational manager ends up going and doing IMCI somebody go and patch themselves because she authorized leave for 3 people at a go.

Facilitator: Okay, do you mean also that the operational managers themselves are not organised?

Group: Yes!! (Loud voices) including the staff.

No3: The problem is right there (pointing upwards) twice

Facilitator: I get you guys.

Group: Ok, a laugh from number 5.

Facilitator: Can you tell me why you are laughing?

No5: Explains why he is laughing but not audible.

No2: And sometimes when it comes to vital signs, like they don't have enough staff and those people helping them with the vital signs are not there, they take you the students, you must do BP, you must do urinalysis, you must weigh the child, and must even give the supplements, give the dates in the very same room, and you will stay there until 12 o'clock in the morning and you haven't you know, you haven't done anything that is related to your learning outcomes, you understand?

Facilitator: That is where I was going to, you know when you are here you have your objectives or your outcomes do they ask about them or do they check them or when you look at the skills provided, did they add the objectives or the learning outcomes?

No2: Okay the supervisor did ask about my learning outcomes but when there is a shortage they forget about them, they just forget about them…they will say you can go to urinalysis, you can do BP, weigh the children and all that, but they do, they know them, they know and understand them.

No3: It's like they see students, sister eh, they are so glad we gonna patch their holes, there are too many holes we just gonna patch, patch. They become so glad, I cannot come to work for the whole week, and the students are there.

No2: The absenteeism rises when there are students it increases they are there you will see them, the week you are there you will see there is 8, next week you are still there then they are 5, where are the others? The other one is sick, someone is doing whatever so there is always someone who is not there because for example, we were doing EPI, and we are told that EPI is done on Tuesday, Thursdays and Mondays so when its Friday we were supposed to do ANC and it was not on the community outcomes but we did it cause it means that if you are there for EPI only and on Wednesday and Friday you can't just leave so you end up doing what you are not supposed to do.

Facilitator: And how does that make you feel? Because according to the… eh, package of services PHC package of services it says that the services should be acceptable, available meaning that they should be available everyday (1 adds to the words). So how are you, what's your opinion on that?

No5: But then how they be available everyday if there is a shortage? It's like we need … so if there is no availability of staff…..

Facilitator: Do you feel that there's no availability of staff or unavailability of staff correlates with absenteeism as well as said before?

No3: There is absenteeism and also there is a shortage.

No4: Like they don't realise that at all in the municipal clinics so eh, if ...you are an all-rounder, if you have PHC, you can do IMCI, then you'll be sitting in the slot, every time if there's a shortage you've got PHC, Midwifery you go, tomorrow you are doing PHC, tomorrow you are doing IMCI, you do Nimart you are initiating the next day, so if you are able to do everything you will be overloaded, you'll do everything, but the funniest part . Some people chose not to do HIV or that so that even if the HIV sister is not there I can't do it I don't know how to do it.

Facilitator: Ok so do you mean that other professionals are not prepared maybe to go to school or to learn about some eh, conditions so that they must avoid doing that?

Group: Mm, they do say, (other members nodding their heads) it's for comfort, they tell us, and yes they didn't go for PHC they are avoiding that.

No1: Actually no one want to be overloaded, they don't.

No4: But we have to be overloaded, because when she is doing that even though she knows IMCI cause I remember the other day, there were no sisters' there was a sister who was doing ANC also knows IMCI so the patient came in weeping, this patient is very sick look at her we went to the sister and she was like no, no, no, no, no, I've got pregnant people waiting for me here...so they are telling themselves if I was told I should do ANC that's all I should be doing.

Facilitator: so what did you do about that?

No4: Eh, we called the second in-charge, she was here on Fridays. She is initiating eh Haart, so she doesn't do PHC she only initiate, so she was the only one who was there so we went to her, so she made us clear, she left her patient whom she was supposed to initiate and then she helped us.

Facilitator: Okay I hear you, concerning the working hours how do you feel about the working hours? Because 07:30 until 16:00, the tea time, the lunch breaks, do you have access to that, do you go on time or what's your take on that?

No3: The clinic that I work in we went to tea when we have pushed a lot of patients because I feel that the patients come at 06:30 - 07:00 maybe earlier so that they would be on time, so

if I see 2 patients then the ten o'clock then when I can say I am going for tea, we push until 12 until around 12 and then we just take lunch, and then come back and take care of patients.

Facilitator: Meaning that you care for the patients?

Group: Yes

No2: Lunch breaks and then you are seated there; you don't know if they are coming back or not.

No5: Waiting time...

Facilitator: Can you elaborate on that; I like that, the waiting time.

No5: (laughs) it means that if the clients … it's the time that they wait from the clerk has to be between, so we try.

No4: by sacrificing our lunch we sacrifice our lunch especially tea

Group: We never go for tea, tea is really a privilege kwa-Maspala

No5: Not audible

Facilitator: Now that you have mentioned the six priorities, how are others feeling about that according to your experiences, are the six priorities considered? And how far are they according to you or your experience in the clinic?

No4: Here the availability of medication and equipment is a problem and I think that one is more serious because patients came here for that treatment, so even if you can reduce time without medication it's like you did nothing.

No5: I think the number of people like the community…. Ya!

No1: So there is no enough supply of medication and coming to think about that the people from the community they entrust their life in nurses then when they come here they tell them something there's no medication it's just worse that priority is just not achieved.

Facilitator: Which priority do you think it has been achieved or maybe the staff is getting to reach it, is fair with other priorities?

Group: The cleanliness, (Laughs) it's very clean.

No3: The attitude

Facilitator: What about the attitude?

No3: Eh, they not giving them, clients like bad attitude, they always try, even sometimes it won't be easy cause there will be that one but most of the staff their attitude is good, they are here to help the patient.

No1: There will just be one from all of the bunch that's just giving.

No2: Even though the patients have an attitude towards the nurses.

No3: They always fight

Facilitator: May you please say more about the fights.

No3: The patients they are the one who are giving us problems, they come, come half past five to the clinic.

Group: (laugh)

No3: The clinic opens half-past seven. They come half-past five to the clinic all outside and they'll be complaining (raises voice) we've been here half-past five, I am hungry but its written on the board that the clinic opens at 07:30 and you will find the very same patient coming at five past four. When you are about to leave with an attitude.

No1: And they will tell you their rights.

No2 + 3: Mm, it's our right because the clinic closes at four, so when……

No4: I'm in the clinic five to 4 it's not closed you should help me.

No5: Ya, that's the other problem I've heard that the professional nurses they are not being paid for overtime they knock-off at 4 but the patients will be here at half past 4, 30 minutes and about 12 patients left and you told them that over 30 minutes time is that you finish all the remaining, you have ones that are coming but if the clerk, but if the clerk refuses to clerk them they will complain that we close at 4. Ya, so how can I refuse you don't have patients, then when its 4 o'clock you take your bag and then you'll leave they complain again and ask how can you leave, I think that is the biggest reason why… patients know their rights, they don't do their responsibilities of patient cause they come in late.

No1: So the problem is external and internal twice.

No2: Mm.

No5: It's more about us but if the community is not taught about how we are working? …

No 1: I think sometimes it can be very much better, some people like going out and addressing the community how best …they don't just understand.

No3: No they are being addressed (twice), by the community members but they are still doing it.

No4: Ya, because the day before yesterday the sister had a meeting with the community members, eh, maybe they inform the community members, to go and tell them.

Facilitator: So you are saying that eh, the community or most of the community just have a bad attitude.

Group: Mm, yes most of them.

No4: What I have seen is that people outside don't like nurses, they always have bad things to say about them, they are looking for a problem, where there is no problem, and they just want it.

No3: Let me tell you a story, "they are bitter". A mother came on Monday eh the baby was diagnosed with tonsillitis, so we didn't have eh Pen VK syrup, we had tablets, so because of the strength is the same we gave tablets and advise the mother to crush them and pour multivitamin so that she creates, her own syrup, (Raises Voice) on Monday the father came galvanising eh, I have asked everybody why you are giving a child tablets, where have you seen that happening and no, but Baba and he is carrying the syrup, he had a syrup with him so to us it seems like last week the mother went to another clinic and they gave her the syrup and they only gave the child to only 3 times, and then on Monday this mother came, it's like they were expecting the child to be healed like quickly for 2 days with that syrup and it didn't happen and when he came here she was given tablets but it says Pen VK.

Facilitator: Ok

No3: And then it was like I am taking this to I am taking this forward, taking phone numbers eh, but it's like we did everything right and we wrote for the mother, the mother understood that she should try them, there is nothing wrong with that give to the child, "athi" the child is getting worse, we said yes, the child is getting worse because you are not giving medication, that is why the child is getting worse you are putting people forward then but your child is sick, but so it's like we giving clients attitude now, so what if we said the mother waited for an hour, and no mama there is no syrup there is nothing we can do for you.

Facilitator: You feel that you have done something?

No3: We did something, so they don't appreciate.

Facilitator: OK

No3: Ok, I was like that when I was laymen also, so now I understand because now I no longer, I know now how.

Facilitator: Ok according the infection control and the safety how do you maybe think that the clinics are at or according to your experiences re the critical issues.

No2: Okay one thing that I have noticed, they don't have sterile gloves they only have the loose ones, so sometimes you find that the patient comes or maybe has been transferred from eh hospital or district hospital to come and been eh! to do the dressing at the local clinic, you have to take out the bandage and everything and you must use the sterile gloves too as this is a sterile procedure, we don't have sterile gloves so I don't know how do we prevent further, how do we prevent infection.

Facilitator: Ok.

No3: Because we don't have the dressing room,

Group (they all laugh)

NO3: even the gauze and the swaps they are not sterile, so sterile procedure are a problem.

Facilitator: So sterile procedures are a problem ok, I have learned that you talk about shortage of staff, eh the relationship between you the students and the nursing staff, unavailability of resources or equipment, I also heard your challenges, so let's move forward what is that do you think can be done to improve, so that you as students can be supported and like we have been saying.

No5: Like we said before, like we have been saying eh like the in-charge, I don't know how can they communicate with the college but there should be clear communication between the college and the clinics that if you come and you are supposed to do 1, 2, 3,4 and then.

No1: There should be clear instructions, Ya! they should understand that we are not here to push the line, we can push the line but then we need to be equipped at the end of the day.

Facilitator: So if I get you well you are saying that there should be clear communication between your college tutors and the management at the clinics?

Group: Yes

Facilitator: ok what else?

No1: Another issue again is that there should be someone at the clinic allocated for students to ensure that they achieve their objectives.

No3: And the attitude of the person should be positive and therapeutic

Facilitator: What do you mean by therapeutic?

Group: Laugh

No1: The therapeutic attitude is one that can put you at ease, that is welcoming that you are free to can ask questions and you are free to make mistakes and be corrected

No3: And also that person wants you to pass, so its therapeutic, she doesn't have that dirty mind of the environment should be conducive should be equipped if they tell you there are stethoscope I should get a stethoscope at the clinic so actually I am not supposed to be buying auto scope for myself but because of the passion we have for nursing, we buy it.

Group: We buy it

No4: And permanents they don't have autoscopes for themselves at the clinic, how are they working here? (Raises voice!)

No1: The environment should be conducive and well equipped.

Facilitator: You have mentioned that there should be good relations between the college and the clinic and there should be someone specifically allocated for the students at the clinic and the environment should be conducive in such a way that it has eh equipment's available like stethoscopes as you are saying. What other things can you think about?

NO 2: Training essentials especially you know with HIV, HIV is everywhere if you go to EPI is HIV, if you go to chronic is HIV, so all professional nurses should be trained to initiate so that we don't have a problem of saying, Itumeleng is the one initiating; he is not here, so what about the patients who are here and need to be initiated, we must have one person doing TB, why don't people be trained? so that if I am not here, the next person can take over, so that we could help the people (comprehensive care).

No1: there should be rotation

Group (rotation!!!)

Facilitator: Come again?

Group: Rotation, there should be rotation.

No2: This month I am doing PHC, next month I am doing EPI.

No4: It's gonna help the students, it's gonna help them to be exposed to everything.

No5: Because hopefully if there they were rotating every month the only one who was not rotating is the one doing EPI because she was not counted she was a contract there was someone there, it was very effective because you could...

No2: The one thing we saw about the clinic, the in-charge there was there sister physically and emotionally, she was there (repeats twice) if you had a problem (emphasising with a fist) she would get to the bottom of it why is there a problem, so that where, that's why we are saying that the foundation starts from there, if shaking then everything just collapses.

No3: And again if there is no rotation at the clinic eh the "ga twe keng" (tswana phrase for "what's that"?) Patients they get used to the sister to that extend that if happens that, that sister is not there you are there as students they give you problems.

Group: laugh Yoo!!!

No3: I've seen it, (repeats twice) now we have this sister that is doing the chronics, chronic conditions and now she is leaving she is going on leave.

Facilitator: Ok

No3: And she is telling them, guys I'm going… no we don't want other sisters we want you.

Group (laugh)

No2: And she likes that when they say we want you.

No4: She is enjoying it, hearing that she is enjoying it as she is saying they like me.

No1: Now it's a problem

No4: And now it's gonna be a problem, when there's another sister, you know this old ladies eish, I don't know, if rotation is there then they don't have to get used to her they must know their boundaries, cause some they don't have boundaries.

No1: it's gonna be a problem.

No4: They even tell you what to do, what to give to them because now, I want it again it helped me.

No1: That sister gave me this now I want it again it helped me.

Facilitator: So you are saying that clients they dictate to you what you should give.

Group: Yes

No1: Which is very not on,… now you should give me this this.

No4: And they will tell you about the previous sister, no that sister she used to give me that one, too.

No1: Now you should give me this

No3+4: And "wena"(you) that time you don't see the need

No5: Not audible

No1: They even call them by names

Facilitator: So do you mean that clients are also aware that you are students.

Group: Yes

Facilitator: So how do you feel? eh, ok you are a student, you are here and then do, do you feel, how do you feel if the client are, do you feel that they are... Or maybe degrading you or undermining you?

No1: You feel like you are really not doing your job, that thing discourages you to a sense that you question yourself that I'm not doing enough? Or I don't know what I am doing? I mean what I expect when the client comes to the clinic she needs help, medical help, medical attention and I don't even understand the fact that they go there and ask for a sister, ask if they will get help or not.

No2: I feel like they don't trust us, ... others say we don't wanna be your ginney pig I want to learn this procedure from you me? no, no, no, no.

Facilitator: Re that issue what do you think can make it better? What do you think can improve that the client cannot be undermining you? What is that, that can be done to avoid that?

No5: You know like from us, nothing can be done, like I think the community know that they need help and they need to be involved.

No3: We are not born sisters, everybody, we all learn, we come from somewhere, you can't just say they need to understand.

No1: That's why I was saying I think that there should be someone specifically so that she send that message out to the community, you go there, there's student nurses that you will find they are doing the job and that they are trained it’s not like there are there with the epilates no you are trained to do that, but we need practice but they need to entrust us with their lives and give us confidence.

No4: It’s even worse when you use the SB manual. Yoo! (Exclamation)

Group: Laugh

No4: It’s like you don't know anything.

Facilitator: So what I am getting from you is that when you arrive at the clinic there should be a person allocated to supervise a student and also maybe tell the clients that, there are students, they are here to learn, we are going to supervise them and then we are here to ensure that they do the right thing.

No3: Like the health promoters should do that in the morning when giving health education.

No4: Because in the morning they always give health education.

No1: I think it is important for the community to have confidence in us, even the sisters should be involved so that the community can be educated you should be confident in this people they know what they are doing but you know what.

No3: In my clinic they do that, the sisters like if I am with the sister in the consulting room, she says to the client "this is the students she is here to learn and explain"

No1: Then you can relax

No5: (Talking voice not audible)

Facilitator: Ok, are there any questions this far?

No2: So after this there's gonna be any improvement, we are being interviewed.

Facilitator: The interview was done specifically to improve the clinical, your experiences in the clinical practice as I've

said before when I started, that they may help in eh, maybe eh coming up with new from your inputs, that is all about, whatever that you have said that is why I was asking how can they be improved I am going to also give feedback at the college, I am going to give feedback after the whole research at the clinic so there has to be improvement research is all about change, yes.

No3: It's like they must not get this wrong, we are not saying, we are not complaining because we want everything to be the way we want, we have to face challenges so that we grow but then, those challenges, I wonder what I was doing in this eh, course anyway why did I become a nurse if I am going to come across things like this the challenges have to build us, we have to grow from them, not brake us.

As students we cannot voice anything as of yet we are afraid of a lot of things, they shouldn't get the massage wrong, it's just that things have to be done right.

Facilitator: So, that I learn from you it's that you have met challenges and it's normal to get challenges from the course but the challenges must not affect your studies?

Group: Yes

Facilitator: That's what you are saying? Oh ok. And it doesn't mean we hve to affect your practice that's even if you are at the clinic It's just that the impact of that must not be to such an extent that you are now feeling that you can't…(you giving up)

No2: Giving up…ok left me just knock-off what is the use of me being here…

No4: You should be interested to stay the whole day because you know this is there and you saw it like so if there is no solution at the end of the day.

Facilitator: Ok meaning that the challenges that you are meeting should be tolerable or can be solved.

Group: Yes improve.

Facilitator: So that you can remain and grow in this profession as you have grown?

No5: We know that something, something's like there are things that need to be… if there's certain measures to solve the problem why not solve it. Eg. The sister does the packing eh, she orders but then she (wat tog) orders (thank you) then there is this transport who is supplying the whole municipality but they will be like days you don't see them there is no medication but there's an order but there is no medication, so the problem outside, so that things should be solved…you should get to the bottom of why is the transport not delivering actually why?

NO5: Not audible.

No3: So those are the challenges that need to be solved wa bona (you see) you can solve them, so if there's something that cannot be solved like the father who came with, we were taking you forward (high voice) you cannot solve that, you just wait for the lawsuit then you can defend yourself because you cannot change that, other things can never be changed and can make eh, things go flop at the clinic for the being.

Facilitator: Eh, from my side I think if there are no further questions or any concerns or additions I would like to stop here. Is it fine with you?…and what I like to quest from you is that eh maybe next time if I need clarity on other issues I will come back to you is it fine with that?

Group: Yes (others nod their heads)

Facilitator: Okay I regard this session closed thank you very much…ok.

Group: Thank you.

FOCUS GROUP (1)

The focus group interview was undertaken in one of the selected PHC clinics. Five participants volunteered to participate. The researcher introduced herself to the participants and explained the purpose of conducting the study. The anonymity and confidentiality of the patients information was explained to the participants. The use of an audio recorder was explained to the participants.

Facilitator: Good afternoon everybody

Group: Good Afternoon

Facilitator: You are most welcome to this session, our first session. My name is Beauty Zulu, I am here today to discuss with you, I am doing research and I am studying at the university of Potchefstroom as a masters student, eh today I just want us to discuss, like I want to hear from you your views regarding your clinical experiences when you are here or when you are allocated to PHC clinics. OK… and sharing this information with me will help to support you as nursing students to overcome challenges that you have experienced during clinical practice at PHC clinics, please involve any PHC clinics especially for the municipal clinics because my research is based on municipal clinics, ok is that ok? Do you have any questions so far?

Group: No

Facilitator: Eh this discussion will take 1 hour eh everything that we are going to discuss here is very confidential neh? Meaning that it will be between you as nursing student, myself and my supervisor, her name is Mrs Du Plessis she is at Potchefstroom, she is my supervisor so she is going to listen to the recordings and she is the one who is supervising me in my studies. There is no wrong or right answer in this discussion everything that you say is correct, it‘s about your beliefs, your experiences, your feelings regarding clinical practice. Please feel free to voice out any ideas you have in your mind, because every single information is important, ok?

Facilitator: Do you have any questions or are you still okay?

Group: We are still okay.

Facilitator: During the discussion I will be recording the conversation and I will also be writing notes, is that okay with you?

Group: Yes it’s okay.

Facilitator: Please note that you are allowed to withdraw at any time like if you feel uncomfortable you can just eh go out and leave us with peace neh?

Do you understand why you are being interviewed in this session?

Group: Yes.

Facilitator: Are you happy?

Group: Yes.

Facilitator: Have you all signed the consent forms?

Group: Yes.

Facilitator: Ooh ok, and another thing that I need to tell you is that if you feel like you are depressed after the session, please talk to me, I have arranged counselling for you guys, so if you need it it's there neh, so that you can be counselled if you have all signed your consent forms and if you want me to start we can start, if you have any questions you can ask.

No5: You can start.

Facilitator: I can start, please feel free and please make sure that your voice is audible so that everybody can hear neh? Eeh what does it mean to you to be placed here at PHC clinics for clinical practice? Like you are being here you are allocated at the clinic, what does it mean to you? What are you here for?

Silence!!!

No1: Eh, being placed in a PHC clinic I think we are here firstly to reach our objectives that were put forward to us when we were at college, according to the syllabus and also to gain as much knowledge and experience as possible so that at the end of the day, you have, you are able to nurse a patient or diagnose and treat whatever minor ailments we find in the community.

Facilitator: Okay what do others say? What is the purpose of you being here?

No2: The purpose of me being here is basically to combine my theory and my practical because somethings theoretically they seem easy but when you practice them it becomes a totally different story, so now for me to be here it allows us to match both practical as well as the theory.

Facilitator: Okay, is everybody fine? Do you want to add?

No3: Okay, eh to add on that I think also we, we actually taught from a hospital setting straight into our community where they can reach for being treated within the community not having to travel far to get treatment, where they are just able to walk by and come and

maybe to eh I think to reduce also for people who still work for the community as we are part of the community.

Facilitator: Oh okay, so meaning according to you if you are placed here at the clinic for clinical practice you are here to help the community? If I get you well.

No2: Adding on that also part of our objectives from the college and also to help the community.

Facilitator: Are we fine?

No4: I think they have said it right but in addition I think it also helps me personally mam, maybe to understand the community and their needs and maybe to come with ideas on how to improve, to help the community.

Facilitator: Okay.

No4: Ya! I think it helps ya!!

Facilitator: Okay, are we happy with all that?

Group: Silence.

Facilitator: Okay, Please describe your positive and supportive, helpful experiences during your clinical practice at the clinic.

Facilitator: Your positive, supportive and helpful experiences while you are being allocated at the clinic?

Silence!!!

Facilitator: Okay

No5: Personally the positive experiences that I have had is eh the staff here is very welcoming and they are willing to support and teach where we lack too, they are always there to make sure that we fulfil school objectives that we are supposed to cover, so…so we have full support and is very welcoming and, and overwhelming sometimes, so (he laughs)

Facilitator: Okay what do you mean by overwhelming sometimes?

No5: Eh in the sense that by the time something you don't expect in a, because from the past experiences that we've in other institutions you expect eh, not so supportive environment and ya, because there is always conflict now and then between the staff, where ever you are allocated in terms of student and who is not a student wabona (you see) like staff, there is always conflicts but here you feel like you belong in the same profession in a way.

Facilitator: Others, do you have any inputs regarding the positive supportive and helpful experiences during your clinical practice?

No3: I also think to add on that because its, they are smaller unlike in the hospitals, we've got a lot of staff members with different personalities clashing and whatever because they are smaller, they used to being together, they are much warmer to students rather than in the hospital and they treat you as if they know that you are learning but they want to push as much as possible for you to be able to ask questions to explore, because that is the only way you can learn. Is to explore since nursing is practical its not basically theoretical my belief is, so they push you to say what you think this is or what you think that is, so don't you think you know they will lead you until you guys find a solution to help that patient.

Facilitator: Okay, others what are you saying about your positive supportive experiences?

No1: I think earlier on what she just said in terms of pushing us to explore, they also allow us to be independent because at the end of the day when you are out there as a professional nurse, they unlike being always eh, spoon-fed towards eh what she said about pushing they still want us to master the ability to look for things and find things on our own, it's the sense of finding dependency and in that way you get to explore as she said.

Facilitator: Okay now you feel that you are….

No2: We can do it now, ya!!

Facilitator: Okay others what are you saying? Any positive, supportive or helpful experiences while you were here at the clinic?

Silence!!!

Facilitator: Okay I think they have said enough ne? really?

Group: Laugh

Facilitator: Please elaborate further on how you can be supported to overcome challenges, that maybe you have experienced in the clinic?

Silence!!!

Facilitator: I think maybe you have been allocated here during your practice you come across challenges eh maybe regarding the staff, regarding the equipment, regarding anything that you have experienced, so how can we help you or support you to overcome those challenges, whatever challenges that you met.

Silence…

No2: Eh, So far what I have experienced I will make an example, like eh, in this clinic ne? they do not offer school health services so it's one of our objectives to do school health services, so what happened is eh okay that the manager, school health services is not here so what we going to do, so she said organise with whoever you can organise with, I will also find somebody, or if you find somebody who is going to help you with school health its fine, on that day or whatever day you decide to go to school health you can go and do that, so I think in that way since you realise that okay there is no school health service it's a form of helping us to reach our objectives since we do not have school health services in the clinic, so in saying that I can say she was not like narrow minded. Okay we do not have school health services you not gonna take our time and go somewhere else in the clinic to do whatever you want to do, fulfil eh your objectives only the ones that are not here, so at least she was broader minded to say ok its fine you can find something and that's where I think she was supportive.

Facilitator: If I get you well you say that there manager here was very supportive in terms of you achieving your goal in terms of school health services because it's not available here at the clinic

No2: Yes

Facilitator: Others what are your experiences which you need to be supported in order to overcome the challenges?

Silence!!!

Facilitator: There are no any okay?

No3: I think one of the challenges I would say attitude but eh, but the patients here, they, they tend to expect miracles you know, lemonade from apples or something like that, and most of them they come here to get help yes, that I get but sometimes when you say this is how you are going to be helped, get an HIV test do this, do that, some I notice some of them just walk out, and they don't do that for you nor they don't have that sense of ketlareng (what can I say) they don't have the sense to say this is my life I need to know what's happening with it you know? So that I can cause a lot of them, yo! They get very negative in the consultation room and they just walk out and shut the door and stuff like that, I think there should be a support system for the sisters that work here, a true support system to say what you do with a patient or a client who decide to be angry with you one minute you try help this person but they decide to be angry for whatever reason, you say to patient this is how it is, he says no this is how it is, they always got to say excuses, but give reasons why they can't do this for their lives or or they can't do this for this and staff like that.

Facilitator: If I get you well you are saying that the patient has been here at the clinic knowing their rights but don't want to take responsibility for their own health in terms of getting tested for an example as you said, in terms of being told what to do, they don't want to be initiative.

Learners: Yes.

Facilitator: Oh okay.

No1: They don't want to be initiative a lot of the time and sometimes you would wish to force this person to do something so that at least they can live a better life, to get a better quality of life but they have got their rights you can't do that.

Facilitator: Ok I heard you saying the staff here could get a support system; may you please elaborate further on what you are thinking?

No3: I think the other challenge is eh they are doing for example one sister will be putting in implants at the same time she has got chronic patients outside waiting for her to get their medication at the same time, you know they need to be supported, they need eh you know something to say at this point in time, you do this at this point in time and then you do this and at this point in time this, because its hectic in one section and they leave what they are doing to go help in that section.

Facilitator: mmh

No3: And if its hectic in that section they need to go do that, so they need to be supported to say, for example if you are going to be doing this one thing, do it finish it, you now give the patients the time that they need but you can't do that if you are in the consultation room with the patient. No there's somebody who needs to do 1, 2, 3 to get an implant for example, you must leave that patient put in an implant come back now, the patients are now many you could have seen so many patients as well, I think they need to be supported in their duties that they do, so that they get to do them thoroughly and finish doing them.

Facilitator: okay regarding that issue with you students how do you feel? Were you.. Was the treatment or the situation the same for the permanent staff like you students?

No3: I would say that it was the same.

Facilitator: It was the same?

No3: It's not that it's something special, it's just that you help as much as you possibly can, to do as much as possible can but you see we students, somewhere somehow you get stuck and you need to ask for something and the sister you are allocated with is busy doing something else, you need to get out of the room, you now go there and ask while she is

there doing something else, then she says 1,2,3,4,5 that running around going back doing that thing again, you see two more patients and you get stuck again now you have to get up again and go to the other room, sister, 1,2,3,4,5 *kgutla gape* (come again) and do that thing, it's time consuming.

Facilitator: Now I get your point, re the supporting of the staff because it also affects you as students in terms of supervision and eh I don't know what others are saying.

No1: Regarding that issue as well, with the support system I think it is also the shortage of staff and the skills also required by the staff, you get that a certain sister has a skill that most of the rooms require but its only one sister that can help, so I think that most of the problems here could be the shortage, I think they can manage the shortage with per room having a skilled worker who will be there to assist everyone the same like at that moment. A person who will be working at chronic then (*a ilo etsa)* goes to do an implant I think that, that person has to be allocated for family planning, at least to be more equipped with the skills *tsa di* (of)implant then (*Leya gona ho pusha line*) you can push the line for *di* (the) implant then finish at that point, so whilst the person who is concerned with chronics we should help all the chronic people to get medication, to go home satisfied, because it also brings us to the attitude (*ya di*) of the patients ,they get to be eh, attitude eh (*ba ba*)(they get) negative because they wait for long when the sister is supposed to give them the medication under chronic is busy with family planning and you get most of the patients they are elderly, you need to understand, elderly patients they are not very patient, they need their medication now, but when they are inside the consulting room they want to take out all the problems they have knee aches, but whilst they are outside they say the person take time in the consulting room do you understand but if it is their turn they want to express everything as well.

Facilitator: Okay if I get you well now the support adding to whatever the colleague have said that eh the problem is the shortage of staff and other professional nurses are not skilled to perform other duties so, that causes clients to wait and they end up shouting and having a negative attitude because they don't want to wait for long.

No1: Yes

Facilitator: Okay okay are others going to add on that?

Silence…

Facilitator: Remember we are still on elaborate further on how you can be supported to overcome the challenges that you have experienced.

Silence….

Facilitator: So the silence tells me that, there were no eh challenges that were, the challenges where not being.

No4: I think we do have some challenges, some of the patients I think they lack information, so we need to educate them and the other thing, what I have seen some of the problems are social problems so when they come they are not offered maybe that emotional support, so we end up maybe shouting at them and then they end up not willing to come to the clinic, by doing so they default the treatment, so I think it's a problem to the patient. (ya)

Facilitator: Okay, in terms of the support that you need, eh is there a possible way maybe you can include your, maybe the person who is supervising you clinically at the clinic or maybe you think that that is the problem of the clinic only?

No3: The person who is supervising us from college, is not only this clinic that she is under her, so if she can come here, she is fine but there is going to be one clinic which she doesn't go so I think with that the challenge is that there is so many students and so many different clinics, all a few kilometres away from each other so she will have to go to this place drive from there to this place, drive from there to this place, drive from there to this place, I think that is the challenge that they have.

Facilitator: mm

No3: We would like it to have more you see the clinical tutors a little bit especially maybe before the exam, you know we going to be doing summative the following week, we would like to have that person coming in reassuring you, helping you with the skill whatever problem you have but I think because of the challenge it's not always possible, for it to be done like that.

Facilitator: Okay

No1: I think also on that one, we will say that having somebody to help us from the clinical setting I think it's also possible maybe in our clinics they can allocate a sister who will be in-charge of the students, who will liaise together with the lectures in a sense that if its quiet like this she can call us and say okay today which are cases which are most interesting and we can then discuss it and then, he or she can impart some skill into us in a sense that if something, maybe having a problem can actually reach out to the lecturer and actually discuss the problem and so that at least *(le rona re be le*) we should have a sense of being at ease. *Ya re sa ba* Yes, so that our anxiety levels (*di sa ba ko hodimo*) should not be high when preparing for our exams.

Facilitator: Okay what are others saying? With the issue that's being on the platform presently of having eh maybe a professional nurse allocated specifically for students who will liaise with the tutor, the clinical tutor at the college, how is your take on that?

No4: I agree with them because most of the time we are not maybe given the time to maybe to educate us ne for everything, we are just maybe pushing the line and then after will, after that then we have to go without maybe not having like for the details the conditions and all the things.

Facilitator: Okay may you please tell me like you said you are pushing the line ne and you don't sometimes get the time to get into full details. What is that specifically that you want to be done so that you can get into the details like you are saying?

No4: Ya like she just said ne maybe they can allocate a sister who can maybe at some point, call us like we meet and discuss everything, ya so that maybe we get some clarification.

Facilitator: Maybe off what you a have done today like she is saying the interesting cases or maybe look through your objectives and check weather which ones you have achieved or which ones you are still lacking on.

No4: yes

Facilitator: Okay eh are we fine on that issue? eh what makes you to cope in this clinic or like you are a student what makes you to cope irrespective of the challenges that you come across every day? like now you are at fourth year why didn't you quit? why didn't you say no, I am losing it forget about nursing, what is that, that keeps you going every day?

No1: Personally what keeps me going is being goal directed and knowing what I want in spite of the hardness along the road, I don't take obstacles as obstacles, I take them as building blocks to climb my ladder up and also a supportive system which is the sisters who are a patient with us and we ask they answer us, if they do not know, they refer back to the books, and see that that person has further interest in helping and will push you to do further and go further, like our sister Zulu, Connie Zulu, she likes educating us and looking at her at this age and being interested to making us go further in our studies, it also motivates me personally because I think if she can do it what can stop me not to do it.

No3: I think also first of all I have quit so many times with this course, I've lost count.

All students laugh

No3: But the other thing it's been different things at different times, sometimes you will find that the right person will say the right word at that time when you thinking of quitting,

because there have been challenges where you are thinking, this person I am going to kill her and I am going to go to jail and that will be the end of this course

Raises voice you know the different things at different times, sometimes it's a support system at home, when you call and you say I am quitting okay and its fine what are you going to do after you quit? What's the next step from here? You know somebody asking you that what are your future plans it helps because at the time you haven't thought of things, you start sitting and you starting. I am just quitting, but also at times if you can have an involved sister who are rude to you, but you need just one, just that one who comes and says are you okay? You know, what are your objectives? Let me teach you so a lot of the times you refer back to people like that and say okay I will stay and finish something that I have started, but for me mostly is the push of finishing what I have started. You know my mother said I have never known you to start something and not finish it, so a lot of the time it's just finishing what I have started, but a lot of it, most of the time just one person saying the right thing at the right time.

Facilitator: Can I hear from others what is that that keeps you here in the profession?

No2: Me what keeps me in the profession, first it was okay I didn't have an idea of what exactly I wanted to do but I told myself that whatever it is in health its fine. So it was like whatever I get I am going to go ahead and do that, so I don't know whether it is just fortunate or unfortunately I applied into nursing and just like that I was into nursing, so each time I face challenges like if this is really the journey I am supposed to go to cause one day I was like GOD just help me anything in health, then he tossed me there, I am gonna do it, cause if I am gonna stop at whatever challenges that throw stones when I am finish, so ya, so ya I just went like that ya!!! Thats what keeps me going.

Facilitator: Can I hear from you?

No5: Em I would say. God cause sometimes you don't you don't even have an answer as to what exactly helped you to cope at a certain eh experience or stage. you know this course was never been easy and having new experiences, most of them they are traumatizing but you manage to cope, but you don't really know how and eh another thing, sometimes even em a good study group or just having ehm a group of peers that ehm share common goals with maybe they help you to stand even if the wind blows hard you know, it has been quite an experience when you look at the support system you got from friends amongst that it's the course itself you know when as the course progresses you lose a lot of them, sometimes you feel that pressure they are not here because you okay that I was standing supporting myself with this has fallen and now you lose your step now and then, as I just said for some

reason you find yourself back on your feet and it is just amazing this is why sometimes you are lost for words as to how, to express yourself

Facilitator: Okay but you just said it, you said GOD.

Group: Laugh

Facilitator: Okay what are others saying, what makes you to cope irrespective of the challenges that you have met?

No4: Okay I would also say GOD first ne? but for me it is simple I think the clients neh, they always saying I am helpful and I am very kind to them, so like it motivates me, I am motivated by doing things that are helpful to others, so it keeps me going even if I come across challenges.

Facilitator: So please tell me em regarding the working hours here, the tea breaks and lunch how do you feel about that.

No3: Sometimes there is no tea

Students laugh

Facilitator: What do you mean there is no tea, there's no lunch you don't eat?

No3: You try and help patients as many as you possibly can so when you sit down and have tea, you don't think that there is this long line waiting for me, you know cause sometimes the patients themselves are impatient as we have said before, they want to be helped and they don't understand when you say you are going to eat, others they change on the face, just see them.

Students: Laugh

No3: Ya, you know, you know sometimes you just push as much as you possibly can to help the clients and then maybe when you see that there is a few left, then you go for lunch by the time you wake up its twelve, it's no more tea it's just lunch, or you wake up it 1 o clock, the other day it was two, I haven't eaten because there where so many chronic patients and like she said they coming in there, I've got painful knees and bones (*amadolo ami abuhlungu)*, my back cracks, and I've got a headache and this, this, this so you sit there and you listen to her and you smile with them, even when they default you smile with them and you tell them I don't like shouting old people I just like talking to you nicely, next time your BP must be down, so its 2 o clock and you haven't gone for tea, you haven't gone for lunch even then the thing that says at 10 o clock is tea and at 12 o clock its lunch but it is not always feasible or practical

Facilitator: Now I get you guys because you have got this passion even you sacrifice your tea breaks, you sacrifice your lunch ya!!! I get you, and then re the equipment, eh working material what's your take on that?

No2: Regarding equipment's I can't say actually they are enough because we, when we need to do like blood pressures with other patients, we need to go to the vital room and when we need Hb meters we need to go to ANC and sometimes those ups and downs they are not productive, ya!! It's not nice cause you gonna knock and there is a patient and you are in, privacy is not maintained anymore, you come and take that HB and you come back somebody needs it again.

Facilitator: So what do you think can be done to make resources available?

No2: I think they can order as per room, each and every room has its own equipment because sometimes patients can come with high blood pressure and you need to re-take it again, you need to go and line from the vital room, it is not working.

No3: I think also to separate the consultation from the dispensing will be very helpful, I have seen clinics in the rural areas where they have a pharmacist, they have their section with the medication so the nurse just call out this patient and write out the medication and serious patient and whatever and then the patient will go out to the pharmacy and that system seems to work cause there were no more like five patients at a time at the pharmacists, so that pharmacist will dispense and the patients will leave, so this thing of consulting with the patient, writing down and then you have to go back and dispense and you find out that medication is not even there, you go to the next room it's still not there, you go to the medication room it's still not there and you come back non-stop, now you have to go to somebody else, is there something that we can give in place of this? and this person don't know, it's a lot, it's a waste of time where as they had a pharmacist, that person would know I order this and that and that, now it takes the pressure off the nurses inside the room.

Facilitator: So if I get you well you are saying that ehh!! If nurses can only consult patients and there should be a pharmacist, so that he can dispense separately, so here the nurses are multitasking, they are doing this and that and that at the same time?

Group: Yes

No3: Including treatment, including paperwork, including stats, including this including that it's too much, it is really too much, it would take the pressure off if there is somebody dispensing at least, because now you are putting this patient in the stats book, you have to take out now and put this patient in for the next visit, it is another paper work, you have to sit down and say ok, I referred this patient, look in the stats book and tick that patient there, you

haven't wrote this patient here and by the time your are done, it's like twenty minutes with one patient inside the room

Facilitator: mmh

No3: And when you look at it you can see 50 patients, twenty minutes each, how many hours you spend? Cause they don't see less than 40 patients and like good day.

Facilitator: Ya its hectic here, so what are others saying eh, I didn't hear the others the relationship with you guys with other categories except professional nurses how did you find it?

Group: Silence

No1: rephrase the question

No4: Which category?

Facilitator: I can't hear I didn't get that

No1: Like any other employee at the clinic, didn't we have the admin clerks we have EPWPS, Facilitator: eh there are…Ya I mentioned the general workers and the doctors too, how do you find the relationship with you or how do you find it working with them, except the professional nurses, the manager at least I have heard, that the relationship was good between them.

No3: For me I think that they are good and they are always helpful, ya they are helping us we don't have any problems

Facilitator: mmmh okay, is the experience with other categories the same for all of you?

No2: It's the same, except we don't normally work with the doctor, we don't, and we only work with the professional nurses your clerks.

No1: We normally work with the professional nurses, then we can have that relationship with clerks, general workers and your what? EPWP

No1: EPWP

No1: Ya, those ones we can work with but mostly the doctors we don't.

Facilitator: May I know, why didn't you work with the doctor?

No3: Eh, ok the doctor comes only on Tuesday's ne? Personally I found her to be very curved, she is very, like I don't want to say short tempered.

All the students laugh

No3: She is very you know, does what she does and lives, you know!

Facilitator: According to me if you are a student and if you work with the doctor you are going to learn more you know?

No3: Ya its true but unfortunately we did not get that, I went in there to ask her a question the other day and she made me feel so, eish stupid let me put it like that, like really are you asking me that question? It was like okay!!! She is very curved, she does what she does and she lives.

Facilitator: Mm: others what are you saying with the experiences of working with the doctor?

No5: I only saw the doctor once ne, but I agree with what she is saying, because we were trying to assist her but she was eish she couldn't allow us to come closer to her then when we try to ask her questions, she was saying no I am busy so ya I think she is, I think she has a problem.

All students laugh

No3: She has eh, sort of a defence mechanism of saying go away from me or on that range you are fine, she is not much as welcoming like okay what do you want to ask, what do you want to do, okay my doors are open you can come in she does not have that, its quiet difficult to work with someone like that even you, personally would say okay, that is not my territory I would rather go back to work.

Facilitator: Okay, I've heard what you guys are saying, eh regarding that what is that can be done maybe to address that so that the doctors can be able to work with you, teach you at some point, because she is educated or knowledgeable, you know? What do you think can be done?

No3: I think it has to start with her, I mean every time I've got this thing that if you meet someone for the first time, open your mind you know, whatever this person is and try and accommodate that person, be as flexible as you possibly can to accommodate that person, I don't care if it's a mentally retarded patient or it's a very intelligent person? You know but if I am going to be open to you, whatever you come with me, you come with its going to…I am going to receive it, to say okay this person came with a question, let me answer her this question and so forth, you know? But if you are very closed, you know I have experience that ten years can go by I see you in the mall I am still going to say eish that women!! And go that other direction I won't even greet her because I have known her as being closed, so it needs to start with her, to say you are students or whoever who want to ask something let me be more open to that person, because you go in with that question and a smile and say being open I want to know, this person closes themselves off, its…its sort off, it doesn't help the relationship much, actually it hinders if you end up going okay.

No3: In that room on Tuesdays I do not set my foot in it, now that is exactly what it is.

Facilitator: Do you want to say something?

No5:Sure emm personally ne, what I have seen, okay the doctors somehow behave the same most of them, not all but most of them so sometimes you ask yourself if eh it was the way they were trained not to have room for other personnel because at the end of the day we working as a multidisciplinary team, at the end of the day, I think eh, an emphasis on that part, that we should always remember why we are here, we are not here eh maybe to show yourself as a person who is of higher intellect of others but we are not even here to compete, we are all here for the same purpose " to serve and ensure that everyone is on a healthy state, either socially or mentally or otherwise, you know, we can only achieve those things by being on the same level with everyone, you know, you cannot if, you start to distinguish to yourself from other people then definitely there will be hiccups now and there, either with communication or relationship wise, you know? You cannot say you serving the community and yet you are being selective as to I will only respect that person and not that one and because of this and that, you know, everyone should be treated with the same level of respect, in order for you to achieve whatever goal that you have, this goes…it's not supposed to end just here only but even outside the vicinities of ehh, like working as a health worker or domestic worker but people should just have that eh, willingness to just be there for one another despite of your colour, your qualification what you know not, I think this will make our country as a hole or the universe a better place for everyone, once we start distinguishing each other this is why I am having a problem with distinguishing devices

Group: Laugh

Because once that distinguishing obviously the treatment will change from one person to the other, you know and I have seen in the effects these distinguishing's, they are not pretty.

Facilitator: Okay, I hear that you have a problem with the distinguishing devices

Group: laugh

Facilitator: So what is there that you think can be done to distinguish or what can be done generally because remember eh, the patient's rights says eh, the patient has the right to be served or helped by a named health worker with distinguishing devices, so what is that can be done maybe in terms of that?

No5: I think okay fine neh!!! I understand there is a good part to distinguishing devices, you have to know who you go to, at a certain okay whatever eh, service that you require, you know, but if you are going to distinguish yourself in a sense of you being better than other people, then it becomes a problem, you know but in term of people having to know who to

go to for a certain help because you cannot go to eh, say a general worker for medication, so you need to make the distinguishing between the two eh parties, but in terms of when, when it comes to working and serving as your own than other people should treat each other or one another as equals in a way, I feel that in that way you are able to reach everyone's needs everyone becomes reachable, when there is no distinguishing like they made an example of a doctor, if they feel that okay I am a doctor, I cannot mingle with eh nurses because they are of lesser qualification than me then it becomes a problem, in terms of communication, because at the end of the day whether you like it or not you will have to communicate with that person because you will be serving the same patients and a report has to be given amongst where can I help , how far have you gone ehm with helping this individual, where I can, I start to progress this patient if I have to progress that patient so you cannot depend on the instruments at all times, verbal communication has to be there at some point you know? But it becomes impossible sometimes if there is that gap in between you know?

Facilitator: Okay for now if I get you well you are saying that there has to be proper communication, there have to be good interpersonal relationships between all staff members for the sake of the patients?

No5: Nods head.

Facilitator: Eh I just want to summarize but I am not closing yet, eh the positive, supportive, helpful experiences, I heard you all what you have said, that you've got the manager here and the professional nurses have supported you well, they are encouraging you towards obtaining your objectives and also you said you are here to correlate theory and practice which is happening, that is good and I also heard that you come up with suggestions of what can be done to maybe solve the negative challenges that you come across, like eh one of you said the nurses need support and others said that there has to be enough staff so that nurses don't end up doing many jobs at the same time. For example the pharmacist has to come and help the nurses to reduce the work load of the nurses and in terms of resilience and bouncing back and helping you guys to the cause you said that the other one said god, starting and finish time, you don't have to start a goal without reaching it and others said that they have passion for nursing they like working with people and they get gratitude if a person says thank you, you have helped me, I am right to say that

Group: Yes

Facilitator: Okay do you maybe want to add something or don't you think that we have forgotten something, in terms of your experiences also?

Silence

Facilitator: oh if there is nothing else, I would like to thank you for participating and please I might come back if I need extra information, that is why I have taken your cell phone numbers, so that it can help me to clarify other issues if maybe from here I get, maybe I got lost or maybe I didn't understand what ever that you have said, eh in case there are no questions or any additions I would love to close.

Group: Yes additions.

Facilitator: Oh, ok,

No2: Yes, ehm some of the staff I think they should go away with the attitude of saying students are the same because we really not the same, what other students did doesn't mean others are going to come and do the same, so Ya!! They should just give us a chance to say ok let's see what kind of people are they, what experience are we gonna have with them, they are the same or okay they are not the same, which is they are irresponsible or willing to learn, ya!! Those kind of things we should not be judged based on their passed experience

Facilitator: I hear you say that maybe staff members must stop generalising the students, you are not the same.

Group: Yes

Facilitator: May you please say what did they say about the students?

Learner: Okay for instance I had a sick leave on Monday, I was told ya!! I know you students are gonna stay away, then you are not gonna make up then you gonna say you were present at work, why did I call you to tell you that I am not coming to work?

Other students: mm Ya!!!

Facilitator: Ya I get your point, so they must not generalise just wait for students, observe you, accommodate you and welcome you they must not judge before they see it happening but that effect goes a long way towards the relationship because some people don't forget, me personally, I don't forget, if you treat me like that first time, even next year when I come up, I will look at you with one eye by the way this person…

Facilitator: I get you and what you are saying is the correct way to go if somebody has done something to you, call that person tell him or her where you were not satisfied and then correct whatever, what is wrong and say it should end there and say that the person would also learn from the very mistake that she or he has done

No3: Yes

Facilitator: Are we all happy?

No5: Just to add, the thing is most of the time we make a mistake of thinking that solving the problem is always by punishment, you don't have to punish in order for you to have that person to get back to their straighten up, you know, you know you can always just communicate just show the person, you know just talking sense to them, you don't have to always punish to solve problems, and I think most people they, that's where we go wrong, because eh I will make an example ne?

Say em we know that a person has a social problem and they go about stealing, if you, if that person gets caught they will punish that person by beating that person, not knowing what was the cause in the first place, you know? If one has took time to first talk to that person and find out the real cause of their deed, they could have saved a lot of problems because sometimes if you punish you only lead to more problems, you not always solving the problem, eh ya just to put that point across you know? Yes we will fall short now and then but punishing will not always solve or help the person become better tomorrow, just wanted to say that

Group: Yes

No2: Cause when they do that they also give us an impression ohk this is how we suppose to behave that if that the impression that they are giving us so we behave as the way that they see us ya

Facilitator: Ohk

No3: If I have done something wrong as a student, I am not SABC we can go and broadcast it you know, to everybody that students they do this, they do that, they do that, call me I am a person as well, tell me I saw this and I did not like it or I saw this and it was like, it was wrong, you know, fix it next time I don't do this thing, first I will have much respect for you , to say that this person happened to have decency to come to me and say that you are wrong, do you understand? We all make mistakes but to go there and there, and there are you going to this room why do this wrong, why did you do this I mean really, it would give me the attitude that it's the same, I am just going to do it anyway do you understand? Even though I know its wrong call me, tell me let it end there, you know, it is not only in the clinic only, but its general thing with students that when you start doing something wrong, they have to broadcast it to everybody, you know everybody must know what you have done wrong and it's not always nice, sometimes you have a reason for doing something, you know it's not cool but I am gonna do it anyway to whatever goal let me tell you the reason then you decide after that, that but you know it's wrong but I get what you are saying you know?

Facilitator: Meaning that if a person has done wrong, correct the mistake, educate the person so that he or she can grow from the mistake, do not punish rather educate that person

No5: Yes

Facilitator: Okay, ehm in abstention of comments, questions I would like to close and thank you so much for participating, you were a very good group ne as I have said before, if I need further explanation or clarity I will come back to you. Ok thank you.

Group: Thanks standing up.