

Experiences of a group of student nurses regarding mentoring in the clinical practice.

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Dissertation submitted in fulfillment of the requirements for the degree Magister Curationis (Nursing Education) at the School of Nursing Science at the North-West University, Potchefstroom Campus.

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November 2011

DECLARATION

I declare that the dissertation with the title: **Experiences of a group of student nurses regarding mentoring in the clinical practice** is my own work and that all the sources used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted previously for any other degree at any other institution.

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RACHELL NOMAKHOSI TSHABALALA

.....
Date

DEDICATION

This dissertation is dedicated to several people who have played a pivotal role in my life:

It is dedicated to the memory of my beloved father, Isaiah, my two brothers, Jabulani and Thanduxolo and my sister Zandile who passed on during the month when she was about to graduate at North-West University. Their memories gave me an urge to study further.

To my mother, (MaJobe), who, despite her own lack of formal basic education instilled in me the importance of education and sacrificed everything she had to help me with my education.

To my surviving sister, Lindiwe, who, despite her physical challenge (partially blind due to diabetes), remains the source of inspiration for me.

To my two beloved sons, the reason for my living, Nathi and Malihambe, for their support and being pillars of strength to me.

To my nephews and nieces, Lala, Mbali, Mfundo, Thabani, Nomvula, Phakamile, Ntobeko, Nokwanda, Nkanyiso and Samkelo. (“We want to study hard like you Auntie.”)

To my granddaughter, Mpumi, my pride, her existence is a blessing to me.

To all my role models I have had throughout my professional career as a nurse and nurse educator.

Last but not least, to my Church, MCSA, especially Central (Newcastle), Phuthaditjhaba (Qwaqwa) and, especially, Phuthaditjhaba Choir I love so much, for their support, prayers and understanding when I could not attend some important activities due to this study.

ACKNOWLEDGEMENTS

I wish to acknowledge God Almighty, for the spiritual strength and support, without Whose guidance, I would not succeed.

My sincere gratitude to the following:

My supervisor, mentor and great supporter, Mrs. Elsabe Bornman, for her consistent support and guidance and for being available and approachable all the time. Thanks for those motivating and inspirational messages especially when I was at the lowest ebb.

All the colleagues of my supervisor for constructive criticism and valuable inputs.

Dr du Plessis for assisting me during data analysis.

Mr Sehularo for assisting with co-coding.

Mathys Bornman for assisting with formatting at such short notice.

Mr Manare for assisting with language editing also at short notice.

Personnel of Ferdinand Postma library for their assistance and good sense of humour.

Dr Kabane, Free State Health Department's HOD for granting me the opportunity to conduct this research study in the Free State.

Mr Mochwaro, FSSON Rector, for supporting this application and for motivating that I be granted part-time study leave.

Me Maja, ECFSSON Dean, for supporting this application, motivating me all the time, and for allowing me to conduct this research study at the campus.

ECFSSON HODs, Me Molotsi and Me Thaele, and all my colleagues at the campus, for their support and encouragement, especially during the time when I was losing hope.

Mr Kolokome, ECFSSON vocational counselor, for his constant support and encouragement, especially during the time of data collection.

Colleagues and friends, Mantoa, Sesi, Lydia and James, for their support and motivation especially during study time.

Free State academic and support forum, for support and motivation during trying time.

Family and friends, Zazini, Rev & Mrs Dlamini, Puse, Madiphoso, Nthabiseng, Tshidi, Nomsa, Mem, Zandi, Grace, Malefu, Ntebaleng, Bernice, Monica and Mangaka, for their constant support and prayers.

Fourth year class of 2011, finalists of ECFSSON in the four year programme for sharing with me their experiences, making this study to be possible.

Free State bursary section for partially funding this research study.

ABSTRACT

Professional growth and development in nursing is essential for public welfare and safety. The public expects competent and safe nursing care. Student nurses spend a large number of hours in the clinical practice as part of their professional and clinical development. A clinical environment that is supportive to the improvement of student teaching and learning is imperative to the development of competency of student nurses. One strategy that has been identified to facilitate professional growth and development in student nurses is mentoring in the clinical practice. This is where student nurses are socialized into the nursing profession by experienced professional nurses. Mentoring is regarded as the deliberate pairing of student nurses with an experienced and knowledgeable person.

The primary purpose of this research was to explore and describe the experiences of student nurses regarding mentoring in the clinical practice at the Eastern Campus of the Free State School of Nursing (ECFSSON). The secondary purpose was to recommend to the nursing college and clinical service areas to jointly formulate guidelines for mentoring student nurses in the clinical practice.

A qualitative, exploratory, descriptive and contextual research design was chosen in order to describe the experiences of mentoring of student nurses in the clinical practice. Purposive sampling was utilized to identify participants who complied with the set selection criteria. The sample comprised student nurses who were in their final year of the four year programme. Data collection took place by means of four focus group interviews with a total of twenty four student nurses (7:6:6:5), which was followed by a confirmatory focus group interview with ten participants. Trustworthiness was ensured in accordance with the principles of credibility, transferability, dependability and confirmability. Data was captured on an audiotape and transcribed verbatim. Field notes were taken during each focus group.

Content analysis of the data was analyzed by the researcher and an independent co-coder. After consensus and data saturation, four major themes and twenty-one sub-themes were identified. The first theme described the student nurses' experiences of being mentored in the clinical practice and has five sub-themes. The second theme described the student nurses' experiences regarding mentoring by personnel and has eight sub-themes. The third theme described the student nurses' experiences regarding mentoring in different disciplines. The fourth theme described the student nurses' experiences regarding mentoring in different

institutions. Each of these themes was discussed together with relevant data obtained from literature and reduced to a conclusive statement which serves as a basis for recommendation to formulate guidelines for mentoring student nurses in the clinical practice.

Several conclusions were reached. Student nurses have positive as well as negative experiences about their mentoring in clinical practice. The personnel in clinical practice have different roles in the mentoring of students and the responsibility of mentoring is not clear. The mentoring of lecturers from the educational institution was also experienced as not enough. The research report concluded with the researcher's evaluation of the research and recommendations for nursing service, nursing education and nursing research to improve mentoring of student nurses in clinical practice.

Key concepts: Experience, mentor, mentoring, student nurse or mentee and clinical practice

OPSOMMING

Professionele groei en ontwikkeling in verpleegkunde is noodsaaklik vir die welsyn en veiligheid van die publiek. Die publiek verwag bekwame en veilige verpleegsorg. Verpleegkunde studente spandeer 'n groot aantal ure in die kliniese praktyk as deel van hul professionele en kliniese ontwikkeling. 'n Kliniese omgewing wat ondersteunend is tot die verbetering van die studente se onderrig en leer, is noodsaaklik vir die ontwikkeling van die vaardigheid van die verpleegkunde studente. Een strategie wat geïdentifiseer is om professionele groei en ontwikkeling by verpleegkunde studente te fasiliteer, is mentorskap in die kliniese praktyk. Dit is waar die verpleegkunde student in die praktyk gesosialiseer word deur ervare professionele verpleegkundiges. Mentorskap word beskou as die doelbewuste paring van 'n verpleegkunde student met 'n ervare en kundige persoon.

Die primêre doel van hierdie navorsing was om die ervarings van die verpleegkunde studente ten opsigte van mentorskap in die kliniese praktyk op die Oos-kampus van die Vrystaatse Skool vir Verpleegkunde (ECFSSON) te verken en te beskryf. Die sekondêre doel was om aanbevelings aan die kollege en kliniese diens areas te maak om gesamentlik riglyne vir die mentorskap van verpleegkunde studente in die kliniese praktyk, te formuleer.

'n Kwalitatiewe, verkennende, beskrywende en kontekstuele navorsingsontwerp is gekies om die ervarings van die mentorskap van verpleegkunde studente in die kliniese praktyk te beskryf. Doelgerigte steekproeftrekking is gebruik om deelnemers te identifiseer wat aan die seleksie kriteria voldoen. Die steekproef het bestaan uit die verpleegkunde studente wat in hul finale jaar van die vierjarige program is. Data-insameling het plaasgevind deur middel van vier fokusgroeponderhoude met 'n totaal van 24 studente (7:6:6:5), wat gevolg is deur 'n bevestigende fokus groep onderhoud met tien deelnemers. Betroubaarheid is verseker in ooreenstemming met die beginsels van geloofwaardigheid, oordraagbaarheid, betroubaarheid en bevestigbaarheid. Data is vasgelê op 'n oudioband en woordeliks getranskribeer. Veldnotas is geneem tydens elke fokus groep onderhoud.

Inhoud analise van die data is geanaliseer deur die navorser en 'n onafhanklike mede-kodeerder. Na afloop van konsensus en data saturasie, is vier groot temas en 21 sub-temas geïdentifiseer. Die eerste tema beskryf die verpleegkunde studente se ervaring van mentorskap in die kliniese praktyk en het vyf sub-temas. Die tweede tema beskryf die verpleegkunde studente se ervarings ten opsigte van mentorskap deur die personeel en het agt sub-temas. Die

derde tema beskryf die verpleegkunde studente se ervarings ten opsigte van mentorskap in verskillende dissiplines. Die vierde tema beskryf die verpleegkunde studente se ervarings ten opsigte van mentorskap in verskillende instellings. Elkeen van hierdie temas is bespreek saam met relevante data verkry uit die literatuur en gereduseer tot 'n samevattende stelling. Hierdie samevattende stellings dien as 'n basis vir aanbevelings vir riglyne vir die mentorskap van verpleegkunde studente in die kliniese praktyk.

Verskeie gevolgtrekkings is bereik. Verpleegkunde studente het positiewe sowel as negatiewe ervarings oor hul mentorskap in die kliniese praktyk gehad. Die personeel in die kliniese praktyk het verskillende rolle in die mentorskap van studente en die verantwoordelikheid van mentorskap is nie duidelik nie. Die mentorskap van die dosente van die opvoedkundige instelling is ook erbaar as nie genoeg nie. Die navorsingsverslag word afgesluit met die navorser se evaluering van die navorsing en aanbevelings vir die kliniese praktyk, verpleegonderrig en verpleegkundige navorsing aangaande mentorskap ten einde die mentor van verpleegkunde studente in die kliniese praktyk te verbeter.

Sleutelkonsepte: Ervaring, mentor, mentorskap, verpleegkunde of gementorde student en kliniese praktyk

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LIST OF ABBREVIATIONS USED IN THIS RESEARCH

SANC	South African Nursing Council
FSSON	Free State School of Nursing
ECFSSON	Eastern Campus of the Free State of Nursing
WHO	World Health Organization
ANON	Anonymous
NWU	North West University
CINAL	Cumulative Index to Nursing and Allied Health Literature
SA	South African
MMMRH	Mofumahali Manapo Mopeli Regional Hospital
HOD	Head of Department
NMC	Nursing and Midwifery Council
ICU	Intensive Care Unit

CHAPTER 1: RESEARCH OVERVIEW

1.1 INTRODUCTION

Student nurses need to be prepared for the role transition from student to professional nurse (Warren and Denham, 2010:5) and in addition, nursing education and training cannot succeed without proper correlation of theory with practice (Carson & Carnwell, 2007:221). Consequently, the clinical nursing environment should be supportive of the improvement of student teaching and learning as it would reflect on the quality of patient care. Literature (Theobald & Mitchell, 2002:27 and Mulaudzi *et al.*, 2009:46) supports the idea that mentoring is one important strategy to be utilized in this endeavor as professional nurses have an obligation towards student nurses to ensure that they become competent practitioners at the end of their education. The aim of this research is therefore to explore and describe the experiences of student nurses with regards to mentoring in clinical practice through focus group interviews. The overall aim is to make recommendations to the nursing college and clinical service areas regarding mentoring of student nurses in the clinical practice.

1.2 BACKGROUND AND PROBLEM STATEMENT

Mentoring is regarded as a deliberate pairing of a more skilled or experienced person with a lesser skilled or inexperienced one, with agreed-upon goals for the inexperienced person to develop specific competencies (Anon., 2007:3). It is a facilitation which takes different forms, depending on the context of the mentoring programme, the needs of the mentee and the abilities of the mentor. Anibas, Brenner and Zorn (2009:216) describe mentoring as a long-term relationship between an experienced, knowledgeable and valuable mentor and a unique mentee who share the same philosophy of education. In the nursing profession mentoring is part of the socialization process of the student nurse where the mentor is a source of inspiration, guide and role model that forms a bridge between theory and practice and ensures that students are fully functional once they qualify (Mabuda, Potgieter & Alberts, 2008:20, Booyens, 2000:406 and Warren & Denham, 2010:5). Illingworth (2006:812), from the perspective of the clinical practice setting, asserts that professional socialization involves transmission of values, attitudes and beliefs of experienced nurses to the student nurses. Historically, many in nursing have supported this view that the practice setting is where mentoring of student nursing is best achieved (Corbett & Bent, 2005:173; Henderson, 2002: 247 and Rosser *et al.*, 2004:597). In

addition, no student nurse can attain the recognized professional qualification without having been guided by those who have 'walked the path'. This is re-iterated by Mabuda *et al.* (2008:20) who state that students' learning in clinical practice placement requires an environment which is conducive to learning, with support from skilled practitioners and educators.

Clinical practice takes place according to the stage objectives of the curriculum and the training regulations of the South African Nursing Council (SANC 1985b:9). The overall objective is to provide learning opportunities to students, in every area of placement, based on the level of training, so that they are competent at the end of their programme (SANC, 1985b:10). Clinical allocation is planned in such a manner that students are enabled to master the necessary skills, and be integrated into nursing and multidisciplinary team functioning as per requirement of the SANC (1985b:13). Previously, colleges had clinical teaching departments with clinical instructors responsible for clinical teaching of students. Nowadays clinical teaching in the clinical practice is done by both lecturers and professional nurses. However, the lecturers do most of the clinical facilitation due to a shortage of professional nurses in the clinical practice. Waldock, (2010:15) in her research of facilitating student learning in the clinical practice, (Kai Tiaki Nursing, New Zealand), also provides anecdotal evidence that due to shortage of nurses, the task of student nurses' supervision is shifted onto inexperienced nurses, relief nurses and new graduates. Equally, Cassimjee and Bhengu (2006:48) confirm this finding in their research investigating student nurses' perceptions of their contact time with stakeholders in their clinical instruction. Their research reveals that there is a progressive decline in clinical teaching by professional nurses. Furthermore, many nurse researchers report that the student nurses experience frustrations during daily practice, due to lack of professional support and guidance by mentors. However, the lecturers are able to accompany each student nurse for a period of thirty minutes to an hour per week, depending on the number of students for which each lecturer is responsible. In as far as this is done, this only assesses students' competencies as far as procedures are concerned, and readiness for the students to promote to the next level, but does not cover mentoring (Mabuda *et al.*, 2008:20).

Towards the end of the clinical exposure, the student nurses are evaluated in respect of clinical nursing skills, and on the ability to apply management and teaching principles in the implementation of nursing duties to determine their level of competence (SANC:1985b:13). Based on the recommendations by SANC (1985b:21), student nurses are distributed to the

clinical practice to cover all nursing disciplines, for a total of 4000 hours during their training. According to the approved curriculum of the FSSON by SANC these hours are spread as follows:

First Year: 1000 hours;

Second Year: 1000 hours;

Third Year: 1020 hours;

Fourth Year: 980 hours.

The philosophy of the SANC (1994), with regard to nursing education, clearly specifies the purpose of education as to direct the development of the student personally and professionally. According to this purpose, it is the responsibility of the professional nurse to develop, coordinate, present and control these activities in the clinical practice. One of the strategies to achieve this is mentoring.

Mentoring has been identified in different researches and from different angles. Myall, Levett-Jones and Lathlean (2008:1841) in the United Kingdom, conducted an explorative research of mentorship in contemporary practice, where the experiences of nursing students and mentors in the clinical practice were explored. Their findings concluded that there is a narrowing gap between the rhetoric and reality of mentoring, and that there is a need to develop national standards for mentorship. This research is supported by Theobald and Mitchell (2002:32) who conducted a research at two Australian Universities and found that a career mentor scheme is imperative to enhance both mentors and mentees in their career development, and to assist the mentees in their transition from being students to being professionals. Webb and Shakespeare (2008:566) mention some factors which can enhance mentor-mentee relationships as being enthusiasm, attitude, approach, experience, confidence and assertiveness on the part of the mentor and mentee respectively. In South Africa, the education and training of student nurses is also based on the correlation of theory to practice. Despite many references to the importance of effective learning in the clinical practice, many nurse researchers repeatedly report on the negative experiences of student nurses in the clinical practice. Lekhuleni *et al.* (2004:25) found in their research that student nurses displayed dissatisfaction with their clinical learning experiences, indicating that both nurse educators and professional nurses did not provide adequate accompaniment during student nurses' clinical placement in the Limpopo Province. Similarly in KwaZulu Natal Province, Cassimjee and Bhengu (2006:48) also report that clinical teaching by professional nurses has progressively decreased with very little

teaching occurring by the fourth year of the course. The findings of Mabuda *et al.* (2008:24) also revealed that due to negative attitudes of the unit professional nurses towards student nurses, student nurses have consequently developed negative attitudes towards their clinical learning, especially in the hospital setting. This is contrary to what Chabeli and Muller (2004:63) advocates about clinical nursing education; that it should provide student nurses with meaningful experience, and that clinical teachers therefore need to create an environment that promotes professional growth and development in student nurses. Chapter 2 of the Nursing Act, Act No 33 of 2005 has created the legislative framework for the review of the scope of practice for the different categories of nurses, including student nurses, to ensure that the clinical practice of nurses in the country is aligned to the needs of the health care system. One of the main objectives of the South African Nursing Strategy (Department of Health, 2008:8) is to integrate theoretical knowledge with practice to improve the quality of student nurses. This requires that both nurse educators and mentors be equipped theoretically and in the clinical practice with relevant and up-to-date nursing programmes (Department of Health, 2008:8).

The Eastern Campus of the Free State School of Nursing (ECFSSON), where the researcher is employed, has followed the SANC guidelines for clinical practice (SANC, 1985b:8) by identifying the critical nursing skills in which student nurses must achieve competence in order to assume responsibility as qualified nurses. Based on this background, the researcher, in her capacity as nurse educator, observed and heard student nurses expressing their concern and dissatisfaction with their clinical learning experiences, especially mentoring in the clinical practice. It was this concern and dissatisfaction which generated an interest to the researcher to formally explore the experiences of student nurses regarding mentoring in the clinical practice. The student nurses in their fourth level of learning in the comprehensive programme, in the ECFSSON are selected, so as to come to a better understanding of how student nurses can be mentored in the future. The student nurses at this level have spent a total of 980 hours in their third year in the disciplines of Midwifery, General, Community and Psychiatric Nursing Science. This group is targeted for participation for the following reasons:

- They have already been exposed to different clinical settings, (hospital, clinics and community).
- They have covered all study disciplines for the 4 year programme (SANC 1985a), and therefore will be in a position to reflect on their various experiences during clinical practice.

1.3 SIGNIFICANCE OF THE RESEARCH

The importance of conducting this research is to explore the experiences from the student nurses, as far as mentoring in the clinical practice is concerned. The results of the research will assist the researcher in making recommendations to college management and clinical practice personnel to jointly formulate guidelines for mentoring student nurses in the clinical practice. In as much similar researches have been conducted in other provinces, findings are not the same and nothing seems to bring positive change as far as mentoring of student nurses in the clinical practice is concerned. No similar research has been done at any campus in the FSSON.

1.4 PURPOSE OF THE RESEARCH

The main purpose of this research is to identify and describe the experiences of student nurses regarding mentoring in the clinical practice, with the intention to eventually recommend to the college management and clinical institutions where students are placed, to jointly formulate guidelines for mentoring student nurses in the clinical practice. Previous studies also support the need for such a research. One of Hlahane's (2003:126) recommendations to the nursing education system is that, since professional nurses have educative functions, they should be motivated and used as mentors for those who are still in training.

1.5 RESEARCH QUESTION

The research question is similar to the research problem, except that the research question is stated in a question form (Bak, 2008: 21 & Brink, 2008: 80). This research will seek to answer the following question:

- What are the experiences of student nurses regarding mentoring in the clinical practice?

1.6 OBJECTIVES

The objectives of this research are to:

- Explore and describe the experiences of student nurses regarding mentoring in clinical practice.
- Make recommendations to the nursing college and clinical practice areas to jointly formulate guidelines for mentoring student nurses in the clinical practice.

1.7 PARADIGMATIC PERSPECTIVES

According to De Vos and Strydom (2011:40), the paradigmatic perspective describes the way in which the researcher perceives the research material. The paradigmatic assumptions of this research will be based on meta-theoretical, theoretical and methodological assumptions. The statements to follow define the paradigmatic perspective, including the parameters within which the researcher conducts the research. These assumptions are as follows:

1.7.1 Meta-theoretical assumptions

The meta-theoretical assumptions which are not testable, refers to the researcher's personal beliefs regarding man and the environment in which man lives (De Vos & Strydom, 2011:42). These assumptions are based on a Christian worldview and include assumptions regarding man/person, the environment, health and nursing.

1.7.1.1 Man / Person

According to Makhakhe (2010:7), there is a connection between a person's view and that of God, because a human being is created in the image of God. Equally, the researcher's view of human beings is related to God's view. The words in Genesis 1:27, "So God created human beings, making them to be like himself. He created them male and female" (Bible, 1989) confirm man as distinct from other beings in a special relationship with God. The researcher further believes that God has created the universe, that He cares and is concerned about what He created. Human beings are created as unique, complex and multidimensional beings (man and woman), and as part of God's creation, they were tasked with nurturing and caring for God's creation as God endowed them with specific gifts, talents and wisdom to differentiate between right and wrong. Student nurses are in need of nurturing and caring from mentors. In this research, the man/person, who is the core of the research, will be the student nurses on training, to give their views regarding their mentoring in the clinical practice.

1.7.1.2 The environment

The environment, according to the researcher's belief, is the clinical practice setting; created by God and the man put in charge of it. The environment includes the place where human beings live and also serve or worship God. It is within this environment where human beings have been given responsibility to take care of themselves and nature. What happens in the environment reflects how people serve God by caring for the environment and themselves. In this research, the concept 'environment' refers to the clinical area where student nurses are placed for their clinical practice to be mentored to become mature professional nurses and these include hospitals and clinics in the Thabo Mofutsanyana district, in Maluti-A-Phofung Municipality.

1.7.1.3 Health

Health is defined by the World Health Organization (WHO) as "a state of complete physical, mental, spiritual, and social wellbeing, and not merely the absence of disease or infirmity." When nurses conduct research, the institutions benefit as the results are effective in promoting positive patient outcomes (Burns & Grove 2005:3). For the purpose of this research, the concept 'health' refers to the proper mentoring of student nurses in the clinical practice so that they become professional nurses.

1.7.1.4 Nursing

Nursing is an interactive process where the nurse as a sensitive therapeutic professional facilitates the promotion of health through the mobilization of resources (Botes, 1995:4). For the purpose of this research, 'nursing' refers to mentoring of student nurses in the clinical practice.

1.7.2 Theoretical assumptions

The theoretical assumptions of the research will include the central theoretical argument as well as the conceptual definitions and clarification of key concepts applicable to this research. These are based on scientific knowledge and existing theories (Brink, 2008:24) within the body of knowledge in the nursing discipline as well as related disciplines and these are testable.

1.7.2.1 Central theoretical argument

Understanding the experiences of the student nurses, regarding mentorship in the clinical practice and understanding the challenges they face during this period, will assist the researcher to recommend to the campus management and clinical practical areas the joint formulation of guidelines for mentoring of student nurses in the clinical practice.

1.7.2.2 Conceptual definitions of central concepts

The following clarifications will outline the key concepts applicable to this research.

1.7.2.2.1 Experience

Experience involves gaining knowledge by involving oneself personally in an event, situation or circumstance (Burns & Grove 2005:11). With experience the student nurse understands the activities in the clinical practice and is able to recognize and meet the needs of the patients. This experience comes with good mentoring in clinical practice.

In this research, the focus is on the student nurses' firsthand experience regarding their mentoring in the clinical practice in preparing them to face the world on their own.

1.7.2.2.2 Mentor

The Concise Oxford Dictionary (1995:852), defines mentor as "an experienced and trusted adviser", while Mosby's medical, nursing, and allied health dictionary (2002:1080), adds that a mentor is "an older, trusted adviser or counselor who offers helpful guidance to younger colleagues". For the purposes of this research the mentor is defined as a professional nurse who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed by the SANC and management of the facility, and who is capable of assuming responsibility and accountability for such practice according to the Nursing Act (33/2005:30). This professional nurse is in a position in the clinical facilities to provide mentoring to student nurses and may be in the employment of the care facility or the nursing college.

1.7.2.2.3 Mentoring

Mentoring is a deliberate pairing of a more skilled or experienced person with a lesser skilled or experienced one, with an agreed-upon goal of having the less experienced person grow and develop specific competencies (Anon., 2007:3). For the purposes of this research, mentoring will suggest a process where mentors will pass on knowledge, skills and experiences to mentees. The mentors do this by acting as role models, thereby providing the mentees with a sense of what they are becoming. In the same manner, the mentors offer challenges by inviting mentees to become involved in a variety of growth-producing experiences in the clinical practice (Anon., 2009: 27).

1.7.2.2.4 Student nurse or mentee

A student nurse is “a person undergoing education or training in nursing, who has applied to the Council to be registered as a student,” Nursing Act (33/2005: 32). For the purposes of this research the researcher will define the student nurse as the fourth year student nurse who is registered at the Free State School of Nursing (Eastern Campus). Such a student is registered with the South African Nursing Council (SANC) and is studying towards the diploma in a four year programme, as in Regulation R425 of 1985 as amended (SANC 1985a). This regulation relates to the approval of and the minimum requirements for the education and training as a nurse with General, Psychiatric, Community Nursing and Midwifery, leading to registration.

1.7.2.2.5 Clinical practice

Clinical practice is the learning opportunity which the student nurses utilizes in the area where they are placed, under the supervision of the professional nurse in the health service. For the purposes of this research, the clinical practice means clinical settings where student nurses are placed, which is both the district and regional hospitals in the Eastern Free State region, that is, Thabo Mofutsanyana district in the Maluti-A-Phofung Municipality.

Besides placement in the clinics, the student nurses are placed in two district and two regional hospitals. During such placement, in different disciplines, the student nurses are expected to learn and to mature professionally, so as to become competent practitioners of nursing. The fourth year student nurses gain their experiences at the maternity, psychiatric and critical care

units, and cover a total of 900 hours in these units. They also get placed for a period of 80 hours in the medical and surgical units for their practice of managing a unit, thus covering a grand total of 980 hours in the fourth year.

1.7.3 Methodological assumptions

The methodological assumptions of this research will be based on the open model of Klopper (2009:62). The application of the open model will be appropriate for this research because it relates to the training, education and development of students, and also their relationship with the clinical instructors. In this model, major types of learning programmes are identified, namely:

- **Education-learning**; this is related to the future, but defined as a profession for which the individual is being prepared.
 - Here the focus will be on the future profession that the student nurses are being prepared for. The researcher will do need analysis on the part of the student nurses coupled with their experiences regarding their being mentored in the clinical practice. This includes professional development as well as competency.
- **Development-learning**; which is related to the professional growth of the individual in the clinical practice.
 - Here the focus will be on the professional growth of the student nurses in the clinical practice, by improving mentoring of student nurses in the clinical practice.

1.8 RESEARCH DESIGN AND METHOD

The research design and method are briefly discussed below, and will be discussed in more detail in chapter two.

1.8.1 Research design

The researcher follows an explorative, descriptive contextual qualitative design (Burns & Grove, 2005:52) with the aim of exploring and describing the experiences of student nurses in the clinical practice, and recommending the formulation of guidelines to mentor student nurses in the clinical practice. The research will be conducted within the context of the ECFSSON in the

Thabo Mofutsanyana district in the Eastern Free State. The focus will be on the quality of information to be obtained from the sample of the student nurses in the ECFSSON (Burns & Grove 2005:364).

1.8.2 Research method

The research method will include the exposition briefly of data collection method, sampling, data collection, data analysis and control of literature.

1.8.2.1 Sampling

Sampling will be carried out as follows:

1.8.2.1.1 Population

For the purposes of this research, one population is identified, that is, a group of student nurses working in various disciplines at the fourth year level, and this will be discussed in detail in chapter two. Each sample of this group of twenty-four student nurses will be a group of six to eight participants, according to the number of those who will be willing to participate (Greeff, 2011:366).

1.8.2.1.2 Sampling method

Purposive voluntary sampling, based on the judgment of the researcher will be used, as described by Strydom and Delport (2011:392), to select participants who will comply with the set criteria and are willing to participate. Ethical issues will be respected (Burns & Grove, 2005:83).

1.8.2 1.3 Sample size

The sample size refers to the number of participants who will be selected from the population (Brink, 2008:135), and will be determined also by data saturation, that is, when sampling provides repeating information and no new themes are observed.

1.8.3 Data collection

Data collection refers to the information gathering that will be relevant to the purpose of the study. For the purposes of this qualitative research, the focus is on understanding the participants' experiences on their mentoring in the clinical practice. The method to be used in the collection of data will be focus group interviews (Burns & Grove, 2005:542), as group dynamics will assist student nurses to express and clarify their views, which is less likely to occur in a one-on-one interview.

1.8.3.1 Researcher's role

Permission to conduct research is obtained from the following structures:

- Ethics Committee of the North-West University, Reference number NWU-00010-11-S1 (See Appendix A);
- The Head of the Free State Health Department via the Rector of the FSSON (See Appendix B & C);
- The Dean of the ECFSSON campus (See Appendix B).

The research is conducted after approval has been obtained from the Ethics Committee of the North-West University.

The researcher explains all the ethical procedures to the participants for better understanding and assurance of confidentiality. The purpose and importance of research is explained to the participants as well as objectives and benefits to be expected. They will be assured of protection of their names and freedom of withdrawing from participation any time they so wish. Focus group interviews will be conducted after having received written consent. Participation will be on a voluntary basis. The researcher is to contact the co-facilitator of the focus group interviews and discuss with him his role during the focus group interview sessions. Lastly, the researcher then makes an appointment with all the participants and ensures that the concerns and ethical issues are considered during the research process. A pilot study focus group interview will be conducted in order to evaluate the researcher's interviewing skills and test her practical skill of data collection.

1.8.3.2 Physical environment

The focus group interviews are to be conducted in the seminar room at the ECFSSON. The seminar room is located on the first floor of the building. This floor is where the lecturers' offices

are situated, away from the classrooms. It is easy to find as it is well-labeled. The room is free from outside distractions, background noise and the hum of ventilation systems, so the tape recordings of the discussions will not be interfered with. There is no traffic as the focus group interviews are conducted when school is out. The seminar room has enough chairs and these are arranged so that participants are able to face each other (Greeff 2011:371).

1.8.3.3 Method

A focus group interview is used to investigate the student nurses' perceptions about mentoring in the clinical practice. A focus group involves an organized discussion with a selected group of individuals to gain information about their views and experiences (Sharif & Masoumi 2005:2). This is the method which is suited to obtaining several perspectives about the same topic. To ensure confidentiality and privacy, the focus group interviews are conducted in the seminar room in the ECFSSON by the researcher in the presence of the co-facilitator. Participants will be sampled in groups not exceeding eight in number. Probing will be done to encourage participants to give more in-depth information on the topic (Brink, 2008:133). A pilot focus group interview will be conducted to determine the interview skills of the researcher (Polit, Beck & Hungler, 2001:265). Communication techniques are utilized during focus group interviews. The researcher will conduct interviews which will be recorded on audio-tape. The co-facilitator will take down field notes during the interview sessions as indicated by Greeff (2011:372).

1.8.4 Data analysis

The purpose of data analysis is to reduce, organize and give meaning to data (Burns & Grove, 2005:551). The data captured on the audio equipment as well as field notes is transcribed, analyzed and translated verbatim according to the process of open coding as described by Burns & Grove (2005:548). Data will be analyzed such that it contributes towards the highest possible level of trustworthiness. As a qualitative researcher, the researcher will consider four criteria of trustworthiness, namely, credibility, transferability, dependability and confirmability. The researcher will provide a work protocol to a co-coder for independent analysis of data to be discussed so as to reach consensus on the results.

1.8.5 Ethical aspects

The ethical aspects are taken into consideration during the collection of data as guided by Brink (2008:37) and Burns & Grove (2005:189). As previously stated, the research will be conducted after approval has been obtained from the Ethics Committee of North-West University, and in addition, permission to conduct the study granted by the Rector of FSSON and the Dean of ECFSSON. Polit and Beck (2006:88) warn against the risk of exploitation of vulnerable groups as far as research is concerned. Undeniably, researchers need to consider potential misuse of their powerful positions in relation to vulnerable participants like student nurses (Bradbury-Jones & Alcock, 2009:195). Consequently, the student nurses in this research will not be influenced in any way because the researcher is presently not directly involved with the four year programme. There will be no fear of intimidation even if the student nurses withdraw from the study. No participant will receive any remuneration and there will be no discrimination against student nurses who refuse to answer some of the questions. In addition, a certificate of appreciation will be awarded to each participant, acknowledging their willingness to participate and sharing of their experience.

1.9 LITERATURE CONTROL

Literature control is done in order to verify the research findings against the existing literature, to highlight the findings which will come up from the research and also those that will not be found in the research (Burns & Grove, 2005:95).

A computer search is conducted using CINAL, MEDLINE, PREMIER and ERIC data bases. These are worldwide nursing information data bases. Search engines like Google, Science Direct and SA Publications are also used. The following key words are used: Mentoring, mentor, mentee, student nurse and clinical practice. Textbooks from the library of the researcher's study institution and from the campus library where the researcher is employed are examined, with the assistance of the librarians from both these institutions. Most of the literature searched is written in English, and some abstracts are written in both English and Afrikaans.

A detailed description of the application of the ethical principles will be discussed in chapter two.

1.10 RECOMMENDATIONS

The results of the research are used to recommend formulation of guidelines for mentoring of student nurses in the clinical practice.

1.11 SUMMARY

In chapter one, the researcher dealt with an overview of the research in order to give context to the problem, the significance of the research, the purpose of the research, the research question, the research objectives, paradigm perspective, the research design, and the intended methodology, as well as ethical considerations for the research. Chapter two will address the research design and methods in detail.

1.12 FORTHCOMING CHAPTERS

The forthcoming chapters will be laid out in this manner:

Chapter 2: Research design and method;

Chapter 3: Discussion of research findings and literature control;

Chapter 4: Conclusions, shortcomings and recommendations with reference to guidelines for mentoring of student nurses in the clinical practice.

CHAPTER 2: RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

In the previous chapter, the introduction, background and problem statement, significance of the study, purpose of the research, research question, research objectives, the paradigmatic perspectives as well as a brief orientation to the research design and methodology were discussed. The researcher highlighted the overall plan to obtain answers to the research question in order to gain new insights into the lived experiences of student nurses regarding mentoring in the clinical practice. In this chapter a detailed description of the research design and method will be given.

2.2 RESEARCH DESIGN

Burns & Grove (2005:734) describe research design as a “blue print” according to which data is collected, which guide the researcher in planning and implementing the research in a way that is most likely to achieve the intended goal and maximizes control over factors that could interfere with the validity of findings. This research follows a qualitative design, with the aim of exploring and describing the experiences of student nurses regarding mentoring in the clinical practice. Qualitative research, according to Burns and Grove (2005:52), is a systematic interactive subjective approach employed by the researcher in order to understand and give meaning to these experiences. While exploring and describing the data of the experiences of student nurses in the clinical practice, the researcher accumulates new data from the participants who are directly exposed to the specific context (Beukes et al., 2010:133). The context here refers to the place, time and orientation regarding the circumstances and situation in which this research occurs.

With this research, the context within which data will be collected is the ECFSSON in the Thabo Mofutsanyana district. Though autonomous, the ECFSSON is attached to the Mofumahali Manapo Mopeli Regional Hospital (MMMRH). It offers the following programmes:

- Bridging Course for Enrolled Nurses Leading to Registration as a General Nurse (R683).
- Diploma in Nursing (General, Psychiatry, Community) and Midwifery (R425).
- One-year Diploma in Midwifery (R254).

The student nurses are placed in both clinics and hospitals according to different disciplines. All students are registered with the South African Nursing Council as student nurses. The 12 weeks of allocation in each semester are shared between the following disciplines in the fourth year level:

- Ethos of Professional Practice (80 hours), General Nursing Practice (120 hours), Midwifery Nursing Practice (400 hours) and Psychiatric Nursing Practice (380 hours).

According to Mabuda *et al.* (2008:20), all clinical settings especially for the fourth year level student nurses, do provide students with satisfactory learning experience, but limited supportive environment. This is attributed to the shortage of professional nurses in the clinical practice. According to the student officer's records, the number of student nurses at the ECFSSON is 210, of which 27 are at the fourth year level.

2.3 RESEARCH METHOD

Polit & Beck (2006:731) refer to research methods as the techniques which the researcher uses to organize and structure a study in a systematic manner. A brief description of the research method was given in chapter one. In this chapter the following aspects are described in detail: sampling, data collection, data analysis, ethical aspects as well as trustworthiness.

2.3.1 Sampling

Sampling refers to the process of selecting a sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink, 2008:123).

For this research, a purposive, voluntary, all inclusive, sampling was done to select participants who met the set criteria and were willing to participate. The researcher makes a judgment regarding the participants to be selected, and these participants should understand the topic to be researched (Burns & Grove, 2005:352; Brink, 2008:133). The voluntary component refers to the fact that it is the participant's choice to participate or not. Sampling is carried out as follows:

2.3.1.1 Population

For the purposes of this research one population is identified, that is, a group of student nurses working in various disciplines, in their fourth year level of study. A detailed description of the sample, method of sampling and the sample size is discussed below.

2.3.1.2 Sample

Sample selection was based on the characteristics important to membership in the target population (Burns & Grove, 2005:342), that is, eligibility criteria. The sample will be fourth year student nurses, who have been allocated to the district and regional hospitals in the Thabo Mofutsanyana district. This group of students has been exposed to the clinical practice for a period of more than three years. Being in the final year of the four year programme (SANC R425), they will be able to give information on their experiences regarding mentoring in the clinical practice. At this level, they have already been exposed to different clinical setting, in clinics, community and hospitals. Specifically in their fourth year, they have covered a total of 4000 clinical hours from first to fourth year according to the FSSON curriculum, in the prescribed disciplines of medical, surgical, paediatric, maternity and psychiatric units, including clinics.

2.3.1.3 Sampling method

A purposive, voluntary sampling method is used (Burns & Grove 2005:352). The participants are selected based on knowledge for the purpose of sharing their knowledge of their experience with the researcher (Brink, 2008:134). The researcher recruits the participants personally, from the fourth year class at the ECFSSON. Invitations to the participants are personalized, so that each participant should feel the need to participate in the focus group interview. Furthermore, the invitation stresses that such participants have special experience or insights that will be of value to the study (Greeff, 2011:364). Therefore each participant receives an individual letter on the researcher's letterhead stationery. The voluntary aspect of participating in the research is explained to all students. Consent is obtained from those who show interest to participate. The inclusion/eligibility criteria are:

- being a fourth year student nurse at the ECFSSON;

- be registered with SANC in the four year programme (SANC R425 of 1985a);
- willingness to participate in the study voluntarily;
- having been or presently placed in the clinical learning environment in the hospital setting;
- placed in any of the disciplines (General, Community, Psychiatric Nursing and Midwifery).

The group is given comprehensive and precise information regarding its participation in the research, which includes the purpose of the research, what type of information is required, how participants were selected, potential benefits and risks, assurance of confidentiality, voluntary consent, the right to withdraw from the study at any stage (see Appendix D), and the researcher's contact information (Polit, Beck & Hungler, 2001:239). When the participants have fully understood and comprehended what their participation involves, the researcher documents the informed consent process by having participants sign the consent form (see Appendix F).

2.3.1.4 Sample Size

The sample size refers to the number of participants who are selected from the population and become participants in the process of collecting data. The sample size is determined by data saturation, that is, when themes and categories in the data become repetitive, and no new information is obtained (Polit & Beck, 2006:59). This is established when the meanings are clear and data is fully explored (Brink, 2008:136).

2.3.2 Data Collection

After the researcher has identified the sample for research, a full description of data collection will follow. This includes the researcher's role, co-facilitator's role, physical setting, and data collection method and field notes.

2.3.2.1 Researcher's role

The responsibility of the researcher is to ask for permission to conduct research in a designated area. In this research the researcher wrote letters to the following stakeholders, asking for permission to conduct research in the ECFSSON:

- The Department of Health (via the FSSON Rector) – (See Appendix B & C)
- The ECFSSON Dean (See Appendix B)

The research is conducted after permission has been granted (see Appendix B & C).

A student vocational counselor with experience in conducting group discussions and individual interview is approached and requested to take field notes during focus group interviews and also act as a co-facilitator. Then a request letter is written to the co-facilitator (See Appendix E) explaining his role in the research, including research objectives, purpose of research, benefits and the inclusion criteria for the participants as well as the ethical aspects regarding confidentiality. After the co-facilitator has agreed, the researcher arranges a briefing session for him and the participants to explain the purpose of research, method of data collection and the physical setting. The participants were informed that the interviews would be confidential and that their names would be protected. In addition, the participants were informed about the audio-tape to be used as the information they will give during the interviews would be recorded to ensure that no information is lost, and that the audio-tape would be kept confidential. Then each participant who volunteered to take part received a written invitation, acknowledging one's willingness to participate and informing of where and when the focus group interviews would take place.

On the days of the focus group interviews, the researcher and the co-facilitator arrived at the venue before the participants in order to organize the room and check the equipment to be used. The researcher will have ordered take-away for the convenience and comfort of the participants. The researcher organizes an audiotape and batteries as a back-up system in case the power fails during the interview process (Burns & Grove 2005:543). When the participants arrive, they are ushered into the room, greeted, welcomed and made comfortable. The researcher emphasizes the purpose of the research, reassures the participants of confidentiality and anonymity. On arrival, the researcher ensures that the participants have given written consent to participate in the research and also for the use of the audiotape. The researcher and the participants agree on the ground rules, such as, no cellular phones and distracting movements until the sessions are over. When the participants and both the researcher and interviewer are ready, the audiotape is switched on and the focus group interview begins.

2.3.2.2 Co - facilitator's role

The role of the co-facilitator is, according to Burns and Grove, (2005:544) as follows:

- to remain neutral and non-judgmental;
- to be a good listener and have good writing skill as he will be taking field notes.

2.3.2.3 Qualities of the co-facilitator

Presently he is employed as a senior vocational counselor at FSSON, stationed at ECFSSON. His area of responsibility is to provide counseling and academic support to student nurses, therefore he will be able co-facilitate and take field notes during the focus group interviews.

The vocational counselor is approached and requested to be the moderator in the focus group interviews, explaining his role and expectations. Then a personalized letter is sent to him electronically. He is also informed that transport back home will be provided for him.

2.3.2.4 Physical setting

According to Polit, Beck and Hungler (2001:265) the physical setting is a context within which human behavior unfolds and should not be constrained. This research is conducted at the ECFSSON in the Thabo Mofutsanyane District which is in the Eastern Free State. The researcher and co-facilitator ensure that the room is well-ventilated and conducive to data gathering. The seminar room is the same size as the normal classrooms. It is away from the classrooms as it is located on the first floor and quite distant from the Nurses' Home which can be noisy at times. The data will be collected from 16h00 when the school is out thus avoiding any potential disturbances. The chairs are arranged such that there is enough eye contact and good rapport during the focus group interviews. Care is taken that everybody is relaxed and comfortable, in a circle or U-shape formation (Burns & Grove, 2005:543), with no barrier or objects between them.

2.3.2.5 Duration of interviews

The focus group interviews are estimated to last for 45 minutes to an hour, allowance given up to one hour and a half, depending on how participants respond. The participants are requested to avail themselves for follow-up interviews should there be a need to do so.

2.3.2.6 Data collection method

Focus group interviewing is one of the qualitative data gathering techniques used to obtain general background information about the topic of interest. Greeff (2011:360) states that a focus group interview is conducted as an open conversation on a specific topic, in which each participant makes comments, asks questions, and there is good interaction between the participants, facilitator and co-facilitator. The author (Greeff 2011:365) also identifies a distinctive set of characteristics for effective focus group interviews as:

- Involving a small group of people (six to eight);
- Homogeneity;
- Conducted in series;
- Representing a data-gathering method;
- Producing qualitative data;
- A focused discussion.

The researcher has chosen this data gathering technique to ensure consistency in data collection. Using focus group interviews in qualitative research helps the researcher to concentrate on words and observations, so that at the end, one is able to describe people in natural situations (Sharif & Masoumi, 2005:2).

Audio-taped focus group interviews are undertaken with each group in the seminar room of the ECFSSON until data saturation is reached when the fourth focus group interview was conducted. In as much as the agreement is reached with the participants on the use of audio-tape, the tape is set such that it is away from the view of the participants, but where all the conversations can be captured. The researcher periodically keeps an eye on the audio-tape to ensure that digital recording is taking place.

The focus group interview starts with a briefing session, during which time the participants are told what the focus group interview is about, that is, how mentoring is conducted in the clinical practice. The participants are told that both positive and negative points of view are appreciated. Mentoring is explained according to the type of the research the researcher is doing. The participants are reminded as to who is supposed to do mentoring in the clinical practice so that they understand the focus of their discussion during the focus group interview.

Anonymity and confidentiality are assured to all participants during the process. Another assurance is that of keeping information safe after the research has been completed. The third assurance is that there are no risks involved with participating in the research. Lastly all participants are informed that they have liberty to withdraw their participation should they wish to do so, at any stage during the research process (See Appendix D). Furthermore, the expectations from each participant are clarified, and how the group discussion is to be facilitated. To foster discussion and good interaction, the research question is the introductory focus in each of the sessions (Manning, Cronin, Monaghan & Rawlings-Anderson, 2009:179). The opportunity is provided to the participants to voice their views on the topic to be discussed. (Burns & Grove, 2005:543).

Their opinions are sought as to what needs to be done to facilitate proper and acceptable mentoring of student nurses in the clinical practice. The topic includes open-ended questions that are related to the student nurses' clinical experiences, and are ordered from general to specific. The focus group interview guide is designed with the following question:

- "What are your experiences regarding mentoring in the clinical practice?"

The researcher observes the group members' interaction with one another, and uses communication skills such as questioning, clarification, reflection, and maintains eye contact to facilitate and encourage the participants to talk. The researcher also sustains an open, inclusive and permissive atmosphere in which all participants feel free to express their views (Osborne & Collins, 2001:444). Generally, notes are taken on the dynamics of the group. The co-facilitator takes notes to keep record of who is speaking to whom during the discussion, and also in case some participants are soft-spoken, or suddenly all participants speak at once.

2.3.2.7 Field Notes

Field notes consist of writing down of salient points that are reworked in detail later. Morse and Field (1998:91) add that these take form of reconstructions of interactions or descriptions of events. Soon after conducting each focus group interview, the researcher records observational and reflective notes as indicated by Greeff (2011:372), so that she does not forget some aspects that might affect research findings. As a matter of fact, the field notes include

descriptive notes, demographic notes and reflective notes (Nkhumane, 2008:33). Observational notes describe the behavior of the participants during the focus group interview, portraits the physical setting, and activities that occurred during the focus group interview (Polit & Beck, 2006:307).

Reflective notes are records of personal thoughts like speculations of incidents, feelings, problems encountered during the focus groups interview, ideas generated and what was more impressive during the process (Polit & Beck, 2006:307). The field notes are typed and attached to each transcription, making them ready for data analysis.

2.3.3 Data Analysis

Polit and Beck (2006:570) indicates that the aim of data analysis is to organize and structure data in such a way that meaningful conclusions are drawn. After the focus group discussions, data is transcribed verbatim and reviewed for errors and omissions. Transcriptions are reviewed against the tapes to ensure accuracy of the interview recordings. The mass data is then thoroughly synthesized, systematized, broken up, categorized, and analyzed (Rossouw 2005:90). The data is analyzed by open coding as described by Burns and Grove (2005:550-551).

- The transcripts are read through thoroughly to get the gist of the whole, keeping the question of the focus group interviews in mind.
- Words and themes are used as unit of analysis.
- The researcher re-reads the transcripts, now underlining the themes, words and phrases from the participants.
- All the ideas that come to mind are written down.
- The underlined themes are now selected and written down.
- The identified themes are then grouped into main categories and sub-categories.
- The researcher eliminates superfluous information in the themes that do not reconcile with one another.
- At the end of the analysis, the whole data is formulated in scientific terminology.

The researcher consults an independent co-coder to analyze the data. The following documents are sent to the co-coder;

- The proposal;

- The focus group interview schedule;
- The field notes;
- The set of transcripts.

The researcher and the co-coder work independently to analyze the data. For coding the transcripts, both go through the transcripts line by line and paragraph by paragraph, looking for significant statements and codes according to the topic addressed. Then both compare the various codes on differences and similarities and sort into categories. Jointly they decide on when to meet, discuss and reach consensus on the categories that emerged from the data and these categories are formulated into themes.

2.3.4 Literature Control

The literature is reviewed on the themes that emerged from the focus group interviews, in order to provide a scientific basis for the research, and highlight new insights gained from the research. The literature includes journals, books, relevant research reports and electronic databases. Conclusive statements are then formulated and described as the results of the study. This is discussed in detail in chapter three.

2.4 TRUSTWORTHINESS

Trustworthiness refers to the establishment of rigor in qualitative research. To address rigor specifically, the researcher uses relevant criteria and appropriate strategies to summarize how trustworthiness of this research was assured. The strategies of trustworthiness are applied, namely, credibility, transferability, dependability and confirmability (Polit & Beck, 2006:332-337). This ensures the rigor of research without compromising the relevance of the research. The application is discussed in table 2.1.

Table 2.1: Summary of standards, strategies, criteria and application by researcher, to ensure trustworthiness (Hlahane, 2003:25-27, Klopper, 2008:70 and Mofokeng, 2003:61-62).

EPISTEMOLOGICAL STANDARDS	STRATEGIES	CRITERIA	APPLICATION BY RESEARCHER
Truth value	Credibility	Prolonged engagement	<ul style="list-style-type: none"> • The researcher will establish a trusting relationship with the participants through explaining research objectives and process. • The researcher will spend enough time interviewing the participants to ensure prolonged engagement. • The research proposal will be discussed with the study supervisor to ensure peer examination. • Sociology lecturer well acquainted with group interviews. • A facilitator of group sessions at the University of North-West (Telematic programme).
		Peer examination	<ul style="list-style-type: none"> • All information drafted will be verified with participants for correctness and truth value.
Applicability	Transferability	Purposeful sampling	<ul style="list-style-type: none"> • Sample will be purposeful and people who are hands-on with mentoring will be chosen.
Consistency	Dependability	Stepwise replication	<ul style="list-style-type: none"> • Focus group discussions will be held with student nurses to compare data collected from the professional nurses to obtain the depth of the needs and expectations.
		Inquiry audit	<ul style="list-style-type: none"> • It will be possible to audit with the written transcripts' verbatim captured during the focus group interviews on audiotape.
Neutrality	Confirmability	Confirmability audit	<ul style="list-style-type: none"> • The research proposal will be evaluated by experts in qualitative research at the University of North West, Potchefstroom Campus. • Transcriptions and focus group interviews schedule will be made available for auditing.

2.5 ETHICAL CONSIDERATION

Ethical considerations refer to ensuring participants' rights to protection from harm, and also obtaining informed consent and the institutional review process (Klopper, 2008:71). The following ethical considerations ensure that the participants' rights are not violated (Brink 2008:32-35; Burns & Grove 2005:181-195; Polit *et al.*, 2001:31-38).

- The participants' self-determination is ensured by providing verbal and written information about the research;
- Participation is entirely voluntary;
- The participants are informed of the right to withdraw from the research if and when they so wish;
- Anonymity and confidentiality of the information provided are ensured, to enhance the participants' rights to privacy;
- The responses are not labeled, and participants remain anonymous in reports and publications of the research;
- The researcher does not allow any unauthorized person to gain access to the research data;
- The focus group facilitator is an ECFSSON vocational counselor who has no contact with participants in the clinical practice;
- The participants' right to fair selection and treatment is ensured by selecting them for reasons directly related to the problem to be studied, and they are not manipulated.

In addition, the researcher considers three issues of informed consent as recommended by Bradbury-Jones and Alcock (2009:194-195), that is, research contribution, research relationship and research impact.

- **Research Contribution**
 - Participants are informed that they will be contributing to the research project designed to gather knowledge that will not benefit them, but others in the future.
- **Research Relationship**
 - Participants are informed that the person that they will be giving consent to is the researcher, and that the role of being a nurse-educator will be temporarily relinquished.

- **Research impact (risks and benefits)**

- Understandably, research involves some risks or potential harm, although in most cases these are minimal (Polit & Beck 2006:92).
- Participants are ensured of the support by the researcher throughout the project, and the details of such support are given prior to data collection.
- Participants will learn more when they are actively involved in the research process.
- No direct benefits, except for a certificate of participation. However, for the student nurses to have the opportunity to verbalize their experiences may be therapeutic to the challenges they had during their journey to professionalism.

The researcher obtained ethical approval from the Ethics Committee of the NWU (Potchefstroom Campus) before data collection; certificate number NWU-00010-11-S1.

Written permission is requested from the Free State Department of Health via the office of the FSSON Rector, ECFSSON (Dean) (see Appendix B & C), and ECFSSON student nurses (see Appendix D). The full purpose of the research is explained to the participants and written consent is obtained (see Appendix F).

2.6 CLOSING REMARKS

To conclude this chapter, a detailed description of the research design, method, trustworthiness and ethical considerations was done. In the next chapter the researcher attends to the discussion of the research findings and literature control.

CHAPTER 3: DISCUSSION OF RESEARCH FINDINGS AND LITERATURE CONTROL

In chapter 2, the researcher described in detail the research design and process which was followed as well as the methods used to collect and analyze data.

3.1 INTRODUCTION

In this chapter, the researcher describes the results of this research (data collection, data analysis and research findings pertaining to the experiences of a group of student nurses regarding mentoring in the clinical practice). Examples of direct quotations from the focus group interviews enriched these findings which are confirmed with existing literature. The quotations also indicated those findings that are unique to this research and this culminated in conclusive statements regarding the objectives of this research:

- To explore and describe the experiences of student nurses regarding mentoring in the clinical practice.
- To make recommendations to the nursing college and clinical practical areas regarding mentoring student nurses in the clinical practice.

Not all of the 27 final year students were willing to participate, however, consent was obtained from those who were willing to participate and out of those, 4 focus group interviews were conducted comprising 7:6:6:5 participants respectively, plus a confirmatory group of 10 participants. The researcher conducted four 4 group interviews assisted by an independent co-facilitator, and an audiotape was used to record the student nurses' responses. The first group (pilot group) consisted of seven participants. The second and third groups each consisted of six participants, and the fourth group consisted of five participants. At that stage data saturation appeared to have been reached by means of repeating themes. The responses were later transcribed verbatim. An example of such a transcribed interview is provided in Appendix H. Field notes were taken after each interview and are presented in Appendix J. A decision was made to conduct another focus group interview with the participants involved in the previous groups to confirm the researcher's understanding of the data collected, to clarify unclear aspects and close information gaps identified and to enrich the research. Also this was done to verify and allow the student nurses to expand on inadequate descriptions of their experiences

regarding mentoring in the clinical practice (Mabuda *et al.*, 2008: 21). The decision was based on the following reasons:

- During the previous focus group interviews, the groups raised experiences pertaining to aspects which needed to be explored and clarified;
- In explorative research, insights are needed to increase the knowledge of the field of study (Burns & Grove 2005:357), which in this research is to explore and describe the experiences of student nurses regarding mentoring in the clinical practice;
- The clarifying focus group interview was decided upon as a form of triangulation which is described by Creswell (2005:252) as a process of corroborating evidence from different types of data (in this research focus group interview and field notes) to validate the accuracy of data and forming an important measure of trustworthiness.

3.2 DEMOGRAPHIC PROFILE

The section below discusses the demographic data for the participants from whom data was collected regarding age, gender, status (newly trained or previously trained) and the years spent on their training. The demographic data for the participants in the focus group interviews are illustrated in table 3.2.1 as follows:

Table 3.1: Demographic data of participants: Focus Group Interview

No. of Focus Group	No. of Participants	Gender & Race M: Male F: Female B: Black W: White	Age	Newly Trained	Previously Trained	Number of Years in Training
01	07	M: 03 F: 04 (All Black)	24-32yrs	06	01	03: (5 th Year) 04: (4 th Year)
02	06	M: 02 F: 04 B: 05 W: 01 (M)	23-24yrs	06	None	4 th Year
03	06	M:01 F: 05 (All Black)	24-33yrs	05	01	01: 6 th Year 02: 5 th Year 03: 4 th Year
04	05	M: 02 F: 03 (All Black)	24-35 yrs	02	03	01: 6 th Year 02: 5 th Year 02: 4 th Year
05	10	M: 03 F: 07	23-33yrs	02	08	03: 5 th Year 07: 4 th Year
	N=24	M=8 F=16		N=19	N=5	

Newly trained: Those who are straight from school, (matriculation).

Previously trained: The enrolled nursing auxiliaries

Group 05 was used as a conciliatory group. Diagram 3.1 illustrates the demographic of this group.

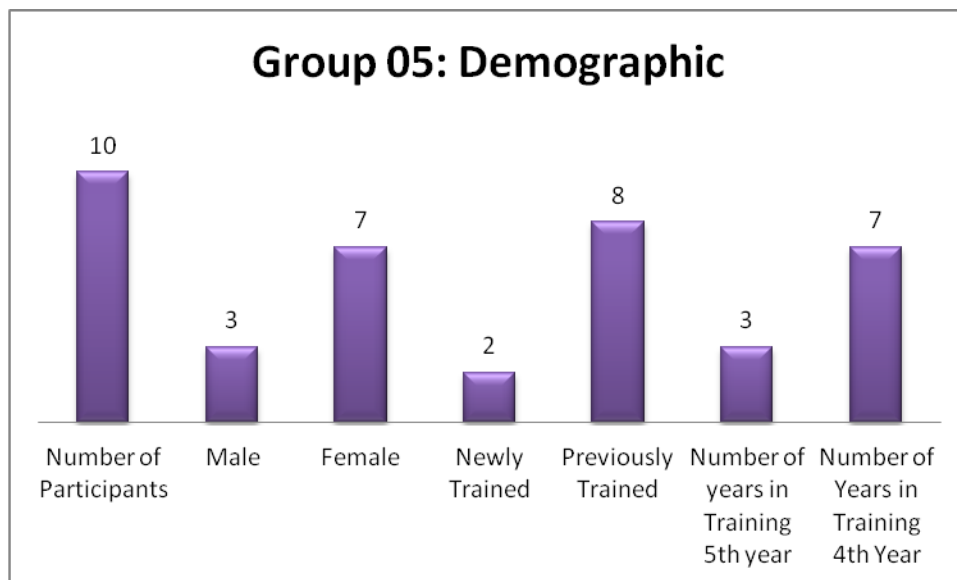


Diagram3.1: Group 5 Demographic

The results of the data collected from the focus group interviews are analyzed and discussed according to the identified themes and sub-themes.

3.3 REALIZATION OF DATA COLLECTION AND ANALYSIS

Data which the researcher collected from participants during four focus group interviews are analyzed by the researcher and an independent co-coder after reading all transcribed focus group interviews in order to get a sense of the whole. After a consensus decision, four major themes and 21 sub-themes are identified (Table 3.6). The findings of this research will be discussed with relevant quotations from the transcripts. Again, literature will be explored and brought in relation to the findings for either agreeing or disagreeing with the research. Each theme was condensed in a conclusive statement according to Burns and Grove (2005:116), that is, to serve as foundation for the development of guidelines to facilitate the mentoring of student nurses in the clinical practice in the Thabo Mofutsanyana District. The results of this research, along with the proposed guidelines will be presented to the Free State Head of Department for

Health, Rector of FSSON, ECFSSON management and nursing service management for possible implementation.

3.4 THEMES

The following four major themes were identified:

- Student nurses' experiences of being mentored in the clinical practice;
- Student nurses' experiences regarding mentoring by nursing personnel;
- Student nurses' experiences regarding mentoring in different disciplines;
- Student nurses' experiences regarding mentoring in different institutions.

3.4.1 THEME 1: Student nurses' experiences of being mentored in the clinical practice

This theme relates to how the student nurses perceived their experiences of being mentored in the clinical practice. Participants in this research verbalized their experience as one of both positive support and lack of it. The researcher appreciated the fact that in some institutions the student nurses are given the support they need in their preparation for professionalism. The first main theme of the experiences of student nurses regarding mentoring in the clinical practice is indicated in Table 3.2 below. The theme is further divided into five sub-themes.

Table 3.2: Student nurses' experiences of being mentored in the clinical practice

The 5 subthemes identified are:

- | |
|---|
| <ul style="list-style-type: none">• There is professional and personal maturity of student nurses;• There is increased self-esteem and confidence of student nurses;• Student nurses are able to attain autonomy/can work independently;• Mentoring facilitates students' competence; and• Lecturers, though good at mentoring, are not adequately mentoring student nurses in the clinical practice. |
|---|

- **There is professional and personal maturity of student nurses**

Student nurses in different focus group interviews perceived mentoring as having brought both professional and personal maturity in their journey to professionalism. Following the clarifying focus group interview, the group explained professional maturity as being able to do what is

professionally expected, such as being more competent in one's undertaking, being able to set and follow proper rules, and paying attention to how one conducts oneself when interacting with other people. They mentioned that in as much as the journey has been long, but with the guidance and support they received, they have grown to be where they are. Some participants could not believe that they were nearing the end of their training as they compared themselves with the period when they started training when the outlook seemed dark. The researcher broke the ice with a general question, "How does it feel to be a finalist in the four year programme after being mentored?" Initially the groups felt uneasy, surprised, and laughter followed. Then the researcher followed with the direct question, "What are your experiences regarding mentoring in the clinical practice?" This generated more specific and general answers which needed prompting by the researcher. The participants' description of their experience is illustrated by direct quotations as in the text box. Field notes are inserted in brackets.

"It feels exciting, (looking happy), knowing that you are going to be independent."
"...reaching professional maturity, growing and developing to be a professional nurse."
"...like being responsible and show professional maturity."
"At the beginning I was not clear about things, but now as I will be on my own, people should feel safe in my care."
"Feels like a great feeling. It has been dark throughout, but now there is light at the end of the tunnel."
"Professional maturity means to be more competent in your undertaking, being able to set and follow rules and pay attention at how you conduct yourself in the unit."
"Professional maturity means being able to do what is professionally expected of you at a given time."

Vance (2003:43) confirms that it's not only nurses, but people in every field of work who believe that establishing strong mentor connections is essential to success and satisfaction. She further re-iterates that as human beings we require human relationships of caring, support and encouragement that come from good mentors, be it friends, family or colleagues. In this research, student nurses were expressing their views concerning mentoring in the clinical practice. Allen (2002:440) also added that personal and professional relationships constitute the reciprocal, the interactive process of learning that connects us so we can reach our heights and grow together. According to Mills *et al.* (2005:2), professional and personal growth is achieved through one-to-one, reciprocal career development relationships between two people,

diverse in age, personality, life cycle and professional status. It seems clear then, that mentoring promotes the growth and development in student nurses who are the future leaders of the nursing profession (Smith *et al.*, 2001:104).

- **There is increased self-esteem and confidence of student nurses**

It emerged in the focus group discussions that student nurses who are well mentored experience increased self-esteem and also that good mentoring builds their confidence. Participants experienced that due to being mentored, they were no longer shy and felt ready to serve the community. Coincidentally, this feeling supports the motto of the FSSON which is; “Enter to learn, depart to serve”. This feeling that student nurses have increased self-esteem and confidence is confirmed by the direct quotations from the transcripts:

“Mentoring builds self-esteem and confidence in student nurses.”

“At first year my confidence was low, and I was very shy, but now, I feel ready to serve. I can even start my community service tomorrow.”

“I feel ready and confident to go out. I can do many things now.”

It is believed that student nurses need to experience a sense of ‘belonging’ within the team they are placed with in order to boost their self-image, confidence, motivation and self-efficacy. This is supported by Casey and Clark (2011:934) in that mentors need to ensure that student nurses feel supported and involved as valued members of the team, because if student nurses feel marginalized or excluded from the team, they become dysfunctional. Further encouragement is given by Li *et al.* (2011:209) that clinical teachers need to encourage mentees’ self-confidence so that mentees can become mentors in the future. The outcomes of mentoring in the research done by Gordon (2000:32), “on the road to success with a mentor,” include increased self-esteem, increased job-satisfaction and increased work productivity. This researcher further indicated that after the mentee participates in the mentoring process, the mentee develops an attitude of continuous improvement and also participates in other career development activities. This confirms why some student nurses perceive good mentoring as having a positive impact in building their self-confidence and also believing that they would have no difficulty fitting into the workplace (Kelly & Ahern, 2009:916).

- **Student nurses are able to attain autonomy**

During the focus group interviews, some participants indicated that being mentored in the clinical practice has helped them to attain autonomy in that they feel confident to work independently. One participant felt that there is a vast difference between the first and the fourth year of study in terms of gaining independence. The following direct quotations from the transcripts indicate what these student nurses said during the focus group interviews:

“Student nurses develop a sense of independence.”

“Being a fourth year student means to be more independent unlike when you are in first year.”

It is the role of the mentor to support the mentee to become autonomous in life (Orland-Barak & Hasin, 2009:433), so that the mentee’s learning is seen to advance. One participant indicated that the unfortunate part about mentoring is that when one gets used to the mentor, then there is routine re-shuffling of the nursing personnel, either of them moves to another unit and that relationship gets interrupted. This sometimes causes frustration when the mentor and mentee work together for only a short period of time (Haitana & Bland, 2011:9). These researchers further indicate that no matter how short the period of interaction between the mentor and mentee, it still helps to promote autonomy, raise motivation and encourage reflection from the student nurses. Wang and Odell (2006:475) also reiterate that mentors need to support mentees emotionally and psychologically for the mentees to develop their self-confidence.

- **Mentoring facilitates student nurses’ competence**

In some groups good feelings about mentoring were verbalized, such that they feel competent enough to be on their own. It was agreed that mentoring is not an easy process, has many challenges, but eventually one becomes an achiever in the end. These experiences of feeling competent are illustrated in the textbox as follows:

“Mentoring facilitates student’s development and competence.”

“Though it is challenging, but mentoring it was like a great achievement.”

It is believed that the one-to-one relationship can contribute to the development of the students’ self-confidence and competence. According to Luhanga *et al.* (2010:4), the competence

achieved by student nurses from mentoring can assist them in performing clinical skills and promote their ability to think critically. Glover (2000) as quoted by Hsu (2006:624) advises that clinical teachers should offer guidance and help student nurses achieve their learning objectives and demonstrate competence.

- **Lecturers, though good mentors, are not adequately mentoring student nurses in the clinical practice**

Lecturers need to find creative ways to help student nurses experience satisfaction through adjustment to the clinical practice (Mochaki, 2001:122). However the opinion was voiced that, lecturers are good at mentoring and motivating student nurses, but student nurses were not satisfied with the way lecturers conducted mentoring in the clinical practice, because the lecturers were not coming to accompany them as often as they should. The opinion was expressed that lecturers should come at least twice a week, not just to supervise feedbacks, but also to check on how student nurses are 'holding up' in the clinical practice. Student nurses further indicated that they felt lecturers do not devote enough time to be with student nurses in the clinical practice. They expressed their concerns in this fashion:

“Lecturers do accompaniment also. They give us hope and motivate us to go on.”

“In fact lecturers are good mentors and motivators, and will correct you on the wrong things you do.”

“I think ma’am, the lecturers also, are not doing enough, and they are not adequately following students in the clinical practice.”

“Lecturers only come once in a while, and they do not assist the students with problems in the clinical practice.”

“The lecturers should come more often, not only when they come to evaluate students.”

“Tutors do not come often, and that makes students to be anxious.”

“If students are placed in a unit, lecturers should come at least twice a week, not just to supervise the procedures only, but to check on how students are doing, how students are holding on and how they are treated in the unit.”

“Lecturers should sometimes come and stay for a day with students, to see how students go through their clinical practice.”

The SANC's minimum requirements and guidelines relating to clinical learning (SANC 1994:9) states that; *the overall objective of clinical practice is to provide student nurses with meaningful learning opportunities in every area of placement according to the level of training, to ensure that on completion of the programme the student nurses are able to function effectively.*

This means that support systems should be available for student nurses in the clinical practice because clinical teaching is seen as the core of professional nurse education. According to Anderson (2011:49), the lecturers need to be reminded that student nurses learn best (as adult learners), in an atmosphere where there is support and guidance from mentors. Lekhuleni *et al.* (2004:19) state clearly that lecturers are charged with the responsibility of bridging the gap between the 'world of academia' and service in clinical settings during student accompaniment. There should be a relationship between the theory presented and practice anticipated to facilitate the integration of theory and practice by student nurses during clinical placement and accompaniment.

Conclusive statement for theme 1:

The student nurses have experienced both positive and negative aspects of mentoring in the clinical practice. They feel they have grown to be competent with the minimal mentoring that they have received, but feel that if all stakeholders played their part, they would have been better mentored. There is a strong feeling that there should be collaboration between the nursing service and nursing education to facilitate good mentoring of student nurses in the clinical practice.

3.4.2 THEME 2: Student nurses' experiences regarding mentoring by nursing personnel

The second main theme is that of the experiences of student nurses regarding personnel as indicated in Table 3.3 below.

In this theme, student nurses expressed their experiences about the manner in which they were mentored by different personnel in the clinical practice. The second theme could be divided into eight sub-themes as shown in Table 3.3 below:

Table 3.3: Student nurses' experiences regarding mentoring by nursing personnel

The 8 subthemes are identified are:

- Some professional nurses do mentor student nurses in the clinical practice;
- Student nurses are mentored by lower categories of nurses, such as enrolled nurses and enrolled nursing auxiliaries, as well as their peers;
- The majority of professional nurses have negative attitude towards student nurses;
- Professional nurses are not willing to teach student nurses;
- Some professional nurses lack confidence and are unapproachable;
- Some professional nurses are afraid of student nurses and feel threatened as well as intimidated by the student nurses;
- Some professional nurses do not perform tasks according to set standards
- Sometimes student nurses also have negative attitude and are not eager to learn.

- **Some professional nurses do mentor student nurses in the clinical practice**

Of the focus group interviews conducted, few participants had a convincing opinion of how professional nurses mentored them in the clinical practice. It was only in a few instances that the professional nurses were considered supportive to student nurses. During the clarifying focus group interview the participants indicated that some professional nurses would literally take students by hand and show them how to do specific duties in the unit no matter how busy their schedule. The following quotes support this finding:

“Some professional nurses do give us some support.”

“I can agree that mentors differ. Others will remind you about the objectives and check how many have been covered”

“The professional nurse would literally take you by hand and show you how to do the work in the unit, no matter how busy one’s schedule can be, but one would fit you in as a student.”

“Even when you ask a question about use of apparatus, (smiling) that professional nurse understands that you are a student and will remind you how different apparatus work.”

Anderson (2011:49) brings about the reminder of how adults learn. This author states that adults learn best when the theory is combined with practice, in an atmosphere which is conducive to learning and all parties have mutual respect and trust. In this research, student nurses indicated that mentors differ, as others show minimal interest in their learning by

reminding them to complete their learning objectives, whereas what they feel they need most is guidance and support from the mentor in the clinical practice. This is supported by Wang and Odell (2006:476) who reiterate that the mentors need to demonstrate and articulate practical knowledge to student nurses, and only decrease their influence as the student nurses gain confidence, like in their final year of study.

- **Student nurses are mentored by lower categories such as enrolled nurses, enrolled nursing auxiliaries, as well as their peers**

Almost all participants agreed with one another that they were supported and socialized in the profession by their peers and lower categories, enrolled nurses and enrolled nursing auxiliaries. They even added that their peers and lower categories are always available and always willing to guide and support them. These experiences are confirmed by the following direct quotes from the transcripts:

“As for me, I have learned some things from other categories of nurses, especially lower categories; they have helped us in some areas.”
“We get support from enrolled nurses and enrolled nursing auxiliaries.”
“The subcategories are very helpful at the beginning.”
“Enrolled nursing auxiliaries are always there and willing to help (looking at the colleagues for assurance). In fact they are doing the work of the professional nurses.”
“Our peers are the ones that have helped us.”
“In fact, we get support and assistance from our peers, our seniors.”
“The other student who’s doing one year midwifery explained it to me.”

Gilmour *et al.* (2006:5) defines mentoring as a mentoring relationship where the mentor and mentee are similar in terms of age and/or status. They further indicated that it is this peer mentoring where senior student nurses orientate junior student nurses into new clinical settings, providing the junior student nurses with support to the extent that mentees report reduced anxiety during adjustment in the clinical practice. This is supported by Allen (2002:440) in articulating that peer-to-peer mentoring was found to be more effective and popular compared to mentoring by other known mentors. These authors are further supported by various other researchers who found that peer mentoring relationships are important in nursing and regard these relationships as teaching the value of collegiality between senior and junior student

nurses, thus reducing burn out on the junior student nurses (Byrne & Keefe, 2002:394; and Riley & Fearing, 2009:230). Masamura *et al.*, as quoted by Li *et al.* (2010:204) in their research exploring Japanese nursing students in the clinical practice, concluded that student nurses who have had good interaction with other student nurses had lower stress level than those who had little mentoring or none.

- **The majority of professional nurses have negative attitudes towards student nurses**

Feelings of shock and dismay were expressed as participants articulated how they have experienced the negative attitudes of most professional nurses in the clinical practice towards them. Others went to the extent of actually eliciting some emotions like anger and crying (see field notes – Appendix J) when they related their experiences with mentoring by professional nurses in the clinical practice. What became clear in their expression was that of professional jealousy from the professional nurses where the issue of qualifications is concerned. During the clarifying focus group interview, the participants explained that those professional nurses who are single qualified (who did the Bridging course only), have negative attitudes towards students who are pursuing a 4 year programme because these students become comprehensively trained. They verbalized this tension in this manner:

“To be honest, the majority of professional nurses have negative attitude towards student nurses.”

“You know, (in a trembling voice, blinking away tears), just asking a simple question, the sisters ignore you. Nna, I feel that I was not properly mentored.”

“Sometimes the mentors shout at you when they have to do what they are supposed to do, they mentor just for the sake of doing it.”

(Displaying uncaring attitude) “You are treated like you are useless.”

“This difference in training brings jealousy. You see, there is bad attitude between the professional nurses who done Diploma then Bridging and those who have done a four-year programme.”

“The professional nurses think students learn only theoretical content, and that’s bad attitude.”

“Certain professional nurses who have done Bridging course tell us that 4 year course is so useless, and that there is nothing special about it.”

“There are many remarks, (grinning), like that student nurses get paid with the professional

nurses' taxes, and that sisters who have done 4 year course are 'half-cooked.'

"...the professional nurse, instead of showing me or instructing me what to do, she literally pushed me and then assisted the woman to deliver herself."

The student nurses expressed these negative experiences which were characterized by negative emotions such as anger, embarrassment and unhappiness. According to Mabuda *et al.* (2008:24) this negative attitude of professional nurses towards student nurses can compromise open and honest interaction between students and personnel which can impact negatively on student learning and even patient care. Waldock (2010:14) believes that it is the negative attitudes and behaviors of professional nurses in clinical practice that have the most profound effect on student nurses in the clinical practice. This author has found that the key to effective communication between the mentors and mentees is forming good relationships during clinical teaching, as negative experiences develop where professional nurses conditionally accept student nurses and make them feel rejected and devalued (Waldock, 2010:16). Killam *et al.* (2010:30) further add that such unprofessional behaviour of professional nurses towards student nurses might create what is called unsafe students, which is characterized by unprofessional behaviour such as dishonesty and disrespect. These authors advise that professional nurses should strive to assist student nurses to develop professional knowledge, attitudes and practices for them to be trusted with patient care.

- **Professional nurses are not willing to teach student nurses**

Most participants felt that they were being undermined by professional nurses who are supposed to mentor them in the clinical practice. Other student nurses verbalized that there were times when they felt that they have followed the wrong profession. The participants were worried that inasmuch as there are complaints of a shortage of professional nurses in the clinical practice, there are times when wards are quiet and one would expect that professional nurses would utilize that time to teach student nurses, only to find that professional nurses just sit and chat, with no one willing to teach student nurses. This is how some of the participants expressed their experiences:

"You find that others say (in a critical manner), 'at fourth year you must know everything.'"

"Professional nurses don't know students' competences as compared to lecturers."

“Mentors in the wards need to be evaluated too; (starring at others); they tend not to follow our objectives.”

“When the ward is quiet students are not given attention (shrugging shoulders). People will sit and chat, no one willing to teach.”

“You are expected to run after the professional nurse (showing with hands) to be shown the procedure you do not know.”

“Other professional nurses feel they that they are not there to teach because lecturers can do it.”

“When you are in first year the personnel are not eager to teach you; they see you as nobody, and you feel like you are in the wrong profession.”

“...I asked her how I was going to get whatever I was looking for, and then she said ‘if I wanted to be a tutor, I should have done nursing education, and so I am not a tutor! Your tutor at the college should have taught you before you came here.’

... She never explained anything.”

Duffy (2004:1021) gives a reminder that mentoring is a personal choice, to be either a good or a bad teacher, as everybody is a teacher. So, as mentors, the professional nurses have to be open to lifelong learning in order to be good teachers. This is supported by Waldock (2010:14), who emphasizes that teaching has become an important part of the professional nurse’s role, including facilitation of student learning in the clinical practice, and confirms that the mentors need to be better prepared so that they feel comfortable and enjoy their role as facilitators of student learning in the clinical practice. Vance (2003:43) goes further to give a warning that mentors who refuse to support or assist mentees, actually destroy or limit growth and potential of the future professional nurses. This author recommends that professional nurses should adopt a ‘mentoring mentality’ of openness and desire to teach and learn from the mentees they come into contact with. Gordon (2000:30) summarizes this argument well in referring to the mentor as someone who takes a special interest in helping another person develop into a successful professional. The results of research done of Eby *et al.* (2006:286) indicate that when mentors perceive that they are held to be more accountable to students’ learning, rather than their routine work, their willingness to mentor becomes less and less as time goes on, until they are totally unwilling to mentor student nurses in the clinical practice.

- **Some professional nurses lack confidence and are unapproachable**

In addition to the experiences that professional nurses have negative attitudes towards student nurses and the fact that they further refuse to teach them, it emerged that a further complaint is that professional nurses are seen to be lacking confidence and are unapproachable. The researcher probed this in the clarifying focus group interview, and the participants indicated that sometimes when student nurses ask to be guided on a certain skill, they would literally be pushed aside and the professional nurse then completes the task. In their view, this is not assisting because they do not want things to be done for them, but to be guided by the professional nurse as to how things are done. The following are supportive statements from the transcripts:

(Nodding head) "I can say there are few professional nurses who are willing to teach. Some are not willing to show you anything and they are not approachable"

"To be honest, students are being abused even at fourth year level. You'll be sent around, and then lose focus of your objectives."

(Low and pleading tone of voice) "You only get demonstrations when you are in good terms with the professional nurse or there's not much to do."

"...As students ma'am we need to be shown how things are done, not that things should be done for us. To me that professional nurse lacked confidence in her teaching skill."

"...professional nurse who'll shout at everybody for no apparent reason (shaking head). Such a professional nurse, we would not bother to ask her anything, we'll learn by trial and error."

Mentors are the ones who should provide vision to their mentees and also believe in the students' capabilities (Moulton, 2005:29). On the contrary, student nurses felt that professional nurses cover their lack of confidence by becoming unapproachable so that student nurses do not ask questions they feel they will not be able to answer. Gray and Smith (2000:1546) confirms this by referring to such mentors as 'poor' mentors who display the following characteristics; they break promises, lack knowledge and expertise, have poor teaching skills and have no structure in their teaching. As a result, students note that such poor mentors often dislike their jobs and obviously do not like student nurses. These are the reasons that these inept mentors become distant, less friendly and intimidate student nurses.

- **Some professional nurses are afraid of student nurses and feel threatened and intimidated by them**

Some student nurses hold the opinion that some professional nurses feel threatened and intimidated by the presence of student nurses in the clinical practice, especially those who are about to qualify. In the clarifying focus group interview, the participants further explained that the fear from the professional nurses is due to the fact that student nurses understand and insist on doing the correct steps of the procedures, and also query what they observe to be the incorrect way of doing procedures by professional nurses. They further indicated that when it comes to procedures, professional nurses take 'short cuts', so if students are present this habit becomes a problem when student nurses challenge incorrect procedures, and this poses a threat to the professional nurses. This was evidenced by the following statements:

"Maybe professional nurses were never mentored themselves; (frowning) now they are transmitting this to students."

"Ma'am, the professional nurses are jealous of us student nurses (with emphasis), they are afraid of us and feel threatened."

"Other professional nurses get irritated when asked to demonstrate, to the point of pushing you around."

"Student nurses often know the correct thing or correct steps of the procedures, and they query the way procedures are done by the professional nurses."

"Actually the professional nurses do 'short cut' when it comes to procedures (all laughing). Now, when students are there, it becomes a problem and poses a threat to professional nurses."

Little was found in the literature that confirms that professional nurses sometimes feel threatened and intimidated by student nurses. Vance (2003:43) advises that mentors, in adopting a mentoring mentality, should adopt an attitude of collaboration as opposed to competing with their mentees.

- **Some professional nurses do not perform tasks according to set standards**

The responsibility of the professional nurse in the clinical practice is to perform duties according to set standards, especially when student nurses are present so that they are not misled. The

participants in this research verbalized a lack of compliance with this criterion from the perspective of the professional nurses. They expressed their views in this manner:

“One woman was not cooperative during delivery. This sister just got on top of the woman sat on the chest of the woman, jo! and forced her to push (demonstrating). Now what should I do when I get the woman who is not cooperative? Should I also sit on top of her and force her to push? Hayi! Such a sister (shaking head in disagreement) it’s difficult to approach her.”

“...one sister actually pinched the thighs of a woman with an artery forceps. How can you approach such a professional nurse ma’am?”

“...professional nurses tell student nurses that whatever they do is wrong. They don’t have time to do right things because of the shortage.”

The student nurses learn effectively in an environment where they are conversant with set standards so that they relate their evaluation and assessment based on the set standards (Kilminster & Jolly, 2000:827). In trying to meet those standards, student nurses expect to be assisted and corrected, especially when they make mistakes while developing from dependency towards independency, not to be criticized in front of everyone and suffer humiliation (Lekhuleni *et al.*, 2004:18).

- **Sometimes student nurses have negative attitudes and are not eager to learn**

It is evident that teaching and learning go together (Gopee, 2008:404), and student nurses themselves need to maximize their learning in order to achieve their learning objectives within the scheduled period of placement in the clinical practice. Student nurses taking part in this research agreed that they also need to take responsibility for their learning so that it becomes a two-way process. They also need to bear in mind that they should not harbor negative attitudes because that will affect their learning in the clinical practice. They expressed their views in the following manner:

“Ma’am, (shaking head) I don’t have trust in professional nurses.”

“Students also have to show eagerness to learn.”

“...in some instances where students absent themselves from the clinical practice.”

“Some students tend to be negative towards things that can build them.”

Success of clinical placement of student nurses is influenced by their attitudes as shown by their motivation, desire and willingness to learn (Waldock, 2010:16). Smith *et al.* (2001:101) indicate that mentoring involves a reciprocal relationship of teaching and learning between people positioned at different levels, with different ages and personalities. This view is supported by Mills *et al.* (2005:4), who state that both mentoring and clinical supervision, require similar levels of commitment from both mentor and mentee for the mentoring relationship to be well established. Both mentor and mentee learn from each other, and give support when mistakes are made. As mentees are in the learning process, it is imperative that they possess interest and willingness to learn (Allen, 2002:442), use feedback wisely, and take advantage of opportunities presented for learning. This is supported by Hallin and Danielson (2010:6) who state that students need to have knowledge and be willing to learn in order to progress in their clinical learning. Banschbach (2008:175) asserts that student nurses bring certain qualities to the mentor-mentee relationship, and should take responsibility for their clinical learning. Sometimes student nurses lack motivation and tend to spend less time and effort in clinical learning. It is the mentor's role to help student nurses put their knowledge and skill into practice through clinical teaching and support (Waldock 2010:16).

Conclusive statement for theme 2:

Student nurses experienced that different nursing personnel played different roles in mentoring them, though the people who were supposed to take more responsibility (professional nurses), were not up to standard. The professional nurses lack confidence, have a negative attitude towards student nurses and are unapproachable. However, student nurses also hold themselves responsible for their learning hence they need to show interest and eagerness to learn.

3.4.3 THEME 3: Student nurses' experiences regarding mentoring in different disciplines.

The third main theme is that of the experiences of student nurses regarding mentoring in different disciplines as indicated in Table 3.4 below. This theme could be further divided into five sub-themes as shown in the table below.

Table 3.4: Student nurses' experiences regarding mentoring in different disciplines

The 5 subthemes identified are:

- In Primary Health Care (Community Nursing Science), there is good mentoring;
- In psychiatric units (Psychiatric Nursing Science) student nurses gain new knowledge even though there is little mentoring;
- In maternity units (Midwifery Nursing Science) student nurses found information to be interesting and practical though some student nurses were not mentored;
- In general units (General Nursing Science) some professional nurses are good mentors but there is neither orientation nor mentoring;
- In critical care units student nurses find information and nursing care to be complex and there is no mentoring.

The four main disciplines covered in the four-year programme are General Nursing Science, Psychiatric Nursing Science, Community Nursing Science and Midwifery Nursing Science. Since these are comprehensive, they are expressed as Nursing (General, Psychiatry, Community) and Midwifery (SANC, 1985). General Nursing Science stretches from first year (Fundamental Nursing Science), then General Nursing Science from second to fourth year. Students do Psychiatric Nursing Science in third year and fourth year. Community Nursing Science is done from first year to third year, while Midwifery Nursing Science is also done in third year and fourth year. Student nurses indicated that they receive different mentoring practices from different placements to cover their objectives for different disciplines. Casey and Clark (2011:933) affirm that it is an important part of registered nurses, midwives and community practitioners to supervise and support student nurses in the clinical practice.

- **In Primary Health Care (Community Nursing Science), there is good mentoring**

Most student nurses were satisfied about the manner in which they were mentored to cover the objectives of Community Nursing Science. Their views were expressed as:

“In Primary Health Care (clinics), it is better because you receive more attention and support. There is always assistance as there is a sister in all cubicles.”

“In the clinics, there is a professional nurse in each cubicle who works with students, showing them how to take history, do physical examination, diagnosing and prescribing. In hospital the

situation is different.”

No literature was traced which is specific in supporting the above sub-theme.

- **In Psychiatric units (Psychiatric Nursing Science), student nurses gain new knowledge even though there is little mentoring**

As indicated above, student nurses begin Psychiatric Nursing Science in their third year of study, and so they find the information to be new and challenging. The fact that a diagnosis is not made by any one person, but rather by a multidisciplinary team, makes the student love the new challenge of working in the psychiatric unit. On the contrary, though, one participant mentioned that due to lack of mentoring in this discipline; he cannot be comfortable working in the Psychiatric unit. The views were expressed as follows:

“Again, in Psychiatric wards I acquired a lot of new information.”

“In psychiatric unit the diagnosis of patients involves many professionals (multidisciplinary team) and the students are included in the process and you find that your input is valuable and well considered.”

“With me I don’t feel competent in Psychiatry, there was little mentoring, as a result, I cannot be comfortable working there.”

Saarikoski (2003:1021) affirms that psychiatric nursing has something to contribute to other fields of nursing, because it has developed a tradition of individualized culture of supervision. Unlike in other units, psychiatric unit student nurses are afforded the opportunity to discuss with their mentors about their experiences and emotions. This is also enhanced by the on-to-one relationship that is essential practice in these units. As a result, psychiatric units are sometimes regarded as the best learning environment for student nurses. According to Williamson *et al.* (2010:832), student nurses enjoy being placed where they can learn new knowledge and skills progressively. Despite this practice of mentoring, some student nurses still felt that they were not properly mentored in the psychiatric units.

- **In maternity units (Midwifery Nursing Science) student nurses found information to be interesting and practical though some student nurses were not mentored**

Some student nurses expressed the fact that it was easy for them to adjust to the maternity units and they found this discipline interesting and practical. However, some student nurses indicated that they were not mentored in these units, expressing their views as:

“I feel I was better mentored in maternity wards, and Midwifery is interesting.”

“Yes, finding yourself delivering a baby for the first time was an amazing experience.”

“In theory yes, but in practice, I was just pushing myself.”

“Midwifery theory was good, but practice! I struggled at first, but later, I tried very hard on my own, and gained confidence.”

“Midwifery is still a challenge for me especially practice, I’m not confident enough.”

“...you just wait for another woman in labour, and pray that you get another person to guide you.”

“...I’m left-handed. So while I was assisting the woman to deliver I stood on the other side. The professional nurse, without verifying with me why I was standing on the ‘wrong’ side, when the woman started to push, she just pushed me aside, took over and delivered the baby”

According to Casey and Clarke (2011:933), the Nursing and Midwifery Council (NMC) code of conduct reminds registered nurses that they have obligations towards teaching student nurses in the clinical practice.

- **In General units (General Nursing Science) some professional nurses are good mentors, but there is neither orientation, nor mentoring**

As in other units, student nurses had differing views about how they were mentored in general units and had different opinions which were evidenced in the following quotes from the transcripts:

“Well in ... Surgical, most of the sisters are good mentors.”

“..., there is no orientation in the wards; as a result, there is no proper mentoring.”

“In ... Ward, there was this professional nurse who was so supportive. She was good in patient care and very strict with procedures and ward routine. Everybody loved her. (Smiling) She’s my role model.”

“In first year you don’t know what is expected of you. You are not orientated on the operations, equipment and building, but sent to collect blood from the building you don’t know, or take

books to the matron you don't know and have never met.”

“...In a surgical ward I asked the professional nurse to show me..., she refused and said she'll teach me 'today' and 'tomorrow' (meaning next year), I'll come back being a professional nurse and 'earn' a better salary than hers, so she did not want 'spoil me.’”

Though not specific to the general units, some literature does support this view as indicated by Gray and Smith (2000:1547) that student nurses need good mentors who spend quality time with them, and also value their contribution to patient care and are role models. However, student nurses need to be orientated before they can be requested to perform the tasks, no matter how minor the task is perceived to be. Beskine (2009:36) gives a reminder that it is the mentors' responsibility to establish an effective working relationship with the student nurses, and this can be accomplished when student nurses are well orientated in the unit where they are placed for practice.

- **In Critical Care units student nurses find information and nursing care to be complex and there is no mentoring**

Student nurses are placed in the critical care units for a period of 120 hours, especially in their fourth year level, according to the FSSON curriculum. It is based on the fact that they lack confidence in these units as they are placed for a short period and the information gained here is new and complicated, that participants expressed these quotes:

“In ICU I'm lacking confidence. The information is new and complicated.”

“... The period of allocation is too short ...there is a lot of equipment that students do not know how to use.”

“... There is no proper correlation of theory with practice because as students we are not doing Intensive Care Unit course.”

The researcher did not find literature to support this view.

Conclusive statement on theme 3:

The student nurses experienced different practices of mentoring from different disciplines; hence they have different interests even in the areas they would like to work in once they qualify. But, in general, mentoring needs to be improved in the clinical practice so that student nurses complete their studies being confident in all disciplines.

3.4.4. THEME 4: Student nurses' experiences regarding mentoring in different institutions

The 4th main theme is that of experiences of student nurses regarding mentoring in different institutions as indicated in Table 3.5 below.

The 4th theme could be further divided into 3 sub-themes as shown in Table 3.5 below.

Table 3.5: Student nurses' experiences regarding mentoring in different institutions.

The study conducted by Waterson *et al.* (2006:60) in the North-West province reveals that effective integration of theory with practice provides the student nurses with a meaningful and humane experience. They further advise that clinical facilitators need to create an environment that promotes the integration of knowledge, skills, attitudes and values for rendering holistic and comprehensive patient care. The following statements summarize how student nurses found mentoring to be in different institutions.

The 3 subthemes identified are:

- Student nurses have found better mentoring in the clinics;
- Student nurses have experienced minimal mentoring in hospitals, and lack of respect by professional nurses in some institutions;
- Some professional nurses in other institutions are incompetent.

- **Student nurses have found better mentoring in the clinics**

Student nurses are placed in the primary health care clinics which deal mainly with preventative and promotive level of care as most patients start at the clinics before they can be referred for more advanced care in hospitals. At these clinics, the professional nurses who are primary

health care- trained assess and examine patients and also prescribe treatment. If patients need further intervention, they are referred to the clinic doctor who comes once a week or if urgent, these patients are referred to either district or regional hospitals for further management. Student nurses are placed in these clinics for their practice in community nursing science. The participants indicated without any doubt that they were better mentored in the clinics than in the hospitals and they expressed their views as follows:

“... in clinics there are no routine activities like in hospitals. When patients come, (showing with hands) they are ushered to the relevant consulting rooms and get attention.”
“There is more focus than in the hospitals.”
“Professional nurses in the clinics show interest in teaching students as compared to the hospitals...”

Student nurses learn better in an environment where they are given attention. Waldock (2010:14) confirms this by saying that the clinical facilitator should provide regular feedback to student nurses on their performance and progress in the clinical practice. There is clear support for this view within the literature which stresses that effective mentors are those with good personality and student-centered skills that make students feel involved (Heffernan *et al.*, 2009:542).

- **Student nurses have experienced minimal mentoring in hospitals, and lack of respect by professional nurses in some institutions**

In the focus group interviews, it was evident that student nurses received minimal mentoring in the hospitals in comparison with the amount of mentoring received in clinics. This was expressed by the student nurses as follows:

“...it differs with institutions. Some sisters in other institutions do support students, but in some institutions, they even compare us with lower categories like enrolled nursing auxiliaries...”
“Orientation not enough. You write report not having been shown how, and when you make mistakes, they criticize you.”
“...Some sisters will make remarks about lecturers not teaching, and this makes you feel unsure of yourself...”
“People undermine you. You are told how incompetent you are in front of other people. Sisters

don't respect students.”

“...when you try to correct something, you are embarrassed; like, ‘you only know theory my dear, this is practical’.”

This is contrary to the characteristics of mentoring relationship as described by Allen (2002:440);

- mutual respect and trust between the mentor and the mentee;
- an environment of understanding, empathy and cooperation;
- mutual sharing of information through good communication skills.

The student nurses verbalized that all the above were lacking during their placement in some institutions. Student nurses also complained that they were not given feedback on their performances despite the fact that professional nurses need to give student nurses constructive criticism and adequate feedback in order to enhance student nurses' growth and development in the clinical practice (Myall *et al.*, 2008:1837).

- **Some professional nurses in other institutions are incompetent**

Some participants in this research expressed the opinion that some professional nurses are incompetent in some of the tasks they perform. During the clarifying focus group interview the understanding of competence by participants is that a professional nurse should be able to deliver care no matter what, should not be afraid of anybody and should also do things correctly according to the set standard, with or without supervision. The participants added that being confident means to be perfect when doing the task, especially in the presence of other people like student nurses. As student nurses, they felt that they do not experience this from some professional nurses in the clinical practice. The student nurses mentioned that there is a difference between what the students learn and what the professional nurses do in the clinical practice because the professional nurses do not follow the principles of the skills as stipulated in the procedure manual (a document in each unit which stipulates the steps of how tasks are to be performed), hence student nurses find it difficult to correlate theory with practice. These feelings are confirmed by the following direct quotations from the transcripts:

“To be competent means to be able to deliver your stuff no matter what; not afraid of anybody, and doing things right according to the standards, with or without supervision.”

“To be competent is about being confident when you do your work, especially in the presence of

other people like student nurses.”

“They are incompetent, not sure of themselves...”

“Professional nurses must attend in service education because there is discrepancy between what students learn and what sisters do in the clinical practice.”

Gopee (2008:404) suggests that competent mentors need to keep themselves up to date with the requirements of the mentoring role. This includes meeting current mentoring standards and ensuring that they attend updating sessions on mentoring to obtain knowledge of current related issues. Students on the other hand were clear about the characteristics of good and poor mentors and indicated that on the whole, poor mentors lack skills and knowledge, hence they are incompetent. Grey and Smith (2000:1548) term the poor mentors as toxic and call them a ‘gallery of toxic mentors.’ They further explain that these mentors bear different characteristics and describe each type of trait;

Avoiders are mentors who do not avail themselves to the student nurses.

Dumpers are mentors who abdicate their responsibility for students’ learning.

Blockers are mentors who refuse to meet student nurses’ needs by refusing to help student nurses and deliberately withholding information, knowledge and skills.

Destroyers or criticizers are mentors who undermine or belittle student nurses.

The student nurses felt that to curb the problem of poor mentoring in the clinical practice, professional nurses need to be empowered so that they gain confidence and feel comfortable in assisting student nurses to reach their objectives in the clinical practice. This can be achieved through bridging the gap between theory and practice. Both lecturers and clinical professional nurses need to demonstrate to the student nurses that they are collectively responsible for their learning (Henderson, 2002:244). There is much written about the theory-practice gap indicating that knowledge gained by student nurses in classrooms may bear little resemblance to what is needed in practice (Waterson *et al.*, 2006:60; & Henderson, 2002: 249). In attempting to curb this problem, Strohschein *et al.* (2002:15) suggest that professional development programmes need to be used to guide the development activities that aim to integrate classroom teaching with the clinical education experience.

Conclusive statement for theme 4:

The student nurses experience a theory-practice gap when they cannot implement the theory that they have learnt in class to the clinical environment due to the discrepancy between what is learnt and the implemented method in the clinical practice. As a result, they verbalized that

mentoring must be mandatory in the clinical practice and needs to be provided by qualified mentors so that the quality of patient care is improved. However, some feel that they are ready to serve the community despite the minimal mentoring they have received.

A summary of themes and sub-themes is provided in table 3.6.

Table 3.6 Experiences of a group of student nurses regarding mentoring in the clinical practice: Themes and sub-themes

<p>Theme 1 Student nurses' experiences of being mentored in the clinical practice</p> <ul style="list-style-type: none"> • Professional and personal maturity of student nurses • Increased self-esteem and confidence of student nurses • Student nurses are able to attain autonomy (work independently) • Mentoring facilitates student nurses' competence • Lecturers, though good at mentoring, are also not adequately mentoring student nurses in the clinical practice 	<p>Theme 2 Student nurses' experiences regarding mentoring by nursing personnel</p> <ul style="list-style-type: none"> • Some professional nurses do mentor student nurses in the clinical practice • Student nurses are mentored by lower categories of nurses, such as enrolled nurses and enrolled nursing auxiliaries, as well as their peers • The majority of professional nurses have negative attitudes towards student nurses • Professional nurses are not willing to teach student nurses • Some professional nurses lack confidence and are unapproachable • Some professional nurses are afraid of student nurses and feel threatened and intimidated by the student nurses • Some professional nurses do not perform nursing tasks according to set standards • Sometimes student nurses have negative attitudes and are not eager to learn 	<p>Theme 3 Student nurses' experiences regarding mentoring in different disciplines</p> <ul style="list-style-type: none"> • In Primary Health Care, (Community Nursing Science), there is good mentoring of student nurses • In Psychiatric units, (Psychiatric Nursing Science), student nurses gain new knowledge though there is little mentoring • In maternity units (Midwifery Nursing Science), student nurses found information to be interesting and practical though some student nurses were not mentored • In general units (General Nursing Science), some professional nurses are good mentors but, on the whole, there is neither orientation nor mentoring • In Critical Care Units, student nurses find information and nursing care to be complex, and there is no proper mentoring 	<p>Theme 4 Student nurses' experiences regarding mentoring in different institutions</p> <ul style="list-style-type: none"> • Student nurses have found more effective mentoring in the clinics • Student nurses have experienced minimal mentoring in hospitals and lack of respect by professional nurses in some institutions • Some professional nurses in other institutions are incompetent
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3.5 SUMMARY

This chapter discussed the findings of the research, mainly, exploring and describing the experiences of student nurses in the clinical practice, data analysis and the literature control analysis. These findings were enriched with direct quotations from the transcripts as verbalized by the fourth year student nurses. The four themes were concluded with conclusive statements that serve as a point of departure for the proposed guidelines for mentoring student nurses in the clinical practice. In the next chapter, the researcher discusses the proposed guidelines for mentoring student nurses in the clinical practice, conclusions and evaluates the study regarding its limitations and recommendations with reference to nursing practice, nursing education and nursing research.

CHAPTER 4: CONCLUSIONS, EVALUATION, LIMITATIONS AND RECOMMENDATIONS OF THE RESEARCH WITH SPECIFIC REFERENCE TO THE FORMULATION OF GUIDELINES TO FACILITATE MENTORING STUDENT NURSES IN THE CLINICAL PRACTICE

4.1 INTRODUCTION

The research findings and supporting quotations from the focus group interviews were discussed in chapter 3. A literature control was also done to verify the research findings against the existing literature and to highlight unique findings from the research. Chapter 4 deals with the second objective of this research, namely to make recommendations to the college and nursing service practical areas to jointly formulate guidelines for mentoring student nurses in the clinical practice. In addition, the conclusions and limitations of the research are discussed. Recommendations will be made for nursing education, nursing service as well as for nursing research, with specific reference to the formulation of guidelines to facilitate mentoring student nurses in the clinical practice.

4.2 RECOMMENDATIONS

After exploring and describing the experiences of student nurses regarding mentoring in the clinical practice, the intention of the researcher was to eventually recommend to the college management and clinical practical areas where students are placed, to jointly formulate guidelines for mentoring student nurses in the clinical practice. The proposed guidelines to be recommended will focus on mentoring student nurses in the clinical practice and will be based on the conclusive statements as indicated in Table 4.1 for each of the four (4) themes which were identified during the analysis of the data collected for this research. Since there is an overlap of possible actions to address the issues of concern, the proposed guidelines to be recommended will not be set to fit each theme separately. The recommended guidelines are supported by the literature as indicated in Table 4.1.

Statements used as a basis for proposed guidelines

Conclusive statement for theme 1:

The student nurses have experienced both positive and negative aspects of mentoring in the clinical practice. They feel they have grown to be competent with the minimal mentoring that they have received, but feel that if all stakeholders played their part, they would have been better mentored. There is a strong feeling that there should be collaboration between the nursing service and nursing education to facilitate good mentoring of student nurses in the clinical practice.

Conclusive statement for theme 2:

Student nurses experienced that different nursing personnel played different roles in mentoring them, though the people who were supposed to take more responsibility (professional nurses), were not up to standard. The professional nurses lack confidence, have a negative attitude towards student nurses and are unapproachable. However, student nurses also hold themselves responsible for their learning hence they need to show interest and eagerness to learn.

Conclusive statement for theme 3:

The student nurses experienced different practices of mentoring from different disciplines; hence they have different interests even in the areas they would like to work in once they qualify. But, in general, mentoring needs to be improved in the clinical practice so that student nurses complete their studies being confident in all disciplines.

Conclusive statement for theme 4:

The student nurses experience a theory-practice gap when they cannot implement the theory that they have learnt in class to the clinical environment due to the discrepancy between what is learnt and the implemented method in the clinical practice. As a result, they verbalized that mentoring must be mandatory in the clinical practice and needs to be provided by qualified mentors so that the quality of patient care is improved. However, some feel that they are ready to serve the community despite the minimal mentoring they have received.

Table 4.1: Recommendations for proposed guidelines to facilitate mentoring of student nurses in the clinical practice

Collaboration between all stakeholders (the nursing service – hospitals and clinics, nursing education and Free State Ministry of Health)			
STAKEHOLDER	DIMENSION	PROPOSED RECOMMENDED GUIDELINES	LITERATURE
Nursing service (Hospitals and clinics)	Establish a structured orientation programme for student nurses in the clinical practice	<ul style="list-style-type: none"> • A welcoming approach to help student nurses to settle in the clinical environment and to promote integration, adjustment and belonging. • Introduce student nurses to the multidisciplinary team to create an inclusive culture where they will be comfortable to engage in team work. • Create a supportive, non-threatening environment that will make students feel free to interact with professional nurses. • A document should be made available in each unit/clinic with a check list that the professional nurse and the student nurse sign after orientation to ensure that all areas in the unit/clinic were covered. This will be useful to the units/clinics as it can also be used to orientate newly appointed staff. 	<p>Anderson (2011) Waldock (2010) Kelly & Ahern (2009) Anderson (2011)</p> <p>Beukes <i>et al.</i> (2010)</p> <p>Anderson (2011)</p> <p>Wang & Odell (2006) Pillay & Mtshali (2008)</p>
	Identify clinical staff who will mentor student nurses in the clinical practice	<ul style="list-style-type: none"> • Identification of competent professional nurses with experience. • Assist mentors with techniques and skills make resources available and promote a culture of teaching in the clinical practice. • Introduce peer mentoring through the placement of a junior student nurse with a senior student nurse. 	<p>Anderson (2011) Monareng <i>et al.</i> (2009)</p>
	Establish structured clinical teaching programme	<ul style="list-style-type: none"> • Understand student nurses' needs and their level of training. • Create an environment for learning, to be resourced with experienced mentors. • Mentors to develop effective questioning skills (challenging but not threatening). • Practice debriefing sessions after common first stressful experiences like witnessing a first death. • Encourage student nurses to reflect on their experiences in order for them to learn from such experiences. <ul style="list-style-type: none"> ➢ Maintain appropriate student nurses' documentation to provide evidence of effective mentorship in the clinical practice: A book/document should be available in each unit/clinic to indicate date, time, topic, facilitator 	<p>Lekhuleni <i>et al.</i> (2004)</p> <p>Anderson (2011)</p> <p>Sharif & Masoumi (2009)</p> <p>Lekhuleni <i>et al.</i> (2004)</p>

		<p>and signature of student nurses who attended.</p> <ul style="list-style-type: none"> • Provide feedback on student nurses' performance as this determines need for corrective action. 	Waldock (2010)
Nursing education	Establish interactive working relationship with nursing service facilities	<ul style="list-style-type: none"> • Design strategies for more effective clinical teaching: • Move from just demonstration of procedures and evaluation of student nurses' skills towards comprehensive patient care and mentoring. • Control the number of student nurses allocated to each clinical area to avoid overcrowding and promote effective mentoring. • Provide information to the service institutions about the student nurses' curriculum to familiarize them with clinical components of the programme: • Clinical objectives of each level of training should be explicit and clearly defined. • Service personnel to be involved in curriculum planning. • Closer liaison between service and education personnel (meet monthly). • Discuss strategies regarding issues to improve quality of learning between the college and the clinical practical areas. • Standardize all procedures to avoid confusion and uncertainty. • Prepare action plan before, during and after student nurses' placement in the clinical practice to ensure that student nurses' learning relate to clinical outcomes and proficiencies. • Prepare and avail learning contracts to student nurses which explain how they should learn in the clinical practice. 	<p>Webb & Shakespeare (2008)</p> <p>Nes (2010) Caldwell <i>et al.</i> (2008)</p> <p>Myall <i>et al.</i> (2008) Lekhuleni <i>et al.</i> (2004)</p> <p>Lekhuleni <i>et al.</i> (2004)</p>
Free State Ministry of Health	Provision of personnel in health institutions	<ul style="list-style-type: none"> • Appointment of more nurse educators to teach both theory and practice. • Employment of mentors who will provide clinical teaching to the student nurses in the clinical practice. • Encourage professional nurses younger than 35 years to become nurse educators because majority of nurse educators will reach retirement age very soon. • Do regular staff establishment reviews to ensure that personnel in institutions are not overworked. • Recognize the personnel who mentor student nurses in the clinical practice to highlight the value of their contribution to student education (incentives). 	<p>Mntambo (2009) Mabuda <i>et al.</i> (2008)</p> <p>Waldock (2010)</p> <p>Lekhuleni (2004)</p>

4.3 EVALUATION OF THE RESEARCH

The severity of concerns and complaints of student nurses in the Free State School of Nursing (Eastern Campus) in Thabo Mofutsanyana district prompted the researcher to undertake this research so that she could explore and describe the experiences of student nurses regarding mentoring in the clinical practice. This research is important in that it brings to light the reality of how student nurses are mentored and the contribution of other health professionals in socializing the student nurses to the nursing profession. The research goes further to recommend to the nursing service areas and the campus management to jointly formulate guidelines that can be followed to promote facilitation of mentoring of student nurses in the clinical practice.

The two major objectives of this research were to explore and describe the experiences of student nurses regarding mentoring in the clinical practice and recommend to the campus management and the clinical practical areas to jointly formulate guidelines for mentoring student nurses in the clinical practice. Through the focus group interviews the research has been able to identify the challenges which the student nurses face in the clinical practice. Some of the challenges mentioned are; the negative attitudes of the professional nurses towards student nurses, which affects patient care, and lack of mentoring skills by the professional nurses which results in them being unapproachable. The proposed guidelines on how to facilitate mentoring of student nurses in the clinical practice have been suggested as they emerge from the experiences of student nurses regarding mentoring in the clinical practice (See Table 4.1).

Having selected an explorative, descriptive, contextual qualitative research design, the study has been able to explore and describe the experiences of student nurses in the clinical practice in the Thabo Mofutsanyana district. The student nurses' views have been interpreted in relation to the literature that has been reviewed and integrated in this research study.

The central theoretical argument for this study has been successfully achieved.

Understanding the experiences of the student nurses, regarding mentorship in the clinical practice and understanding the challenges they face during this period, will assist the researcher to recommend to the campus management and clinical practical areas the joint

formulation of guidelines for mentoring of student nurses in the clinical practice.

4.4 LIMITATIONS OF THE RESEARCH

The researcher acknowledges some limitations of this research. This helps the reader to understand the context in which the research claims are set (Vithal & Jansen, 2004:35). The limitations identified by the researcher for this research are as follows:

- The research was conducted at one campus of the FSSON and from the fourth year student nurses only; the other levels were not involved.
- The participants in this research were essentially self-selecting as they volunteered after receiving written information about the research. According to Middleton and Duffy (2009:485) this may be considered a limitation, but, on the contrary, these participants provided rich data which fulfilled the purpose of this research which was to explore and describe the experiences of the student nurses regarding mentoring in the clinical practice.
- During the beginning session of the pilot group, some student nurses spoke softly and the recording on the voice recorder was not audible during transcription. .
- As with any qualitative method, there is no claim that the findings from this research can be generalized to the wider population of student nurses.
- However, as Beukes *et al.* (2010:137) affirms, this research was contextual as it emanates from the identified problem of lack of effective mentoring of student nurses in the clinical practice.

Despite the limitations, several recommendations can be made.

4.5 RECOMMENDATIONS FOR NURSING SERVICE, NURSING EDUCATION AND NURSING RESEARCH

The results from this research identified quite a number of issues that involve nursing service institutions, nursing education institutions and aspects that require further research are discussed in the paragraphs that follow.

4.5.1 RECOMMENDATION FOR NURSING SERVICE

One of the aspects that need to be emphasized is the importance of management support to facilitate mentoring student nurses in the clinical practice. A number of the proposed guidelines stated in Table 4.1 have relevance to nursing management and will not be repeated. The participants in this research expressed a need from management to create a climate of support of the student nurses in the clinical practice by ensuring the following:

- Student nurses are unconditionally accepted in the clinical practice;
- Professional nurses are prepared and supported in their role as facilitators of clinical learning of student nurses;
- Professional nurses are afforded enough time and reduced work load so that the student nurses are not seen as an extra burden to the unit;
- Professional nurses are encouraged to develop skills and abilities to role-model good behaviours to student nurses;
- Programmes that aim at promoting students' clinical teaching and learning are encouraged and supported (such as the formation of a liaison committee between nursing education and nursing service);
- Resources are available so that teaching of student nurses is not hindered;
- Student nurses should be valued as part of the team, while at the same time acknowledging their student status.

4.5.2 RECOMMENDATIONS FOR NURSING EDUCATION

Nursing education is aimed at preparing student nurses to function as “persons who are qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed and who are capable of assuming responsibility and accountability for such practice” (SANC Nursing Act, Act no.33 of 2005). Similar to nursing management, those aspects that form part of the proposed guidelines relevant to nursing education as mentioned in Table 4.1 will not be repeated. The following recommendations are made to facilitate mentoring student nurses in the clinical practice:

- Regular, scheduled visits of student nurses by lecturers in the clinical practice;

- Nurse educators to do more than just demonstrating and evaluating of student nurses, additional activities should include tasks such as comprehensive patient care at least one day a month;
- Foster positive relationship between lecturers, professional nurses and student nurses;
- Effective communication between lecturers, professional nurses and student nurses;
- Promote peer mentoring (buddy system) with guidance and limitations;

4.5.3 RECOMMENDATIONS FOR NURSING RESEARCH

From the findings of this research on mentoring student nurses in the clinical practice, it is evident that there is a need for further research. This research should be conducted mainly on the professional nurses or other levels of the student nurses. The following issues are recommended for further scientific investigation:

- A systematic review of all South African research done on mentoring, clinical accompaniment and support of student nurses in practice.
- Professional nurses' experiences of mentoring student nurses in the clinical practice where the student nurses do their practice;
- Perceptions of student nurses regarding peer mentoring in the clinical practice;
- Methods to ensure mentoring of student nurses in the presence of staff shortage;
- Relationship between professional nurses and lecturers and student nurses accompaniment in the clinical practice.

4.6 SUMMARY

The purpose of this research was achieved, which was to explore and describe the experiences of student nurses regarding mentoring in the clinical practice in Thabo Mofutsanyana district, Free State Province. The exploration and description of the student nurses' experiences regarding mentoring in the clinical practice is an eye opener to the professional nurses and lecturers regarding their facilitation role.

The findings and conclusions of this research emphasized that the mentor-mentee relationship is fundamental to the mentoring process, including professional nurses, lecturers and student

nurses. However, a clear definition needs to be made to the different teaching domains of mentoring as to whose primary responsibility it is at the end.

This chapter concluded with the proposed guidelines to suggest possible implementation to the nursing service and nursing education institutions. The researcher also evaluated the research and made recommendations for nursing management, nursing education and nursing research.

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APPENDICES

APPENDIX A: ETHICAL APPROVAL: NWU

APPENDIX B: REQUEST FOR PERMISSION: RESEARCH: FS DOH (HOD)

APPENDIX C: PERMISSION FOR RESEARCH IN THE FS (HOD)

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APPENDIX F: REQUEST AND INFORMATION TO CO-FACILITATOR

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APPENDIX H: TRANSCRIPT OF FOCUS GROUP INTERVIEW

APPENDIX I: REQUEST TO BE THE CO-CODER IN RESEARCH

APPENDIX J: FIELDNOTES

APPENDIX A: ETHICAL APPROVAL: NWU



NORTH-WEST UNIVERSITY
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Private Bag X1290, Potchefstroom
South Africa 2520

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ETHICS APPROVAL OF PROJECT

This is to certify that the next project was approved by the NWU Ethics Committee:

Project title :

**Experiences of student nurses regarding mentoring in the
clinical practice**

Projectleader : Dr. E Bormman

Student: Me RN Tshabalala student no : 12198765

Ethics number: NWU-00010-11-A1

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

Expiry date: 2016/04/06

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project.

Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

The formal ethics approval certificate will follow shortly.

Yours sincerely

A handwritten signature in black ink, appearing to read 'HM Halgryn', written over a horizontal line.

HM Halgryn

NWU Research Ethics Secretariate

APPENDIX B: REQUEST FOR PERMISSION: RESEARCH: FS DOH (HOD)



health

Department of
Health
FREE STATE PROVINCE

INTERNAL MEMO

DATE:	2011-05-03	FILE NO:	
TO:	Head of Department Free State Department of Health	FROM:	MeTshabalala RN Senior Lecturer (PND2) ECFSSON Persal No: 14546761

RE: TO OBTAIN APPROVAL FOR COLLECTING DATA FROM STUDENT NURSES OF THE EASTERN CAMPUS OF THE FREE STATE SCHOOL OF NURSING (ECFSSON) FOR A RESEARCH STUDY.
ETHICS NO: NWU-00010-11-S1
STUDENT NUMBER: 12198765

1. PURPOSE

To obtain approval to collect data for a research study from the fourth year student nurses (Comprehensive Programme) of the ECFSSON, in the Thabo Mofutsanyana district, in order to fulfill the requirements, “Experiences of a group of student nurses regarding mentoring in the clinical practice.”

2. MOTIVATION

The researcher is the Senior Lecturer at ECFSSON, and registered for M Cur Degree (Nursing Education), with the North-West University (NWU) – Potchefstroom Campus.

Collecting data from the fourth year student nurses will assist the researcher to:

- explore and describe the experiences of student nurses regarding mentoring in the clinical practice
- make recommendations to the ECFSSON management and clinical practice areas regarding mentoring of student nurses in the clinical practice.

At the end of this research study the researcher will recommend to the FSSON and clinical institutions to jointly formulate guidelines for mentoring student nurses in the clinical practice, to ensure that the student nurses develop into true professional practitioners.

The following ethical considerations will ensure that the participants' rights are not violated:

- Participation will be entirely voluntary
- Participants will be informed of their rights to withdraw from the study if and when they wish.
- Anonymity and confidentiality of information will be ensured by not labeling the responses, and the participants will remain anonymous in reports and publications of the study.
- The participants will not be influenced or disadvantaged in any manner because the researcher is not directly involved with the Comprehensive Programme presently, but responsible for the Bridging Course Programme.
- The researcher is planning to collect data from the student nurses between June and July 2011.
- Included in this request is confirmation from the researcher's supervisor to go ahead with data collection once approval has been obtained from the HOD.

3. **FINANCIAL IMPLICATION**

None. The researcher has paid for registration. She will cater further for other requirements of the research study.

4. **PERSONNEL IMPLICATION**

The researcher will request the services of the campus Vocational Counselor. Following the approval by the HOD, the Vocational Counselor will be requested to be the co-facilitator during focus group interviews.

5. AUTHORITY OF APPROVAL

The authority of approval is vested in the HOD for the Free State Department of Health.

6. RECOMMENDATION

That approval be granted for the researcher (Me Tshabalala RN) to collect data from the fourth year student nurses (Comprehensive Programme) of the ECFSSON for the research study.

<p>Submitted by: Me Tshabalala RN Senior Lecturer: ECFSSON</p> <p>Signature: <i>[Signature]</i>----- Date: 2011-05-03</p>	<p>Supported by: (1) Mrs Maja M S A Dean of Campus: ECFSSON</p> <p>Signature: <i>[Signature]</i>----- Date : 2011-05-03</p>
<p>Supported by: (2) Mr Mochwaro MB Rector: FSSON <i>Findings may assist in improving learning experiences of students in clinical areas.</i></p> <p>Signature: <i>[Signature]</i>----- Date : <i>5/5/2011</i>-----</p>	<p>Recommended by: Me Mabitle MCL Human Resource Chief Directorate General Manager: FS Department of Health</p> <p>Signature: ----- Date: -----</p>
<p><i>mcl mabitle</i> Recommended by: Mr Fikizolo MW ACTING Resource Manager & Support Services Executive Manager: FS Department of Health</p> <p>Signature: <i>[Signature]</i>----- Date: <i>2011/05/05</i>-----</p>	<p>Approved by: Dr Kabane S HOD: FS Department of Health</p> <p>Signature: <i>[Signature]</i>----- Date: <i>14/06/2011</i>-----</p>

APPENDIX C: PERMISSION FOR RESEARCH IN THE FS (HOD)



health
Department of
Health
FREE STATE PROVINCE

10 June 2011

Ms RN Tshabalala
Senior Lecturer: ECFSSON
THABO MOFUTSANYANA

Dear Ms Tshabalala

Subject: REQUEST TO OBTAIN APPROVAL FOR COLLECTING DATA FROM STUDENT NURSES OF THE EASTERN CAMPUS OF THE FREE STATE SCHOOL OF NURSING


The above mentioned correspondence bears reference.

Permission is hereby granted for the above – mentioned research on the following conditions:

- Participation should be by consent.
- The subjects should be protected from all forms of harm.
- Confidentiality of data collected will be ensured and no names will be used.
- Study should not interfere with service delivery.
- The results of the study should be communicated to Head: Health in writing.

Trust you find the above in order.

Kind Regards,


Dr S Kabane
HEAD: HEALTH
Date: 14/06/2011

Head: Health
PO Box 227, Bloemfontein, 9300
4th Floor, Executive Suite, Bophelo House, cnr Maitland and, Harvey Road, Bloemfontein
Tel: (051) 408 1107/8 Fax: (051) 408 1055, e-mail: hodps@fshealth.gov.za / fshealth.gov.za

www.fs.gov.za

APPENDIX D: INFORMATION TO PARTICIPANTS

Information concerning the participation in the following research:

Experiences of a group of student nurses regarding mentoring in the clinical practice.

Madam/Sir

A. PURPOSE AND BACKGROUND

Mrs. Tshabalala, RN is studying for M Cur (Nursing Education) degree at the North West – University (NWU), Potchefstroom Campus. One of the requirements for this course is that she has to conduct a research. Her proposal has been approved by the ethics committee of the NWU, and the ethics number is: **NWU-00010-11-S1**.

The title of the research is: **“Experiences of a group of student nurses regarding mentoring in the clinical practice”**. The objectives of this research are:

- To explore and describe experiences of student nurses regarding mentoring.
- To make recommendations to the ECFSSON and clinical practical areas regarding mentoring of student nurses in the clinical practice.

You are being asked to participate in this research because, as a fourth year student with the experience you have acquired, your responses will help the researcher in achieving these objectives.

B. PROCEDURE

Should you agree to participate, the following will occur:

- The study will be conducted between 16h00 and 18h00 hours during weekdays, between June and July 2011
- You will participate in one session only, unless otherwise requested further.
- You will be expected to participate actively in the focus group interviews
- You will be guided on the questions, and these will be based on the topic.

- A tape recorder will be used to make sure that the researcher has the whole information, and it will be kept confidential after it has been transcribed.
- Your participation will take about one to one and a half hours, depending on the interaction
- The setting will be the seminar room in the ECFSSON, first floor and there will be no disturbances

C. RISKS / DISCOMFORTS

- No risks or discomforts are anticipated during the focus group interviews.
- The researcher will be assisted by the senior vocational counselor who will be the co-facilitator, so you will need to feel free and relax.
- You will be referred to the vocational counselor for support if there is a need after the focus group interview

D. CONFIDENTIALITY

- Your information will be handled as confidential as possible.
- Only the researcher and co-facilitator will have access to this information
- No individual identifiers will be used in the reports or publications resulting from such research.

E. BENEFITS

- There will be no direct benefits to you for participating in this study
- However, your participation will assist the researcher to formulate guidelines that will assist mentors to apply good practices in mentoring student nurses in the clinical practice.

F. COSTS

- There will be no cost to you as a result of participating in this study

G. PAYMENT

- You will receive no payment for your participation
- You will receive the certification of appreciation for your participation and information sharing

H. CONSENT

- You will be given a copy of this consent to keep.

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY.

You are free to decline to be in this research, or to withdraw from it at any time.

.....
Signature of Participant

.....
Date

.....
Signature of Researcher

.....
Date

APPENDIX E: INFORMED CONSENT

Experiences of a group of student nurses regarding mentoring in the clinical practice.

The researcher:

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

Signature of researcher: ----- Date: -----

The participant:

I hereby give informed consent to voluntarily participate in the above research study. I fully understand that my participation is voluntary and that I may refuse to participate or withdraw from this study at any time. I also understand that the proceedings will be tape recorded for the purpose of data analysis and that the data will be kept safe, confidential and anonymous without linking my name or identity to the data. I understand again that the results of this study will be published in such a way that it cannot be linked to me. The results of this research study will not benefit me directly but may improve mentoring of student nurses in the clinical practice.

Signature of participant: ----- Date: -----

APPENDIX F: REQUEST AND INFORMATION TO CO-FACILITATOR

Sir

REQUEST TO BE A CO-FACILITATOR

I am currently studying for M Cur (Nursing Education) degree at the North – West University (NWU), (Potchefstroom Campus). One of the requirements for this course is that I have to conduct a research.

The title of the research is: **“Experiences of a group of student nurses regarding mentoring in the clinical practice”**. The objectives of this research are:

- To explore and describe the experiences of student nurses regarding mentoring in the clinical practice
- To make recommendations to the ECFSSON and clinical practical areas regarding mentoring student nurses in the clinical practice.

Permission to conduct this research has been approved by the HOD of the Free State Department of Health, via the Rector of the FSSON. The research will be conducted under the guidance and supervision of experts in Nursing Education, North – West University. The period during which I plan to collect data is between June and July 2011. My proposal has been approved by the ethics committee of the NWU, and my ethics number is: **NWU-00010-11-S1**.

I request your assistance to be the co-facilitator during the focus groups interviews. You are a preferred person because you are a senior vocational counselor, providing counseling and support to student nurses. Your expertise will be beneficial in co-facilitating and taking notes during focus group interviews.

Should you agree, your role will be to:

- assist in the researcher identifying and compiling a list of potential participants
- assist the researcher in organizing the seminar room with minimal or no disturbances.
- allay the anxiety of the participants by making it clear that in the research everybody is in the process of learning, (researcher and co-facilitator included)

- remain neutral and nonjudgmental.
- assist with notes-taking while the researcher facilitates the focus group interviews.

General criteria for the student nurses will be as follows:

- Currently registered as student nurses with the South African Nursing Council
- Are in their fourth year level of study.
- The fourth year student nurses will be mid - year to exiting, so will provide their experiences regarding mentoring of student nurses in the clinical practice.

Your favourable consideration of the matter and a positive response at your earliest convenience will be appreciated. I will personally make contact with you as soon as I get your response in this regard to discuss the content of this letter further.

Sincerely

.....

Me Tshabalala RN (Researcher)

.....

Mrs Bornman E. (Supervisor)

APPENDIX G: FOCUS GROUP INTERVIEW SCHEDULE

Schedule for focus group interview:

- What are your experiences regarding mentoring in the clinical practice?

APPENDIX H: TRANSCRIPT OF FOCUS GROUP INTERVIEW

R = Researcher

P = Participants

CF = Co-facilitator

Dialogue

R: (Introduces self, co-facilitator, the research, the purpose and the process. Congratulated the participants for coming thus far).

R: Ice breaker: "How do you feel to be a finalist student in this programme?"

P: It's one of the greatest achievements of one's life. No matter how difficult and challenging it has been, one cannot believe that we have reached the end. Some of us have struggled a lot, but we are here now.

R: "Quite interesting!"

P: "At times you feel scared, but at the same time you get the feeling of being a real nurse. At the beginning I was not clear about some things, but now I will be on my own, so people should feel safe in my care.

R: "So you feel confident, no more afraid! Any other information?"

P: "I feel it is scary to know that next year I'll be expected to run the ward alone. There'll be too much pressure to do everything by myself, not dependent to anyone, but I feel matured."

R: "Do you feel you have been well prepared for the task ahead?"

P: "Well, I can say yes. You ask yourself, am I really here. Previously you had to wonder if you'll reach such level. It's a nice feeling, but scary at the same time, to think I'll join other professionals. Am I here?"

(All laugh)

R: "Can you remember how your first year was?"

P: "First year, (hey) was a disaster. My confidence was low and I was very shy, scared, not knowing what to do, afraid even to speak, but now I feel ready to serve. I can even start my comm serve tomorrow."

R: "Great! Full of confidence! Anybody who wants to add?"

P: "I feel ready and confident to go out. I can do many things now"

R: "I can see that you really feel different and you can now see your way.

My research is on mentoring of student nurses in the clinical practice. What do you understand by the concept?"

P: "I can say it means that there is somebody to help you reach the expected level of performance. Here something or someone brings you to the functional level. Somebody helps you to be prepared to achieve some greater heights."

P: "A mentor is a helping hand. Somebody superior to you professionally. What comes into my mind is somebody guiding you on what is right and wrong."

R: "Tell us more about the guidance."

P: "As a student you still need to follow somebody to see your way. So the guidance only means that there is somebody who is taking the lead, and you are following."

R: "Thank you for that input, anybody else?"

P: "Somebody who is a mentor is someone who is up there, someone you can look up to."

P: "The person who has learned from his mistakes, (Not a perfect person), and who is using his experience to guide you. He must accept that he is a human being, but must try to do right thing first time, and always strive for excellence."

R: "So you are saying this person need not be perfect, but has walked the path, met the challenges and conquered!"

Please share with us, what are your experiences regarding mentoring in the clinical practice?"

P: "Only in the fourth year ma'am or from first year."

R: "Right from first year till now."

P: "When you are in first year, the personnel are not eager to teach you. They see you as nobody, and you feel like you are in the wrong profession. But later on, they become interested because you have gained some knowledge."

P: "We go to the clinical practice without enough knowledge and there is not enough support from the clinical sisters as we cannot apply certain skills."

R: Tell us about your experiences."

P: "Well, I can say it differs with institutions. Some sisters in other institutions do support students, but in some, they compare us with Enrolled Nursing Auxiliaries and other categories. Like, when you ask a question or clarification, you'll find the sisters saying, 'Jo! Being a fourth year student, a sister next year, but you don't know that?'"

R: "Thanks for that valuable information. How did that make you feel?"

P: "I used to feel bad ma'am but there's nothing I could do."

P: "In some institutions you are expected to perform beyond your scope of learning but not shown anything before. Some sisters will make remarks about lecturers not teaching. This will

make you feel unsure of yourself.” You are even scared to try out something because you are afraid to make mistakes.”

R: “Talking of teaching, are you being taught by the professional nurses in the clinical practice?”

P: “It differs with wards and institutions, for an example nna, I was taught better in the clinics than in the hospitals.”

R: “Were you treated differently in these institutions, how?”

P: “Ma’am in the clinics sisters are always there next to you, but in the hospitals sisters are too busy and some don’t like students. Sometimes you even change the ward without having shown anything by the sister, most of the things being taught by the lower categories and your peers.”

R: “Which makes me to ask you this question, how are you being orientated in the clinical practice?”

P: “It also differs a lot, especially in first year; you don’t know what is expected of you. You are not orientated on the operations, equipment and building. All that you do is to be sent to take blood from the building you don’t know or take books to the Matron you don’t even know and never met.”

R: “Am I learning that there is lack of proper orientation in the clinical practice?”

P: “Worse ma’am, at this level you are at times embarrassed in front of the other staff members. You are expected to know everything. It’s not nice; you wish to change the profession. (Emotional – angry and wanted to cry). People undermine you. You are told how incompetent you are. Sisters don’t respect students!”

R: “How do you feel about being expected to know everything, being a student?”

P: “How come ma’am? It’s not possible. We want to be taught not people to find faults in us. Then we are afraid to do anything for fear of making mistakes and then people start laughing at you.”

P: “Sometimes when you try to correct what is wrong, mind you, what affects patient care, you are embarrassed. They tell you, ‘you only know theory my dear, this is clinical area!’”

R: “How do you find applying the very theory to the practice?”

P: “It’s not easy ma’am. Most of the things we are taught in class and how procedures are done are not the same when it comes to the practice. You end up not knowing who is right and who is wrong.”

R: “Does it mean you do not correlate theory with practice?”

(All: “Yes ma’am.”)

R: “Who or what are your network of mentors?”

P: I can say there are few professional nurses who are willing to teach student nurses. Some do

not respond correctly when you ask something. They are not willing to show you anything and they are not approachable. You think twice before approaching a professional nurse. They are so defensive.”

R: “How defensive?”

P: “When you ask something they become angry and sometimes ask you what you learned from the college.”

R: “What do you think is the reason for this ‘defensive’ behavior?”

P: “Simple, (With the show of hands) they are incompetent, not sure of themselves hence this attitude of defense mechanism.”

P: “Yes, because the competent ones are able to call you and teach you.”

R: “Mhmn, anything more about who’s mentoring you?”

P: “During the first year you receive mentoring from lower level personnel, e.g. Enrolled Nurses, and Enrolled Nursing Auxiliaries. In fact when you arrive in the unit, you are handed over to them to orientate you.”

R: “Do these lower categories assist you?”

P: “Enrolled Nursing Auxiliaries are always there and willing to help. In fact they are doing the work of the professional nurses because sometimes you are not prepared about anything, like for an example when the patient dies they show you how to pack the corpse. In fact, we work at the level of the Enrolled Nursing Auxiliaries even at fourth year.”

(All laugh)

R: “Who else can you say mentors you in the clinical practice?”

P: “Lecturers do accompaniment also. They give us hope and motivate us to go on.”

R: “Good to hear that. What specifically do lecturers do!”

P: “In fact lectures are good mentors and motivators, and will correct you on the wrong things you do. It is true they only come once in a while and concentrate on demonstrating procedures and feedback. We wish they can come more often. But also, ma’am, in Male Surgical most of the sisters there are good mentors!”

R: “Good to hear that. What do they do?”

P: “At least they show how things are done, invite you during doctors’ rounds, at least they try but sometimes can’t do many things because of shortage.”

R: “What about other professionals?”

P: “Doctors, yes, are sometimes asking students during ward rounds whether they are learning or not, and to come forward if they need any help. But some are actually asking students for information. They are not competent, (especially the interns).”

(Others laughing)

R: "Remember, they are still learning too. Now let's share, do you think it is beneficial to have mentors in the clinical practice?"

P: "A big yes ma'am. We need mentors. You know, nursing is a profession of its own kind. It's different. You need to be nurtured on handling human beings. So you need to be assertive. So having a mentor in the clinical practice will help you grow."

P: "You become a better person. Having someone to guide you, that you are in the right track, so that there'll be better care for the patients."

P: "As students we need mentors. It seems professional nurses sometimes do not know what to do with students when we are in the clinical practice. In fact I think all professional nurses should be trained to be mentors."

R: "How will that help?"

P: "Maybe that will help everyone to understand what is expected from students."

P: "Especially newly qualified professional nurses, they seem to forget that they were once students too!"

P: "Maybe the professional nurses were never mentored themselves. As they were treated that way, they are now transmitting this to the students."

R: "What then do you think should be put in place for the students to can be mentored better?"

P: "The sisters should stop discriminating students on the basis of the type of the programme the students are following, and the sisters should have knowledge of mentoring and guiding. All students should be treated the same, because the Bridging Course students and those following 4 year programme, are treated differently. Those sisters who have done Bridging, don't like us who are doing 4 year programme and vice versa, and they will also tell you about their bad experience while on training, that we students of today are having it easy."

R: "How does that make you feel?"

P: "Very bad ma'am. That also divides us as students when we are supposed to be united as one because we are all here to learn."

R: "Thank you for sharing with us that information."

P: "People must conduct themselves professionally and do the correct thing. Sisters know when they do wrong things. Students are not there to pinpoint the wrong things done by sisters, but need to be corrected."

R: "So you mean it's about quality improvement."

(All: "Yes ma'am.").

P: "Sisters should stop comparing students with their children. Some will tell you they have their

children at the universities. What's that to do with us?"

R: "Seemingly there are many challenges you come across in the clinical practice." What do you think are qualities of a mentor?"

P: "Good communication. Sisters must stop shouting at us!"

R: "Mhmm!"

P: "The person must be willing to teach and have knowledge."

P: "The person should be competent and act as such."

P: "Approachable."

P: "Assertive."

R: "Should you find yourself being a mentor for student nurses, what are the things you'll do to assist students?"

P: "I will first strive to understand their level and objectives to be reached so that I can supervise them well."

P: "I will ensure that students have their objectives at hand and strive to achieve them."

R: "Do professional nurses know your different levels of training?"

P: "Most of the time, they don't know our level of training and the specific objectives we need to cover."

R: "So how do you go about achieving your objectives?"

P: "By trial and error, but as we said earlier, our peers are there for us, and of course those few sisters who'll be willing to teach and then the lecturers will come for formal supervision."

P: "You are expected to do work such as writing report for the matron on your own."

P: "You are not allowed to do your tasks according to your objectives, which are academic."

P: "But ma'am, (smiling) there is a professional nurse with such a positive attitude at the X unit. All students would go to her for help. When she's off, we would miss her. I really like to be like her."

R: "It's so encouraging to hear such positive comments. What else would you do to put things right, how can we make students enjoy coming to the clinical practice?"

P: "Make students be at ease, give proper orientation. As a professional nurse, you have a teaching function."

P: "Students should be praised when they do something good, even given certificate of appreciation."

P: "Talking of appreciation, you know what ma'am, I felt so great one day when I was thanked, for the first time in my ward, after I had saved the sisters from a situation which could have turned out to be very bad. You know when the sister in-charge repeatedly said, 'Rea leboha

hle', ('we thank you very much'), I felt so great!"

R: "That's a beautiful note to end our discussion. My co-facilitator, do you want to say something?"

C: "Certainly! Thanks for being at ease and articulating so well. At the end of this exercise you'll take these deliberations and build on them to be a better professional nurse. Remember the community out there needs good and competent professional nurses Thanks, and enjoy your professional life. Remember to be the best!"

R: "To add to what my co-facilitator has said, remember, you can make a difference. Remember our motto, 'enter to learn, and depart to serve.' Best wishes for the few months left before you join the ranks of the professionals!"

APPENDIX I: REQUEST TO BE THE CO-CODER IN RESEARCH.

Sir

I am currently studying for the M Cur (Nursing Education) degree at the North-West University, Potchefstroom Campus. I am working on a research project.

The title of the research is: Experiences of a group of student nurses regarding mentoring in the clinical practice. This research has been approved by the School of Nursing Science and the ethics committee of the North-West University, Potchefstroom Campus (Appendix A), Free State Provincial Department of Health (Appendix B & C) as well as the Rector of the Free State School of Nursing and the Dean of the Campus (ECFSSON) where data will be collected (Appendix B).

The purpose of the research is:

- To explore and describe the experiences of student nurses regarding mentoring in the clinical practice as well as to make recommendations to the college management and clinical practical areas to jointly formulate guidelines for mentoring student nurses in the clinical practice.

To achieve the above purpose, I hereby request your assistance as co-coder. Focus group interviews were conducted with the group of student nurses who met the criteria at the ECFSSON. The central question asked was: What are your experiences regarding mentoring in the clinical practice?

Enclosed are the following:

- The research proposal which has been approved by the ethics committee of the North-West University
- The focus group interview schedule
- The set of transcripts
- The field notes

Looking forward to your favourable consideration, and a positive response at your earliest convenience.

Sincerely

.....
Me Tshabalala RN (M Cur student)

.....
Mrs. Bornman E. (Supervisor)

APPENDIX J: FIELDNOTES

FOCUS GROUP INTERVIEW

FIRST GROUP: PILOT GROUP

DEMOGRAPHIC NOTES

The first focus group interview with a group of 4th year student nurses was conducted in the seminar room in the Eastern Campus of the Free State School of Nursing (ECFSSON) on the 13th July 2011 between 16h15 and 17h30. The focus group interview session lasted for 1 hour 15 minutes. All the student nurses had gone off-duty at 16h00 and were staying at the nurses' home. As it was winter, the room temperature was cold and a heater was put on. Chairs in the room were arranged in a U-shape such that everybody had full view of one another. The voice recorder had fully charged batteries and was working well. The co-facilitator was present to take field notes. Thus the demographic conditions were conducive for effective focus group interview. For further demographic data, refer Table 3.2.1.

DESCRIPTIVE NOTES

The researcher introduced self, co-facilitator and the title of the research study to establish rapport. Expectations from student nurses as participants were explained, confidentiality and voluntary participation was ensured. The student nurses gave written permission to participate in the focus group interview. All were fourth year student nurses between the ages of 24 and 32. They were seven in number, three males and four females. All the participants were in their last placement in the clinical practice before coming to their last class activities then write their final examinations. At the beginning the session started on a slow pace as the participants took some time before they could respond to the questions, but towards the end of the session, they participated enthusiastically with meaningful information sharing.

REFLECTIVE NOTES

The student nurses were tense at the beginning of the focus group interview but relaxed after commencement. After relaxing, the participants became open and spontaneous. They were willing to give information and share their experiences and understood their expectations as far

as mentoring in the clinical practice is concerned. One participant became dominant talker and sometimes became emotional (blinked away tears) as she related her experiences of being mentored in the clinical practice. The other participant also showed some anger as she related her experiences of being mentored in the clinical practice. Two other participants were quiet but participated when the researcher requested their input. The participants verbalized lack of mentoring by professional nurses but having found help from their peers and the lower categories of nurses.

FOCUS GROUP INTERVIEW 2

DEMOGRAPHIC NOTES

The second focus group interview with the student nurses was conducted in the seminar room of the ECFSSON on the 11th August 2011 between 13h15 and 14h15. It was during the time when student nurses were in block (having class activities) and the class activities cease at 13h00 every day. The room was noise-free as it was school out. The room temperature was cool so the heater was put on. The chairs were arranged in U-shape such that everybody could have full view of one another. The voice recorder was used and it was in a good condition. The co-facilitator was taking field notes. (See Table 3.2.1 for further information). The room was thus conducive for the focus group interview to take place.

DESCRIPTIVE NOTES

The researcher began by introducing self, co-facilitator and the title of the researcher study to allay the anxiety of the student nurses. Expectation from student nurses as participants were explained, confidentiality and voluntary participation was ensured. The student nurses gave written permission to participate in the focus group interview. The participants were six and they were all in their 4th level of study and their ages between 23 and 24years. They were six in number, two males and four females. Of the six student nurses, one male student nurse was White. All student nurses had been placed in different disciplines, but some were still to complete outstanding hours. All participants were punctual, except for one who came ten minutes late, but on time for commencement of the focus group interview. At the beginning the participants were not opening up and the session started slowly but gained momentum as time progressed.

REFLECTIVE NOTES

The focus group interview started after the researcher had explained the topic and the purpose of the research study to the student nurses. The student nurses seemed relaxed. They had insight about mentoring and were open about their experiences regarding mentoring in the clinical practice. They responded to all the questions with ease and confidence. The participants explained how they had been mentored by different personnel and indicated that they had found better mentoring by the enrolled nurses and enrolled nursing assistants as compared to professional nurses as expected. They also indicated minimal mentoring by the professional nurses. They also felt that some professional nurses displayed lack of confidence when executing different skills and did not want to teach student nurses in the clinical practice

FOCUS GROUP INTERVIEW 3

DEMOGRAPHIC NOTES

This third focus group interview with a group of student nurses was also conducted in the seminar room of the ECFSSON on the 17th August 2011 between 13h10 and 14h20. The room was noise-free as it was already school-out so no interruptions were experienced. The room temperature was cool so the heater had to be put on. The chairs were arranged in a circle such that everybody had the full view of one another. The voice recorder with fully charged batteries was used and captured the conversation well. The co-facilitator was taking notes. The focus group interview progressed well from the beginning until the end.

DESCRIPTIVE NOTES

The questions were read to the participants and they were given opportunity to clarify the meaning of the questions before the session started. The researcher explained what was expected from the participants. Confidentiality and voluntary participation was ensured. The student nurses gave written permission to participate in the focus group interview. The participants were six in total, their ages between 24 and 33. Although they were all doing 4th year, one was in the 6th year and two were in the 5th year of training. Each participant was given enough time to share the experiences and everybody was encouraged to listen to one

another. Towards the end of the session all participants participated enthusiastically with meaningful information

REFLECTIVE NOTES

During focus group interview the student nurses seemed relaxed and calm as they shared their experiences regarding mentoring in the clinical practice. The participants also had insight about mentoring. They verbalized that the professional nurses were not supportive of the student nurses used to embarrass them when they asked questions. They also verbalized that most of the skills that they had acquired, were through lower categories of nurses and their peers. The participants further indicated that it would be better if lecturers could spend more time with the student nurses in the clinical practice than they normally did. It was evident that the student nurses had experienced almost similar treatment as the same experiences were shared.

FOCUS GROUP INTERVIEW: 4

DEMOGRAPHIC NOTES

This fourth focus group interview was conducted also in the seminar room of the ECFSSON on the 30th August 2011. The room this time was comfortable and warm as it was spring time. The session started 30 minutes late, progressed well and lasted for an hour (between 13h30 and 14h30). The participants were relaxed. They were seated in a circle such that the participants, the researcher and co-facilitator had full view of one another. The co-facilitator was taking field notes as the session progressed. The voice recorder was also used to capture the conversation so that the information is compared with the field notes. The demographic conditions were conducive for an effective focus group interview.

DESCRIPTIVE NOTES

This last focus group interview was conducted with five students, three females and two males whose ages were between 24 and 35. The researcher explained the expectations from the participants, ensured confidentiality and reminded the participants of voluntary participation in the research study. The participants gave written permission to participate in the focus group interview. The researcher read the questions to them and clarified the meaning of each question

before the session started. The participants were open and spontaneous and were giving each person enough opportunity to share the experience of being mentored in the clinical practice. There was balance of information sharing from all participants.

REFLECTIVE NOTES

The participants responded to the questions with ease. They had knowledge regarding mentoring in the clinical practice. During the focus group interview the participants raised concern that there was no collaboration between the service areas and the college as a result the professional nurses in the clinical practice were of the opinion that sometimes they were doing the work of the lecturers when they were expected to teach student nurses. They also verbalized that they survived in the clinical practice through the help of the lower categories of nurses as well as their peers. They even suggested that the solution to improving mentoring of student nurses in the clinical practice could be going back to the basics; that is, having clinical instructors in the clinical practice who will attend to the welfare of the student nurses. The participants also raised the concerns which were experienced by others in the previous focus group interviews; namely the lack of respect from the professional nurses, the negative attitudes of the professional nurses towards student nurses and that some professional nurses lacked confidence and were unapproachable. There were common positive experiences also, like some professional nurses being good mentors and the better mentoring student nurses reported to have experienced at the clinics as compared to other institutions.

FOCUS GROUP INTERVIEW: 5

This focus group interview was decided upon after data analysis, when gaps were identified. The participants in the previous focus group interviews raised experiences pertaining to the issues which needed to be explored further in order to get the richness of the research study.

The observational notes:

- The participants were willing and eager to join the discussion for the second time
- Willingness from the participants to share in depth information
- Openness and full explanation of the issues that needed to be explored further

- Feeling of embarrassment and shock when student nurses talked about the behavior of the professional nurses in the clinical practice (some to the point of physically abusing patients)
- Feelings of despondency and uncertainty regarding the future of nursing profession as student nurses related that sometimes they felt like quitting nursing as they believed that they were in the wrong profession.