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PERCEPTIONS AND EXPERIENCES OF PROFESSIONAL NURSES OF THEIR ROLE RELATING TO CLINICAL ASSESSMENT OF NURSING STUDENTS IN A PRIVATE HOSPITAL IN GAUTENG

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A research report submitted to the Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the degree of Master of Science in Nursing.

Johannesburg 2021

Declaration

I, Colleen Penelope Davis, declare that this Research Report is my own, unaided work. It is being submitted for the Degree of Master of Science in Nursing at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any University.

Signature of the candidate

14th day of August 2021 in Johannesburg

Abstract

The assessment of the clinical competence of nursing students is necessary to determine if they have acquired the necessary competencies to be registered with the South African Nursing Council. Professional nurses working in the clinical environment are expected to assess students, but they have no educational background or specific training in assessment and are often overburdened with clinical responsibilities. The quality of assessment is poor with inaccurate and inconsistent results. As it is not possible to remove the responsibility of assessment from the professional nurses, it is essential to equip them with the required skills to fulfil this responsibility as effectively as possible. To do this, it is essential to firstly understand how the professional nurses perceive their role relating to assessment of students plus what experiences they have had in that role.

The aim of the study was to understand the perceptions and explore the experiences of professional nurses of their role relating to clinical assessment of nursing students in a private hospital in South Africa.

The study adopted a qualitative approach using an exploratory descriptive design. The population consisted of the professional nurses employed in the clinical areas responsible for the assessment of nursing students. The data was collected through semi- structured interviews and analysed using Braun and Clarke's (2006) six steps of thematic analysis.

The data showed that the participants in the research setting have a superficial understanding of the purpose of assessment. The participants perceive their role in the clinical assessment of nursing students to be that of a mentor to guide and support the students and their experiences reinforce this. They use the clinical assessment of nursing students to determine the overall capabilities of the nursing students but do not perceive their role as having to perform and sign off clinical assessments of nursing students, using assessment tools, to provide proof of the attainment of clinical skills.

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CHAPTER 1

1. INTRODUCTION TO RESEARCH

1.1. Introduction

In this chapter the background of the study, problem statement, research question, aim, objectives, justification, and operational definitions are discussed.

1.2. Background

The assessment of clinical competence of nursing students is a complex and important process (Kennedy and Chesser-Smyth, 2017), as it determines whether the nursing student has integrated the necessary knowledge, skills, and professional behaviour at the required standard to be licensed as a professional nurse (SANC, 2013).

The requirements of the World Health Organisation (WHO) Europe includes that "nursing students learn to organise, dispense and evaluate comprehensive nursing care within the health institute and/or community and that training should be assessed under the supervision of qualified nursing staff within a clinical environment that is appropriate and where knowledge and skills can be adequately assessed". It states that the role of a nursing supervisor is to evaluate the nursing students' knowledge and the skills they require within nursing care (Baumgartner et al., 2017).

The South African Nursing Council (SANC) follows these global standards, and their standards include that the nursing students receive "clinical mentoring by competent adequately skilled practitioners" during their clinical training (SANC,2005). It states that nurses with clinical expertise in the content area being taught must supervise and teach students in that clinical practice area and they must participate in the assessment of students. These must include practice-based assessments for clinical evaluation using a variety of assessment measures in different contexts (SANC, 2005).

The assessment process involves not only educators and clinical facilitators but also the professional nurses in the wards. According to a study done by Dobrowolska et al. (2016:45) they are all clinical mentors with different roles and responsibilities in

undergraduate nursing education. As part of their role as clinical mentors, the professional nurses in the wards are responsible for the evaluation of the competencies the nursing students need to achieve while they are in the wards. They continuously assess the students' progress and give constructive feedback and support. Clinical competence is determined by formative assessment conducted by the professional nurses. To ensure nursing competencies are assessed accurately and holistically, measurable assessment tools and processes are required. (Baumgartner et al., 2017).

In South Africa, professional nurses receive some training in clinical teaching, as per regulations R.425 and R.683, which state: "at the end of his/her training the student must be able to provide effective clinical training within the clinical setting." (SANC, 1988 &1997). The SANC makes no mention of the ability of the professional nurse to conduct assessments, nor does it require specific training in assessment. However, in South African clinical settings, professional nurses are involved in conducting formative clinical assessments of students to determine student progress.

In the private healthcare setting, where the research was conducted, formative clinical assessment in the wards is carried out using workbooks, recording all clinical procedures and tasks performed by students, providing evidence of student progress, and identifying learning needs. The procedures being assessed are observed in the real-life situation by the professional nurses. This method of assessment does have some problems as described by Hughes and Quinn (2013) which includes the fact that assessors' perceptions are influenced by their own characteristics such as their own educational background, experience, motivation, and personality. This can lead to bias which can take the following forms:

- The halo effect – the assessor is influenced by the general characteristics of the student. A good general impression will ensure a good mark, but a poor general impression will mean a poor mark for the student.
- Central-tendency error – the assessor gives all the students an average mark.
- Generosity error – the assessor unconsciously gives the student a higher score than is warranted.

The assessment of the competence of nursing students is a global concern and assessment performed during clinical practice has been identified as a special challenge (Immonen et al., 2019). There is inconsistency amongst assessment methods and tools and a lack of reliability and validity in clinical assessment

(Helmien et al., 2017). There are many assumptions on the reasons for this which include a lack of time, lack of competence, ignorance regarding the assessment tools and many more. The fact remains that clinical assessments are required to be conducted within the clinical setting on real patients by a person with first-hand knowledge of the patient. We therefore rely on the professional nurses in the wards to do this as an additional responsibility. We have no understanding of their ability or willingness to conduct assessments and yet we expect them to do so with no formal training. This influences the consistency and validity of the assessments and has a negative outcome as students might get a false sense of confidence around their competence which affects the quality of care being delivered.

Therefore we need to understand the perceptions and experiences of professional nurses of their role relating to assessment of nursing students in the clinical setting to determine how the quality of assessments can be improved to maintain clinical standards.

The perceptions of professional nurses of their role relating to assessment of nursing students in the clinical setting are poorly recorded in the literature.

1.3. Problem Statement

Assessment of the clinical competence of nursing students is essential to ensure their competence, including knowledge, skills, and professional behaviour, meets the standards before being licensed as professional nurses. Professional nurses in the wards are expected to perform formative assessments with the students but have no educational background or specific training in assessment and their clinical responsibilities are their first priority. Specific time is not set aside to conduct the assessments and no explanation of the use of the assessment tools and the competency criteria is given. Lack of time, preparation, knowledge and support from managers have been expressed by professional nurses as difficulties related to their role in assessing nursing students (Panzavecchia and Pierce, 2014). The quality of assessment is questionable with inaccurate and inconsistent results. International studies examining the assessment of nursing students in practice have revealed concerns relating to the consistency and reliability of assessment decisions taken (Burden et al., 2017). All the above have serious consequences. Nursing students who receive inaccurate results are misled regarding their abilities and their subsequent preparation is inappropriate and inadequate. The professional nurses

feel inadequately prepared and unsupported, and this leads to demotivation and dissatisfaction which makes them less effective in their assessment role (Panzavecchia and Pearce, 2014). The protection of the public, which is a central aspect of pre-registration nursing education, is threatened (Kennedy and Chesser-Smyth, 2017) and this can jeopardise the nursing profession. It is essential to equip professional nurses with the required assessment skills to fulfil this responsibility as effectively as possible.

In order to do this, it is necessary to firstly understand how the professional nurses perceive their role relating to assessment of nursing students plus what experiences they have had in that role. This will lead to an improvement in the quality of clinical assessment of the nursing students and subsequently to an improvement in the quality of nursing care.

1.4. Research Question

How do professional nurses perceive their role and what experiences have they had relating to clinical assessment of nursing students in a private hospital in South Africa?

1.5. Aim

The aim of the study was to explore the perceptions and experiences of professional nurses of their role relating to clinical assessment of nursing students in a private hospital in South Africa.

1.6. Objectives

The objective of the study was to explore the perceptions and experiences of professional nurses of their role relating to clinical assessment of nursing students in a private hospital in South Africa.

1.7. Justification

As mentioned above, the assessment of nursing students informs us of whether the nursing student has acquired and integrated the necessary knowledge, skills, and professional behaviour to not only be licensed but to be safe and effective nursing

practitioners. If the assessment process is flawed and professional nurses do not understand and perform their role in the clinical assessment of nursing students effectively, it impacts on the quality of nursing graduates. Poor quality nursing graduates not only affect the quality of nursing care but also their ability to mentor and assess subsequent nursing students which leads to a vicious circle and the decline of nursing care. Consequently, the nursing profession is negatively impacted. This study will explore the experiences of professional nurses relating to their assessment of nursing students plus identify specific issues related to the perceptions of professional nurses of their involvement in the clinical assessment of nursing students with the overall aim of improving the quality of that assessment.

1.8. Operational Definitions

For the purpose of this study, the following definitions will be used:

Assessment – "a structured process for gathering evidence and making judgements about a learner's performance in relation to the prescribed requirements for the programme" (SANC, 2013).

Clinical assessment – assessments performed in the wards by the professional nurses with the nursing students.

Clinical facilitators – professional nurses with an additional qualification in nursing education that teach the nursing students in the wards.

Competence – "the ability of a practitioner to integrate the professional attributes including, but not limited to, knowledge, skills, judgement, values and beliefs required to perform as a professional nurse or midwife in all situations and practice settings" (SANC, 2013).

Educators – professional nurses with an additional qualification in nursing education that teach the nursing students in the academic setting.

Experiences – experiences of the professional nurses and participants in relation to performing clinical assessments on the nursing students.

Nursing students – any nursing students that are working in the research setting that do assessments with the professional nurses.

Participants – the professional nurses that took part in this study.

Perceptions - the way in which the professional nurses and participants interpret and understand their role in the clinical assessment of nursing students.

Professional nurse – several terms were used in the literature to describe qualified nurses who are involved in the assessment of nursing students in the clinical setting. These terms include mentor and preceptor. I have used the term professional nurse to include all these terms.

Wards – the clinical areas in which the patients receive care and in which the nursing students are assessed.

1.9. Summary

This chapter introduced the research study. It discussed the background to the study highlighting the necessity for the research topic as well as the value this research will have. It stated the research problem, aims and objectives and the research questions. The next chapter will review the literature that relates to this topic. This will then be followed by a discussion of the methodology used for the collection and analysis of the data. A discussion of the findings will then lead to recommendations.

CHAPTER 2

2. LITERATURE REVIEW

2.1. Introduction

This chapter is a review of the literature on this topic. It describes data collected through related research studies on the assessment of nursing students and gives foundational knowledge for this study. It relates what is already known on this research topic and where there is a gap in our knowledge. Many studies have been conducted relating to the assessment of nursing students, but the researcher found little data on the perception of professional nurses of their role in the assessment of nursing students.

In order to understand the research topic, the reader needs to understand assessment. This discussion starts with an explanation of assessment and aspects involved in assessment. It then gives specific data on clinical assessment so that the reader can understand the exact process the professional nurses are involved in. The role of the professional nurses in clinical assessment, barriers to quality assessment and perceptions of professional nurses relating to their role in clinical assessment is then discussed.

2.2. Assessment

Assessment is the process of collecting, measuring and interpreting information relating to how students respond to teaching and is the way in which we determine how much learning has taken place (Hughes and Quinn, 2013).

2.2.1. Assessment process

The assessment process has many factors. An essential component is the setting of learning goals (Clements and Kamau, 2018) and these need to be in place at the start of the assessment. Learning goals specify what competencies the nursing student must achieve and the level of competence and are usually written in the three domains of learning which are cognitive, psychomotor, and affective (Oermann, 2018). They must be clearly defined and measurable because they guide both the nursing students and the assessor (Oermann, 2018). The nursing student must know

what these learning goals are so that they know exactly what is expected of them and they can learn and develop the appropriate skills.

Information is then gathered about student learning and performance through diagnostic, formative, and summative approaches (Oermann, 2018). This is the stage at which the assessment is performed. This information is then used to identify learning needs and plan activities to assist nursing students to meet these needs (Oermann, 2018), and provide proof of attainment of the required competencies.

The student needs to be informed of the results of an assessment and this is done in the form of feedback to the student. Feedback should be performed at every stage of assessment (Hughes and Quinn, 2013). It should be given as soon after the assessment as possible as "defaulted feedback may generate uncertainty about the students own ability" (Vae et al., 2018). This ensures that the students have a clear understanding of their progress towards their learning outcomes and assists the students to identify their strengths and weaknesses (Vae et al., 2018). It provides the opportunity for the nursing students to be part of the setting of clear, appropriate and realistic learning goals for themselves which encourages them to take responsibility for their own learning (Vae et al., 2018).

Since 2014, it has been noted that effective feedback has the following key elements: promotion of self-evaluations skills; discussion of good performance in terms of expected outcomes; and formation of a plan to achieve those skills not yet achieved (Wells and McLoughlin, 2014).

The assessment should be conducted in a way that makes nursing students reflect critically on their practice and ensures that they learn from the experience (Vae et al., 2018). This is *assessment for reflection*. The purpose of this is to enhance their critical thinking and ensure that the experience is not only seen as a test of their abilities but also as a way to learn (Almalkawi, Jester and Terry, 2018). This encompasses the concept of *assessment for learning* and focuses on the idea of "working towards" competence and refocusing attitudes of assessment as a way of facilitating learning instead of assessment as a process that highlights incompetence (Almalkawi, Jester and Terry, 2018).

2.2.2. Types of assessments

There are several types of assessment methods used in the clinical setting which include observation; questions; written evidence; and review of documentation (Helmien et al., 2017). The professional nurses are involved in all these types, but most formal assessments done in the clinical setting are done through observation. Assessment also includes feedback from staff and patients (Helmien et al., 2014)).

No matter what type of assessment is used, it should take the views of both the students and assessor into account. These types of assessment come from external sources, but the student should also practice self-assessment. They do this by considering the feedback received from all sources and reflecting on it to identify their own strengths and weaknesses which enhances their ability to become lifelong learners (Helmien et al., 2017).

2.2.3. Assessment tools

Assessment tools are used to assess the nursing students' competence during clinical practice to ensure the quality of nursing competences is judged accurately and holistically (Wu et al., 2015). The professional nurses use these tools to measure the degree to which a student has achieved a skill and it gives the student a tangible result that they can relate to in the form of a mark. This gives the student an indication of how they are progressing (Wu et al., 2015).

Assessors need to judge whether nursing students have achieved skills that are difficult to measure such as professional behaviour and ethical values. Assessment of these skills is open to subjectivity and an assessment tool facilitates sound judgement and objectivity which allows for consistency in a process that involves several participants (Baumgartner et al., 2017).

Assessment tools are formulated to include many aspects such as learning outcomes (Vae et al., 2018), professional attributes, ethical practices, communication and interpersonal relationships, nursing processes, critical thinking and reason (Wu et al., 2015).

2.3. Clinical assessment

Nursing students need to acquire specific clinical skills during their training and integrate those skills with the relevant theoretical knowledge and professional behaviour and values. This process takes place in the clinical environment and the proof that they have been successful is obtained through clinical assessment. Clinical assessment is structured around specific identified competencies which an assessor must measure and sign off as achieved (Burden, Topping and O'Halloran, 2018). It involves judging if the nursing student has achieved the required skills according to the learning outcomes (Burden, Topping and O'Halloran, 2018).

The ultimate outcome of clinical assessment "is to provide certification of achievement, which enables the student to graduate with a validated record from the nursing programme" (Vae et al., 2018).

This is the broad overall purpose of clinical assessment, but there are many more aspects to it. It describes the nursing students' abilities to perform tasks they need to be competent in, according to their job descriptions (Helmien, Tossavainen and Turunen, 2014). It maps the progress of the student and identifies any learning needs and by doing so informs the educators and facilitators where to focus their teaching. It facilitates learning by enabling nursing students to become aware of their own achievements and learning needs (Vae et al., 2018). Nurse's awareness of what they do and do not know and the ability to identify what they need to know are the key issues when it comes to lifelong learning and becoming a better nurse (Vae et al., 2018).

The quality of clinical assessment is very important as poor-quality assessments can mislead nursing students and education staff and ultimately affect the quality of the nursing graduate (Hughes and Quinn, 2013). Clinical assessment is an integral and important part in the learning process which depends on high-quality assessment (Vae et al., 2018).

A quality assessment is one that encompasses the cardinal criteria for assessment which are validity, reliability, fairness, practicality, and transparency (Hughes and Quinn, 2013). A good quality assessments process must be objective and repeatable, and a variety of methods and tools must be used (Immonen et al., 2019). It implements supportive and continuous assessment within a safe clinical learning

environment where a trusting relationship exists between student and mentor (Immonen et al., 2019).

Professional nurses have a large influence on the quality of the clinical assessment and assessment is considered to be of high quality when they are well prepared to conduct assessment and have worked to create an effective relationship with their student (Wu et al., 2015).

Nurse educators, professional nurses and students need to work closely together (Almalkawi, Jester and Terry, 2018; Helminen et al., 2016; Wu et al., 2015) when conducting assessments in the clinical setting.

2.4. The role of the professional nurse

Professional nurses have a pivotal role in the clinical learning of nursing students (Immonen et al., 2019) which includes the clinical assessment of nursing students. They are the part of the education team that must assess whether the nursing students are achieving their learning outcomes (Dobrowolska et al., 2016), and acquiring their clinical skills, using the assessment tools, in an authentic context on a real patient (Hughes and Quinn, 2013). They are required to give continuous constructive feedback and provide learning opportunities for the nursing students to improve their skills once the assessment identifies learning needs (Dobrowolska et al., 2016).

Besides doing the clinical assessments, the professional nurses need to ensure that they provide the proof needed by signing that the competencies have been achieved, in a national or local agreed document (Baumgartner et al., 2017).

In order to perform quality clinical assessments, the professional nurse must ensure that they understand the strategies and processes that are in place to facilitate clinical assessments (Helmien et al., 2017). They must develop their communication and assessment skills to be effective in supporting the nursing students in their learning process (Jokelainen et al., 2013).

They must be well prepared and must build effective relationships with their students that allow for open and honest feedback (Wu et al., 2015), as constructive feedback enhances the nursing student's ability to achieve competence even when they have failed the assessment (Vae et al., 2018). Clear identification and relaying of

achievements and learning needs to the student must be done in a non-threatening way to encourage the student to react in a positive way (Levett-Jones et al., 2011).

“A competent professional nurse has the capability to build a supportive clinical learning environment, facilitate learning, monitor progress made by the student, assess the clinical competence of nursing students, and give effective feedback to students” (Wu et al., 2015).

2.5. Barriers to quality assessment

Clinical assessments of nursing students are being done by professional nurses in wards, but the quality of those assessments is in question. There are aspects that contribute to the poor quality and those will be mentioned here.

2.5.1. The assessor

Most professional nurses have no training in the mentoring role which includes clinical assessment, and they are primarily practitioners and only secondary educators (Yonge, 2012). They are unfamiliar with intricacies of the assessment role and insufficient clarity of the role within an institution can lead to misunderstandings about what is expected of them (Trede, Sutton and Bernoth, 2016). These misunderstandings play a role in the assessment process and nursing literature has consistently identified concerns relating to a lack of accuracy, consistency and objectivity in nursing students’ clinical assessment (Duffy, 2003; Larocque and Luhanga, 2013; Almalkawi, Jester and Terry, 2018).

Professional nurses work alongside students and teach students while performing clinical care and often experience role conflict between mentoring and assessing the nursing students (Black, Curzio and Terry, 2014). The develop a relationship with the student and when they assess the student their perception of the student’s abilities is influenced by this relationship (Helmien et al., 2017). There is a question of whether professional nurses can assess students objectively when they act as mentor and assessor to the students. They worry about hurting the student’s feelings and students pass their clinical assessments when they do not have the needed competence (Duffy, 2003).

Professional nurses interpret the competence of students according to their own perceptions and are swayed by positive aspects of the students’ performance without

considering the wider set of skills that need to be assessed (Cassidy, Coffey and Murphy, 2017). They may also only focus on the nursing student's strong areas or assess knowledge and attitude instead of clinical skills (Almakwani, Jester and Terry, 2018). Professional nurses also do not focus on the specific skill they are assessing at that moment but consider the tasks the student has carried out in the weeks before the assessment (Vae et al., 2018). They also use feedback from other staff members and patients when assessing nursing students' performance which affects clinical assessment (Helmien et al, 2014).

Despite the fact that assessment tools are utilised to try to ensure objectivity and consistency, professional nurses use intuition and make informal judgements on clinical competence based on their subjective impressions of the students and the assessment tool is used and manipulated to reflect these opinions (Kennedy and Chesser-Smyth, 2017). It has been concluded that professional nurses' decisions in clinical assessment are often based on first impressions and assessment tools are manipulated to corroborate these findings which calls into question the reliability of assessment decisions made by them (Burden, Topping and O'Halloran, 2018).

Constructive feedback is a very important part of assessment and yet it is not given the attention it deserves. In a study by Vae et al. (2018) they found that feedback given focused on what still needs to be learned more than an individual's development, achievements, strengths, and weaknesses. A close relationship between the professional nurse and the student may also affect the quality of the feedback the student gets as the professional nurse does not feel they can be honest (Helmien et al., 2017).

It is well documented that students that do not achieve the necessary clinical competency are often still given a pass grade plus allowed additional time to acquire it. This is part of the phenomenon of "failure to fail" which has been well documented in the literature (Duffy, 2003; Luhanga, Yonge and Myric, 2008; McCarthy and Murphy, 2010). Professional nurses have been known to blame themselves for students failing as they see it as a failure of mentorship and this is an aspect of why they do not fail students (Duffy, 2006; Cassidy, Coffey and Murphy, 2017). Their assessment is more subjective because they feel responsible for ensuring that the students pass (Wells and McLoughlin, 2014).

Failing students causes emotional and procedural challenges for professional nurses (Duffy, 2006) who face emotional dilemmas and turmoil when faced with having to

give a failing grade (Larocque and Luhanga, 2013) and agonise over the decision to do so. Allocating a failing grade adds to the stress of their work environment and they spend significant time reflecting on their decision making (Kennedy and Chesser-Smyth, 2017).

The educational background of the professional nurses may influence their assessment of the nursing students' competence. The nursing students may have been undertaking a different course of educational preparation than the professional nurse leading to the professional nurse thinking that nursing students are demonstrating an unsafe level of practice (Luhanga, Yonge and Myric, 2008). There is also the issue of the difference in the evidence-based teaching in nursing school and the accepted practices in the clinical setting (Helmien et al., 2014).

2.5.2. The environment

Professional nurses working in the clinical setting have many roles and responsibilities and the clinical assessment of nursing students does not seem to be a priority. Professional nurses spend a small amount of time in the assessing process (Butler et al., 2011) and when assessments are done, they take place in busy, demanding clinical environments by professional nurses who are trying to provide safe, effective clinical care to patients plus assessing nursing students (Cassidy et al., 2012). This leads to a lack of the dedicated time necessary for an effective assessment which contributes to the assessors making hurried judgements about the competence of nursing students (Kennedy and Chesser-Smyth, 2017).

The study by Kennedy and Chesser-Smith (2017) showed that professional nurses are not competent or confident in their decision making when faced with students that were incompetent or borderline. It also challenged their concept of accountability. This was corroborated by Hunt et al. (2016) who found an underlying fear that professional nurses experienced that they would not be supported by the academic institution if they failed a nursing student.

2.5.3. Use of assessment tools

Professional nurses are required to use the assessment tools provided to them by the nursing education institution but often have problems with these tools and the incorrect use of the tools affects the quality of the assessment. It has been

documented that there are widespread problems relating to the completion of competencies within a prescribed competence framework (Zasadny and Bull, 2015; Burden, Topping and O'Halloran, 2017). In some studies, it was reported that only 23% of participants had filled in the required number of assessment tools by the required time and that they were time consuming (Burden, Topping and O'Halloran, 2017).

Problems with assessment tools included the following:

- The forms or tools are often difficult to understand by both students and professional nurses and this can lead to subjective bias by the professional nurse as they apply their own understanding to the process (Helmien et al., 2014).
- Terminology is ambiguous and the language is vague with too much academic jargon (Duffy, 2003; McCarthy and Murphy, 2008; Butler et al 2011; Cassidy et al., 2012).
- Professional nurses struggle to translate the documents and apply assessment outcomes into observable practice activities which in turn leads to problems in accurately assessing nursing students (Almalkawi, Jester and Terry, 2018) and struggle to discriminate between different levels of practice and identify the benchmark of what constitutes a pass or fail (Butler et al., 2011; Heaslip and Scammell, 2012).

2.6. Perceptions of Professional Nurses

In order to be effective clinical assessors, professional nurses need to understand their role in clinical assessment. They need to know what is expected of them, how to perform the clinical assessments effectively and the importance of quality clinical assessments.

The literature has much data on the perceptions of professional nurses/ mentors/ preceptors on their role in mentoring/preceptorship, but the researcher could find little data on the perceptions and experiences of professional nurses regarding their role specifically in clinical assessment. We do not know how the professional nurse feels about this role, how they are performing it and even if they are willing to perform it.

The process of assessment is very important as it has a direct influence on the process of learning (Levett-Jones et al., 2011) and the professional nurse is an

essential and pivotal part of that process. It is essential that we understand the perceptions and experiences of the registered nurse regarding their role in the process.

2.7. Summary

This chapter reviewed the related literature on this topic. It began with defining clinical assessment and explaining the purpose thereof plus what a quality assessment is and the importance thereof. It described the process and types of assessment and the tools used to ensure quality assessments are performed. It then discussed the role of the professional nurse in the assessment process and described barriers to the process.

It ended by describing how there is a significant amount of data available on the clinical assessment of nursing students and the role of the professional nurse in that assessment, but there is little data on how those professional nurses perceive and perform that role, and why it is necessary to have that knowledge.

In chapter 3 the research methodology will be discussed.

CHAPTER 3

3. RESEARCH METHODOLOGY

3.1. Introduction

This chapter describes the research methodology applied to answer the research question and provides detail of the research setting, population, and sample. It describes how the data was collected, how the trustworthiness of the research findings was ensured and how the ethical integrity of the research was maintained.

3.2. Research design

The research was conducted using a qualitative approach with an exploratory descriptive design.

The goal of qualitative research, as described by Brink et al. (2018), is to understand rather than explain and predict. It also enables the researcher to gain the perspective of the insider - in this study, the professional nurse in the private hospital sector. A qualitative methodology is used when the nature, context and boundaries of a phenomenon are poorly understood or defined (Gray et al., 2017). It was used in this study because information on how the professional nurse perceive their role in the clinical assessment of nursing students is poorly described in the literature. Professional nurses are a key player in ensuring that valid and good quality assessments are performed in the clinical setting. However, due to their own perception of this role being poorly described in the literature, it complicates the understanding of the assessment processes and factors that contribute to or impacts the quality of the process.

An exploratory approach asks questions about what is happening in the life of the individual in relation to the research topic and how they understand the experiences. It looks at it from the viewpoint of the participant in the context in which the experience takes place. The researcher does not influence any variables but focuses on the information that presents itself (Brink et al., 2018).

The data collection techniques in this approach include interviews. This normally results in the data being in the form of audiotapes. The nature of the data is about experiences and perceptions and the researcher spends a lot of time reflecting on the meaning of the data.

The researcher is intricately involved in the analysis of the data and must become immersed in the data trying to understand its meaning. Qualitative data analysis, no matter what the approach, uses some common steps to organise the data to enhance understanding. It results in patterns being identified and explanations being produced. which gives meaning to the data (Brink et al., 2018).

3.3. Setting

The research setting is the environment in which the research is carried out and includes the physical location and conditions in which data collection takes place (Polit, Beck and Hungler, 2014). In South Arica, the government provides health care to the majority of the population via public health services. In addition to public health services, there are three major private hospital groups which provide health care. The provision and quality of nursing care is overseen by a regulatory body called the SANC. The SANC oversees all nursing training and the private hospital groups can offer nursing training subject to accreditation of their colleges and clinical facilities by the SANC. Nursing training includes several undergraduate and postgraduate courses. Each nursing course has specific clinical requirements/competencies that the students need to achieve. Clinical facilities/hospitals are inspected by the SANC and permission is given for the college to send students to that specific hospital for a specific course. The course learning requirements are specified by the SANC and the nursing students spend time at the college focusing on theoretical knowledge and time in the clinical facilities focusing on clinical skills according to those requirements. One hospital usually gets accreditation for several courses so there are students from different courses in the hospital at the same time.

The research setting for this study was one hospital which is part of one of the private hospital groups accredited by the SANC to place nursing students to complete their clinical learning requirements as stipulated by the SANC (SANC, 2013). The hospital consists of 220 beds inclusive of general medical and surgical wards as well as a number of specialised wards as specified in the table below:

Table 3.1: General and specialised wards

General wards	Specialised wards
Medical	Trauma and emergency
General Surgical	Intensive care
Neurological and orthopaedic	Maternity
	Paediatric

3.4. Population

The study population consisted of all the professional nurses employed in the clinical areas of the research setting, responsible for the assessment of nursing students. This consisted of 77 professional nurses, N = 77.

3.5. Sample

The sample was selected using a non-probability purposive technique as it gave the researcher the opportunity to ensure that participants were selected to include professional nurses from the various types of wards where the nursing students are placed. The sample selected in a research study should be as similar to the study population as possible (Brink et al., 2018). As mentioned above, there are 7 types of clinical areas where the students are placed, and the type of clinical care given in these areas is different and possibly the experiences of the professional nurses in assessing nursing students in these areas are different. In order to ensure a representative sample, participants from all these types of clinical areas relevant to the study were included. Not all professional nurses have experience assessing nursing students, so the inclusion criteria were professional nurses from general and specialised units who have experience in assessing nursing students.

The intention was to select 2 participants from each type of unit – one participant with less than 2 years' experience in assessing nursing students and one participant with more than 2 years' experience in assessing nursing students. Participants with differing years of experience in assessing nursing students were selected to discover if years of experience had any effect on the perception of the professional nurses relating to their role in the clinical assessment of nursing students.

All professional nurses in the study population were invited to participate in the study. Once the researcher had obtained permission from the institution and nurse

manager, she approached the unit managers and professional nurses in the wards. Information sheets were given to those present and left for those on the other shifts (Annexure 1). The researcher then followed up with the prospective participants by contacting them telephonically.

When using purposive sampling, the researcher does not know in advance how many participants are needed and they sample continuously until data saturation occurs (Brink et al., 2018). Data saturation is the point at which no new data emerges during data collection (Brink et al., 2018). Fifteen participants were included in the study sample, and these would have been increased if data saturation was not reached with them. Data saturation was reached with these 15 participants as no data emerged during the last 5 interviews, so no additional interviews were required.

The table below shows a breakdown of the participants, the units they represented and their years of experience.

Table 3.2: Participant units and years of experience

Number of participants	Units	Years of experience in assessment of nursing students			
		≤ 2	3 – 10	11 – 20	> 20
5	General surgical	2	2	-	1
2	General medical	1	1	-	-
3	Neurological/orthopaedic	1	1	1	-
1	Paediatric	-	-	1	-
2	Trauma	-	2	-	-
2	ICU	-	2	-	-

The nursing students in the research setting are mostly undergraduate nursing students as there is only one ICU and a s mall trauma ward so there are limited learning opportunities for postgraduate students. According to the requirements of the SANC, the undergraduate nursing students are required to spend the majority of their clinical training time in general wards which includes the medical, general surgical, neurological/orthopaedic wards. They spend only 1 month in each of the specialised wards which include trauma and paediatrics. Spending time in the ICU is not compulsory in undergraduate courses but some students are sent there, and assessment of general medical skills is performed in this ward.

Even though the intention was to select at least 2 participants from each ward, this did not happen. There was only 1 eligible professional nurse in the paediatric ward and the maternity ward unit manager chose not to participate. Because the majority of clinical assessments performed with the undergraduate nursing students are in the general surgical, medical and orthopaedic/neurological units, the researcher selected the majority of the participants from these units.

3.6. Data Collection

The data was collected through semi-structured interviews. Interviews can be used to gather information in face-to face encounters and are often used in exploratory research (Brink, van der Walt and van Rensburg, 2018). Semi-structured interviews allow the researcher more scope and are only limited by the research focus (Brink, van der Walt and van Rensburg, 2018). They have a specific purpose but are conducted in an informal, conversational manner (Brink, van der Walt and van Rensburg, 2018). The specific purpose of this research was to explore the perceptions and experiences of professional nurses of their role relating to clinical assessment of nursing students in a private hospital in South Africa. Semi-structured interviews were used for data collection as they allow for an informal interaction but with the possibility of gaining in-depth information with probing questions.

3.6.1. Interview guide

In the attempt to answer the research question the following questions were considered and included in the interview guide:

- Tell me about an experience you have had when assessing nursing students in the clinical setting?
- What do you think is your role in assessing nursing students in the clinical setting?
- What do you believe is the purpose of assessing nursing students in the clinical setting?

Open-ended questions were used because they allow the participant to choose the direction of their answers and to provide as much information as they want to, and

this generally provides richer, more diverse data (Brink, van der Walt and van Rensburg, 2018).

Because there was no study found in the literature that looked specifically at how professional nurses perceive their role relating to the assessment of nursing students in the clinical setting, the questions for the interview guide were formulated by the researcher and her supervisor. Perception is about how the participants understand and interpret their role in the clinical assessment of nursing students. Thus, a question was included about the participants understanding of their role in the assessment of nursing students in the clinical setting. The understanding of their role would be affected by knowledge of the purpose of assessment so a question on the purpose of assessment was included. The question on the experiences of the participants in assessing nursing students was included to gather the data needed to explore the experiences of the participants relating to their role in the clinical assessment of nursing students.

A pilot study was done to test the interview guide which was representative of the participants. The participants in the pilot study consisted of one professional nurse with over 20 years of experience conducting clinical assessments on the undergraduate nursing students in a general ward and one professional nurse with experience in assessing postgraduate students in the specialised wards, with less than 2 years' experience. An interview using the study guide was conducted with each participant of the pilot study and then a debriefing was done regarding the participant's understanding of the questions in the study guide. The answers were also analysed regarding whether the information obtained was relevant in answering the research question.

This testing of the interview guide led to the following changes in the interview guide:

- The order of the questions was changed to the above order. Initially, the question about the participant's understanding of their role in assessing nursing students in the clinical setting was the first question but it was decided to ask the participant about their experiences when assessing nursing students first. It was hoped that this would remind them about assessment and focus their attention on assessment which would hopefully then give them a chance to give a more accurate description of how they understood their role in the assessment.

- The experiences asked for was changed from any negative experiences to any experiences. If only negative experiences were asked for it would not give an overall understanding and description of the experiences of the professional nurses.

The interview guide was then retested and placing the question about the participants experiences first did remind the participant and focus their attention on assessment. Asking for any experiences elicited more data from the participants and gave an overall understanding (Annexure 2).

As described by Brink, van der Walt and van Rensburg (2018), follow up questions can be used to probe the participants' answers in more detail by encouraging the participants to elaborate on their answers and expand their train of thought. Follow up questions were used by the interviewer for more in-depth questioning.

3.6.2. The interviews

The interviews took place over the span of two weeks from 5th -19th September 2020. It was initially planned for the interviews to take place in May and June of 2020, but the process was delayed due to the national lockdown in South Africa for the COVID-19 pandemic. Once ethics approval was obtained from the relevant private hospital group, the researcher approached the hospital management of the research setting for approval to conduct the research. Permission was obtained to conduct the interviews face to face as long as all COVID regulations were followed. Steps taken to comply with COVID regulations were as follows:

- The interviewer was screened before entering the hospital.
- The interviews were conducted in wards that did not have any patients who had COVID -19 disease.
- The participants that worked in the wards where the patients with COVID-19 disease were nursed, came out of those wards for the interviews.
- The interviewer and the participant wore surgical face masks specified by the research setting.
- The interviewer and the participant always maintained a distance of 2 meters between themselves.
- The interviewer and participant always practised hand hygiene according to the COVID-19 protocol.

The researcher conducted the interviews and arranged the times on the days that suited the participants. This was usually on the weekends. Each participant signed a consent form for participating in the study plus for audio recording of the interview (Annexure 3 & Annexure 4). The consent form included demographic data. The interviews were held in a suitable private room or area within the ward at a time that was suitable according to the operational needs of the wards.

The researcher followed the interview guide in all 15 interviews to maintain a structure and ensure consistency of the data.

The pilot study was done before COVID-19 restrictions were implemented and the participants in the pilot study wore no masks. The participants in the pilot study were more comfortable and spent time considering the questions and elaborating on their answers. The audibility of the answers were clear in the pilot study.

The interviews took place during the COVID-19 pandemic and this added a new dimension not found in the pilot study. It was the during the first wave of the pandemic when the participants were having to learn new clinical skills with an overwhelming number of patients and fewer nurses in the wards. It was a completely new and alien situation, and the participants were working under very stressful conditions and working additional shifts due to staff shortages. The participants were tired and unsure of their own safety. The personal protective equipment was bulky, hot and obstructed their vision due to fogging up of their visors and glasses.

The research study documents, and the interview guide used formal academic language and terminology. A lot of the participants were answering questions in their second or third language. The stress of the pandemic and the use of masks impacted on the participation and confidence of the participants. The interviewer had to explain questions to several of the participants. Their confidence and competence to communicate effectively and express themselves in English might have impacted on the richness of their answers. This was seen in the curt/short responses and the unwillingness to elaborate on their answers.

The use of masks and the required social distancing impacted on the audibility of the participants' answers. The interviewer could not read the lips or see the facial expressions of the participants clearly to aid in interpreting and understanding the answers. The accents of the participants were often more difficult to understand due to the masks.

During the interview, the interviewer took the participants' answers and reflected relevant, additional questions back at the participant to gain a better understanding of the participants answers.

3.7. Data analysis

Data analysis commenced on completion of the first interview using Braun and Clarke's thematic analysis steps. The researcher used Braun and Clarke's thematic analysis because it is a recognised and accepted method of qualitative data analysis and it has clear steps to follow which makes it easy to use. It identifies themes within the data which organises the data and then analyses them to give overall meaning to the data.

Those steps are as follows:

1. Familiarising yourself with the data – the researcher immersed herself in the data through transcribing the recorded interviews verbatim. The researcher actively reread the transcriptions, until completely familiar with all the data.

2. Generating initial codes – once completely familiar with the data the researcher noted ideas and comments that were repeated in the data. Similar ideas and comments were grouped together to make an initial list which were the initial codes. The researcher consulted with an independent coder through the whole process of generating codes and identifying themes.

3. Searching for themes – once all the data was categorised into codes, the researcher took a broader view of the codes and identified themes that the codes fit into. Codes that had a similar meaning were placed in the same theme. The themes were initially linked to the research questions.

4. Reviewing themes – the researcher scrutinised the themes to see if there was enough data to support each theme or if some themes could be combined if they had a similar meaning. The researcher also checked if the themes reflected the data gained in the collection process. On review, the researcher found themes that did not link directly to the research questions and added those.

5. Defining and naming themes - the researcher focused on the themes to define them and name them. This was an ongoing process as the researcher

understood the data better and ensured that the themes accurately reflected the meaning of the data collected.

6. Producing the report - the student did the final analysis and wrote up the results.

The research supervisor acted as the independent coder and was consulted on the appropriateness and finalisation of the themes to improve the quality of the analysis.

3.8. Trustworthiness

The trustworthiness of the research findings was ensured by using Lincoln and Guba's Criteria (1994). The criteria include credibility, dependability, confirmability, and transferability. Shenton (2004) discussed in detail ways to ensure trustworthiness using these criteria, which were applied to this research study as follows.

Credibility is about whether the results reflect the truth from the perspective of the participant. This was achieved by focused engagement. The researcher spent the necessary time with the participants to gain enough detail and understanding to ensure credibility.

Dependability is about getting the same results with similar participants in a similar context. This was achieved by having an audit trail – the researcher kept the recordings of the interviews and the transcriptions. The researcher kept a detailed record of the processes within the study which will allow any readers of the study to duplicate those processes plus assess the trustworthiness of the processes and subsequently the research.

Confirmability relates to whether the results of the study can be confirmed by someone else. Would someone else with the same data have reached the same conclusions. Confirmability is about whether the results are objective, the researcher has not allowed her own characteristics or preferences influence the data. This was achieved by complete transparency in the research process plus meticulous recording of repeated checking and rechecking of the research data. There was the second coder who is the research supervisor. The researcher has kept a detailed audit trail.

Transferability relates to being able to apply the findings in other settings. This study is from one private facility only, but it will be written in detail and there is potential replication in another setting. The researcher has included detailed descriptions of the research context.

3.9. Ethical considerations

The ethical integrity of the study was maintained by following the seven ethical requirements proposed by Emanuel, Wendler and Grady (2000) as follows:

- **Value** - the overall aim of the research is to improve the competency and professional behaviour of registered nurses so it will ultimately improve the quality of patient care. There have not been many research studies done on this specific aspect of nursing education.
- **Scientific validity** - the research was conducted using accepted scientific principles and methods to obtain valid and reliable data.
- **Fair subject selection** - all members of the research population were invited to participate in the research using the same process. The unit managers were approached first through a letter (Annexure 5), and the research was explained to them and they were given the study information document to read (Annexure 1). Then each potential participant in the ward was also given an information letter and the time needed to make an informed decision about their participation in the research. The potential participants were then contacted again and those willing to participate were then interviewed. The participants are all professional nurses and have the educational background to understand the implications of their participation in the research.
- **Favourable risk-benefit ratio** - there was minimal risk to the participants. The participants were kept anonymous and in no way recognisable from descriptions in the results. All participant information is only available to the principal researcher and supervisor.
- **Independent review** - this was ensured by getting ethics approval from independent bodies as follows:
    - Peer review by presenting the proposal in the Department of Nursing Education at The University of the Witwatersrand. This was done on the 22nd of January 2020.

- Submission to the Post Graduate Committee of the School of Therapeutic Sciences at The University of the Witwatersrand. This was done on the 4th of March 2020.
- Submission to The Human Research Ethics Committee (Medical) at The University of the Witwatersrand. Ethical approval was granted on the 13th of July 2020 (Annexure 6).
- Permission to conduct the research in the Hospital was obtained from the Research Office of the Private Company (Annexure 7 & 8) on the 8th of August 2020, the Hospital Management (Annexure 9 & 10) on the 28th of August 2020 and the unit managers in September 2020.

- **Informed consent** - All participants signed informed consent for the interview (Annexure 3) and for audio recording of the interview (Annexure 4). The informed consent included the purpose, methods, risks and benefits of the research. The informed consent also included a section of demographic details of the participant. This included: age, years of experience as a registered nurse, years of experience in assessment of nursing students and qualification/s.
- **Respect for potential and enrolled participants** - confidentiality has been maintained to protect the privacy of the participants. Withdrawal was possible at any time with no explanation needed and no consequences. None of the participants chose to withdraw. The results will be communicated to the participants.

Even though the researcher is familiar with the private hospital group to which the research setting belongs, she has had no prior involvement with the professional nurses in the research setting. She has never been in any position in the research setting that would bias the study in any way.

3.10. Summary

The above chapter described how the research process was conducted from the setting, population, and sample to the data collection. It also explained how trustworthiness was ensured and ethics maintained. In the next chapter the findings of the research will be presented.

CHAPTER 4

4. RESEARCH FINDINGS AND DISCUSSION OF FINDINGS

4.1. Introduction

This chapter presents the findings of the study after data analysis plus a discussion of the findings. The chapter begins with the demographic data of the participants and then presents the themes and subthemes that were identified. A summary of the findings is then provided and compared to information gathered in the literature that is known on this subject.

Table 4.1: Demographic data of the Participants

Age in years	Number of participants	Qualifications				
		Undergraduate		Postgraduate		
		Bridging Course	Diploma	Education & Administration	Trauma	Intensive Care
31 – 39	7	7			1	1
40 – 45	4	2	2	2	1	
46 – 59	3	2	1			
60	1		1			

The majority of the participants, that being 11 (73%), were between the ages of 31 and 45 years. In terms of their qualifications, the same amount, that being 11 (73%), had done a bridging course from an enrolled nursing qualification to that of a professional nurse. An enrolled nursing qualification takes a minimum of 2 years to complete, and the bridging course takes a minimum of 2 years, so those participants who had done the bridging course, had been in their nursing career for at least 4 years before becoming professional nurses. The participants that did the diploma were all over 40 years of age. Five of the participants had postgraduate qualifications, 2 of those being in nursing education, which would mean that those 2 participants had additional training in the assessment of nursing students.

Six themes and seventeen subthemes were identified and are presented in the table below:

Table 4.2: Themes and Subthemes

Themes	Subthemes
Experiences relating to the assessment process	Types
	Use of assessment tools
Experiences relating to the students in the assessment process	Emotional state of students
	Preparation & participation of students
	Attitude of students
Challenges experienced by participants performing clinical assessment	Outdated skills
	Nursing care in practice
	Environment
Role of participants in assessment	Assessor
	Teacher
	Role model
Purpose of assessment	Knowledge and skills
	Appropriate provision of care
Responsibility in relation to assessment	Student learning
	Participant's knowledge
	Method of feedback
	Protection of patients

4.2. Theme 1: Experiences relating to the assessment process

This theme relates to experiences that the participants had relating to the actual process of carrying out the assessment. It has 2 subthemes namely types of assessment and the use of assessment tools.

4.2.1. Subtheme 1.1: Types of assessment

The participants described a general assessment of the nursing students and not the assessment of specific nursing skills. This involves the assessment of their general capabilities to see how they are working and coping in the ward and if they are acquiring the knowledge and skills that the participants are teaching them. This assessment begins when the nursing students start their clinical learning experience in the ward so that the participants can allocate them appropriately. It continues throughout their placement in the ward. The participants use an informal method of assessment. It is not a strict observation but more of an interactive experience.

The following statements from participants illustrate the continuous, informal assessment of general capabilities being employed in the ward:

- Participant 8: *"If it is the first time, they're working we usually pair them for a week with another staff nurse or a sister who will be assessing them to see their capabilities."*
- Participant 10: *"You are assessing the students all the time on all their skills."*
- Participant 14: *"You do it on a day-to-day basis. I will initially tell them what is being done, show them, and then allow the student to practically do the triage while I am assessing her or him to see if they are really doing it the way that I have shown them."*

The following statements from participants illustrate the participants attitude about the assessment of specific skills:

- Participant 8: *"They having the CTS [clinical training specialists] sisters, they are the ones who are doing more but like, before they do with the CTS they do come to us so that we can just go through them, to check with them."*
- Participant 9: *"I don't use the skills books, but I go through them. In my mind I've been an assessor, so I know what to look out for."*

4.2.2. Subtheme 1.2: Use of assessment tools

Some of the participants use the assessment tools that the nursing students have, which are in the form of skills books, but they incorporate their use into the overall assessment of the student. They do not assess a specific skill at a specific time using the skills books, they use their knowledge of what the student has done previously when doing an assessment.

The following statements from participants illustrate what was stated about the use of the assessment tool:

- Participant 3: *"When we are doing the tool you are not going to do the tool only, things that are according to the tool. It's not about the main tool, it's nursing the patient holistically."*
- Participant 7: *"So when you actually assess them, even if you are not sitting directly with the student, just by knowing on this day, this is what we did together, on this day. So when you are sitting now with that assessment tool in terms of the nursing, you kind of know this nurse knows."*

The following statements from participants illustrate that those that do use the assessment tools found them outdated and difficult to use:

- Participant 1: *"The tool is old itself. It's not talking to this new machine because the tools don't change as we change the machines."*
- Participant 9: *"I don't find them very user friendly because it's very tedious. Because in that book, it's so long and actually, it puts you off."*

4.3. Theme 2: Experiences relating to the students in the assessment process

This theme relates to the experiences that the participants had with the students while performing their clinical assessments. It has 3 subthemes namely the emotional state of the students, preparation and participation of the students, and the attitude of the students.

4.3.1: Subtheme 2.1: Emotional state of the students

The participants commented on the emotional state of the students when they were being assessed and how this affects the assessments. The following statements from the participants illustrate this:

- Participant 2: *"Students are anxious. When one is scared or anxious one cannot be able to do whatever you want him or her to do. So there are some students who would always say yes, I understand. Whereas they don't understand but are scared of being laughed at by others."*
- Participant 4: *"They get very nervous so then they tend to forget those critical type of things."*

4.3.2. Subtheme 2.2: Preparation and participation of the students

The participants reflected both positive and negative experiences in relation to the preparation and participation of the students in the assessment process.

The following statements from participants illustrate the positive experiences regarding how the students are prepared and engage actively in the assessment process:

- Participant 9: *"Yes, they seem to be prepared".*
- Participant 6: *"But with others its very nice because we tend to learn from them, they tend to learn from us."*

In terms of negative experiences, the students do not communicate to the participants what theory they have learnt in their last college block and that they need to focus on in the ward, and often they do not know what their learning objectives are in the specific ward. They do not initiate the assessment process and when assessments are done, they are not prepared.

The following statements from participants illustrate this:

- Participant 1: *"Most of the students don't really read, they don't study, then they think that's an easy thing. Then when you look at them then you can see gaps."*
- Participant 4: *"The assessment component is something that I have to initiate. They're not very eager on coming to me on their own so I have to ask them basically is there anything I can assess you on the ward."*
- Participant 7: *"Yes, we give them support. I will ask them how do you want? Because some of them even if they are lacking, they do not want to come. They won't tell you that they're lacking. "*
- Participant 12: *"The preparedness of the students, in most cases some of them, they don't know what is expected out of them."*

4.3.4. Subtheme 2.3: Attitude of the students

The participants indicated that some students display disrespect and are arrogant towards the participants. They expect the participant to sign off their assessments when the participant has not watched them do the skill. They think they have more knowledge than the participant which makes it difficult for the participant and they respond poorly to feedback.

The following statements from the participants illustrate this:

- Participant 5: *"Some other students, they will come here, you must just sign in the files, but they are not actively doing it."*
- Participant 10: *"You know it's that attitude that you know what, I'm a sister, you can't tell me, or I know more."*
- Participant 3: *"Some students don't take feedback well because sometimes they will think that you are not teaching them well or they are not taking it well because it is coming from you."*

4.4. Theme 3: Challenges experienced by participants performing clinical assessment

This theme is about the challenges that the participants encountered when performing clinical assessments on the students. It has 3 subthemes namely outdated skills, nursing care in practice and the environment.

4.4.1. Subtheme 3.1: Outdated skills

The participants found that some of the skills that needed to be assessed were skills that they do not currently perform in their ward, and they feel their own knowledge is out of date and the technology they are using is old.

- Participant 1: *"I'm actually out of practice with that thing because it is not done physically there where I am working."*
- Participant 1: *"But then the technology changed so much now we are talking two different languages. The machine I have is an old one and I've gone out of practice because we are not having the new machine in our hospital at the moment."*

4.4.2. Subtheme 3.2: Nursing care in practice

The participants said it is also difficult because there is a discrepancy between what is taught in the college and what is practised in the ward. Documentation and equipment are often different and clinical care is also often carried out according to hospital policy and doctors' orders and not as it was taught at the college.

The following statement from a participant illustrates this:

- Participant 6: *"They will tell you, but in class they told me this. Is it the way it is being done or what? Okay, we also have been told that but with hospital policies and with doctors, it's not the same. "*

4.4.3. Subtheme 3.3: Environment

There are factors in the clinical environment that present challenges to the participants in the assessment process. The participants struggle to find the time to assess students because they are allocated to perform clinical nursing care. The wards are very busy, and it is difficult to not only find time to do assessments but also to have enough time to do the assessments effectively. There are also not always resources available for the nurses to be taught and assessed on.

The following statements from the participants illustrate this:

- Participant 10: *"We don't give students, you know, an environment for them to be assessed, you know, more efficiently. The reason why I say so, because most of the time when they have to do their assessments, and when we have to assess them, it's always busy. It's always busy and even if you have to go through, you now, the assessment, at times you don't finish it because it's in such a rush, always."*
- Participant 12: *"Also resources. It is a bit difficult if you tell somebody about something that you don't see."*

4.5. Theme 4: Role of participants in assessment

This theme was derived from the second question on the interview guide about what the participants think their role is in the assessment of nursing students in the clinical setting. This question was the crux of the research study. It was intended to gain the information needed to understand how the participants understand their role in the assessment of nursing students in the clinical setting. This theme has 3 subthemes namely assessor, teacher and role model.

4.5.1 Subtheme 4.1: Assessor

The participants reflected that their role is to assess the students to see whether they have skills and knowledge, and are therefore competent, plus whether they have achieved their learning objectives. This includes assessing whether the nursing students understand their learning objectives plus whether they have attained the

necessary knowledge relevant to the skills. If this is not the case, then the participants must identify the learning gaps of the students.

The following statements from the participants illustrate this:

- Participant 9: *"To see that they are competent, you know, practically. And if they're knowledgeable."*
- Participant 5: *"I need to check to see if they've learned what they've come to the ward to learn."*
- Participant 4: *"So when you assess them and evaluate their clinical skills, the whole idea is to identify where they should grow."*

The participants need to assess if the nursing students have integrated and applied what has been taught in the college.

The following statement from a participant illustrate this:

- Participant 1: *"When you are assessing them with the practical things, it's unlike when you're writing things. Even though they seem to be knowing it theoretically, when they have to relate the practice to the theory, it is always a challenge. You need to teach them and after teaching them you need to evaluate them to show that that they can corelate the two and marry the two. So I think that it is my duty, my responsibility to make sure that nurses make nursing to be scientific."*

The participants must give the nursing students feedback as part of the assessment process in a manner that encourages them to want to learn more.

The following statements from the participants illustrate this:

- Participant 12: *"After you've done a procedure you go aside and then you talk to them and then you show them where they went wrong. If the students are not prepared, you talk to them and then you listen to them. You make them aware and then you try and redo it again."*

As part of the assessment process, the participants must communicate with the clinical training specialist.

The following statements from the participants illustrate this:

- Participant 6: *"To also communicate with the facilitator when the student is lacking."*
- Participant 14: *"If they don't listen then we escalate according to rank. Obviously, they have their own facilitators that look after them."*

4.5.2. Subtheme 4.2: Teacher

The majority of the participants included teaching as a large part of their role in assessment. Teaching needs to be performed before, during and after assessment.

The following statements from the participants illustrate this:

- Participant 10: *"So I'm assessing them, I'm also teaching as well."*
- Participant 3: *"If they are missing something in an assessment, it is my duty to teach them and to show them that it is missing and how important it is to do, for to tell them what's the right way of doing it. Even if they fail the skill, so that they can know the next time, they will be able to do it better."*
- Participant 14: *"If they're not doing it correctly, I will correct them. We also teach. Anyway it's part of our role on a day-to-day basis. With us it's an on-the-spot teaching as well as assessing. If you see something is not done the way it should, you need to teach on the spot there."*

4.5.3. Subtheme 4.3: Role model

The participants are teaching the nursing students through their actions through the process of role modelling. The participants need to perform their clinical skills in the manner in which the nursing students must perform them.

The following statements from the participants illustrate this:

- Participant 6: *"So by me doing the correct thing, I'm teaching her to do the correct thing."*
- Participant 7: *"I think that our role in general as an RN is to role model them. It links to assessment because as we assess them, they assess us, how we do things. So if they are now doing it, it makes our job so much easier to now mark you and check your work."*

4.6. Theme 5: Purpose of assessment

This theme is about what the participants believe is the purpose of assessing nursing students in the clinical setting. This question was included because an understanding of why they are doing the assessment would enhance the participants' understanding of their role in the assessment. This theme has 2 subthemes namely knowledge and skills and appropriate provision of care.

4.6.1. Subtheme 5.1: Knowledge and skills

The participants reflected that the purpose of assessment was to determine if the nursing students had acquired and integrated the necessary knowledge and skills and that they are competent.

The following statements from the participants illustrate this:

- Participant 2: *"The purpose of assessment is to see that they understand what they have learnt, and they can do it practically. When you are assessing you are testing the skill of the student."*
- Participant 6: *"The purpose is to see that the practical interacted together with the theory."*

When reflective questions were asked about what the skills were measured against or how do we know that the students have acquired these skills the participants were vague in their answers.

The following statements from participants illustrate this:

- Participant 5: "*If our patients are getting healed."*
- Participant 13: *"When you give them something to do there will be less mistakes, there will be less complaints."*

4.6.2. Subtheme 5.2: Appropriate provision of care

The participants stated that the purpose of assessment is to ensure that the nursing students are capable of providing the correct nursing care to the patients according to the hospitals' and the SANC's protocols. This links with the protection of patients, staff, students and the nursing profession.

The following statements from the participants illustrate this:

- Participant 1: *"I think the purpose of assessing nursing student is to ensure they adhere to the protocols of the hospital. They adhere to the nursing councils' protocols; they adhere to our acts and omissions."*
- Participant 15: *"So we can provide proper nursing care for our patients."*
- Participant 14: *"The purpose of assessment to me is to protect the patient so that the right things are being done. Also our career, our profession as nurses to keep it afloat all the time. You know we need to maintain our image at all times."*

4.7. Theme 6: Responsibility in relation to assessment

This theme came out strongly in the answers to all the questions. The participants indicated that they had a responsibility towards assessment in relation to the following 4 subthemes: students learning, participants knowledge, method of feedback and protection of patients.

4.7.1. Subtheme 6.1: Student learning

The participants stated that they are required to assess nursing students according to the SANC and they feel it is part of their duty.

The following statements from the participants illustrate this:

- Participant 12: *"My role in education is part of my scope of practice."*
- Participant 14: *"It's my duty to assess them."*

The participants' role includes giving the nursing students structure within the assessment, putting them at ease and encouraging and supporting them.

The following statements from the participants illustrate this:

- Participant 4: *"It's a lot about coaching and mentoring and just supporting them."*
- Participant 13: *"They need to feel very comfortable because it affects their work and then at the end of the day you feel so bad."*

The participants indicated that they felt that it was their responsibility to ensure the students learnt and passed and if they did not, they were to blame.

The following statements from the participants illustrate this:

- Participant 5: *"If they fail at the end that means they didn't get the education while they were here from us."*
- Participant 7: *"Guide them all the way until they are okay. If after you show them they still lack understanding, you show them, then you ask the next person, you don't just give up on them."*

The participants need to encourage the student to identify their learning gaps.

The following statements from the participants illustrate this:

- Participant 3: *"It's for them to identify why am I struggling with this specific procedure and then we go from there."*

4.7.2. Subtheme 6.2: Participants' knowledge

As teaching is such a large part of their assessment role, the participants need to ensure that they keep their own knowledge current so that they are assessing and teaching correctly.

The following statement from the participant illustrate this:

- Participant 14: *"I need to learn, to read about it so that I am giving the right information according to the research or the book."*

4.7.3. Subtheme 6.3: Method of feedback

The participants must give the nursing students feedback as part of the assessment process in a manner that encourages them to want to learn more.

The following statements from the participants illustrate this:

- Participant 5: *"If they didn't learn it you would have to be fair to them. You must tell them that I don't think that you've got what you wanted in the ward. So if you hide and you don't tell them the truth, I think you are killing their career."*

- Participant 1: *"You don't embarrass them."*

4.7.4. Subtheme 6.4: Protection of patients

The participants role in assessment includes protecting the patient, the student and themselves.

The following statements from the participants illustrate this:

- Participant 1: *"I am assessing if they are doing the right thing. I am an advocate for that patient and I am helping you so that one day you don't have yourself trouble, when you have to be sued. I am helping that patient because I take responsibility as well. If you make mistakes, its all of us."*
- Participant 13: *"Part of my role is to protect the patient and the students. So if I am going to tell somebody to go and do something they have never done, I am not just endangering the patient, I am endangering that person's qualifications as well."*

4.8. Discussion of findings

4.8.1. Experiences relating to the assessment process

The experiences that the participants described relating to the assessment process showed a situation where the participants are mostly involved in assessing the overall capabilities of the nursing students. This is done initially to ensure that the nursing students are allocated appropriately so that they cope with their workload. Assessments are done on specific skills, but time is not specifically set aside for these assessments, the participants watch what the students are doing all the time. They work with the students and get a sense of their capabilities and use that information when assessing.

Most of the participants indicated that they do not assess specific skills using the assessment tools. They stated that the clinical facilitators performed the specific skills assessment using the assessment tools. Those that discussed using the tools indicated that the tool was not the only criteria they used in the assessment but was only a part of the assessment.

As described in the literature review, professional nurses are the part of the education team that are expected to fulfil the following tasks as part of their role in

the assessment of nursing students: assess whether the nursing students are achieving their learning outcomes (Dobrowolska et al., 2016); assess specific clinical skills to see if the students are competent in those skills at the correct level (Hughes and Quinn, 2013); give continuous constructive feedback and provide learning opportunities for the nursing students to improve their skills once the assessment identifies learning needs (Dobrowolska et al., 2016); ensure that they provide the proof needed by signing that the competencies have been achieved, in a national or local agreed document (Baumgartner et al., 2017). They are the part of the learning team that have the opportunity to do these assessments in the real setting.

The data received about the experiences of the participants indicates that the participants in the research setting are not performing the task of assessing the competencies that the nursing students need to achieve while they are in the wards and are not providing the proof by signing off the skills in the skills books.

The literature shows that this is not the case internationally. The literature mentions studies done in various countries that show that professional nurses in the wards are carrying out clinical assessments on nursing students. Some examples of these are the studies already mentioned in this research which were done in Singapore (Wu et al., 2016), Finland (Helmien et al., 2017), the United Kingdom (Cassidy, Coffey and Murphy, 2017) and Norway (Vae et al., 2018).

No research studies were found in the literature relating to whether professional nurses in South Africa are fulfilling their role in the assessment of nursing students in the clinical setting. A study was found that was undertaken by D Maditjani (2018) for partial fulfilment of the requirements for the Degree of Master of Science in Nursing which relates to the perceptions of professional nurses in clinical settings in South Africa regarding their role in clinical accompaniment. This study discusses how the levels of involvement of the professional nurses in the clinical accompaniment of nursing students varies considerably and that the professional nurses are often reluctant to teach nursing students, do not believe that they are paid to teach nursing students, and do not have time to teach nursing students. (Maditjani, 2018). The clinical assessment of nursing students falls under clinical accompaniment and the results of the study by Maditjani (2018) could possibly be applied to this research study and explain why the participants in this research study do not perform the task of clinical assessment of nursing students.

The fact that the participants in this setting are not assessing the competencies that the nursing students need to achieve could have consequences for the institution. The standards of the SANC include that nursing students need to receive “clinical mentoring by competent adequately skilled practitioners” and they need to be taught and assessed by nurses with clinical expertise in the content area being taught (SANC, 2005). If an audit were performed by the SANC this could affect the accreditation of the institution.

4.8.2. Experiences relating to the students in the assessment process

The experiences relating to the students themselves in the assessment process were interesting. The participants commented that the students emotional state was one of nervousness which affected the assessment negatively. The participants reflected mostly negative experiences in relation to the preparation and participation of the students in the assessment process. These experiences included that the students do not communicate to the participants what theory they have learnt in their last college block and that they need to focus on in the ward and that often they do not know what their learning objectives are in the specific ward. They do not initiate the assessment process and when assessments are done, they are not prepared.

Those that reflected positive experiences were the participants who had some training and extensive experience in assessment. They described assessment as part of the whole learning process and could see and appreciate the progress of the student. They did not just dwell on the challenges and poor performances.

The participants indicated that some students display disrespect and are arrogant towards the participants. They expect the participant to sign off their assessments when the participant has not watched them do the skill. They think they have more knowledge than the participant which makes it difficult for the participant and they respond poorly to feedback.

The literature shows that there is a trend internationally of students behaving rudely and disrupting the co-operative learning atmosphere in the clinical setting. A study done in Australia describes similar behaviours to those experienced by the participants in this study, what they call “uncivil” behaviour (Andersen et al., 2017). Professional nurses who have no formal training in assessment do not have the skills and confidence necessary to respond appropriately to this uncivil behaviour and

often pass the students exhibiting the behaviour inappropriately (Andersen et al., 2017). The study goes on that passing the students when they are not competent poses risks to the safety of the patient and diminishes the professional public standing of nursing in society (Andersen et al., 2017).

4.8.3. Challenges experienced by participants performing clinical assessment

In terms of challenges that the participants described two were related to their own knowledge and implementation of theory/skills taught at the nursing education institution. The participants stated that they were asked to assess skills that they did not often perform themselves, plus that the nursing care implemented in the research setting was according to the hospital policies or doctors' orders which were often different to the nursing care that the students were taught at the nursing education institution which was evidence based. These challenges point to the possibility that the participants do not have the detailed knowledge necessary to assess effectively and accurately. This is in line with international literature in studies done by Luhanga, Yonge and Myric, 2008 and Helmien et al., 2014.

The other big challenge for the participants are factors in the clinical environment that hamper the assessment process. Time being the big one as they are allocated to perform clinical care and are expected to assess the students within their clinical care provision time. The participants find it difficult to perform assessments effectively under these time limitations. This challenge is well described in the literature and lack of the dedicated time necessary for effective assessment impacts on the accuracy of the judgements made by the professional nurses performing the assessment (Kennedy and Chesser-Smyth, 2017).

4.8.4. The purpose of clinical assessment of nursing students

The participants offered a lot of data on their understanding of the purpose of clinical assessment of nursing students. This data will be described below.

The purpose of clinical assessment is to gain knowledge of whether the nursing students have acquired and integrated the necessary knowledge and skills and that they are competent. It is to assess whether they know the appropriate care for a patient and whether they provide it according to their legal framework from the SANC and the hospital. This protects the patients, staff, students, and the nursing profession.

This data shows us that the participants have an understanding of the purpose of assessment although this cannot be said for all of the participants. Even though the participants have an understanding of the purpose of assessment it seems to be a superficial understanding.

The literature review described the purpose of assessment as the assessment of specific identified competencies and achieving the required skills according to learning outcomes (Burden et al., 2017). Clinical assessment provides proof that the nursing students have achieved these skills. It spoke of clinical assessment as part of the whole learning process and that it maps the progress of student to identify learning gaps and inform teaching (Vae et al., 2018).

Few of the participants mentioned the assessment of specific skills or procedures and specific learning outcomes of the students at their level of training in their specific ward. So, they know that the purpose of assessment involves seeing if the students have skills and are competent in those skills, but they do not know that the assessment of the skills follows a specific process to map the progress of the student and inform the educators to adjust teaching methods. They do not understand that the skills are measured against specific standards and levels. This could be the case in the South African context because professional nurses have no training on assessment and, therefore, they do not have the knowledge required for them to understand the purpose of assessment of nursing students in the clinical setting.

No data was found in the literature that relates to whether professional nurses understand the purpose of the assessment of nursing students in the clinical setting. Therefore, a comparison cannot be made between this study and any other.

4.8.5. Role of the professional nurse in the assessment of nursing students

The participants perceive the role of the professional nurse in the clinical assessment of nursing students as including those of an assessor, teacher and role model. These perceptions will be discussed below.

The assessor role includes the nursing students' acquisition and integration of knowledge and skills plus knowledge and achievement of learning objectives. In terms of the assessment of specific skills the participants did not mention this as part of their role. Most of them relegated this responsibility to the clinical facilitators. Their

role focused more on ensuring that the nursing students learned what they needed to learn and that they were competent enough.

If the student has not acquired the necessary knowledge and skills, then the professional nurse must identify their learning needs. The assessor role includes feedback to the students and communicating with the clinical training specialist.

Two of the participants linked their role in the assessment of nursing students to their legal responsibility. They said it was part of their scope of practice and their duty. This was alluded to by other participants who mentioned the duty to protect the patient, the student and themselves.

There was a large focus on teaching as part of their role in the clinical assessment of nursing students. They included teaching before and after assessment as part of their role in assessment. Teaching as part of assessment shows the nursing students what is expected of them and gives them insight into their strengths and weaknesses and thus enhances their self-awareness. It teaches them that they have the potential to improve which in turn empowers them.

Being a role model was also included as a large part of their role in clinical assessment. The nursing students learn from the behaviour of the professional nurses.

The literature relating the role of the professional nurse in the assessment of nursing students is discussed above in 4.8.1. experiences relating to the assessment process. The literature also describes the role of the professional nurse in the clinical assessment of nursing students as professional nurses using assessment tools to measure attainment of skills in an accurate and holistic way (Hughes and Quinn, 2013).

In this study, the role that most of the participants perceive is not specific to the clinical assessment of nursing students. They do not perceive that it is part of the role of the professional nurse to assess the clinical skills of the nursing students using the assessment tools and then sign off these skills to provide the necessary proof. The role that they do perceive is more to do with teaching and mentoring the student. The participants that had more experience and additional training in education, of which there were two, had more insight into the specifics of the role but the majority did not.

The demographics of the participants show that these are mature nurse practitioners who have been working in clinical care for a minimum of 5 years each. Of the 15

participants, 7 of them had been students themselves within the last 5 years. One would expect that they would have more knowledge of the clinical education processes of the students in the clinical setting. Only two of the participants appeared to have a better understanding of the assessment process and their interviews were longer. They spoke with more knowledge and could possibly be those participants with the additional education qualification. There was no obvious difference between the perceptions of the other participants which indicates that experience does not affect the perception of professional nurses of their role in the clinical assessment of nursing students.

No data was found in the literature that relates to how professional nurses perceive their role in the assessment of nursing students in the clinical setting. Therefore, a comparison cannot be made between this study and any other. As discussed above, professional nurses in South Africa do not have training on assessment and this could be why they do not appear to have a full understanding of what their role is in the assessment of nursing students in the clinical setting and that is why they are not completely fulfilling this role.

4.8.6. Responsibility in relation to assessments

The participants indicated that they felt a responsibility towards the assessment of nursing students in several ways. Teaching, which includes assessing, is a requirement of professional nurses as stipulated by the SANC, so this is the source of some of their feeling of responsibility. They felt it is part of their responsibility to ensure that the students are prepared for their assessments and are at ease while doing them. They need to guide and even push the nursing students and if they fail then the participants are at fault. Even with the giving of feedback, the participants felt they needed to give it in a way to encourage the students to want to learn more and could not just be objectively honest and straight forward. This responsibility extends to protecting the patient, the student and themselves.

Similar results have been found in many international studies. Professional nurses blame themselves for students failing as they see it as a failure of mentorship (Duffy, 2006; Cassidy, Coffey and Murphy, 2017). Their assessment is more subjective because they feel responsible for ensuring that the students pass (Huybrecht et al., 2011; Wells and McLoughlin, 2014).

4.9. Summary

This chapter presented the findings of the study after data analysis plus a discussion of the findings. The next chapter will present a summary of the main findings and the recommendations that follow from the findings. Limitations are also discussed.

CHAPTER 5

5. SUMMARY OF MAIN FINDINGS, RECOMMENDATIONS AND LIMITATIONS

5.1. Introduction

This chapter provides a summary of the main findings. This is followed by recommendations and limitations of the study.

5.2. Summary of main findings

The data obtained from this research study showed that the participants in the research setting have a superficial understanding of the purpose of assessment. They do not understand the specifics of clinical assessment in terms of providing proof of attainment of skills, mapping the students' progress towards learning outcomes and informing education staff about teaching and learning requirements.

They perceive their role in the clinical assessment of nursing students as that of a mentor to guide and support the students and their experiences reinforce this. Their perception of their role does not include having to perform clinical assessment of nursing students using assessment tools and signing off the assessments to provide proof of the attainment of these skills.

5.3. Limitations

- As discussed on page 24, the interviews took place during the COVID-19 pandemic and this added a new dimension not found in the pilot study. The participants were tired and unsure of their own safety. The stress of the pandemic and the use of masks impacted on the participation and confidence of the participants. The interviewer had to explain questions to several of the participants. Their confidence and competence to communicate effectively and express themselves in English might have been affected by their mental state due to the pandemic and have impacted on the richness of their answers. This was seen in the curt/short responses and the unwillingness to elaborate on their answers.
- The use of masks and the required social distancing impacted on the audibility of the participants' answers. The interviewer could not read the lips or see the

facial expressions of the participants clearly to aid in interpreting and understanding the answers. The accents of the participants were often more difficult to understand due to the masks. When transcribing the interviews, the researcher could not always clearly hear what the participants were saying due to their accents. This might have influenced her understanding of their answers.

- There is little reported on in the literature with regards to the professional nurses' perception of their role in clinical assessment. This impacted on the construction of the interview guide.
- This research study was conducted in one hospital in a large private hospital group. In the South African context, it is general knowledge that the contexts in which health care is provided and hence students are assessed is different in the public sector hospitals and the other large private hospital groups. In the greater South African context, professional nurses' responsibilities in relation to the clinical assessment of nursing students are not clearly defined. The scope of practice of professional nurses is not specific regarding this responsibility and the SANC does not give clear guidelines regarding this responsibility either. In other hospitals, like the tertiary teaching hospitals, professional nurses might have a different understanding of their role in assessment which is why these findings cannot be generalised to other contexts. Hence, even though data saturation in this research study was reached, the generalisability of the results is limited.
- The researcher did not have access to the professional nurses working in the wards where patients with COVID infection were being treated. These were 2 medical wards. Therefore, a larger number of the participants were from the surgical/neuro-orthopaedic wards. The process of assessment takes place in a different context in these different wards, and this could lead to different perceptions and understanding by the professional nurses that work in these wards. This might have impacted on the data that the researcher received during the interviews.

5.4. Recommendations

5.4.1. Education

- As seen in the findings, the majority of the participants had limited knowledge of the purpose of assessment and the role of the professional nurses in assessment. This possibly indicates that their undergraduate training does not adequately prepare them for this role. Research should be conducted on the undergraduate curricula to assess the extent of the presence of assessment in the curricula plus to identify the depth of knowledge necessary and the possible ways of including assessment in undergraduate curricula. The education department of the private healthcare group in which this research study was conducted would need to be approached with the findings of this research study and the possibility of further research relating to this recommendation.
- The participants do not have a full understanding of their role in the assessment of nursing students in the clinical setting. All professional nurses who are to be involved in the clinical assessment of nursing students should attend formal training on assessment and their role in it. Research should be conducted to assess the number of professional nurses who have attended formal training. Research should be conducted on an in-service programme for professional nurses to identify the depth of knowledge necessary and the logistics of developing such a programme. The hospital management of the research facility would need to be approached with the findings of this research study and the possibility of further research relating to this recommendation.

5.4.2. Clinical practice

As seen in the findings, the participants are not performing their expected role in the clinical assessment of nursing students in full. To remedy this, the professional nurses in the research setting would need to be educated about what the expected role is and how it should be implemented. The following recommendations would assist with this:

- The clinical assessment of nursing students should be included as a formal role of the professional nurses in their job descriptions.
- Conduct a quantitative study with nursing students to identify professional nurses who fulfil their role in clinical assessment well. Then conduct in-depth interviews with these professional nurses to identify factors that contribute to them enacting the role. The data received from this research could then be used in formulating the in-service training of clinical assessment practices and the formal programme of the clinical assessment of nursing students within the hospitals.
- The role of the professional nurse in the clinical assessment of nursing students must be included in the orientation program of all newly employed professional nurses. Research should be conducted to identify the logistics of incorporating the role of the assessment of nursing students into the orientation programme of the institution.
- A programme of in-service training of clinical assessment practices must be formulated for all professional nurses who conduct clinical assessment to attend.
- Ongoing appraisal of the professional nurses' performance in the clinical assessment of nursing students must be conducted including from the perspective of the nursing students. Professional nurses must attend the in-service training programme on clinical assessment practices to keep their knowledge current.

The hospital management of the research facility would need to be approached with the findings of this research study and this recommendation would need to be presented as a way to enhance the role the professional nurses. The professional nurses would need to be supported in this role by the facility and the following recommendation would assist with this:

- A formal programme for the clinical assessment of nursing students must be formulated in the hospital which includes the unit managers, clinical training specialists and professional nurses.

5.4.3. Research

- Conduct research on the reasons that the professional nurses are not fulfilling their expected role in the clinical assessment of nursing students in full. This should include factors that influence the professional nurses' perceptions of their various roles and functions within the clinical setting. The hospital management of the research facility would need to be approached with the findings of this research study and this recommendation.
- The discussed above, the contexts in which clinical assessment of nursing students are conducted are very different which is why the findings from this study cannot be generalised to other settings. Replicate this study in public and other private health care settings, then do a comparison on the findings between the public and private settings. This research recommendation would need to be presented to the university at which the researcher is studying to facilitate further research in public facilities.
- As seen in the findings, the clinical assessment of nursing students is part of a much larger assessment process which involves other role players such as the nurse educators and the clinical facilitators. Research should be conducted regarding the perceptions of the nurse educators and clinical facilitators of the role of the professional nurses in the assessment of nursing students. This may give insight into the reason that the professional nurses are not performing their role in the clinical setting. The hospital management of the research facility would need to be approached with the findings of this research study and this recommendation.

5.5. Conclusion

The assessment of the clinical competence of nursing students is necessary to determine if they have acquired the necessary competencies to be registered with the SANC. Professional nurses working in the clinical environment are expected to assess students, but the quality of assessment is poor with inaccurate and inconsistent results.

This study was undertaken using a qualitative design to explore and describe the perceptions and experiences of professional nurses of their role relating to assessment of nursing students in a private hospital in South Africa. The population

consisted of the professional nurses employed in the clinical areas responsible for the assessment of nursing students. The data was collected through semi- structured interviews and analysed using Braun and Clarke's (2006) six steps of thematic analysis.

The themes that were derived from the data showed that the participants in the research setting have a superficial understanding of the purpose of assessment. Professional nurses perceive their role in the clinical assessment of nursing students to be that of a mentor to guide and support the students and their experiences reinforce this. They use the clinical assessment of nursing students to determine the overall capabilities of the nursing students but do not perceive their role as having to perform and sign off clinical assessments of nursing students, using assessment tools, to provide proof of the attainment of clinical skills.

This study has given the researcher an understanding of how the professional nurses perceive their role relating to assessment of nursing students plus what experiences they have had in that role. This understanding has led to recommendations for further research to gain more knowledge related to this concept.

These recommendations are in the fields of nursing education, nursing practice and nursing research. In nursing education, recommendations include the research of current and future curricula regarding the presence of clinical assessment in those curricula. In nursing practice, the recommendations include the development of a formal role for professional nurses relating to the clinical assessment of nursing students. In nursing research, recommendations include broadening the focus of the research topic to include the other role players in the clinical assessment of nursing students.

Despite the specific aims of this research, the overall aim was to lead to an improvement in the quality of clinical assessment of nursing students and subsequently to an improvement in the quality of nursing care. This research has achieved its aims of gathering data relating to the perceptions and experiences of professional nurses relating to the assessment of nursing students and hopefully this data will assist in the overall aim of improving the quality of clinical assessment of nursing students and subsequently the quality of nursing care.

References

1. Almalkawi, I., Jester, R. and Terry, L. (2018). Exploring mentors' interpretation of terminology and levels of competence when assessing nursing students: An integrative review. *Nurse education today*. 69, p. 95-103.
2. Andersen, P., McAllister, M., Kardong-Edgren, S., Miller, C.W. and Churchouse, C., (2019). Incivility behaviours exhibited by nursing students: clinical educators' perspectives of challenging teaching and assessment events in clinical practice. *Contemporary nurse*, *55*(4-5), pp.303-316.
3. Baumgartner, R., Ståhl, C, H., Manninen, K., et al. (2017). Assessment of nursing students in clinical practice - An intervention study of a modified process. *Journal of Nursing Education and Practice.* 7(11), p. 111-122.
4. Black, P., Wiliam, D. (2009). Developing the theory of formative assessment. *Educational Assessment, Evaluation and Accountability (formerly: Journal of Personnel Evaluation in Education)* 21.
5. Black S., Curzio J. and Terry L. (2014). Failing a student nurse: a new horizon of moral courage. *Nursing Ethics* 21(2), p. 224–238.
6. Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology.* 3 (2), p. 77-101.
7. Brink, H., Van der Walt, C. and Van Rensburg, G.H. (2018). *Fundamentals of research methodology for healthcare professionals*. 4th Edn, Cape Town: Juta and Company [Pty] Ltd.
8. Burden, S., Topping, A.E. and O'Halloran, C. (2018). Mentor judgements and decision-making in the assessment of student nurse competence in practice: A mixed-methods study. *Journal of advanced nursing*. 74(5), p.1078-1089.
9. Butler, M., Cassidy, I., Quillinan, B., et al. (2011). Competency assessment methods – tool and processes: a survey of nurse preceptors in Ireland. *Nurse Education in Practice*. 11, p. 298-303.
10. Cassidy, I., Butler, M.P., Quillinan, B., et al. (2012). Preceptors' views of assessing nursing students using a competency based approach. *Nurse Education in Practice*. 12(6), p. 346-351.
11. Cassidy, S., Coffey, M. and Murphy, F. (2017). 'Seeking authorization': a grounded theory exploration of mentors' experiences of assessing nursing students on the borderline of achievement of competence in clinical practice. *Journal of advanced nursing.* 73(9), p. 2167-2178.

12. Clements, A.J. and Kamau, C. (2018). Understanding students' motivation towards proactive career behaviours through goal-setting theory and the job demands–resources model. *Studies in Higher Education.* 43(12), p. 2279-2293.
13. Dobrowolska, B., McGonagle, I., Kane, R., et al. (2016). Patterns of clinical mentorship in undergraduate nurse education: A comparative case analysis of eleven EU and non-EU countries. *Nurse Education Today.* 36, p. 44–52.
14. Duffy, K. (2003). Failing Students: A Qualitative Study of Factors that influence the Decisions Regarding Assessment of Students' Competence in Practice.
15. Duffy, K., (2006). *Weighing the balance: a grounded theory study of the factors that influence the decisions regarding the assessment of students' competence in practice* (Doctoral dissertation, Glasgow Caledonian University).
16. Emanuel, E.J., Wendler, D. & Grady, C. (2000). What makes clinical research ethical? *Journal of American Medical Association.* 283, p. 2701 – 2711.
17. Heaslip, V., Scammell, J.M. (2012). Failing underperforming students: the role of grading in practice assessment. *Nurse Education in Practice.* 12 (2), p. 95–100.
18. Helminen, K., Johnson, M., Isoaho, H., et al. (2017). Final assessment of nursing students in clinical practice: Perspectives of nursing teachers, students and mentors. *Journal of Clinical Nursing* 26, p. 4795–4803.
19. Helminen, K., Tossavainen, K., and Turunen, H., (2014). Assessing clinical practice of student nurses: Views of teachers, mentors and students. *Nurse Education Today*. 34, p. 1161–1166.
20. Hughes, S.J. and Quinn F.M. (2013). *Quinn's principles and practice of nurse education.* 6th Edn. Hampshire: Cencage Learning.
21. Hunt, L.A., McGee, P., Gutteridge, et al. (2016). Failing securely: The processes and support which underpin English nurse mentors' assessment decisions regarding under-performing students. *Nurse Education Today*. *39*, p.79-86.
22. Huybrecht, S., Loeckx, W., Quaeyhaegens, Y., et al. (2011). Mentoring in nursing education: Perceived characteristics of mentors and the consequences of mentorship. *Nurse Education Today*. 31, p. 274–278.
23. Hyatt, S. A., Brown, I., and Lipp, A. (2008). Supporting mentors as assessors of clinical practice. *Nursing Standard.* 22, p. 35–41.

24. Immonen, K., Oikarainen, A., Tomietto, et al., (2019). Assessment of nursing students' competence in clinical practice: a systematic review of reviews. *International journal of nursing studies.* 100, p.103414.
25. Jokelainen, M., Jamookeeah, D., Tossavainen, K., et al. (2013). Finnish and British mentors' conceptions of facilitating nursing students' placement learning and professional development. *Nurse Education in Practice.* 13 (1), p. 61–67.
26. Kennedy, S. and Chesser-Smyth, P. (2017). Assessment of undergraduate nursing students from an Irish perspective: Decisions and dilemmas?. *Nurse education in practice*. 27, p. 95-100.
27. Larocque S. and Luhanga F.L. (2013). Exploring the Issue of Failure to Fail in a Nursing Program. *International Journal of Nursing Education Scholarship*. 10(1), p. 1–8.
28. Levett-Jones, T., Gersbach, J., Arthur, C., et al. (2011). Implementing a clinical competency assessment model that promotes critical reflection and ensures nursing graduates' readiness for professional practice. *Nurse Education in Practice*. 11, p. 64–69.
29. Luhanga, F., Yonge, O. and Myric, F. (2008). Strategies for precepting the unsafe student. *Journal for Nurses in Staff Development.* 24, p. 214–219.
30. Maditjani, D.C. (2018). *The perceptions of registered nurses in clinical settings with regards to their role in student clinical accompaniment* (Research Report).
31. McCarthy, B. and Murphy, S. (2010). Preceptors' experiences of clinically educating and assessing undergraduate nursing students: an Irish context. *Journal of Nursing Management*. 18, p. 234–244.
32. Mead, D., Hopkins, A. and Wilson, C. (2011). Views of nurse mentors about their role. *Nursing Management*, *18*(6).
33. Oermann, M.H. (2018). Chapter 12: assessment methods. In: Oermann, M.H., De Gagne, J.C., Phillips, B.C. (Eds.), *Teaching in Nursing and Role of the Educator: The Complete Guide to Best Practice in Teaching, Evaluation and Curriculum Development,* 2nd ed. Springer Publishing Company: New York.
34. Panzavecchia, L and Pearce, R. (2014). Are preceptors adequately prepared for their role in supporting newly qualified staff? *Nurse Education Today.* 34, p. 1119 – 1124.

35. Polit, D. F., Beck, C.T. and Hungler, B.P. (2014). Essentials of nursing research methods, appraisal and utilization. 5th Edition. Philadelphia: Lippincott.
36. Shenton, A.K. (2004). Strategies for Ensuring Trustworthiness in Qualitative Research Projects. *Education for Information.* 22, p. 63-75.
37. South African Nursing Council (1988). *Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Nurse (General, Psychiatric and Community) and Midwife leading to Registration.* R425
38. South African Nursing Council. (1997). *Regulations Relating to the Minimum Requirements for a Bridging Course for Enrolled Nurses Leading to Registration as a General Nurse or a Psychiatric Nurse.* R.683.
39. South African Nursing Council. (2013). *Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Learner Leading to Registration in the Category Staff Nurse*. R 171.
40. South African Nursing Council. (2013). *Regulations Relating to the Accreditation of Institutions as Nursing education Institutions*. R173.
41. South African Nursing Council (Under the provisions of the Nursing Act, 2005) Nursing Education and training standards. http://www.sanc.co.za/pdf/Nursing%20Education%20and%20Training%20Sta n dards.pdf.
42. Trede, F., Sutton, K. and Bernoth, M. (2016). Conceptualisations and perceptions of the nurse preceptor's role: A scoping review. *Nurse Education Today*. 36, p. 268–274.
43. Vae, K.J.U., Engström, M., Mårtensson, G., et al. (2018). Nursing students' and preceptors' experience of assessment during clinical practice: A multilevel repeated-interview study of student–preceptor dyads. *Nurse Education in Practice*. 30, p. 13–19.
44. Wells, L. and McLoughlin, M. (2014). Fitness to practice and feedback to students: A literature review. *Nurse Education in Practice*. 14, p. 137–141.
45. Windsor, C., Douglas, C., and Harvey, T. (2012). Nursing and competencies – a natural fit: The politics of skill / competency formation in nursing. *Nursing Inquiry.* 19(3), p. 213–222.

46. Wu, X. V., Enskar, K., Lee, C. C. S., et al. (2015). A systematic review of clinical assessment for undergraduate nursing students. *Nurse Education Today.* 35, p. 347–359.
47. Wu, X.V., Enskär, K., Heng, D.G.N., et al. (2016). The perspectives of preceptors regarding clinical assessment for undergraduate nursing students. *International Nursing Review* 63, p. 473–481.
48. Yonge, O. (2012). Meaning of boundaries to rural preceptors. *Online Journal of Rural Nursing and Health Care*. 9 (1), p. 15–22.
49. Yonge, O., Myrick, F. and Ferguson, L. (2011). The process of developing a framework to guide rural nurse preceptors in the evaluation of student performance. *Nurse Education in Practice*. 11, p. 76–80.
50. Zasadny, M. F., and Bull, R. M. (2015). Assessing competence in undergraduate nursing students: The Amalgamated Students Assessment in Practice model. *Nurse Education in Practice.* 15, p. 126–133.

Annexures

Annexure 1 - Study Information Document

Annexure 2 - Interview Guide

Annexure 3 - Participant Consent Sheet

Annexure 4 - Audio recording

Annexure 5 - Permission from Unit Managers

Annexure 6 - Ethics approval certificate from The Human Research Ethics Committee (Medical) at The University of the Witwatersrand.

Annexure 7 - Application for Institutional Approval

Annexure 8 - Permission to conduct the research from the Research Office of the Private Company.

Annexure 9 - Application for Hospital Approval

Annexure 10 - Permission to conduct research from the Hospital Management.

Annexure 1

ANNEXURE 1: STUDY INFORMATION DOCUMENT

Study title: Perceptions of Professional Nurses of their role relating to assessment of nursing

students in a private hospital in Gauteng

Dear Sister

My name is Colleen Davis and I am a MSc Nursing Student at the University of the Witwatersrand. As part of my program I am conducting research, with a supervisor, on the assessment of clinical competence of nursing students in the wards. Research is a process used in seeking new knowledge. In this study I want to gain understanding into how the professional nurses in the wards perceive their role in the clinical assessment of nursing students. The information I gain will be used to improve the process of clinical assessment of these students.

I am inviting you and all professional nurses in the wards in the private hospital in which you work to take part in this research study.

The study is a qualitative design which means I am interested in how you experience and understand your role in the clinical assessment of nursing students. Your involvement would be an interview which would last about 60 minutes and will take place in a venue away from the wards to minimize interruptions. The interview will be a discussion based on specific questions that I will ask which will hopefully encourage a wider discussion on the issues being researched.

There will be no direct benefit for you from participating in this study and no risks to you but with your participation I hope to improve the process of assessing nursing students.There will be no payment or cost for your participation.

This study is voluntary and you can choose not to participate without having to provide a reason. You will not be penalised in any way if you choose not to participate. You can decide to withdraw once you have agreed to participate without having to give a reason and with no penalties. Any data that has been collected before your withdrawal will be destroyed unless you specifically give consent for its retention. You will be asked to sign a consent form for your participation in the study plus to have an audio recording made of the interview.

All your personal information will be treated in the strictest confidence and will only be available to the Principal Investigator, Colleen Davis, and the Supervisor, Lizelle Crous. The information received will be reported on in a way that your identity remains anonymous. Each participant will be given a code to be used instead of their names. However, because there are a small number of participants in one hospital, your identity may be discernable to the hospital authorities from your responses.

All data collected in the course of the study will be securely retained for two (2) years if a scientific publication arises from the study and six (6) years if there is no publication. Thereafter it will be

destroyed accordingly. The data will be kept on a password protected laptop which will be locked in a cupboard when not in use.

All the data collected will be written up in a research report which will be available online through the university's library website. If you would like to have a summary of the report it will be sent to you on request.

If you have any questions or concerns please contact the principal investigator or supervisor.
The contact details of the primary investigator and supervisor are as follows:
Primary investigator – Colleen Davis 082 3399574 or email 8701284d@students.wits.ac.za
Supervisor – Lizelle Crous 0114884061 or email Lizelle.crous@wits.ac.za

This study has been approved by the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg ("Committee"). A principal function of this Committee is to safeguard the rights and dignity of all human subjects who agree to participate in a research project and the integrity of the research.
If you have any concern over the way the study is being conducted, please contact the Chairperson of this Committee who is Professor Clement Penny, who may be contacted on telephone number 011 717 2301, or by e-mail on Clement.Penny@wits.ac.za. The telephone numbers for the Committee secretariat are 011 717 2700/1234 and the e-mail addresses are Zanele.Ndlovu@wits.ac.za and Rhulani.Mukansi@wits.ac.za

Thank you for reading this Study Information Sheet.

Annexure 2

ANNEXURE 2: INTERVIEW GUIDE

The following questions will be asked:

1. Tell me about an experience you've had when assessing nursing students in the clinical setting?
2. What do you think is your role in assessing nursing students in the clinical setting?
3. What do you believe is the purpose of assessing nursing students in the clinical setting?

The following probes will be used as appropriate:

- "Could you explain that to me?"
- "Is there any more you can tell me about …….?"
- "Can you give me an example of ……?"
- "How do you understand ……?"
- "Tell me more about your experience?"
- "What makes you say….?"

Annexure 3

ANNEXURE 3: PARTICIPANT CONSENT SHEET

Perceptions of Professional Nurses of their role relating to assessment of nursing students in a private hospital in Gauteng

1. I have been given a Participant Information Sheet which explains the nature and processes involved in this study, which is attached hereto;
2. I was given time to read it, or had it read to me, in the language I best understand;
3. I have read it;
4. I was given time to ask any questions I wanted to and found any answers given to me to be reasonable and satisfactory;
5. I know that I can ask any further questions at any time. The researcher will be available to answer any questions;
6. I believe I fully understand why the study is being conducted and what the intended outcomes will be;
7. I understand that there will be no immediate benefit to me, should I agree to participate, nor will I receive any payment; conversely, participation will not cost me anything but my time;
8. I agree to provide my personal details to the researcher and know that my name will not be used without my permission;
9. I understand that, even if I initially consent to take part in the study, I may subsequently withdraw at any time and would not be required to give any reasons; if that happened, any data collected about me for the purposes of the study would immediately be destroyed, unless I give consent for it to be retained;
10. I have been given a range of contact details, listed below. If I require further information or become concerned about any aspect of this study, I am free to speak to any of these contacts.

Contact details:

Colleen Davis, Principal Investigator, telephone no. 0823399574, or by e-mail at 8701284d@students.wits.ac.za,
Lizelle Crous, Supervisor, on telephone no. 0114884061, or by e-mail at Lizelle.Crous@wits.ac.za
Professor CB Penny, Chairperson of the Human Research Ethics Committee (Medical) at the University of Witwatersrand, on telephone no. 011 717 2301, or by e-mail at Clement.Penny@wits.ac.za.
Ms. Z Ndlovu or Mr Rhulani Mkansi, Committee Secretariat, telephone nos.: 011 717 2700 or 1234, or by e-mail at: Zanele.Ndlovu@wits.ac.za or Rhulani.Mkansi@wits.ac.za

Name of Participant: _____

Age: _____

Years of experience as an RN: _____

Years of assessment experience: _____

Qualification: _____

Date: _____

Place: _____

Signature or mark _____

Witnessed by:

Name of Witness: _____
Signature: _____
Date: _____

ANNEXURE 4: CONSENT FORM FOR AUDIO RECORDING OF STUDY PARTICIPATION

Perceptions of Professional Nurses of their role relating to assessment of nursing students in a private hospital in Gauteng

I hereby consent to audio recording of the interview.

.

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could identify me will be removed.
- The recordings will be erased within either (a) two (2) years of the publication of the research findings, or (b) six (6) years, if no publications arise from this research
- Anyone wishing to access this information in the future will first have to obtain the approval of the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg
- Direct quotes from my interview, without any information that could identify me, may be cited in the research report or other write-ups of research.

Name of Participant: _____
Date: _____
Place: _____
Signature or mark _____

Witnessed by:

Name of Witness: _____
Signature: _____
Date: _____

Annexure 5

ANNEXURE 5: PERMISSION FROM UNIT MANAGERS OF WARDS

[redacted]

Date: _____

Dear Unit Manager

RE: PERMISSION TO CONDUCT RESEARCH WITH THE PROFESSIONAL NURSE

My name is Colleen Davis and I am a Master's in Nursing Education student at the University of the Witwatersrand in Johannesburg. I am currently conducting my research study under the supervision of Lizelle Crous. The study is on the perceptions of professional nurses of their role relating to the clinical assessment of nursing students. The purpose of the study is to gain understanding of how professional nurses view and experience their role in assessing the clinical competence of nursing students with the aim of developing an in-service module for professional nurses relating to this. This will ultimately improve the quality of clinical assessment of nursing students and thus the quality of nursing care.

I have been given permission to conduct the research in [redacted] Hospital. Professional nurses from the general wards and specialized units will be invited to participate in the study. Please can I have your cooperation in encouraging the professional nurses in your unit to participate in the study. They will all receive an information letter, which I have attached, and which will be discussed and explained to each of them. They will be required to sign a consent form for their participation.

Please contact me with any queries on:

0823399574 or via E-mail: 8701284d@students.wits.ac.za

Yours sincerely

Colleen Davis

Annexure 6

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG	HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

Office of the Deputy Vice-Chancellor (Research & Post Graduate Affairs)

TO: Ms CP Davis
School of Theurapeutic Sciences
Department of Nursing Education
Medical School
University

E-mail: 8701284D@students.wits.ac.za

CC: Supervisor: Ms L Crous <Lizelle.Crous@wits.ac.za>
and <HREC-Medical.ResearchOffice@wits.ac.za>

FROM: Iain Burns
Human Research Ethics Committee (Medical)
Tel: 011 717 1252

E-mail: Iain.Burns@wits.ac.za

DATE: 2020/07/13

REF: *R14/49*

PROTOCOL NO: **M200503** *(This is your ethics application study reference number. Please quote this reference number in all correspondence relating to this study)*

PROJECT TITLE: *Perceptions of professional nurses of their role relating to assessment of nursing students in a private hospital in Gauteng*

Please find attached the Clearance Certificate for the above project. I hope it goes well and that an article in a recognized publication comes out of it. This will reflect well on your professional standing and contribute to the Government funding of the University.

MSWorks2000/Iain0007/Clearscan.wps

Annexure 6

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

R14/49 Ms CP Davis

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
CLEARANCE CERTIFICATE NO. M200503

NAME: (Principal Investigator)	Ms CP Davis
DEPARTMENT:	School of Theurapeutic Sciences Department of Nursing Education Medical School University
PROJECT TITLE:	Perceptions of professional nurses of their role relating to assessment of nursing students in a private hospital in Gauteng
DATE CONSIDERED:	2020/05/29
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Ms L Crous
APPROVED BY:	Dr CB Penny, Chairperson, HREC (Medical)
DATE OF APPROVAL:	2020/07/13

This clearance certificate is valid for 5 years from the date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Research Office Secretary on the 3rd Floor, Phillip Tobias Building, Parktown, University of the Witwatersrand, Johannesburg.
I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to submit details to the Committee. **I agree to submit a yearly progress report**. When a funder requires annual re-certification, the application date will be one year after the date when the study was initially reviewed. In this case, the study was initially reviewed in **May** and will therefore reports and re-certification will be due early in the month of **May** each year. Unreported changes to the application may invalidate the clearance given by the HREC (Medical).

Principal Investigator Signature

14/8/2020
Date

Annexure 7

[redacted]

Date: 5th May 2020

[redacted]

RE: PERMISSION TO CONDUCT RESEARCH IN A [redacted] FACILITY

My name is Colleen Davis and I am a Master's in Nursing Education student at the University of the Witwatersrand in Johannesburg (WITS). I am currently conducting my research study under the supervision of Lizelle Crous. The study is on the perceptions of professional nurses of their role relating to the clinical assessment of nursing students. The purpose of the study is to gain understanding of how professional nurses view and experience their role in assessing the clinical competence of nursing students with the aim of developing an in-service module for professional nurses relating to this. This will ultimately improve the quality of clinical assessment of nursing students and thus the quality of nursing care.

I hereby request permission to conduct the study at [redacted] Hospital by means of semi-structured interviews. I will start with 15 professional nurses. The study will include professional nurses from the general wards and specialized units. Permission will be obtained from the Nursing manager and the respective Unit managers. An information letter will be given to each prospective participant and will be explained to them. A consent form will be obtained from each participant for their participation in the study plus for the audio recording of the interviews.

I have included a copy of all the documents specified on the application form, except the Ethics clearance certificate from the University of the Witwatersrand Ethics Committee because I am still waiting for ethics approval from the university. I have submitted my application. The ethical integrity of the study will be maintained by following the seven ethical requirements proposed by Emanuel et al (2000). These are: value, scientific validity, fair subject selection, favourable risk-benefit ratio, independent review, informed consent and respect for potential and enrolled participants - confidentiality will be maintained to protect the privacy of the participants.

Should any additional information be required, I can be contacted on my Cell phone: 0823399574 or via E-mail: 8701284d@students.wits.ac.za

Yours sincerely



Colleen Davis

[redacted]

Annexure 7

HOW TO FILL THIS SECTION IN:

1) Complete Sections 1 to 8 in typescript (select correct option from drop down or type in space where applicable). Information may be pasted from existing Word® documents), and saved (filename must contain your name). Handwritten forms will not be accepted.
2) Use the "Save as" option to save the application form with a filename containing your name (e.g. "**J Smith** REC Application Form.doc").

Please submit this form, with the following documentation, in one email to the secretary: [redacted]	
Abstract	Information sheet to participants in the research
Full research proposal	Consent form for participants
Ethical clearance certificate from academic institution	Data gathering and measuring instruments/tools
Letter to institution requesting permission (must include ethical considerations)	Proof of payment if requesting for ethical clearance

1. GENERAL INFORMATION

Particulars of Principle researcher					
Choose an item.	**First Name**	**Colleen**		**Surname**	**Davis**
Cell No	**0823399574**		**Email**	[redacted]	
Research study focus	**Nursing**		**Other:**	**Nursing education**	
Indicate reason for research study			**Post graduate**		
If study is being conducted through a Higher Education Institution (HEI), indicate the qualification type			**Masters**		
Name of Higher Education Institution through which the research is being conducted			**University of the Witwatersrand**		
State the Title of the Research Study			**Perceptions of professional nurses of their role relating to clinical assessment of nursing students in a private hospital in Gauteng**		
Select the study Methodology			**Qualitative**	**Other: (please state)**	
Are you a permanent employee/student of [redacted] **?**			**Yes**		
If yes, in what capacity?			[redacted]		
At which [redacted] **institution are you employed / a student?**			[redacted]		
List the [redacted] **Institutions where you wish to conduct your research:**					
[redacted]					
Nature of request	**Permission to conduct research & request ethical clearance**				

With acknowledgement to and permission of NMU

Annexure 7

2. STUDY INFORMATION

STUDY DETAILS

a) Scope of study: **Local**

b) Funding : **No**
Additional information (e.g. source of funds or how combined funding is split) **Not applicable**

c) Are there any restrictions or conditions attached to publication and/or presentation of the study results? **No**
If YES, elaborate (Any restrictions or conditions contained in contracts must be made available to the Committee): **Not applicable**

d) Date of commencement of data collection: **2020/06/01**
Anticipated date of completion of study: **31 October 2020**

e) Objectives of the study (the major objective(s): **1. To describe the perceptions of professional nurses of their role relating to clinical assessment of nursing students. 2. To explore the experiences of professional nurses relating to their role in the clinical assessment of nursing students.**

f) Rationale for this study: briefly (300 words or less) describe the background to this study i.e. why are you doing this particular piece of work. A few (no more than 5) key scientific references may be included: The assessment of clinical competence of nursing students is a complex and important process (Kennedy and Chesser-Smyth,2016), and it needs to determine whether the nursing student has integrated the necessary knowledge, skills and professional behaviour to be licensed as a professional nurse. The assessment process involves not only educators and clinical facilitators but also the professional nurses in the wards. According to a study done by Dobrowolska et al (2015:45) they are all clinical mentors with different roles and responsibilities in undergraduate nursing education. As part of their role as clinical mentors, the professional nurses in the wards are responsible for the evaluation of the competencies the nursing students need to achieve while they are in the wards. They continuously assess the students' progress and give constructive feedback and support. They are expected to perform formative assessments with the students but have no educational background or specific training in assessment and their clinical responsibilities are their first priority. The quality of assessment is questionable with inaccurate and inconsistent results which leads to serious consequences for the nursing students, the nursing profession and the patients whom they serve. It is essential to equip professional nurses with the required assessment skills to fulfil this responsibility as effectively as possible. In order to do this, it is necessary to firstly understand how the professional nurses perceive their role relating to assessment of nursing students plus what experiences they have had in that role.

METHODOLOGY

g) Briefly state the methodology (specifically the procedure in which human subjects will be participating)
Type summarised method hereA qualitative approach using an exploratory descriptive design. The data will be collected through semi-structured interviews. The sample will be selected using a non-probability purposive technique to ensure that participants are selected to include nurses from the various types of units where the nurses are placed. There are 7 different types of units and the sample will include at least 2 participants from each type of unit – one participant with less than 2 years' experience in assessing nursing students and one participant with more

With acknowledgement to and permission of NMU

than 2 years' experience in assessing nursing students. Data analysis will commence on completion of the first interview using Braun and Clarke's thematic analysis steps.

h) State the number of participants involved and category of staff
15 professional nurses from the units where nursing students do their clinical training. If data saturation is not achieved with 15 participants more interviews will be done.

3. RISKS AND BENEFITS OF THIS STUDY

a) Is there any risk of harm, embarrassment or offence, however slight or temporary, to the participant, third parties or to the community at large? **No**
If YES, state each risk, and for each risk state i) whether the risk is reversible, ii) whether there are alternative procedures available and iii) whether there are remedial measures available.
Not applicable

b) Has the person administering the project previous experience with the particular risk factors involved? **No**
If YES, please specify: **Not applicable**

c) Are any benefits expected to accrue to the participant (e.g. improved health, mental state, financial etc.)? **No**
If YES, please specify the benefits: **Not applicable**

d) Will you be using equipment of any sort e.g. BP machine? **No**
If YES, please specify: **Not applicable**

e) Will any article of property, personal or cultural e.g. patient records, be collected in the course of the project? **No**
If YES, please specify: **Not applicable**

4. TARGET PARTICIPANT GROUP

a) If particular characteristics of any kind are required in the target group (e.g. age, cultural derivation, background, physical characteristics, disease status etc.) please specify: **Not applicable**

b) Are participants drawn from [redacted] staff? **Yes**

c) If participants are drawn from specific groups of [redacted] staff, please specify: **Not applicable**

d) Are participants drawn from a vulnerable group? **No**
If YES, please specify how these participants be managed: **Not applicable**

e) If participants are drawn from an institutional population (e.g. acute, mental health, rehabilitation, oncology, occupational health), please specify: **Not applicable**

f) If any records will be consulted for information, please specify the source of records: **Not applicable**

g) Will each individual participant know his/her records are being consulted? **Not applicable**
If YES, state how these records will be obtained: **Not applicable**

h) Are all participants over 18 years of age? **Yes**
If NO, state justification for inclusion of minors in study: **Not applicable**

5. CONSENT OF PARTICIPANTS

a) Is consent to be given in writing? **Yes**
If YES, include the consent form with this application [Appendix 2].
If NO, state reasons why written consent is not appropriate in this study. **Not applicable**

b) Are any participant(s) subject to legal restrictions preventing them from giving effective informed consent? **No**
If YES, please justify: **Not applicable**

c) Will participants receive remuneration for their participation? **No**
If YES, justify and state on what basis the remuneration is calculated, and how the veracity of the information can be guaranteed. **Not applicable**

d) Which gatekeeper will be approached for initial permission to gain access to the target group? (e.g. principal, nursing manager, hospital manager) **Nursing Manager**

e) Do you require consent of an institutional authority for this study? (e.g. Department of Education, Department of Health) **No**
If YES, specify: **Not applicable**

6. INFORMATION TO PARTICIPANTS

a) What information will be offered to the participant before he/she consents to participate? (Attach written information) See annexure 1 - Study information sheet

b) Who will provide this information to the participant? (Give name and role)
Colleen Davis Researcher

c) Will the information provided be complete and accurate? **Yes**
If NO, describe the nature and extent of the deception involved and explain the rationale for the necessity of this deception: **Not applicable**

7. PRIVACY, ANONYMITY AND CONFIDENTIALITY OF DATA

a) Will the participant be identified by name in your research? **No**
If YES, justify: **Not applicable**

b) Are provisions made to protect participant's rights to privacy and anonymity and to preserve confidentiality with respect to data? **Yes**
If NO, justify. If YES, specify: **Not applicable**

c) If mechanical methods of observation are to be used (e.g. one-way mirrors, recordings, videos etc.), will participant's consent to such methods be obtained? **Yes**
If NO, justify: **Not applicable**

d) Will data collected be stored in any way? **Yes**
If YES, please specify: (i) By whom? (ii) How many copies? (iii) For how long? (iv) For what reasons? (v) How will participant's anonymity be protected? **1. The researcher 2. One copy 3. Within 2 years of publication of the research findings or 6 years if no publication 4. To be used in data analysis plus be available for verification of data 5. No names or identifying features will be used. The participants will be referred to by numbers**

e) Will stored data be made available for re-use? **No**
If YES, how will participant's consent be obtained for such re-usage? **Not applicable**

f) Are there any contractual secrecy or confidentiality constraints on this data? **No**
If YES, specify: **Not applicable**

8. FEEDBACK

a) Will feedback be given to participants? **No**
If YES, specify whether feedback will be written, oral or by other means and describe how this is to be given (e.g.

With acknowledgement to and permission of NMU

Annexure 7

to each individual immediately after participation, to each participant after the entire project is completed, to all participants in a group setting, etc.): **Not applicable**

b) If you are working in a school or other institutional setting, will you be providing the relevant authorities a copy of your results? **Yes**
If YES, specify, if NO, motivate: **Results will be supplied on completion. Electronic or hard copy**

9. ETHICAL AND LEGAL ASPECTS

a) I will ensure [redacted] is protected ethically and legally by ensuring the following considerations when conducting the study at its facilities : The ethical integrity of the study will be maintained by following the seven ethical requirements proposed by Emanuel et al (2000). The anonymity of all information will be maintained.

a) I would like the REC to take note of the following additional information:
None

10. DECLARATION

If any changes are made to the above arrangements or procedures, I will bring these to the attention of the Research and Ethics Committee. I have read, understood and will comply with the *Ethics in Health Research: Principles, Processes and Structures* and have taken cognisance of the availability of the publication (on-line) www.nhrec.org.za

I have read and understood the ~~REC~~ *Guideline for application to conduct research*.
All participants are aware of any potential health hazards or risks associated with this study.
☒ **I have read and agree with the condition as stated above**.

20 March 2021

Type name here (Primary Responsible Person)Colleen Davis Date

With acknowledgement to and permission of NMU

[redacted]

Annexure 8

[redacted]

National Health Research Ethics Committee registration: **REC 251015-048**

REF: 08042020/1

8 August 2020

Dear Colleen Davis

RE: APPLICATION TO CONDUCT RESEARCH

Title of study: Perceptions of professional nurses of their role relating to clinical assessment of nursing students in a private hospital in Gauteng

The Health Research Ethics Committee of [redacted] hereby grants permission with no conditions for your study to be conducted at [redacted] **HOSPITAL.**

Due to COVID-19, access to [redacted] hospitals, offices and staff may be restricted. Please contact the Hospital Manager at the facility/ facilities prior to beginning your research, and ensure that you have made appropriate arrangements to carry out your study in a manner which ensures your safety, that of your participants, and both [redacted] patients and staff. The Hospital Manager may refuse to allow your research to take place until the COVID-19 pandemic has resolved. Please pay careful attention to points 5, 6 and 7 below.

1. If patient or institutional confidentiality is breached, [redacted] is entitled to withdraw this permission immediately. The Company reserves the right to take legal action against you, should [redacted] feel that this is warranted.
2. An electronic copy of the research report or compiled results, in the case of a clinical trial, must be submitted to the [redacted] Research Ethics Committee on completion of the project or trial. This copy of the research report, and any publications which may develop from it will be placed on the Company's Gateway research page for reference purposes. The researcher is required to make these documents available in PDF format.
3. No direct reference may be made to [redacted], its subsidiaries or any of its facilities or institutions in the research report or any publications thereafter. The Company and its facilities, patients and staff must be de-identified in the study, and remain so for any other studies which may utilise this information. Any abstracts submitted or presentations given which will utilise the results of any research done in a [redacted] facility, must comply with the same conditions.
4. Research being done for educational purposes must be completed within the time allotted by the higher education institution. If the research is being done in an individual capacity by an employee of the [redacted] Group, the research must be conducted within one year of permission being given by the Company, OR must be completed in the proposed time period specified in the approved proposal. Permission may be withdrawn if the research extends beyond the approved time period.
5. [redacted] will not take responsibility for any unforeseen circumstances within its institutions which may materially change the context and potential outcomes of a student's research. Should this occur, the student will be required to approach their Higher Learning institution for guidance around alternatives.

Annexure 8

6. [redacted] will not be liable for any costs incurred during or related to this study.

7. In cases where a researcher is found to be guilty of misconduct, or in contravention of any national or international legislation or [redacted] policies or guidelines, permission to continue with the research will be withdrawn immediately pending investigation. In the case of student research, the higher education institution under which the researcher is registered will be notified. In the case of a clinical trial, The South African Health Products Regulatory Authority (SAPHRA) will be notified, as well as the trial sponsor and any other necessary parties.

Yours sincerely,

[redacted]

On behalf of the [redacted]
Health Research Ethics Committee

Annexure 9

ANNEXURE 9: APPLICATION FOR HOSPITAL APPROVAL

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Date: _____

Dear Matron

RE: PERMISSION TO CONDUCT RESEARCH AT [redacted] HOSPITAL

My name is Colleen Davis and I am a Master's in Nursing Education student at the University of the Witwatersrand in Johannesburg. I am currently conducting my research study under the supervision of Lizelle Crous. The study is on the perceptions of professional nurses of their role relating to the clinical assessment of nursing students. The purpose of the study is to gain understanding of how professional nurses view and experience their role in assessing the clinical competence of nursing students with the aim of developing an in-service module for professional nurses relating to this. This will ultimately improve the quality of clinical assessment of nursing students and thus the quality of nursing care.

I hereby request permission to conduct the study at [redacted] Hospital by means of semi-structured interviews. I will start with 15 professional nurses. The study will include professional nurses from the general wards and specialized units. Permission will be obtained from the unit managers.

An information letter will be given to each prospective participant and will be explained to them. A consent form will be obtained from each participant for their participation in the study plus for the audio recording of the interviews.

If you have any queries please contact me on 0823399574 or via E-mail:
8701284d@students.wits.ac.za

Yours sincerely

Colleen Davis

Annexure 10

Davis,Colleen

From: [redacted]
Sent: Monday, 24 August 2020 09:29
To: Davis,Colleen
Subject: Permission to conduct research

Dear Colleen
The hospital manager,[redacted]and myself do give you permission to conduct your research at our hospital.

I am available on the 25th and 26th August between 11h00 and 12h00. Kindly let me know if this is suitable or suggest an alternate date.

Kind regards.

[redacted]
Nurse Manager
[redacted] **Hospital**

[redacted]
Tel: +[redacted]
Email: [redacted]
Website: [redacted]

From: Davis,Colleen
Sent: 12 Aug 2020 07:16
To: [redacted]
Subject: Permission to conduct research

Dear [redacted]

Please find attached a letter requesting permission for me to conduct research at [redacted].
I have received and attached [redacted] approval.
The method of data collection is individual interviews which I can conduct within the COVID 19 guidelines.
Please let me know the way forward. Should I make an appointment with you?

Regards

[redacted]

Tel: [redacted]
Email : [redacted]
Website : [redacted]