EXPERIENCES OF PROFESSIONAL NURSES IN PROVIDING SUPPORT TO STUDENT NURSES IN THE CLINICAL PRACTICE ENVIRONMENT OF A PRIVATE HOSPITAL IN GAUTENG

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A Research Report

Submitted to the Faculty of Health Sciences at the University of the Witwatersrand in Johannesburg, in partial fulfilment of the requirements for the degree of Master of Science in Nursing

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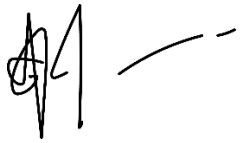
DECLARATION

I Jennifer Jones, declare that this Research Report:

EXPERIENCES OF PROFESSIONAL NURSES IN PROVIDING SUPPORT TO STUDENT NURSES IN THE CLINICAL PRACTICE ENVIRONMENT OF A PRIVATE HOSPITAL IN GAUTENG

Is my own work being submitted for the Degree of Master of Science in Nursing at the University of the Witwatersrand in Johannesburg. It has not been submitted to any other University for degree or examination.



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Jennifer Jones

This the 18 day of February year: 2021

ACKNOWLEDGEMENT AND DEDICATION

Study must never stop…there is so much more to learn…

This study is dedicated to all the students whom I have been privileged to get to know over the years.

You shared your wisdom, experiences, and challenges with me, this, inspired me.

I would like to acknowledge:

My husband Colin and my three beautiful children Kelly, Sarah and Cameron. You encouraged me to pursue my dreams and to never give up, you were there through the thick and thin of things and your determination that I pursue this goal to completion gave me strength to continue.

May this stage, of my hopefully ongoing journey of discovery, inspire you all to do the same, never give up on your pursuit of enlightenment.

To my Mom and Dad, unfortunately you cannot physically share this part of my journey with me, but thank you for always having such faith in me and for being so proud of me for being a nurse, the “Sister” of the family.

Thank you to Dr Sue Armstrong for your belief that I could do it and your unwavering support, assistance, guidance, and direction you gave to me, you blessed me in so many ways. You opened my eyes to so much more. I am truly so very grateful to you.

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To my friends who understood that the studies took precedence over outings and functions, thank you for just being there and supporting me.

To the Professional Nurses who took part in this study, may you always be blessed and continue to practice your profession with meaningful insight and dedication. Be that inspired wisdom….

ABSTRACT

Quality in nursing education is a global focus due to the many challenges facing healthcare the world over. Clinical learning is an important component in nursing training and nursing experiences during clinical placement are crucial to prepare the student to become safe, competent Professional Nurses. However recent studies have shown that the students' clinical training is not always effective in preparing them for their future role. Support in the clinical environment by the Professional Nurse is crucial to assist the student to develop confidence and competence to transition into the Professional Nurse role. The objective of this study was to describe the experiences of Professional Nurses in providing support to student nurses in the clinical practice environment of a private hospital. An exploratory qualitative study using in depth interviews of fifteen Professional Nurses was done. The data collected was then analysed using thematic analysis. The identified themes and categories were discussed to offer meaning and insight.

The study provided an understanding of how support of the student nurse is currently experienced and perceived by the Professional Nurse in the clinical practice environment with a view to identifying ways of improving support to the student nurse in the future.

It was found that the clinical environment is unpredictable and whilst the Professional Nurses acknowledged they needed to support the student, it was often challenging to do this effectively leaving them feeling frustrated and disappointed. The study took place during the COVID -19 pandemic which caused major disruptions to the everyday functioning and operations of hospitals globally, and the study site was no exception.

Recommendations to improve support to the student nurse were made in the areas of Clinical Practice, Nursing Education and Research.

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CHAPTER 1: OVERVIEW OF THE STUDY

1.1 Introduction

The chapter that follows, provides a brief overview of the study, and includes a background to the study, the problem statement, research question, the purpose and objective of the study. Key operational definitions are included.

1.2 Overview

The World Health Organisation (2013) in the Policy Brief on Regulation of Health Professions Education - Transforming and Scaling Up Health Professional Education and Training, report that globally nursing is experiencing many challenges, these include, an increasing shortage of healthcare workers, an inappropriate nursing skills mix, rising healthcare costs, overburdened healthcare systems and a rise in disease. Along with these challenges, comes the necessity to improve the quality of healthcare education in terms of adapting the curriculum to take these challenges into account so that healthcare workers are better prepared and equipped to provide safe, quality focused patient care for all.

It is in the clinical learning environment that many of these challenges, expressed above by the WHO, are most predominant. Therefore, it is evident, that the quality of the clinical learning experience, poses a challenge that needs to be addressed. The effectiveness of the support given by the Professional Nurse to the student, in preparation for future practice, is critical. This is recognised in the Strategic Plan for Nurse Education and by the SANC where it states that to ensure a safe standard of practice the student nurse forms part of the clinical team where they are developed on a personal and professional level. Clinical learning is an important component of nursing training and education and is a requirement by the South African Nursing Council to ensure registration.

It can therefore be seen that quality in nursing education is a focus both nationally and internationally. The National Strategic Plan for Nurse Education, Training and Practice, (2012/13-2016/17:14) explains that globally nursing is facing a challenge. Various challenges identified as a focus in South Africa were listed in the Strategic Plan, these included areas of nursing education and training, resources in nursing, professional

ethos and ethics, governance, leadership, legislation and policy, positive practice environments, compensation, benefits and conditions of employment and lastly, nursing human resources for health. All of these areas affect the clinical practice environment and impact on the way support is able to be given to the student nurse. It was determined that there is a great need to restore the nursing profession to meet the healthcare needs of the South African population and the communities served.

With reference to Vasuthevan (2017:112) South Africa is currently experiencing many changes and challenges in nursing education and training. Both the theoretical and clinical aspects of nursing student training are important to ensure a competent professional nurse on the completion of their studies. Even though it is evident that nursing experiences in the clinical environment are an important aspect of nursing training, findings in recent studies (Amini, Rezaei and Bandboni, 2019; Kalyani et al., 2019; Letswalo and Peu, 2015; Patpastavrou, Dimitriadou,Tsanagari and Andreou, 2016), have shown that clinical learning is not taking place in a manner that prepares the student to be a safe competent Professional Nurse on completion of their training. Nursing is a caring profession and relies on the expert knowledge, skills and professional ways of thinking of the nurse to deliver quality care to the patient and the community they serve. Positive practice environments help to ensure support for the nurses and assist in ensuring positive patient outcomes.

The graduate nurses of today, must apply their acquired skills and knowledge in a complex, dynamic, constantly evolving health care system. The Professional Nurse must be able to adapt and continuously update this knowledge to remain updated in order to render the safe quality care that is required (Billings and Hallstead, 2016; Singh and Mathuray, 2018).

Kalyani et al. (2019:1) explain that the provision of well-planned and efficient clinical training in the clinical practice environment, is important for the student nurse to competently transition into the Professional Nurse role.

In the hospital, the nursing student enters this complex and challenging clinical practice environment. Here they form part of the collective professional team to deliver quality patient care. It is the role of the Professional Nurse within the collective professional

team to facilitate, supervise and support the integration and professional development of the student, to enable them to become registered, competent Professional nurses who deliver, safe quality patient care.

It is in the clinical practice environment that the student seeks out learning opportunities where the integration of theory, learned in the nursing education institution, can be made with the practice of nursing. It is here, they are supported by role models who assist them in their endeavour to seek out the learning opportunities and encourage the student to reflect on the experiences (Hughes and Quinn, 2013; Kalyani et al., 2019).

The Professional Nurse is the role model to the student (Ball and du Rand, 2016; Human and Mogotlane, 2017). Guidance, supervision, teaching and support is essential to the student to ensure a quality nurse at the end of the program of training. It is therefore prudent to analyse the role of the Professional Nurse in facilitating, supporting and encouraging the student nurse in the clinical practice environment.

Within the clinical environment of the Private hospital the students and the Professional Nurse have roles and responsibilities to fulfil. The student has a responsibility to communicate learning needs to enhance the knowledge and skills required. This is done by means of completing an Individual Development Plan (IDP) which specifies the students learning needs in the areas of professional practice, knowledge and clinical practice. This self-directed learning approach affords the student nurse the opportunity to develop themselves and gain experiences which they intrinsically will be motivated to obtain (Lee, Kim and Chae, 2020; Van Rensburg and Botma, 2015).

The Professional Nurse needs to be supportive in the administrative, teaching and clinical areas. The student's IDP is utilised as a point of reference, to plan the practical placement schedule, through delegation and allocation, according to the students identified learning needs. On completion of practice in the specific clinical area the IDP is monitored for completion of specified individual outcomes.

In studies conducted it was seen that the clinical area does not always aid the progress of student's competencies. The students do not have the support they need (Patpastavrou et al., 2016; Rajeswaran, 2016).

Nursing education and training needs to remain current and in step with changes in practice. The clinical learning environment needs to be a positive practice environment where support is ensured for the student nurse by the Professional Nurse, through effective application of knowledge and skills.

In Patpastavrou et al. (2016:8) it was evidenced that students need support and supervision in the clinical practice environment for them to achieve competency. They receive this from the Professional Nurse. The students are the next generation of Professional Nurse, by offering them excellent nursing education they will be able to continue to provide quality care to the patients. It is therefore important to understand the Professional Nurse experiences of support given to the students, when they are allocated to the clinical areas, where they are required to support and teach the student and encourage learning experiences.

Literature is available (Ewertson et al., 2017; Letswalo et al., 2015; Patpastavrou et al.,2016), on how students experience the clinical practice environment, but there were limited studies found on the experiences the Professional Nurse have in supporting the student nurse.

It is the intention of this study to investigate and assess the role of the Professional Nurse in providing student nurse support in a private hospital.

1.3 Statement of the problem

The contribution of the Professional Nurse in terms of supporting the students is crucial. Professional Nurses employed in accredited training facilities are obligated to encourage the development of competence in the nursing students. With the growing complexities of the clinical environment and the many demands on the Professional nurses, student nurses are often left without adequate support. It is important to understand the perspective of the Professional Nurse with regards this dilemma in order to find ways of providing support to improve competence.

1.4 Research question

What are the experiences of Professional Nurses in a Private hospital in providing support to student nurses in the clinical practice environment?

1.5 Purpose of the study

The purpose of this study was to provide an understanding of how support of the student nurse is currently experienced by the Professional Nurse in the clinical practice environment to identify ways of improving support to the student nurse.

1.6 Objective of the study

The objective of this study was to describe the experiences and perceptions of Professional Nurses in a private hospital in providing support to the student nurses in the clinical practice environment.

1.7 Operational definitions

1.7.1 Clinical Accompaniment is the process of support and guidance given to the student by the Professional Nurse in the clinical learning environment so that the student can complete the stipulated clinical outcomes of the programme.

1.7.2 Clinical learning/ practice environment is the area in which the student nurse is placed in the private hospital in order to achieve the required practical hours needed to register as a Professional Nurse with the South African Nursing Council on completion of the programme.

1.7.3 Competence is the ability to demonstrate the achievement of the required knowledge and skills to practice as a nurse.

1.7.4 COVID - 19 is a new coronavirus which is highly infectious. It is spread through droplets when a person coughs or sneezes. It can also spread through touching a surface which has been contaminated by the virus. COVID - 19 caused a worldwide pandemic starting in the year 2020, resulting in significant impact on healthcare operations and functions.

1.7.5 Experiences are what the Professional nurse has encountered, felt or acquired whilst working with the student nurse in the clinical practice environment.

1.7.6 Experiential Learning is learning which takes place from clinical experiences gained by working in clinical practice.

1.7.7 Individual Development Plan (IDP) is the document which the student nurse, together with the Professional Nurse in the clinical practice area of the private hospital, complete to determine the competencies or outcomes needing to be achieved.

1.7.8 Perceptions in this study can be described as how the individual Professional Nurse determines or views the situation of supporting the student nurse.

1.7.9 Private Hospital refers to the accredited clinical placement area, relevant to this study, where the students are placed by the Nursing Education Institution, for practical experience.

1.7.10 Professional Nurse (PN) is a qualified nurse who has completed a programme of learning and is now registered as a nurse with the South African Nursing Council and is licensed to practice as a Nurse. This can include Professional nurses trained on the Bridging programme R683 and the four-year degree or diploma programme Leading to Registration as a Nurse (General, Psychiatric and Community) and Midwife R425.

1.7.11 Professional Socialisation is the ability to internalise the knowledge, skills and values of the nursing profession learnt through various professional experiences, to ultimately be able to identify and commit to the role.

1.7.12 Student Nurse in this context, is a nurse who is registered at the private hospital for the Bridging programme R683. Regulations relating to the minimum requirements for a Bridging course for Enrolled Nurses leading to Registration as a General Nurse or a Psychiatric Nurse as governed by the South African Nursing Council.

1.7.13 Support refers to clinical guidance, supervision, delegation, encouragement and role modelling that is given or displayed by the Professional Nurse to the student nurse to create the positive clinical practice environment where socialisation of the student into the role of Professional Nurse takes place.

1.7.14 Theory Practice Integration is where the theoretical aspects of nursing which are taught in college relating to principles and theory, are combined with the practical elements of nursing in the clinical environment

1.8 Summary

The Professional Nurse in the clinical practice environment is crucial in supporting the student nurse during their program of learning in order for them to achieve the expected outcomes needed to become a competent professional nurse on completion of their training.

Chapter two of this study contains the literature review which delves into a deeper understanding of the current literature around areas such as: Nursing education nationally and internationally; A collaborative clinical placement; The clinical practice environment; The supportive role of the Professional Nurse; The challenges and complexities in clinical practice, including the impact of COVID-19 on nursing education and preparing the student for professional nursing practice and how these influence the support given by the Professional Nurse to the student. These areas, relevant to the study, are explored with the aim of developing a foundational knowledge and to identify gaps in the research that is already available.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter includes an exploration of the literature that considers areas which impact clinical training in the healthcare environment. The areas relating to: Nursing education nationally and internationally; A collaborative clinical placement; The clinical practice environment; The supportive role of the Professional Nurse; The challenges and complexities in clinical practice, including the impact of COVID-19 on nursing education and preparing the student for professional nursing practice, are reviewed to provide context towards the role of the Professional Nurse in supporting the student nurse during clinical practice.

Supporting the student nurse in the clinical practice environment is crucial. There are various stakeholders involved in nursing education and clinical supervision during clinical placement, these include: The Clinical Facilitator/ Clinical Training Specialists who are based in the hospital and assist in clinical training and coordination of the student placement, as well as the training and competency development of the hospital staff. The Nurse Educator who is based at the Nursing Education Institution and participates in clinical practice of the students whilst during their clinical placement in the hospitals. The Unit Manager and the Professional Nurse who supervise and coordinate the students practice whilst in their placement wards. It is the Professional Nurse who has regular daily contact with the student in the clinical environment, leaving the Professional Nurse with the role of supporting and supervising the student nurse. It is therefore important to understand the Professional Nurses experiences around their support towards the student nurse during clinical practice. A search was done in CINAHL using the words: Facilitator, nursing students, clinical environment, and support. Scholarly books were referenced where appropriate. The following review was the outcome of the information obtained through the literature.

2.2 Nursing Education Nationally and Internationally

Globally healthcare is evolving at a rapid pace. There is an emergence of new technologies, digitisation of healthcare, changes in legislation, alternative methods in the way diseases are treated, an increase in the burden of disease and the emergence of new disease. Nursing education must keep up with the pace being set so that quality in nursing care can be maintained and the profession of nursing can continue

to progress and remain current for the many diverse patients and communities being served by the nurses trained. Receiving quality nursing education is an expectation from the student and the community. Major changes have occurred in nursing education both nationally and internationally to enable nursing education institutions to produce a graduate of exceptional quality at the end of the programme of learning (Armstrong, 2017; Bruce, 2018; Hughes and Quinn, 2013; WHO,2016).

It is acknowledged by the World Health Organisation (WHO, 2016) that with the dynamic changes occurring, Nursing Education needs to be redirected to be able to achieve the world health care goals of the future. This includes the need to increase the number of students and the number of nurse educators, a relook into the student admission requirements, improving the existing nurse educator's competence and the regular review of the curriculum to keep up to date with the numerous advances and changes in healthcare. "Quality education is the foundation for developing competent health workers who are equipped with the knowledge, attitudes and skills necessary to deliver quality care." (WHO, 2016:6)

Nursing education in South Africa is governed by the South African Nursing Council (SANC) through the Nursing Act (33 of 2005). All nurses who wish to practice as a Professional Nurse need to register with the SANC. For nurses to be able to register with the SANC an accredited program of study needs to be completed. It is incumbent on the Nursing Education Institution to ensure enough practical learning opportunities are offered in accredited clinical areas (SANC, 2013; Geyer, 2017).

There has been numerous reforms in the healthcare sector at both national and international levels, these include such as the much-needed shift over to a primary healthcare approach which is suited to the needs of the people of South Africa. Geyer (2017:76) explains that these changes were mostly felt in the nursing sector, with increased patient volumes descending into the primary healthcare arena. The need for Nursing Education Institutions to train nurses of the future who can compete in this type of uncertain, ambiguous environment where changes are often occurring is crucial (Geyer, 2017; NDOH, 2013).

Plans to improve and transform nursing so as to provide the number and the calibre of nurse needed for the twenty first century have been developed (Human and Mogotlane, 2017; NDOH, 2013; WHO, 2016). Some have been put into effect such as

the move of Nursing education into Higher education, with the accompanying new nursing programmes (Zwane and Mtshali, 2019; Geyer and Vasuthevan, 2017) and the development of the Education and training standards SANC (2013) to address clinical practice concerns by improving the quality of nursing education and training, increasing the number of the healthcare workforce, promoting positive practice environments, improving nursing leadership and enhancing the professional ethos of nurses . Quality nursing education is supported through these standards which were developed in response to the changing needs in the healthcare context that has been evidenced globally. Bvumbwe and Mtshali (2018:2) state that 'Improvements in nursing and midwifery education are recognized as essential in increasing workforce numbers and enhancing the quality of health care and health systems.'

The aim of these changes is to better equip the nurses needed for the future of healthcare in South Africa with its many complexities. Geyer (2017:78) explains that limited accurate statistical data on current healthcare resources in South Africa is available to make adequate assumptions on the numbers needed for the future. The Human resources for health strategy (2011) express the need to manage the supply of adequately trained healthcare workers and the various healthcare councils need to keep better more informed statistics to determine the current numbers. Much discussion and debate has been had in recent years around the shortage of nurses to meet the demands of the worlds growing healthcare needs. The International Council for Nurses (2019) called on governments world over to address the issues around the shortage of nurses so that safe quality nursing care can be maintained.

Globalisation can be defined as 'A complex set of processes including political, social, technological and cultural changes which are fed by information technology and communications.' (Geyer, 2017:71). The many complexities found in healthcare include the impact of globalisation. Geyer (2017: 74) explains how globalisation has brought about many changes in nursing, including the ability for trained nursing staff to seek employment overseas, where they receive a much more equitable salary, in a more suitable clinical practice environment than that which they receive in South Africa. This in turn has seen many of our trained professionals leaving the country, which in turn leads to a further shortage of nurses.

Further issues remain and cannot be ignored as they have far reaching consequences and affect the quality of nursing and the care offered in the clinical practice environment. These include a shortage of qualified nurses which limits an appropriate skill mix to be able to establish safe quality nursing care. The aging nursing workforce, a lack of leadership and management capacity with a growing demand being placed on those who are currently in the position, a reduced number of qualified nurse educators, a growing healthcare burden including the effect of HIV/AIDS and TB on nursing and the healthcare system itself, with its associated stigma and a flailing public healthcare system which continues to hamper the image of the nursing profession in South Africa (DOH,2013; Geyer and Vasuthevan, 2017; Singh and Mathuray, 2018).

The image of the nursing profession has been shaped by public opinion and often this has led to a poor image being engineered of the nurse in South Africa. The consequences of this is a lack of public trust in the nursing profession and a decline in school leavers entering the profession. The Strategic Plan for Nurse Education, Training and Practice (2013) explain the urgent need to change these perceptions in order to gain trust back to the profession. These growing complexities and the fast-paced changes in the clinical practice, place great demands on the Professional Nurse.

The Strategic Plan for Nurse Education, Training and Practice (2013) mandated the Nursing Education Institutions, to increase student nurse intakes to ensure sufficient numbers of nurses get trained to attend to the healthcare needs of the country, whilst following an appropriate process of student selection to attract the student, who will be adequately prepared to face the array of complexities the nursing profession faces to enter the nursing workforce arena as a competent professional.

The current shortage of nurses has led to an increase in student intakes in the Nursing Education Institutions, who need to supply the country with the nurses needed to provide healthcare to the various communities. This increased number, challenges the Professional Nurse to give support to a greater number of students coming to the clinical areas. Guidance is viewed as less important when dealing with the healthcare burdens facing the understaffed facilities, these students in turn become the Professional Nurses who received very little clinical practice experience during their

training, which limits their confidence and competence (Reynolds et al., 2020; Rikhotso et al., 2014; Taylor et al., 2015).

2.3 Collaborative Clinical Placement

The DOH in the Strategic Plan for Nurse Education, Training and Practice (2013) defines the positive practice environment as the healthcare setting which has structures in place to support excellence in nursing and the safety of the staff. A positive practice environment ultimately ensures quality practices and an environment that is conducive to learning. In order to revitalise nursing in South Africa the student nurse needs to feel encouraged and welcome in the clinical practice environment to ensure they obtain the requisite knowledge and skills and develop the correct attitude becoming of the much-needed nursing graduate of today. De, Mahadalkar and Bera (2016: 170) state that 'The quality of nursing education depends largely on the quality of the clinical experience.'

Structures in the clinical environment are needed to meet legislative requirements and conform to the Nursing Education Institution and the hospitals structures and processes. The Nursing Education Institution and the hospitals work together to ensure the student meets the practical and clinical requirements for registration as a professional nurse. With reference to Botma and Bruce (2017:319) formal collaborative agreements are reached, where both the NEI and the hospital are responsible for creating the environment where clinical learning is enhances.

SANC (2013) requires clinical accompaniment to take place where the student nurse is supported and facilitated in the clinical practice environment so that they can develop and grow into their role. For this to happen, the Nursing Education Institutions need to prepare a curriculum which strengthens the quality of clinical practice to ensure the integration between the theoretical component and that of practice. The hospital needs to be accommodating of the student nurse and ensure pre-determined structured guidelines, that direct clinical teaching and learning are in place. Clinical placement is of great importance, so that theory practice integration, where the student can connect the information learnt whilst in the classroom with the practical experiences in the clinical areas, can take place in a meaningful manner (Kamolo et al., 2017; Keil et al.,2020; Papastavrou et al., 2016; Taylor et al., 2015).

The increasing costs to train nursing students and the ongoing shortage being experienced, compels the Nursing Education Institution to be alert of the attrition rate of the students. There is a social imperative to produce enough competent nurses for the society's healthcare requirements. It is therefore important to monitor clinical placement in the private hospital, where real life experiences happen which can be frightening for the novice student. Often the type of support received during clinical practice can influence the student nurse's decision to leave the nursing programme. Emotional support is required alongside clinical, this affords the student a more rationalised approach to professional socialisation and assists in minimising the risk of the student leaving the programme before completion (Baldwin et al., 2017; Clements et al.,2016; Keil et al.,2020; McCloughen et al., 2020; Woo and Li., 2020).

Botma and Bruce (2017:320) explain that clinical learning takes place in the clinical institution that is accredited by SANC (2013). Here the student nurse participates in the care of the patient, to gain the required skills and knowledge to fulfil the clinical placement requirements. The clinical supervisors, in the clinical environment should be aware of the intended clinical outcomes needing to be met by the students, who come for clinical placement and should assist the students in finding the opportunities needed to fulfill their outcomes.

Collaboration between the Nursing Education Institution and the clinical practice area is essential to facilitate integrated learning. The many developments in technology has increased the patient's expectations and interpretations of healthcare. This has placed increased demands on the Professional Nurse as clinical facilitator as well as the student who needs to have a greater scientific focus towards patient care and the achievement of the required outcomes. The student nurse must plan the clinical learning together with the Professional Nurse, who will then be better equipped to establish a supportive relationship with the student and offer the supervision they need (De Swardt, 2019; Needham et al, 2016).

The private hospital is involved in the placement of the students into the various clinical areas and should remain cognisant of the Professional Nurses commitments. The Professional Nurse cannot adequately support the student if they don't have the capacity to do so. Anderson et al. (2020:17) explain that the clinical management need

to carefully plan the workload to allow enough time for student nurse accompaniment by the Professional nurse and should acknowledge and recognise the support they give to the student nurse.

Letswalo et al. (2015:351) discuss that the students need to be accompanied, supported and assisted for them to receive quality education, yet they state that the students are not accompanied as they should be in clinical practice, citing issues such as uncertainty by the Professional Nurse of their role in teaching and the limited time available amongst the many duties they need to perform.

2.4 The Clinical Practice Environment

Quality patient care is an expectation in the clinical practice environment. It is here the patient comes to heal with the expectation of recovering in a safe environment conducive to healing. The student expects to receive effective clinical training to empower them on their journey to becoming future Professional Nurses.

Botma and Bruce (2017:315) explain that clinical teaching of student nurses take place in various clinical areas and contexts, through supervision, assessment and evaluation. It is here the students gain the necessary integration of theory and skill to be deemed competent to practice.

This shifting and changing in healthcare complicates normal day to day functioning in the clinical environment and adds greater burden to an already challenging Professional Nurse role. However as stated in Carolan et al. (2020:2) the student nurse now more than ever needs the supervision and support in this uncertain clinical healthcare environment to help them accomplish the outcomes of the programme and continue to learn.

The SANC (2013) refers to the clinical practice environment as an accredited clinical learning environment where the Nursing Education Institutions place the students to obtain the clinical learning opportunities. The clinical learning environment is dynamic with many learning opportunities for the student nurses. It is also a great source of stress to the student as often these learning environments don't meet the students' performance requirements as they work as part of the team and do not have time to complete their competencies. If the environment is positive, they feel supported and

are able to develop and learn the attitudes needed to be able to manage their emotions and provide the required care to the patient. It was identified that intrinsic factors and student motivation were important in achieving the requisite clinical outcomes (McCloughen et al.,2020; Papastavrou et al., 2016).

The clinical practice environment is where theory and practice are integrated. It is where the student nurse is placed to gain practical learning experience, through experiential learning. Opportunities to learn and achieve learning outcomes must be found so that the student can progress in the programme of training. It is here the practice theory integration takes place, with the ultimate aim of professional socialisation, where the knowledge, skills and values of the nursing profession are realised, and the nurse becomes accustomed to the Professional Nurse role. Botma and Bruce (2017:316) state that *'*Clinical learning is the acquisition of knowledge, skills and values in clinical practice settings and environments that simulate clinical practice.' Support given to the student nurse by the Professional Nurse enables them to adapt to the clinical environment and more easily transcend into their role. The students value the support given. However, it is evident that there is variability in the quality of the clinical practice environments with many students feeling that support was not always available to them (De Swardt, 2019; Rikhotso et al., 2014; Thompson et al., 2017).

2.5 The Supportive Role of the Professional Nurse

Guiding the student nurse in the clinical practice environment is one of the roles of the Professional Nurse. They do this by using the pre-determined clinical learning outcomes, provided by the Nursing Education Institution in alignment with the programme curriculum. Effective delegation and allocation of the student must be a priority and should be based on their learning needs and learning outcomes. The Professional Nurse accompanies the student and supervises the practical component of the nursing programme. Support of the student is critical to ensure effective learning and timeous completion of educational outcomes. This in turn produces the quality graduate who can adapt and adjust into the Professional Nurse Role (De et al., 2016; Joolaee et al., 2016).

The Nursing Act (33 of 2005) describes the Professional Nurse as a nurse who is registered with the nursing council and has been found competent to practice as a confident independent practitioner in terms of legislation. The Professional Nurse is accountable and takes responsibility for his/her actions.

SANC (2013) in the Education and training standards, refer to the need for a clinical supervision model which will assist in the achievement of learning outcomes and competency through theory practice integration in a range of clinical practice settings. The Professional Nurse needs to utilise the model available in clinical practice to set appropriate goals together with the student so that the clinical learning outcomes are met. Competency can be defined as, “The combination of knowledge, psychomotor, communication and decision-making skills that enable an individual to perform a specific task to a defined level of proficiency.” (SANC 2013:3)

According to Ball and du Rand (2016:48) the Professional Nurse is the mentor to the student. They partner with the student to support them whilst clinical learning takes place. This partnership assists the student to develop into their role of becoming a future Professional Nurse. SANC (2013) in R173 define clinical learning opportunities as, clinical experiences offered and received in various clinical settings for the student to learn the skills needed.

The Professional Nurse mentors the students in accredited clinical facilities where clinical knowledge is imparted in order to instill confidence and further develop the students to become competent professionals. The supervisor in clinical practice is the Professional Nurse. The Professional Nurse is the mentor and facilitator of the student. In Finland the mentors need to undergo training to be effective mentors to the nursing students. In South Africa the role is expected once becoming a Professional Nurse (Needham et al., 2016; Tuomikoski et al., 2020).

The Professional Nurse supports the student as the facilitator in developing clinical skills, values and knowledge. Learning opportunities are determined together with the student and participation in ward activities is encouraged, through allocating and delegating tasks to the student. The student becomes involved in ward activities and observes whilst the Professional Nurse goes about daily practice. The Professional

Nurse seeks out opportunities that can add value to the experience. This also allows the student to complete the required outcomes whilst caring for the patient. The student nurse can integrate and adapt the knowledge of the nursing experience into practice. Whilst acquiring the necessary values and attitudes through role model observation and the adopting thereof, the professional identity of the student is being shaped (Ball and du Rand, 2016; Botma and Bruce, 2017; Needham et al., 2016; Russel et al., 2017).

Effective clinical placement informs how the student socialises into the role. Once they form the professional identity of a nurse, commitment to the nursing profession takes place and the student remains in the profession (Clements et al, 2016).

Human and Mogotlane (2017:23) further explain that the Professional Nurse follows certain ideologies in nursing which includes being the role model to the student. Through professional socialisation and teaching, they shape the future nurses. The clinical environment, and the support given, is important for the integration and advancement of the values, skills, morals and knowledge that make up the nursing profession, this is known as the process of professional socialisation (Anderson et al., 2020; Felstead and Springett, 2016; Kim and Shin, 2020).

Through role modelling, the Professional Nurse enables the student nurse to apply theoretical knowledge into clinical practice and this affords them the opportunity to become safe nursing practitioners. With reference to Ewertson et al. (2017:1) clinical learning ties the theoretical knowledge of nursing into the practice of nursing. This prepares the student in their future role as Professional Nurse. It also allows the nurse to acknowledge the level of learning they have and plan towards future learning needed.

As the Professional Nurse practices the student nurse observes and identifies with what has been done. They learn to adapt what they saw into their own practice; this is part of socialising into their future Professional Nurse role. Observing and applying through interpretation creates the future critical thinking nurse. The Professional Nurse must be aware of the manner of role modeling, as the student could model incorrect

behaviors, through observation. A positive role model enhances socialisation (De Swardt, 2019; Hunter and Cook, 2018; Vinales, 2015).

With reference to Human and Mogotlane (2017:23) competence is displayed by the Professional Nurse through the integration of knowledge, skills and attitudes in the clinical environment. This display of ability by the Professional Nurse encourages the student nurse to gain confidence and competence, by supporting and encouraging the student the Professional Nurse prepares them for future practice.

The review of the literature acknowledges the need for the Professional Nurse to support the student nurse in the clinical practice environment. The search of the literature did not readily reveal the role of the Professional Nurse as teacher, it is implied through the various regulations of the Nursing Act 33 of 2005.

2.6 The Challenges and Complexities in Clinical Practice

Quality care is a core outcome of nursing practice and the Professional Nurse is responsible to ensure best possible clinical outcomes for the patient. By gaining effective skills in the clinical environment during practical placement, the student gains confidence and over time becomes competent to practice as a skilled professional. Competence is the ability to combine the knowledge, skills and values through learning encounters and make a judgement in the treatment and care of the patient. It is evident that many countries feel that clinical learning is often not effective due to the many challenges and complexities in the clinical practice environment (Amini et al., 2019; De Swardt et al., 2017; Drateru, 2019; Fukadu, 2018; Joolaee et al., 2016).

Findings in the study by De Swardt (2019:4) display a clinical practice environment with a multitude of challenges, one that is stressful with a demanding work load and limited resources, health and safety risks are present with limited learning opportunities being afforded to the students by the Professional Nurse due to ineffective planning and poor communication, technology creates greater awareness amongst patients, they become more demanding, . all of this has added pressures on to the workload of the Professional Nurse. They have not all entered into a programme of learning which better equips them to deal with these demands and those of the students this makes it difficult to support them adequately. The students see these frustrations and became

despondent and lack intrinsic motivation (De Swardt, 2019; Needham et al., 2016; Taylor et al., 2015).

De Swardt (2019:3) further explains that the Professional Nurse supervises the students practice ensuring safe nursing standards are maintained, yet the students reported that the Professional Nurses had limited time and they were often left alone in practice. The limited resources available prevent them from teaching the student new activities. The students sometimes limited the support given to them by the Professional Nurse support as they themselves are not motivated and display a negative demeanor. Jamshidi et al. (2016:2) state that 'Failure to identify the challenges and problems the students are faced with in the clinical learning environment prevents them from effective learning and growth.'

It was evident in De et al. (2016:173) that sometimes hospital policy itself restricts the students from performing certain procedures this in turn creates a gap in theory and practice integration. Letswalo and Peu (2015:360) state that theory practice integration is not taking place to the extent the student feels prepared. They feel vulnerable and exposed. It was evident that students are expected to perform duties beyond their scope of practice without the clinical supervision of the Professional Nurse.

Thompson et al. (2017:515) explain that the students are used as part of the workforce, often working as a lower category of nurse, which hinders support from the Professional Nurse in completion of the required learning outcomes. It also limits the student from practicing the role of Professional Nurse. It is noted in Clements et al. (2016:20) that when the students moved over to higher education programmes, they became supernumerary.

The study done by Joolaee et al. (2016:1) suggests that support was not consistently received by the students. The students state that support helps them feel empowered and improves their competency. Knowing the Professional Nurse wants them to succeed, encourages them. They stated that effective support included ongoing communication, positive feedback and supervision, these elements, built up their confidence and made them feel accepted.

Research done in Iran found that the clinical learning environment is complex and everchanging, with a lack of communication, limited student preparedness to enter the clinical environment and emotional stress when dealing with new patient care situations being evident. It was found that depending on how the student is prepared before entering the clinical environment, the experiences and the amount of support afforded to them during clinical placement, determined the quality of nursing education they receive and the quality of care they in turn render to the patient (Jamshidi, 2016; Joolaee et al., 2015). It also determines if the students remain in the profession or leaves (Kalyani et al., 2019)

A study done in Botswana by Rajeswaran (2016: 3) and in Malawi by Kamphinda and Chilemba (2019:2) determined that the ward environment offers little support, supervision, and opportunities to learn. It is here the student is reliant on the clinical educators and preceptors for support and guidance, but the students acknowledge that the clinical practice environment is not conducive to learning. The guidance and supervision they expect are not effectively offered. This compromises the quality of learning they experience and ultimately this could compromise the care the patient receives.

It is further explained by Drateru (2019:3) that students in Uganda experience challenges of support in the clinical practice environment which include ineffective role models with limited clinical knowledge and uncertainty of the curriculum expectations. The short duration of clinical exposure, communication barriers, ambiguous clinical objectives, lack of orientation and a feeling of not belonging to the team and cultural barriers were also cited. This caused the students to feel anxious when in clinical practice created by a lack in confidence due to limited theory practice integration. The clinical environment was not seen as being conducive to learning.

A study conducted in Australia by Anderson et al. (2018:35) considered the Professional Nurses views in the support offered to the student nurse. The findings revealed that Professional Nurses are committed to support and supervise the student as determined by the nursing standards of practice. It was evident however that time and the amount of work needing to be done was a concern. Not all Professional Nurses in the study were clear that their role was to teach and felt it should be a choice. It was further determined that this understanding could be detrimental to the student's

professional development. In South Africa Professional Nurses are obliged to assist, guide, advise and teach as the Scope of Practice R2598 aligns them to the role of supervisor (South Africa, 1991).

Not assisting the student in their endeavour to learn, would affect the quality of care rendered to the patient. Students who are not receiving adequate support, emotional and clinical, by the Professional Nurse in clinical practice pose a risk, they will not be able to offer safe quality patient care nor will they be able to effectively supervise the future nurses coming into practice as they will not be emotionally prepared to do so as emotional intelligence is foundational to clinical reasoning (Baldwin et al., 2017; Russel et al., 2016; McColughlan et al., 2020).

The quality of the support given to the students was viewed differently by the students in various countries. Much of the literature refers to the student's experiences and perceptions on the support they receive in clinical practice, but limited studies could be found exploring the Professional Nurses viewpoint.

2.6.1 The Impact of COVID-19 on Nursing Education

The COVID-19 pandemic has presented nursing education with further complex issues that have needed instant resolution. This has led many an educator to script learnings experienced as evidence for future planning, teaching and learning. (Carolan et al., 2020). As stated by Ms. S Mchunu (SANC:2020) 'The world is experiencing its biggest crisis in more than a hundred years, with the saving of lives at the forefront of every thought and action.'

New ways of practicing nursing were evident during COVID-19, this has placed Nursing education at the very heart of ensuring rapid transformation in the clinical practice environment. Depending on the nursing model followed by the individual countries, student nurse clinical training was either placed on hold or nurses chose to go and work during the chaos, forfeiting their supernumerary status, if they had it, and continue with clinical practice hours. Other countries expediated the training of final year nurses to allow them to qualify to assist with the crisis (O'Flynn-Magee et al., 2020).

Healthcare has received much acknowledgement and global focus over this last year during the COVID-19 pandemic. World economies have had to rethink and reshape healthcare to ensure the continued safety of communities and the healthcare workers who serve them. Nursing as a profession is presenting itself as a leading force in healthcare, this has led nurses to be energised, foregoing previous ideals and crushing previous misconceptions.

SANC (2013) in the Education and training standards refer to the rapid changes in healthcare and the importance of developing the practice of nursing to support and sustain quality care. As eluded to in Carolan et al. (2020:2) the education of student nurses should be ignited to better prepare them for these or similar challenges that they will face in the future. The need for support is crucial during these unprecedented times. The Professional Nurse is at the forefront of pioneering this change and at the same time preparing the student nurse for the future clinical practice landscape.

2.7 Preparing the Student for Professional Nursing Practice

The graduate nurse of today needs to be able to critically act in all types of situations in the clinical practice environment. This ability is learned and created whilst completing their training and by correctly combining the theory and practice of nursing. They need to think and act fast in an environment which is unpredictable. The Nursing Act (33 of 2005) defines the student nurse in terms of a learner nurse, who is a person being trained or educated as a nurse. The SANC regulates the training of nurses.

The student nurse enters the profession of nursing as an inexperienced newcomer with certain expectations. De Swardt et al. (2017:1) explain that professional socialisation is vitally important for the student to articulate into the role of Professional Nurse. It is here their knowledge, skills and attitudes are developed and internalised. The clinical practice environment is a place where the future nursing graduate creates the opportunities to socialise into the role by observing the role models as they practice.

The transformation of the student nurse takes place with the support of the Professional Nurse in an environment that is conducive to learning. This transformation leads them on the path to becoming competent Professional Nurses once the training is complete. It is however suggested in Thompson et al. (2017:515)

the graduate nurse does not always feel competent or confident to enter the Professional Nurse role on completion of their programme of study.

To be a Professional Nurse is a calling and has at its core a dedication to the service of humanity and an obligation to serve the people in the community. The student nurse is therefore obligated to meet the very high expectations and requirements before becoming a member of the profession.

By observation of the Professional Nurse the student nurse is shaping their own professional practice. In Hunter and Cook (2018:3161) it was evident that student nurses' value certain attributes in the Professional nurse, these include, effective time management, a calm demeanour and a respect for patients' dignity and privacy. The student identifies behaviours they choose to adopt and ignore those which they deemed as not professional. Staff who display their commitment to student learning both emotional and clinical are perceived as being good role models. The student nurse feels confident when welcomed into a clinical environment which is free from threats. Areas such as collaboration and positive interaction between the student and the Professional Nurse, a well-prepared plan for completion of the outcomes and relevant clear communication are viewed as important to the student. They need to form part of the team and be heard and understood, this motivates them to learn. (De Swardt et al., 2016; Dimitriadou et al., 2015; Vinales, 2015)

The student nurse enters the nursing programme as an adult learner. With reference to Gray and Vasuthevan (2016:77) the adult learner comes into learning programmes with expectations of the course and with their own experiences and ideals; these they bring with them into clinical practice. The student builds on their existing knowledge to establish meaning to what it being learnt. There is an expectation that the student will take responsibility for their own learning and define their learning needs to the Professional Nurse at the start of the practical placement in the clinical area.

2.8 Summary

This chapter offered a review of the literature relating to the study. Discussion was offered in what is known. Nursing education nationally and internationally was described and included the complexities. Discussion was had on collaboration

between the hospital and the education institution in the clinical placement of students. The clinical practice environment was described, and the supportive role of the Professional Nurse was explained. The challenges and complexities in clinical practice, including the impact of COVID-19 on nursing education and preparing the student for professional nursing practice was included in the discussion.

In chapter three the research methodology and research design is discussed.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, the research methodology is described with the inclusion of the research design, research setting, research population and sample. An explanation of the data collection, including the interview guide and pre-testing thereof is offered. The data analysis method is explained, and trustworthiness is broken down to offer greater understanding. Finally, ethical considerations and compliance thereof are discussed.

3.2 Research Design

Polit and Beck (2017:743) define research design as the intended manner of how the research question will be addressed. Brink, van der Walt and van Rensburg (2018:3) explain that the researcher decides on the design depending on the problem they wish to investigate and the intention of the study.

For this study, the researcher used a qualitative study with in-depth interviews. Gray et al. (2017:62) describe qualitative research as a method used to express the experience/s from the perception of the people/person experiencing it. This enables a deeper understanding of events taking place in differing contexts.

3.3 Research Setting

Brink et al (2018:47) explain that the research setting is the environment in which the research is conducted. The research setting for this study was one of the large Private Hospitals in Gauteng, South Africa, where students are placed by the Nursing Education Institution for clinical learning. Students in the private sector are not treated as supernumerary and rely on the Professional Nurse in the ward to guide, advise and teach them. This study is very important to future private nursing education and training.

The Private Hospital has a bed capacity of 333 and is in a geographical location which is easily accessed by staff and patients using public and private transport. The Private Hospital offers a range of various specialised healthcare services that cater for the different communities in the area. There are 215 ward beds, comprising of three general medical and four general surgical wards where students are placed for clinical

practice. The remaining 118 beds are in areas where there is limited student exposure such as the intensive care units.

This study took place during the COVID-19 pandemic which caused a nationwide lockdown and restrictions on social interactions were implemented. The COVID-19 pandemic caused major disruptions to the everyday functioning and operations of healthcare institutions globally, and the study site was no exception. Consideration was given to the predicament the hospital faced and the timeline for collection of data was extended.

The interviews were conducted using an online application to avoid direct contact, in a meeting room away from the general wards. It was well ventilated with comfortable seating. Strict protocols were followed in cleaning the surfaces between the participants, and hand sanitiser was made available to, and used by, all the participants.

3.4 Research Population

With reference to Brink et al. (2018:116) the 'study population' are the individuals in the common group being researched who are accessible to the researcher. The population selected for the study comprised of the Professional Nurses working in the general wards in the Private Hospital where the research took place. There are currently eighty-three (83) Professional nurses employed in permanent positions in the general wards, some trained on the Bridging programme and others on the four-year degree or four-year diploma programme (N = 83)

3.5 Research Sampling and Sample

Purposive sampling was used, ensuring an equal number of Professional Nurses from both the medical and surgical wards where students are placed for their clinical practice, were included in the sample. The selection was based on their availability at the time of the recruitment for the sample. The study population included newly qualified Professional Nurses and more experienced Professional Nurses; this was determined as student nurses are supported by all levels of Professional Nurses. The Professional Nurses were selected based on those who met the criteria: that being an equal number of experienced, two or more years qualified and less experienced, less

than two years qualified and working in the general wards where the students are placed for clinical practice.

Polit and Beck (2017:493) describe purposive sampling as a method of sampling where the choice of participants is made based on who will add the most value to the study as determined by the researcher. Due to the COVID - 19 pandemic some of the original Professional Nurses the researcher invited to participate had been redeployed to work in the Intensive Care Units. They were unable to leave the unit due to the busyness of the unit and the strict isolation measures implemented, meaning new participants meeting the criteria had to be chosen which included Professional Nurses working night duty. 'Inclusion criteria' are the factors that warrant having the person included in the study Polit and Beck (2017:250).

Gray et al. (2017:255) explain that when no new data can be established, and no further themes can be determined, data saturation has been attained. It is here the research question can be answered. It was decided in the proposal that a minimum of 15 Professional Nurses would be interviewed. As saturation was realised, a final sample of 15 professional nurses (n=15) were interviewed.

3.6 Testing for Face and Content Validity

Gray et al. (2017:376) refer to face validity as the appearance of the tool being suitable to correctly measure what it is supposed to and content validity being that the questions cover all aspects of the research study needed.

The interview guide was presented to the research supervisor and thereafter was pretested on two Professional Nurses who work in the general clinical environment with student nurses and who were not included in the study, so as to determine content and face validity. The information sheet was explained to them and the reason for the study was provided. The same interview guide was utilised whilst conducting the pre-test.

The pre-test was done to determine that the questions posed on the interview guide, would be understood by the participants and that the content of the interview covered the intended purpose of the research question. After the pre-test was conducted with the two Professional Nurses, it was established that the participants understood the

questions being asked and the data obtained, showed that it would answer the research question of the study. The structure of the questions being asked was found to be suitable to elicit rich data. No changes were therefore made to the original draft of the questions in the interview guide.

However, as the interviews proceeded, it became clear that additional probing questions were needed. It was concluded that 60 minutes was a generous amount of time to allocate for the interviews, however the original time was not changed on the information sheet to allow for setting up, preparation of the Microsoft Teams platform and cleaning in between the interviews.

3.7 Data Collection

Permission to proceed with the study, was requested from the Group Healthcare Head office research committee (ANNEXURE 1), the individual Private Hospital where the study was conducted (ANNEXURE 2) and the Unit Managers of both the Medical and Surgical wards were informed about the study which involved the Professional Nurses from their respective units (ANNEXURE 3).

Once permission and ethics approval were obtained from the respective organisations, a list of Professional nurses working in each of the general Medical and Surgical units was acquired from the Human Resources department of the hospital.

They were each approached by the researcher, personally, whilst ensuring social distancing and wearing a face mask, as per the South African Government legislation and given the information letter (ANNEXURE 4) the purpose of doing the research and their involvement was explained. The questions asked by the participants were answered by the researcher. The questions were mostly about the interview itself taking place on Microsoft Teams and their uncertainty of establishing the appropriate connection for the interview. It was explained that the computer with the Microsoft Teams app would be set up and ready for them prior to the interview and that the room and the equipment would be cleaned between participants.

Data collection in qualitative research is where the information you are wanting to study is collected using the tool of your choice following a manner of planning (Gray et al., 2017:55).

The interview structure was explained to the participants, including the reasons for their inclusion in the interview. Dates and times for the interviews were established and adhered to. An estimated time of approximately sixty minutes was allocated for each interview, however an average time of thirty minutes was actually used. Consent for participation (ANNEXURE 5) and consent for the use of audio recording (ANNEXURE 6) was obtained from each individual participant before the interviews took place.

The researcher again informed the participant at the beginning of the interview what the research was about and advised them that they would be recorded. It was reconfirmed and agreed that they had signed consent for the recording, and they were all satisfied to continue. A laptop with pre-paid data on an external WIFI device was provided by the researcher and utilised in the hospital setting. The participants were able to access the laptop as per the scheduled times for the Microsoft Teams interviews. The participant was alone in the room, so no mask was worn during the interviews and the room and the laptop were cleaned between interviews. To ensure privacy the interviews were conducted in a quiet area away from the wards where no one could overhear the interviews taking place. Refreshments were given to each participant on completion of the interviews.

The data for this study was collected through in-depth interviews. An in-depth interview according to Brink et al. (2018:103) is used when conducting exploratory research allowing for detailed information to be collected. The interview sessions were recorded on the Microsoft Team's application. The audio recordings were transcribed verbatim into Microsoft word so that data analysis could take place. Anonymity of the participants was ensured by the researcher replacing the names of the participants with a specific code which was allocated to each interview.

3.7.1 Interview guide

Greef (2020:349) explain that preparation for the in-depth interview is important and a prepared set of questions should be drafted for opinion and to use as a guide during the interview.

An interview guide (ANNEXURE 7) designed by the researcher was used throughout the interviews as a plan to guide the flow of questioning, the following questions were asked of the participant:

1. What do you understand by student support?
2. What is your experience of supporting the student nurse in the clinical environment?
3. What do you find most rewarding when supporting the students?
4. What do you find is the biggest constraint in supporting the students?

The interview guide formed the baseline for the questions asked. For clarity and further understanding during the interview the researcher probed the participants, in order to gain more meaningful insight into the responses given. Brink et al. (2018:144) suggest probing questions be used to enable further exploration of the participants responses, thereby allowing more detailed information to be collected.

The following probes were used with all three of the questions:

- “Tell me more about your experience…”
- “Can you elaborate…”
- “What would an example be…?”
- “Explain why…?”
- “What makes you feel that way…?”
- “What would you do to improve student support…?”

As the participant interviews progressed, opportunities arose to initiate further probing thereby enabling the researcher to extrapolate more information to gain deeper meaning and understanding from the participants of their experiences and perceptions.

3.8 Data Analysis

Data analysis is the process of handling the data in a manner that will produce valuable insight and be significant to the study. (Polit and Beck, 2017:530)

The data was collected and transcribed verbatim from the recordings (ANNEXURE 8). Data analysis took place concurrently whilst the data was being collected and analysed together with the research supervisor, who acted as a co-coder, using the six phases of thematic analysis of Braun and Clarke (2006), displayed in figure 3.1. According to Nowell et al. (2017:1), when following a structured approach of data analysis, the way in which it was carried out must be evident and well defined.

Phase 1 Familiarising oneself with the data	**Phase 2** Generating initial codes	**Phase 3** Looking for themes
Phase 4 Reviewing the themes	**Phase 5** Defining and naming the themes	**Phase 6** Writing the report

Figure 3.1: Braun and Clarke (2006) six phases of thematic analysis

'Thematic analysis is a method for identifying, analysing, and recording patterns (themes) within data.' (Braun and Clarke, 2006:6). Gray et al. (2017:273) describe thematic analysis as a system of data analysis used to determine three to six obvious themes within the data collected that are important in summarising the research being undertaken.

3.8.1 Familiarising oneself with the data

The qualitative data in the form of recorded interviews was transcribed word for word. The audio recordings were again listened to by the researcher whilst reading the transcriptions. The researcher then reread through the transcribed recordings to gain a full understanding of the content. Thoughts and ideas that were found to be of interest were documented for later use. Some areas were reread to elicit deeper understanding.

3.8.2 Generating initial codes

Braun and Clarke (2006:18) explains that phase two is whereby the data, that gains the researchers attention, is sorted and merged to create potential codes that will form the broad outline for the development of more detailed themes in the next phase.

Manual coding was done by highlighting sections of the text using coloured marking pens indicating possible ‘patterns’ in the text. Ideas which were generated whilst reading through the text were written down. A list was then generated where all similar codes found in the text were combined together.

3.8.3 Looking for themes

‘This phase, which re-focuses the analysis in broader level of themes, rather than codes, involves sorting the different codes into potential themes, and collating all the relevant coded data extracts within the identified themes.’ (Braun and Clarke, 2006:19) Here, extensive themes were determined with the thought in mind of them changing in stage four to enhance them.

3.8.4 Reviewing the themes

Here as suggested in Braun and Clarke (2006:21) definite meaningful themes are reviewed and developed sometimes with improvements, several times for correctness, before finalising them into a ‘thematic map’. This map further guided the researcher towards the final phases of the analysis.

The researcher took the extensive themes and further sorted them into meaningful clearly identifiable themes, this was then placed in a table format. Similar themes were combined, leaving the researcher with discernible themes. Certain data elements were then re-sorted into these new themes as they were deemed more suitable to be included there.

The next step was to relook the data and confirm that the themes identified do indeed reflect the information portrayed in the data collected in the transcripts. This was done together with the research supervisor. Further adjustments were made, and it was here the researcher decided to stop relooking the themes as they appeared to be suitable.

3.8.5 Defining and naming the themes

Each theme was given a name, and categories were established per theme. The themes were now workable to the researcher. It is here the researcher was able to speak to each theme and identify how it fitted into the research question. ‘…you then

define and further refine the themes that will present your analysis, and analyse the data within them.' (Braun and Clarke, 2006:22)

3.8.6 Writing the report

Once all the themes were determined the report was generated ensuring true authenticity of the data that had been collected. The information was substantiated using phrases and quotes from the original transcripts. (Braun and Clarke, 2006:23) The researcher explained each theme as it applied to the study. Each category within each theme was explained, and reference was made using direct quotes from the transcribed data. The themes were then further discussed with reference to the current literature.

3.9 Trustworthiness

Trustworthiness is described as 'The degree of confidence qualitative researchers have in their data and analyses…' (Polit and Beck, 2017:747). Trustworthiness in the research study was maintained and ensured through the four criteria, or credibility, dependability, confirmability, and transferability, as established by Lincoln & Guba's framework in Shenton (2004:64)

3.9.1 Credibility

Shenton (2004:64) describes credibility as how the findings reflect the reality of the situation being explored. In this study credibility was maintained through the use of in-depth interviews. Audio recording of the participants during the in-depth interviews and verbatim transcribing of the interviews was completed. A second review was conducted by the supervisor. To follow an audit trail, clear and accurate records of the research process were made.

3.9.2 Dependability

Dependability of the study according to Shenton (2004:63) is to establish that if the specific study was to be repeated in a similar setting, the findings would be alike. It is suggested in Shenton (2004:71) that a detailed account of the findings will help another researcher to repeat the study. The study was carefully documented to allow for duplication by future studies. This also enabled an audit trail to be maintained.

3.9.3 Confirmability

Confirmability, as stated in Shenton (2004:72) refers to the data being an accurate reflection on the information supplied by the participants with nothing added by the researcher. The account must be objective in that, should there be a need, the findings can be confirmed by an independent person. This can be determined by the recorded audio from the interviews where the voices of the participants can be heard.

3.9.4 Transferability

Transferability, as suggested in Shenton (2004:69) is described as the ability to utilise the findings in another setting. Whilst sufficient information will be given in the study to replicate, the study is limited to one institution with (n=15) participants, so studies are likely to vary if replicated. However, a comprehensive description of the study design and sample is included.

3.10 Ethical Considerations

The ethical principles as suggested in Brink et al. (2018:29) of, respect of the individual, beneficence, justice, confidentiality, and anonymity were adhered to, thus respecting the human rights of the participant.

With reference to Brink et al. (2018:29) respect for the individual, involves the participants autonomy and the ability to make their own decisions. An information letter about the study was given to each participant and explained to them and any questions they had were answered. The participants were informed that participation was voluntary and that they could withdraw at any time with no recourse. Consent for participation and for audio recording was obtained from each participant before the interviews commenced.

With reference to beneficence, Brink et al. (2018:36) questioning could upset the participant and the researcher should be alert to signs signifying this. No signs of distress or duress were evident whilst the interviews were taking place. It was however picked up through interaction with the participants, that the COVID - 19 pandemic has had a great emotional impact on some of the participants. The researcher suggested they contact the employee wellness centre of the institution. The institution in which the study was conducted was not harmed in any way.

To prevent risk to the participants and the researcher from the COVID - 19 pandemic, the interviews were held on the Microsoft team's application. With regards justice the participants must be fairly selected (Brink et al., 2018:30) The participants were selected based on years of experience so that an equal number of Professional nurses with more than two years and those with less than two years' experience were carefully chosen. Respect for time was honoured. Both starting and completion times were planned and agreed in advance. The times scheduled were adhered to by both the participant and the interviewer.

The researcher does not work at the hospital where the research was conducted and does not have any supervisory relationship with the Professional Nurses, so there was no coercion or feelings of obligation to participate.

Privacy of information must be maintained; information must remain confidential and anonymity must be adhered to. In this study anonymity was ensured. The processing of data was done, and research report was completed with no reference to the names of the participants. By assigning a number as a means of reference, confidentiality of the participants was maintained and no unauthorised access to data was allowed. The recordings were automatically removed from the Microsoft teams application after 17 days, the computer on which it was accessible is password protected and the password is only known to the researcher.

All data collected from this study has been secured under lock and key and will remain so for five years or for two years once the research has been published. The only people with access are the researcher and the supervisor. Confidentiality was maintained throughout the data collection.

3.10.1 Ethical compliance was adhered to, through:

Presenting the study to the department (Department of Nursing Education Peer Review).

Submission to, interview and review by the Postgraduate Committee.

Submission and approval of the study by the Human Research Ethics Committee (Medical) of the University of the Witwatersrand. Ethics clearance certificate no: M200517. (ANNEXURE 9)

Permission was obtained from the research department at The Healthcare Groups Head office research committee (ANNEXURE 10) as well as the Hospital (ANNEXURE

11). The Unit managers whose Professional Nurses were selected, were informed via a letter that the study was taking place, this they acknowledged with the researcher.

3.11 Summary

This chapter of the research report offered insight as to the research design and methods utilised and the way each area led the study. The research design and research setting were explained. The research population and sample were described. The data collection process was detailed which included an explanation of the interview guide and related validity testing thereof. The phases of data analysis were unfolded to reveal the information being researched. The trustworthiness and ethical considerations were explained and detailed.

The chapter that follows details the data collected and the interpretation of this data into themes and categories, leads onto a discussion of the findings.

4. CHAPTER 4: FINDINGS FROM THE STUDY

4.1 Introduction

This chapter details the findings of the research study, with the purpose of providing clarity to the research question of: What are the experiences of Professional Nurses in a Private Hospital in providing support to student nurses in the clinical practice environment?

These findings arose from the final themes identified from the thematic analysis as described in chapter three. An initial summary of the findings taken from the participant's interviews, will be shared, followed by a deeper explanation of these findings which will then lead to a discussion where quotes from the participants will be used to substantiate the findings. The quotes are referenced by means of a code, which were allocated to each participant on the commencement of the interviews.

4.2 Summary of findings

During the process of thematic data analysis, four themes were identified with three to four corresponding categories being recognised per theme. These themes and categories have been illustrated in Table 4.1 below: Themes and categories of findings.

Table 4.1: Themes and categories of findings

Themes	Categories
1. Collaboration in a Complex Learning Environment	1.1 Team members support
	1.2 Limitations in clinical practice
	1.3 Students as part of the workforce
	1.4 Planning
2. Competency of Students in the Workplace	2.1 Pre-existing knowledge
	2.2 Expectations - present and future
	2.3 Unique individuals
3. Role of the Professional Nurse	3.1 Emotional support
	3.2 Professional Support
	3.3 Obligations/ responsibility
	3.4 Teaching
4. Supervisor in a personal capacity	4.1 Emotions
	4.2 Challenges
	4.3 Requirements

4.3 Findings from the study

The findings, as they relate to the study will be explained through the themes and categories identified, using quotes from the participants to substantiate the findings.

4.3.1 Theme 1: Collaboration in a Complex Learning Environment

Within the learning environment of the Private Hospital, there are many areas which were perceived by the Professional Nurse to either contribute to, or detract from, their ability to support the student.

These contextual elements include areas which interact with, and ultimately form the basis of, the clinical practice environment. These include team members support, limitations in clinical practice, students as part of the workforce, planning and time. Each of these categories were recognised as having significant influence over the ability of the Professional Nurse to provide support to the student nurse. The categories will be explained using quotes taken from the data in order to understand and establish meaning from the perspective of the Professional Nurse involved in the study.

4.3.1.1 Team members support

Reference was often made to various members of the multi-disciplinary team who form part of an interactive clinical environment. Certain people within the team, were viewed by the participants as being important in assisting them, or are directly involved in, supporting the student in clinical practice. They include, the clinical facilitators/ clinical training specialists, the members of the multidisciplinary team (Doctors, Professional Nurses, Physiotherapists) and the unit manager. Each specific person, or collective group of people, influence how student support is facilitated in the clinical environment.

It was perceived that student support should be a collective effort amongst all members of the team, however it was acknowledged that the Professional Nurse is the focus of support for the student who creates opportunities for involving other team members as expressed by P11 *'We involve the students in doctors' rounds, if I find out something during the rounds especially, because that is where you learn a lot – I go back and discuss it during the review meeting. You're taking orders and carrying them out, but then it's also a learning experience. So that's why we try to involve more people.'*

It was further said that the Professional Nurse should let the team know that the nurse is a student and that collaboration was important in providing student support. P6 *'…physios and other multidisciplinary team members, let them know that this is a student and you know, get them involved.'*

The need for the student to want to learn was stated by one participant who explained that the student should be curious. This would encourage people to want to teach them. This was aptly stated by participant P6 *'So be a student. Be curious. Want to learn. Then it will be easier for people to teach you, not even RNs, but if the student shows initiative the doctors can even pick up that's a student. Everyone will know there's a student here who wants to learn, and they will make it easier for people to help you.'*

Participant P9 agreed '*The element that can help to support the students is if everybody as a team is involved in the students training.' At the end that student is going to be somebody who needs to lead others, so I think the involvement of everybody who is in the team or in the unit will be a good support system for a student.'*

Related to this was an interesting statement by P4 *'So it's all a team effort, it's not just one person you know. Even though I might say that I do it, but I don't mean specifically me you know. It involves everybody.'*

P6, P8 and P11 also expressed the need for more clinical training specialist or clinical facilitator, involvement in supporting the students as illustrated by participant P1 who predominantly works night duty and commented: *'I think that if there could be some clinical facilitators working at night, just to show the students, I think it would be much better, because if as me, I'm not getting enough time to do that to the student then I'll know someone is there to assist.'*

P10 relayed the following sentiment which links to fellow participant's experiences *'I think there is a missing link somehow because they go to the college and they come into the clinical area but that clinical areas are only facilitated by the Professional Nurses on the floor. We need to get more involved even just to ask the clinical training*

specialists to get more involved, there are lots of students but not enough clinical training specialists, but if we had a balance it would be better.'

It was also expressed by P6 '*If the clinical training specialists can involve us early as the clinical people, if we get a list of objectives before they come, we are then prepared.'* It was also mentioned by P12 that *'Maybe a clinical facilitator can visit the ward more often and see how they work…'*

It was significant that the participants experienced a reciprocal relationship between themselves and the student as expressed by P1, P6 and P10 in the quotes that follow. They believe that the Professional Nurse learns from the student and while teaching the student. They, as ward staff, are updating themselves in the process.

P1 *'I also want to explore more, by doing that for the students, I think I'm getting more experience too.'*

P6 *'If you're involved with the students, you remember some of the things, so you teach them, they teach you. If you pay attention, if you are involved you will definitely learn something from them as well. We are in a profession where changes happen frequently. Many, many things don't stay the same in our profession and you will miss some if you are not involved. Just be involved. Open your eyes. Listen. Yes.'*

P10 *'But you are also helping the others that are on the floor to understand it because we are not only teaching the students but as well as the enrolled nursing auxiliary's and enrolled nurses on the floor as well.'*

Participant P9 expressed the need for the unit manager to be more involved with the students who are placed in their units, to understand their needs and to assist in ensuring their learning objectives are met. *'I think also the unit managers also needs to be more involved…the students feel that some of the unit managers are not approachable or they are too busy, or they've got other important things, of which the student is also someone who needs the attention of the unit managers as well. When the students come in the ward, they don't look at them as the workforce. If they look at them as the workforce already, that student is not going to complete, he or she is not*

going to be able to complete or feel like they're being supported, you are not going to complete your objectives.'

4.3.1.2 Limitations in clinical practice

The clinical practice environment is the physical environment, being the general medical and surgical clinical practice areas where clinical training occurs. It is described by the participants as being dynamic and often very busy. During these busy times it is difficult to adequately support the students due to various factors, which limit the time available to spend with the student. Whilst they acknowledge the environment is often unpredictable, it remains a learning environment where the students have expectations, they need to meet in order to complete their programme of learning. The student enters the ward environment to gain clinical nursing experience and the Professional Nurse identifies unit specific opportunities which will assist the student in fulfilling their objectives.

The Professional nurses expressed concern that when the ward is busy it is difficult to adequately support the students as expressed by the following participants:

P1 *'Sometimes it's difficult to support her because you'll find you become busy in the ward. The student will want to learn something from me, or will want to ask about something, then I find I don't have such time. I'm willing to do that to the students, but because of time then I feel very much disappointed because I can't help.'* P5 *'Hmm at times it gets a bit difficult when you have your busy days…it generally is easy and especially if you've got students at hand that are willing to learn and are open to constructive criticism. Then it's very much efficient…medical wards you can support your students very well in those type of clinical settings.'*

P15 *'A lot of students are scared to work or approach the sisters not because they are mean, but because they kind of sort of know those sisters are always busy and they don't want to burden them. Because the Professional Nurse will be like no, no, no I'm busy come to me just now type of thing.'*

It was evident in the study through opinions expressed by the participants, that the nursing environment is dynamic and healthcare needs are uncertain. Current factors within the healthcare environment such as the everchanging COVID -19 pandemic

places great demands on the resources available in the hospital, leaving little capacity to effectively offer support as expressed by P2, P3, P5 and P15:
P2 *'Since there is this COVID thing…there is a lot of work to be done. At the end of work, we end up not doing things…then tomorrow we have errors. We love to teach the students. It's hurting to see the students neglected in the wards…support us and we will support the student 100% and then we will teach them.'*

P3 *'I've had different experiences in different units in supporting the students, but recently being in the COVID unit it's been chaos. So, the students literally they just put their head down and mastered on forward.'*

P5 during COVID *'…it was a sudden change for them just when they started to adapt to their new teachings. And having to adapt to everything they've been taught, and it was just within a blink of an eye changed. And nursing just changed so they needed support more than anyone else because you know, just having to get used to a way of doing things and then suddenly having to re-adjust to another way of nursing and carrying everything out was a big impact on them. So yes, they did need a lot of support.*

P15 *'They become part of the workforce, especially now with COVID, this is placing burden on the students as well.'*

Participants experienced the clinical environment and the students' anticipated role in the environment, as challenging, explaining that they as the Professional Nurse, attempt to create an environment that is conducive to student learning as suggested by participant P3 *'Don't shy away from asking for information. I would find out from the student if they're comfortable and if not comfortable why are they uncomfortable. Hmm and try and change that so that the environment is as appealing to the student for learning as possible, so the environment has to be welcoming to a student…they need to know they are going to that unit and I'm actually going to learn something.'*
And further mentioned by:
P9 *'When they go into the unit, how they are welcomed and is there anybody who is willing to know what their objectives are and when they will produce their objectives*

and somebody is willing to assist them with those objectives, so it that way it creates a room and a space for support…'

However, it is not always possible owing to certain external factors which make or break the support they are able to give this is explained by:

P4 *'Certainly your environment does make a difference, if you're busy or you've had a doctor that's coming that's complained about something hmm, it's just puts a whole negative atmosphere.'*

4.3.1.3 Students as part of the workforce

The hospital includes the students as part of the daily staff planning. Including the students as part of the workforce, often creates an increased workload, as the Professional Nurse is expected to supervise the student, teach, and orientate them whilst they work, however they also have work they need to complete.

The participants feel that it can be a burden having the student as part of the workforce as they need to be orientated to the environment before they can work, this takes time and whilst this is happening patients still need to be cared for. This can be perceived by the sentiment expressed by participant P2 *'…of course when they come to the ward, we do orientate them. We orientate them about the ward, about the conditions of the ward. You'll orientate them about the layout of the ward…it's a lot of work, it becomes an extra work on you. Uh my experience, is that some of the time we do fail as RN's to support the student. Not that we want that to be like that, because of the overload of work, due to the shortage of staff in the ward. So, you end up not being able to support the students and you feel bad.'*

Participant P4 explains this further *'I mean whilst we're teaching them and showing them how to do things, it doesn't mean that we don't now have work to do you know? I mean there's still our part of the team that involves working so yeah it's a bit difficult.'*

I5 '…*it's very difficult because between you running the ward as a shift leader, you still need to have the student as part of the workforce you still need to monitor the student as to not make mistakes.'*

Many participants view the hospitals policy to include the student as part of the workforce as detrimental to his/ her ability to study. They experience this challenge when the student is included in the skills mix as part of the staffing numbers and believe the unit manager should advocate for the need to change this policy so that better support can be afforded to the students.

This is expressed by P2 *'This staffing thing kills us…it's too much for one RN…if its busy times they must give us more staff.'* P3 *'I would say they don't get much time for actually learning because they're being uses as like staff, staff. So, their teaching opportunities are less.'*

The participants feel that the students are not obtaining adequate support for them to achieve their intended outcomes as they are being used as part of the workforce this is further expressed by P5 *'If you have students who are your work force it limits their time to learn.'* P11 *'Oooh, it's a bit of a challenge, um because um…Ok the student just comes in and they introduce themselves, okay. You enquire what are your goals, and what do you seek to achieve at the end of everything? Them being counted as workforce is an issue, where do they get time to actually learn? Because as workforce you are meant to work as an Enrolled Nurse or you will be downgraded to and Enrolled Nurse Auxiliary, of which it causes a bit of a problem because you are doing the same thing that you've been doing. You're not advancing or progressing to learn like new things and there's not time to actually go through most of the things. So, giving support is a bit of a challenge.*

P11 *'I think it should be reviewed when it comes to students and clinical areas and them being counted as workforce, as much as it helps the units – I don't want to lie – it helps a lot especially If we are short staffed…for the betterment of the student and their studies, it's not beneficial to them at all.'*

Participant P2 further expresses the need for the unit manager to ensure the students are supernumerary and to not cancel the agency staff (temporary nursing staff found through a nursing agency who supplies various categories of nurses when there is a need): *'**…**so as sisters in the ward we'll be looking at them forgetting that the poor student is here to learn…we want her to work, it's our working force, because when*

they are allocated a student, they cancel other staff members to help especially the agencies. So, it's not good for us so whereby we failed on the other side to teach the student because we make them our working force. Our managers must give us support. They must listen to us'

4.3.1.4 Planning

Appropriate and effective planning is expressed as being a critical element pertaining to the enablement of student support. The manner in which it is done has a significant impact on the students' learning experience. Planning for the student should take place before the student is allocated to a specific unit, by the student themselves, the clinical facilitators, and the Nursing Education institution. Planning also takes place when the student arrives in the ward and during the student's placement in the unit to suit the needs of the ward and patients.

P3 *'When they start in the unit, they have a list of requirements that needs to be fulfilled as a student. So, when they do orientation, we obviously ask them to bring this allocation. What do you still need to complete? What have you completed? Are you capable of fulfilling those needs or do you need assistance? We try focus on getting those things completed so that their requirements are completed for their studies.'*

P6 *'So as an RN you don't necessarily wait for them to come to you. Take the initiative, ask if there is anything they need. I want them to be comfortable, to feel free to ask, to talk, you understand…maybe some of shy. So, I allocate according to their strengths and weaknesses, at the same time I must still benefit the unit. The work must be done appropriately.'*

P7 *'They come with their um, books and then their objectives on which level they are in and what is expected of them to learn, by the time I leave this unit I need to be knowing 1,2,3,4. So, at least in that manner you know what is expected of me from this student. So, it's easy to teach them.*

The students who are placed in the unit for clinical practice, should ideally present themselves to the ward prior to commencing in the unit as explained by participant P10 *'It is important for the student to come prior to the unit to introduce themselves then they tell you where you at because that's when you need to understand what they*

need. Then by the time they come to the unit its better because then you already know, they have written up their objectives.'

The participants explain that the students, on arrival in the ward, should do so with an individual development plan (IDP) of what they expect to achieve during their clinical placement. The Professional Nurse explained that the student's plan assists them in supporting the student as it provides guidance to them when allocating and planning for the student. They are able to use this plan to guide them and assist the students to adapt and adjust considering the ward environment and profile. The following were the sentiments expressed by the Professional Nurses:

P5 *'Students usually have an IDP which is an individual development plan where they will identify their weaknesses, their strong points, what they feel they need to achieve at the end of their time spent in a particular ward. So that would give you an idea as to what to focus on what you need to know.'*

P6 *'They have an IDP, meaning they have their goals, things they need to learn while they are in the unit, so it makes it easier for us and clearer because now their goals, their objectives are there in black and white, so on the shift, you'll remember these objectives.'*

The participants perceive that on occasion too many students get allocated for clinical placement in one specific unit and this is then difficult for them as they cannot adequately concentrate on all of their individual needs. It is inferred that the number of students allocated to each unit should be limited to how many the unit itself can manage:

P4 *'It's difficult when you get a lot of students through our wards.'*

P7 *'I've noticed, if they are a group of students in one unit, it's not easy to give all of them the desired attention, but if there are one or two students, it's easy to attend to them but if they are more then I find it difficult to concentrate. If it's a group, they tend to follow each other instead of following the sisters.*

Participant P7 further elucidated that when there are not many students in one ward, they are able to concentrate and not get distracted. *'Because that time she was the*

only student that was in the unit, so she had all the time to come back and ask what is this? So I think she had all the time and she did not have any distraction from friends because most of the people that were in the unit were working…so when she said she was going to study, she went there, she sat there, opened her books so she did not have anyone to distract her.'

Some of the participants expressed their concern about limited time to adequately plan their support of the student, but also verbalise that when the ward is quieter opportunities do arise. P2 said, *'So there's not enough time for us to help the student when we are helping the patients…on busy days of operations, we cannot help the students, but with the other days at least it was much better.'*

The participants mentioned that planning for student support should be formalised in clinical practice as stated by P1 *'I think when planning, is for them to have more time because while working, they still need to study…'.* P2 *'other things that helps a student to learn more is when we give them time to prepare. Sometimes it's very busy that we don't even have the time to stay with them.'*

Another participant suggested that a part of the day should be specifically planned and allocated towards student support: P15 said, *'No part of the day is planned for the students and I think that there's a problem. If you planned that you need to teach this student this amount of work in this week then a lot of things will be done on the students part…I think when you show more interest in the students' work then they will show more interest in the ward.'*

4.3.2 Theme 2: Competency of Students in the Workplace

The theme competency of students in the workplace offers insight on how the Professional Nurse both experiences and perceives the student's involvement in the support offered and participation in achieving the goals of the nursing programme. The theme centres around categories of the student pre-existing knowledge when they enter the clinical environment, the expectations - present and future - and the student who is identified as a unique individual.

4.3.2.1 Pre-existing knowledge

Students entering the clinical training programme do so with pre-existing knowledge, skills and abilities. The current students in this study are the Bridging students completing the South African Nursing Council (SANC) Bridging programme R683. They are, therefore, enrolled nurses and have had foundational training as a nurse. The Professional Nurses in the study acknowledge this fact and explain that they have certain expectations that they come into the clinical environment with this foundational knowledge as expressed by participant P10 *'I have the knowledge and am willing to give it, but you need to come with knowledge as well and some sort of skills then we build on that.'*

Even though the expectation is that the students have a foundational knowledge which would prepare them to enter the clinical practice area, certain participants explain that whilst some students are able to perform the skills required of basic nursing practice, other students have limited nursing knowledge and skills, which is of concern, they state that they first identify the students pre-existing knowledge before allocating them to any tasks as expressed by the following participants: P4 *'The last students also came from old age homes…their experiences coming into a big hospital are a bit different to what they learnt so far. So, we try and see that at least they're capable of doing basic stuff you know before we move on to more involved things.'*

P11 *'We do sort of interviews on the students just to check their level of understanding when it comes to certain things.'*

P4 *'Some can be very knowledgeable about what you're doing.'* But this is not always the case as explained by participant P15 who states: *'I asked the student when last you worked, and stuff and she was like mainly in the government. In the government they don't put up drips. She can tell you everything on paper but not practically. She can't do it practically. She can read it to you like a book from the paper, but they thought ok she should know everything. So, I think if they get students in the ward, they need to do an interview like sort of, just to find out generally what the person knows and what they don't know.'*

It is further expressed that the students lack of basic knowledge creates difficulties. More effort is then required on the part of the Professional Nurse, as the students need to be taught from the beginning, starting at the foundational level which they anticipated the student already knew as they are enrolled with the SANC as a nurse.
P1 *'Some students cannot open up. They will just pretend they know things, she won't tell me 'I don't know how to put up a drip…'and then she will go and attempt to put up the drip on the patient, pricking the patient several times, which is not good. At the end the patient will complain.'*

P2 *'Its difficult when you are having the students that are not having any knowledge about the situation of the ward. If there are those students that are having knowledge, it's not difficult. But if it's the new student in the ward not knowing anything then it's very difficult. I feel this is difficult for me.'*

P5 *'Although it's a very good thing that they are hands (workforce)…sometimes, with different students, you'll find have been in the hospital environment for quite some time it would be easy. But you get students where they've previously worked in theatres, in clinics and you'll find this is a very different environment for them.'*

P13 *'Sometimes I find it difficult especially if a new student who doesn't know the hospital environment. I find it very hard because you need to put in more effort on that student. You need to start everything from scratch so that you can help them.'*

4.3.2.2 Expectations - Present and Future

The participants reflected firstly on their current expectations of the student's and secondly on the students future role as Professional Nurses.
With regards to their current role the participants stated that the students also have a responsibility to participate as expressed by P10:
P10 *'So on a daily basis they should just carry their booklets and identify opportunities, not wait for planned practical's or something. That they on a daily go through it and if they make opportunities…so on a day to day they must understand they have to meet some objectives. The Professional Nurses are aware that I have a student. I need to support the student and ensure that they meet their objectives.'*

However, it was also evident that the students do not always participate in or plan adequately for their own learning as they should, leaving the Professional Nurse frustrated and concerned as described by P5 and P7:

P5 *'…there are students that are very reluctant to new ideas, or have been nursing for quite a long time and were always used to doing things in one certain way, and I maybe say they are a bit reluctant to change. So that can be one challenge I faced and yeah, I think just that transition of change from maybe a junior to their senior positions. Just the transition makes it a bit difficult for them. But in time and with patience most of them just do generally transition easily.'*

P7 *'I feel like they go to each other for information instead of coming to the RNs to check if this is correct. It does concern me a lot I mean – I have some students that tend to think they got the correct information. Then you ask them why you didn't ask, and they say no they checked it with my other fellow student.*

The Professional Nurses feel frustrated with the students at times. They expressed their concern about the future of nursing due to poor or inadequate clinical supervision as apparent in the following participant statements with regards to their future roles P12 expressed concern about the future *'I'm so scared of the future nursing, nurses because they are the ones who must carry this on. The other ones who must teach the other ones who are still coming to learn so I'm scared what's going to happen in future? What's going to be nursing in future?'*

But several of the participants stated that the onus is on the Professional Nurse to prepare the students for their future role as a Professional Nurse as articulated by:
P2 *'We, at our ends, must give them our full support teach and ask them, make them our friends, so that they can gain knowledge and be the sisters of tomorrow…Because I want to see them being the registered nurses of tomorrow. I want to see them being the qualified knowledgeable persons.'*

P3 *'If we support our students, they will be able to support generation of sisters. If we don't teach them how to support students, how are they going to be supported from our side? If it's not taught, how can they actually teach themselves…'*

The role of the present and future Professional Nurse is so eloquently stated in the following quote:

'As I say, the foundation that we lay our students is what will help us in the future. So, if we have students that we support to the best of our ability and they will also now be very supportive to their following students.' (Participant: P5)

4.3.2.3 Unique individuals

The students are perceived by the participants as being unique individuals. This difference can be a challenge and takes some effort on the part of the Professional Nurse to get to know their strengths and insecurities so that support may be offered as these participants explain:

P3 *'Its each student is different and none of the students are the same. So, some students are able to go 'I need help and some students just keep quiet.'*

P4 *'the ones who are a bit more quiet…it's a bit difficult for me.'*

P10 *'So every student is different some are more talkative some are more reserved so it's a matter of understanding the individual and getting to know how you can best fit into their profile to help them.'*

They explain that certain students are forthcoming and eager whilst others appear disengaged. P4*'Some are more eager than others, so approaches like 'sister can you please help me?', 'can you do this with me?', or 'can you show me how to do this?' Whereas others you know they're more, I don't know if they're more afraid to learn or just quiet and shy and withdrawn, so they don't really approach you. When you say do you understand they say yes, but when in fact they don't really understand.'*

P7 *'You know what, the students are I don't know, I think because some of them they differ. Some they come with this thing of saying I am a student so nobody will notice what I'm doing, they'll show their faces and then if you don't follow them around or you don't allocate them to please take care of this patient, they disappear. They don't take like err full responsibility to say I'm accountable for this patient.'*

P8 *'It's only a few of the students that don't want to work or do their procedures even if you're asking them to do this, only a few of them, but most of them they're always in,*

they are always in, they are eager to learn and help in the wards, so they are special. Shame.'

However, they acknowledge the need to approach the student to be able to support them as stated by P3, P6 and P7

P3 *'Lots of students are very quiet and don't ask. I always ask the student are there any issues? They don't ask for assistance, okay I'm stuck here, but let's not go and ask the sister. We'll first ask the EN the staff nurse…rather go to the shift leader, they're scared to ask, they're overwhelmed.'*

P6 *'Just to check with them because some will just keep quiet and work…'*

P7 *'You know, my experience with the students is like, it has been great because, it depends on the students, to tell the honest truth. If they are willing to learn, it's easy to support them.*

As explained further by:
P5 *'…it just needs patience from the RN to know that we don't absorb in the same level or on the same pace. So just knowing that and understanding that in each individual is unique individuals and just understanding how everyone has their own coping mechanisms so yeah…just to understand every individual and know where each student lacks or has their strongest points and just work according to that.'*

When prompted how the student's individual needs can best be addressed the participant P11 explained *'It's always better to communicate with a person because we are different people you know. We obviously have different goals and so forth. So basically, communication and also being able to put yourself in that person's shoes.'*

P15 *'You need to take each student as an individual. You can't say okay they're all BC1 they should know everything. Or they should all be on the same level with everything…it isn't so. We can all be sitting in the same class but we all hmm, succeed differently or learn differently.'*

4.3.3 Theme 3: Role of the Professional Nurse

All participants had completed formal training to register with the SANC as Professional Nurses. It is a role expectation as a Professional Nurse to support the student nurse in clinical practice. During the analysis of the data it was determined that various aspects of support take place in the clinical learning environment which include emotional and professional support and obligations and responsibilities.

4.3.3.1 Emotional Support

Emotional support was viewed as being important to the participants, who felt that the students who are supported emotionally stay motivated and feel confident enough to ask for assistance in a new challenging practice environment.

The Professional Nurses view emotional support differently. This was evident as expressed by the following participants, where approachability, motivation, comfort and safety and time predominated as being features of emotional support:

P3 *'Hmm, so basically being open with your students if they, they need to be approachable for them to actually come to you and ask for assistance, hmm, and not to be scared of actually asking and doing the wrong thing.'*

P6 *'Ay, they need to be motivated. It's a long time to be a student. We need to be there like going back to support, supporting the students, motivating them, being there for them.'*

P7 *'I understand about student support is that the student, they come to the clinical environment and then we as RNs are there to support them…some of them they are new to the clinical environment, they have never been, so it's our duties to take them and show them the ropes or then take them and support them and let them feel comfortable so that it's easy for them to learn. So, support is about not letting them down, like you are keeping them so that, so that they feel safe. Not to break. You prevent them from breaking actually, I go the extra mile, so they don't feel left out.'*

P8 *'We must always support them, even emotionally, they need that, they need to be supported emotionally and we must make sure that we've given time, to have time to go and read their books, especially when there's a new procedure.'*

Providing emotional support in the challenging practice environment can be difficult for the Professional Nurses. Certain of the participants felt that they do not always provide this support as described by participant, P5 *'Firstly with the pandemic, the amount of influx of patients who tested positive for COVID…you had to have that reassurance and make sure that precautions are carried out, it's very difficult when you have to focus on meeting all the necessary precautionary measures, and then you still have to be with the students and mentor them through and guide them through. That was very challenging I would say. So, I feel some of them would perceive this pandemic as a time where they had very minimal support. Because we were all COVID focussed and just a bit could have been neglected on their side.'*

When responding to their perceptions of student support in the clinical environment many participants referred to their experiences when they were students themselves, P5 stated *'So I had a lot of support when I was a student hence, I know how it feels to be a student. To be in a world that is very new and very different to what you know and having to come across all of the varied procedures is very overwhelming.'*

P9 further explained that support is important as it eases the transition into the ward environment *'I know how it feels when you get to a ward for the first time, you feel like what am I going to do here? But if ever there's somebody who comes and approaches you in a, in a way that you feel welcome, then you know you are supported. The word support goes along way it can support emotionally; it makes your life easy.'*

The relationship between the student and the Professional Nurse was evident as being significant in the ability to support the student and enable the student to feel supported within the clinical environment as described by the following participants. It was evident that the Professional Nurse is resilient in their attempts to motivate and involve the students in the ward activities.

P10 *'When the student comes to the new unit, they are very quiet, they are anxious, so you make them part of the team, we don't leave them alone, you orientate them, tell them the unit's objectives because there are goals and missions. So, they feel free to raise concerns if they have any.'*

P11 *'Need to support the students socially as well as emotionally and psychologically, because when you are a student you are going through a lot. It's not just school that you actually have to deal with, but then a lot of social backgrounds which will impact on your school and so forth on your studies. So basically, it's just being there for the students, um whenever they need you and try your best.'*

P13 *'Student support is to show them love and a comfortable environment when they are in the ward. Just to make them feel comfortable and free to ask anything, they must feel welcome.'*

P15 *'I think from the get-go; from day one that immediately starts a relationship with you and the student. So, she would feel very open to come and ask you for anything, if you've already started that as a base like created that communication with her from the beginning.'*

4.3.3.2 Professional Support

The participants expressed the opinion that professional support of the student is crucial in clinical practice to ensure that the student meets the requirements needed for the programme of learning to socialise into the profession of nursing and to ensure the provision of quality care to the patient. Professional support in this study related to the ability to guide the student to effectively combine theory and practice during their clinical placements, this is clearly indicated in the following quotes:

P5 *'Student support I would say getting the students, helping the students to integrate what they've been taught theoretically in the college, getting into their clinical practice, being there for them to guide and support.*'

P10 *'The other way to support them is to integrate their theory and practice together, so ask them what they have learnt at the college and find out how you can best integrate what they have learnt in theory and put into practice.'*

It was important that the students felt confident during their shift as P3 and P7 expressed *'If they are not confident hmm then they must say they're not confident and*

I'll guide them…show them exactly how…until they're confident with doing it themselves.' (Participant: P3)

'I'm there for them, I always give them the support that they need by providing information for them, whatever they need, I make sure I've got the answers for them.' (Participant: P7)

It was evident that the Professional nurses felt obliged to support them during clinical practice as they were supported when they were students. Their understanding of the need to act as a role model was apparent and participants attempt to fulfil this role was expressed in the following excerpts:

P5 *'So just knowing what they need before a shift is starting, we would then go onto the students to say what do you need to achieve today and this is what I can help with, this is what you already know.'*

P8 *'I think it's my duty, because I was also supported by Professional Nurses in the wards.'*

P10 *'A student will come and introduce themselves and tell us the objectives and what they need to gain from the unit. Being the Professional Nurse, you identify opportunities for the student and how you can best help them achieve their objectives.'*

P12 *'As a Professional nurse I understand that student support, it means I must show the student in the unit how to function as a Professional Nurse.'*

P15 *'Student support is being there for the students whenever they need you or being there to educate them as well, and being there as a role model for them.'*

4.3.3.3 Obligations/ Responsibility

The supervisory role of the Professional Nurse is mandated by the SANC scope of practice R2598, where it is stated that nurses act under the direct or indirect supervision of the Professional Nurse. It was apparent throughout the interviews that the participants are cognisant of this fact when supporting the student nurse in clinical

practice. It was clear that the students were supervised whilst in practice as alluded to by these participants.

P3 *'Student support as a Professional Nurse, you're here to help the students learn the actual roles. Well to have your direct and indirect supervision. Hmm…you also need to go back and check and make sure that your student is comfortable with doing the procedures and actually getting it right. Have they been able to or been taught how to do it correctly.'*

P5 *'To supervise directly and indirectly and just being there for them to have the courage and the resources just to fulfil and do all their tasks needed with all to the best of their capabilities.'*

P6 *'When they are working with us on the floor, we get a chance to observe. We pick up some of their strong points, some of their weak points and some show initiative. Some are slow then you need to push them a little bit. By talking to them and by observing them your get plenty of time to identity their needs.'*

Participant P5, stated that their role in the individual professional development of the student included areas of supervision of the goals identified by the student. *'The direct and indirect supervision of the identified needs, the identified goals to guide the student to carry out their clinical practices in what we call clinical practice, excellent clinical practices yes…just to monitor them and see that they are doing it to the best of their ability and just making sure that those are accomplished at the time that they are allocated with you.'*

The participants sometimes found it demanding to supervise the students but knew that it is something they, as Professional Nurses, need to do. It was expressed that even though it was often *'strenuous and more intense'*(P5) for them to do but they would rather supervise and make sure the students were *'doing the right thing first time'*(P4) and following their scope of practice and '*it is their duty to guide the students*'(P5)

Participant P12 and P13 explained how they ensure supervision over the students:

'I will ask the student if she is able to do the procedure that we have in the medical and surgical unit. I will first do it then ask the student to do it under my supervision, I will be observing and see if she can really do it or I still need to do it more…and then when she explains, you know that this student knows what they are doing. Make sure they're able to actually perform the task' (Participant:12)

'You allocate them and then you supervise them… you teach them at the same time and see if they follow whatever is expected to them. Supervising is to check their work.' (Participant: P13)

4.3.3.4 Teaching

When teaching the students, the participants believed they were laying the foundation for the future of nursing. The participants all agreed that teaching was an important way of providing student support in the clinical environment. The participants acknowledge that teaching is not always just practical but involves assisting them with their theory too as participant P1 stated *'…and some they are asking about the theory, the things they are learning at the college so by doing that I am supporting them, by trying to give them an answer and then for the procedure they perform.'*

Various methods of teaching were mentioned and included, *'interactive discussions'*(P11),*'talk and answer questions'*(P2), *'orientation'*(P3), *'techniques, protocols'*(P4), '*rules and regulations'*(P15) and the teach back method as stated by P5 who explains this through the following sentiment '*We sometimes use the teach-back method, but that can come very later on after the teachings that you've done. But just with the student you're assessing the student's knowledge before actually planning on what you have to mentor or to teach and support on. Just assessing the student's knowledge firstly would be a good basis to see what they already know and where you need to start from. So, then you would have a basis on just finding out what they know and then working form that and adding onto it'*

The clinical practice environment is continuously changing and unpredictable the participants concurred that this could limit their ability to adequately support the students:

'It's difficult when the student wants to do something that's not around. It becomes difficult for me to give more knowledge to the student, the way she wants it, because we are not dealing with that thing every day and then we don't have it in the ward.' (Participant: P1)

The participants also commented on experiences with the students and their perceived understanding of what they have been taught as explained by P7 through the use of an example *'I remember one time during a procedure…she was confident and all, she said no, its fine, I've done this before…I said let's go and then you will first demonstrate and then you will do the procedure. Err, she did the demonstration and what I realised she wasn't doing it as correct as she thought she was, so that's when I've corrected her. She was like, I thought all along this was the correct way. So, I think it also goes to when they've been taught, if they pay attention or maybe the sisters, they are too quick?*

P10 *'In learning everybody has different stages and they have been exposed to certain things. So, if they haven't put up drips, I wouldn't expect them to be facilitating that. However, you tell them should the opportunity arise, you will come with me and you will observe how it's done. So you first put them in the situation where they feel comfortable, then you start expanding, you say ok now I can see that you can do this, not you have more to learn, so how do we build on that. Then you show them…'*

4.3.4 Theme 4: Supervisor in a personal capacity

Within the theme of the supervisor in a personal capacity it could be seen that each Professional Nurse experiences the role of supporting the student differently. They experience a range of fluctuating feelings, emotions and challenges and identified the requirements which would better enable them to offer support to the student. These have each been discussed separately to ensure meaning is attributed.

4.3.4.1 Emotions

When asked about their experiences in supporting the student nurse in the clinical environment a range of emotional responses where shared which demonstrates just how challenging the clinical environment can be for the Professional Nurse and points to an often determined effort being made in support of the students.

It was clear that the Professional Nurses do not expect tangible rewards for supporting the students, however the student's recognition of the effort was important and encouraged the participants as articulated with the following sentiments *'Thank you, just saying thank you this is big for me'*(P1), *'that sister helped me'*(P4), *'when they come back and say, you taught me this'*(P7), *'I like them to rate me well as a role model'*(P10)

And further, P6 *'its quite an honour when they mention you as one of the people who have been there for them.'*

P12 '*You can feel proud hmm, you've made a difference in someone's life. You feel proud at least you give someone the knowledge she didn't have. I shared my knowledge.'*

Sometimes the Professional Nurse experiences negative emotions when they have not assisted the student as they would have liked, they are aware that these emotions can influence the student's approach for support as explained by:

P2 *'…they see the facial expressions or the way we are talking to them and they become afraid, then they don't ask anything and at the end they make the wrong things and don't gain anything. It's not nice. I don't feel well, I feel guilty. I feel guilty, I didn't help someone with something she needs. I feel guilty.'*

P7 *' …it makes me feel like err sad for them because they are here to learn and then you know, usually on busy days you tend to become like under pressure and then if there is someone who keeps asking you why is this? why is this? You keep on trying to get everything done and then you end up being short-tempered. That's why I feel sorry for them, ay…So that's when I feel like shame, it's becoming a challenge when its busy days and there's a shortage of staff.*

Some Professional Nurses feel that the students are a burden as experienced by participant P4 who explains *'I think it's a little unfair to expect me to go through every students book to see what they've got to learn in our ward. Sometimes I think I've had enough. Do I really have to do another student today?'*

4.3.4.2 Challenges

The participants agree they face various challenges in the clinical practice environment which can alter their experience and ability to be supportive towards the student.

Often it was articulated that some of the ward staff are not accepting of the students in their wards.
Participant P2 referred to some of her colleagues as *'difficult people'* and she and P8 said there are some who *'don't care'* or are not willing to teach as stated by P10 or feel they do not get a *'salary for teaching students'*(P15)

The participants acknowledge that on occasion when performing a procedure, it might not go according to plan as explained by participant P5 *'Even with you as an RN there are times when you would want to for instance put up a drip but it doesn't always go so well and if you've got the student watching and you are trying to guide them into it. You just have to reassure yourself first before you reassure the student so yeah. Just those instances can get very difficult for you.*

Or as the Professional Nurse you might not know everything:
P4 *'If we don't know ourselves then go to somebody else and ask you know.'*

The COVID – 19 pandemic, brought with it many changes in the clinical environments, along with challenges which included immediate action to make these changes along with much uncertainty due to the limited knowledge of the virus, the students were part of the teams in the wards and this left them feeling overwhelmed.
P5 *'I would point out you know with this COVID you had to be very stern… we had to make sure that these precautions were carried out and there wasn't really a time where you had to understand that these are students that they needed a bit of patience and all that. That was very difficult because we were all very overwhelmed.*

A big constraint experienced by many of the participants is time, it becomes challenging to afford them learning opportunities when time is limited. The following participants articulated their experiences:

P6 *'Time is the biggest constraint when it comes to being there for the students.'*

P10 *'Time constraints, there is so much to do, as a Professional Nurse we supervise, we do all these things, the ward is busy as well and you need to see to other things, so you don't always get to the teaching. So, it's just structuring how do we make teaching part of our daily role day to day.'*

Another point raised as a challenge was, not being able to build a relationship with the student's, which creates the perception of them being a burden to the Professional Nurse as stated by P15 *'There's no relationship with the students and the Professional Nurses. I feel like the majority of Professional Nurses feels like it's a burden to have a student. So today the student didn't inform me they were back at college, it's difficult because when the whole ward was planned around her being on duty, but of course she wasn't there.'*

Another challenge is when the students don't want to be supported as experienced by Participant P14 who states that some student's resist being supported and felt that they are unable to assist them as they would have liked too. *'If the student has too much resistance the it makes it hard. If they're having resistance, they don't want to learn. You can't assist them as much as you would want.'*

There was some uncertainty and frustration experienced around the process that needs to be followed to enable the Professional Nurse to guide the students who are placed in their units and better help them in outcome achievement, and manage the student, who does not conform to the organisational rules and requirements.

Conforming to policy and procedure is something that is expected from all nurses, however the participants shared frustration and challenges around the required process when the student does not comply to the organisations policies as the students are not ward staff and seem to take advantage of this. This was expressed in the following statements:

P2 *'A student is a student; you do get difficult students. Others they don't want to do the things, others they don't come on duty, others they, you know they just walk out of the ward. Not reporting not saying anything.'*

P6 *'We would love for the experience to always be good, but it's not always that way. They come at a late hour, according to my experience…'*

P7 *'…when they're a group they tend to disappear somewhere and then you find them – they are in the corner and all that…when they group them into their clinical areas they shouldn't if possible put them into one ward, like more than three students, then it's not easy to show them around.'*

P12 *'Sometimes you'll get a student who doesn't want to learn. They are just there to do their hours and leave; they don't want to do anything. They always disappear so sometimes it's so difficult to help a student.'*

The participants also believed that the staff allocation was inadequate to allow them to support the students adequately.

To further compound the challenges experienced, certain participants expressed their uncertainty of the process around student support this is explained by participant P4 *'I don't know if there is a guide hey? I suppose we should know this now maybe, hmm because we've had so many students.'* This is further expressed by participant P7 who states *'If there's too much workload that needs to be done then they (Professional Nurses) just show them (Students) quickly, quickly then they think oh, I've seen it so, so this is how…it's easier to demonstrate than doing the actual procedure.'*

4.3.4.3 Requirements

The participants explained that there are certain requirements that would help them in supporting the student nurse in the ward, and mitigate the challenges they experienced in supporting the students. These include receiving greater support from the NEI as expressed by participant P2 who stated *'we can get help from our clinical teachers, clinical educators to come and help in the wards, to help in the wards to teach the students, they can teach and we can continue to teach, because we are there with the students.'*

It was evident that the Professional Nurses attempt to create opportunities in support of the student nurse in the clinical areas as indicated by participant P3 and P5 in the following statements:

'I would make like each opportunity that comes our way a teaching moment and actually reflect back and ask the student what did you learn?' (Participant: P3)

'I believe we all have to start somewhere, so no one was ever born an RN and especially if you get a student that's very passionate and wiling to learn and giving it their all. That is very fulfilling because those are the very same people that in the future are going to run our wards. Run our hospitals, so the foundation that you lay, like they say what you reap is what you sow.' (Participant: P5)

It was also said that to provide effective support to the student, the Professional Nurse are required to keep up to date with his/her profession as expressed by: P11 *'You always need to be updated because we are, we are in a profession that needs you to have some knowledge of everything. Everything needs to be evidence based. I think that is why we also have CPDs for instance, because that will help us to keep updated with certain policies and certain procedures and so forth.*

It was further indicated that to ensure effective support the Professional Nurses should receive information as to what the students need.

P15 *'I think like more Professional Nurses should have like some sorts of training to, so okay is you get a BC1 student, this is what she needs to actually accomplish.*

4.4 Summary

The complexities experienced in clinical practice limits the Professional Nurse in effectively supporting the students. It was clear that the students being part of the workforce placed increased burden on the Professional Nurse. Planning the students clinical placement was seen as being important and preplanning is needed between the NEI and the hospital, as well as planning with the student and the ward. The Professional Nurse found that basic knowledge was lacking even though the students had undergone a basic programme of training. Participation by the student in preparation for their future nursing role is seen to be important and necessary. The Professional Nurse expressed concern for the future of nursing as they felt that clinical supervision was inadequate. They explained that dealing with each student was challenging, as they each come into the clinical environment with unique strengths and insecurities. They felt that emotional and professional support motivates the students and provides them with a platform to socialise into the professional role. The participants acknowledge their obligation to supervise the student and that teaching

lays the foundation for the future of nursing. It was clear that each Professional Nurse experiences supporting the student differently. Chapter four presented the findings as they were identified in relation to the study and placed into appropriate themes. Each category found within the identified theme was then explored with further detail being given and supported with reference to and quotes from the participant interviews.

Chapter 5 includes the discussion of the findings; this was then further explained with reference to the available literature to give further insight into the information obtained from the study.

5. CHAPTER 5: DISCUSSION OF THE FINDINGS

5.1 Introduction

This chapter includes a detailed discussion of the findings of the research study presented in chapter 4, where each theme identified, as reflected in Table 5.1, will be discussed with reference to the current available literature. International, South African and Sub-Saharan Africa's literature was used to confirm the findings.

Table 5.1: Themes and categories of findings

Themes	Categories
5. Collaboration in a Complex Learning Environment	5.1 Team members support
	5.2 Limitations in clinical practice
	5.3 Students as part of the workforce
	5.4 Planning
6. Competency of Students in the Workplace	2.1 Pre-existing knowledge
	2.2 Expectations - present and future
	2.3 Unique individuals
7. Role of the Professional Nurse	7.1 Emotional support
	7.2 Professional Support
	7.3 Obligations/ responsibility
	7.4 Teaching
8. Supervisor in a personal capacity	8.1 Emotions
	8.2 Challenges
	8.3 Requirements

5.2 Theme 1: Collaboration in a Complex Learning Environment

The learning environment in this study referred to the areas within the hospital where students undertake their clinical training. The categories were team members support, place, limitations in clinical practice, students as part of the workforce and planning – each of these aspects impacts on the perceived ability of Professional Nurses to provide support to student nurses in the clinical environment.

The literature indicates that the learning environment is most important, as the nursing students spend more than half of their training time in the clinical areas. The SANC (2013) indicate in the Nursing Education and Training Standards the need for the Professional Nurse to support the student nurse in clinical practice. The clinical

environment is where theoretical knowledge, professional values, and clinical practice merge, to generate the knowledge, skills and attitudes required to register on completion of the programme of learning (Anderson et al., 2018; McCloughen et al., 2020; Needham et al., 2016; Woo et al., 2020). The findings of the study confirmed that the Professional Nurses, are aware of their obligation to support the student nurse but experience some constraints in doing so. It is clear from the literature that this situation is not unique to the research setting of this study.

While some authors emphasize the need for the clinical environment to be conducive to effective learning, where the students feel supported as part of the team, and appropriate learning experiences are offered (Woo et al., 2020; Needham et al., 2016; Lethale et al., 2018), several authors (McCloughen et al., 2020; Rikhotso et al., 2014; Lethale et al., 2018), indicate that the learning environment where student nurses are placed is dynamic, and of an unpredictable nature which makes it difficult to adequately support the student and make plans to execute the intended learning outcomes.

Today's clinical practice environments are known to be busy and fast paced often, with limited numbers of Professional Nurses per shift (Lethale et al., 2018; Rikhotso et al., 2014). This study, and the study by Clements et al. (2015) found that this leaves the Professional Nurses with limited time to support the students as they are busy and are focused on providing quality patient care to the patients in the ward. McCloughen et al. (2020), reported that the students interviewed stated that the Professional Nurses ignored them when the wards were busy, and that students are hesitant to speak up as they understand that the Professional Nurse is busy. This limits the clinical practice opportunities and much needed time required to be spent with the Professional Nurse socialising and learning for their future role. Support from the Professional Nurse is absent.

While not all Professional Nurses responsible for supporting student nurses are unit managers, it was nevertheless of interest that Armstrong et al. (2015) found that unit managers only spend 3.6% of their time on education and that 25.8% of their time was spent on direct patient care. This data may support the findings of the study that the learning environment provides challenges in relation to time for teaching. Williamson, Kane and Bunce (2020) determined however that the presence of students in the

hospital wards did not compromise the quality of patient care and Gurkova et al. (2016) confirmed that the most important factor in determining the quality of clinical learning was the method of supervision. It was clear from the work of Dimitriadou et al. (2015) that the assignment of a mentor to student nurses assisted in the attainment of the learning outcomes and that mentors from the clinical units were more effective than the nurse teachers who are formally assigned this responsibility. While Lethale et al. (2018) believe that an increased number of students in the clinical area limits support given to the students, it would seem from other authors quoted above that the busyness of the wards may not necessarily detract from the student's ability to learn in that they learn whilst working, but certainly seems to lead to the stress felt by the Professional Nurses, who, in this study, felt dismayed that they were not able to support the students as they would have liked.

In the research setting, the students are counted as part of the workforce, i.e. they are not seen as supernumerary, which limits the time for them to obtain the clinical exposure necessary for them to meet their objectives. They are often allocated to basic nursing tasks. Van Graan et al. (2016) stated that often the students are used as part of the workforce and this restricts their ability to learn from experiences suitable to their level of training. This is also evident in research done in other parts of the world by Thompson et al. (2017). Working as a member of the workforce does not free up their time to focus on their studies but rather limits valuable time which could be spent practicing at the level of Professional Nurse under the supervision and guidance of the ward Professional Nurse. Clements et al. (2015) suggest the reason for students being awarded supernumerary status should be the move into higher education.

The DOH in the Strategic Plan for Nurse Education, Training and Practice (2013) explains that students should be recognised as students and be awarded opportunity to learn and achieve the expected outcomes for their programme of learning. There has recently however, been an upsurge in the calls for a return of the apprenticeship system in nurse training (Donohue, 2018), a system basically still followed at the research setting, where students are paid a salary, whilst working and developing the necessary skills required for their qualification. From a financial point of view this may be the only sustainable way of preserving significant numbers of nurses in training. Careful thought needs to be given as to how best to implement the system without

compromising the quality of learning or the quality of patient care. It is recognised from an international perspective, and where is differs from this study is that the nurse should have specified supernumery time. The WHO (2013) in their attempts to improve and increase the number of competent health professionals state that nursing should be offered on a higher education level, in the hope that this, in itself, would provide a motivation to join the nursing profession.

With regard to processes and planning in the operational environment, one of the problems that was identified in the study was that clinical hours are awarded, as the student was present in the ward, but it does not necessarily indicate that the requirements intended in the specific placement area were completed. Woo et al. (2020) explain that professional socialisation is greatly influenced by the experiences the students have in the clinical practice environment and these determine the success of the student's future role. This means that merely spending time in the ward does not guarantee that the student has learned, qualitative assessments should determine the learning achieved. The SANC (2013) indicate in the Nursing Education and training standards the importance of clinical outcomes being achieved to adhere to the requirements in the Nursing Act (Act 33 of 2005).

Not only are clinical procedures important, but time spent in the wards, with the support of the Professional Nurse, is also intended to result in the socialisation of the student into his/ her role as an aspiring Professional Nurse. Participants highlighted the need for members of the multidisciplinary team to participate in student socialisation and support. This idea is supported by Rikhotso et al. (2014).

It can be seen in a study by Salisu et al. (2019) that the students need the support and guidance from the Professional Nurse in the wards, to assist them in their transition into their future role. In the clinical setting this takes place by observing the skills of the Professional Nurse during practice, planning learning experiences during their placement in the ward, learning from unplanned or unintended events and observing the manner and outcomes of the interactions taking place between the patients and members of the multidisciplinary team. In the current study it was clear that the student needs support to develop confidence in the clinical environment. Other team members,

found in the current study to contribute to the support given to the student included, the unit manager, clinical facilitators, doctors, physiotherapists, and nursing staff.

In a study by De Swardt et al. (2017) it was found that encounters with people in the clinical areas, influence the socialisation of the student, and add to the clinical experiences or opportunities during their clinical placement. They assist in the development of the student's confidence, which further assists the student in developing their professional identity as a nurse. This is supported in a study by Teskereci and Boz (2019:43) where it was found that the team members offer significant support through their interaction during clinical experiences with the student, this in turn contributes to the student's confidence whilst in clinical practice.

These clinical learning experiences and interactions help the student to remain motivated, feel included and start developing a connection to the expectations required of the profession. This affords them the strength to continue to grow, even when faced with adversity and challenges (De Swardt et al., 2017; Salisu et al., 2019). It is also stated however in a study done by Lee and Yang (2019) that professional socialisation can become 'disrupted', whereby students feel they have limited time in the ward to become part of a team, they therefore feel excluded and have difficulty forming relationships with the staff in the clinical learning environment this in turn causes them to feel that they do not belong, this impedes the motivation of the students. As stated in Ó Lúanaigh (2015), a sense of belonging is an important aspect of socialising into the professional nurse role.

Several published studies found that, ineffective professional socialisation led to inadequate preparation for the role of Professional Nurse, meaning these students feel less motivated and lack the confidence to effectively carry out their role and deal with the immense challenges they will face in the clinical practice environment, once qualified (De Swardt et al., 2017; Lapeña-Moñux et al., 2016; O'Brien et al.,2018; Webster et al., 2016).

Interesting to note in the study by De Swardt et al. (2017), was the correlation between the negative image of nursing in South Africa and the many challenges currently being experienced to the ineffective socialisation of the students into the profession. This is

supported in the findings of a study by Bimray et al. (2019) where it was found professionalism was not clearly understood by the student even after being trained and supported in theory and practice.

5.3 Theme 2: Competency of Students in the Workplace

The students in the workplace are the students who are completing their clinical practice hours in the private hospital that is accredited by the SANC. The categories which emerged from this theme include, the pre-existing knowledge of the students when entering the workplace, the expectations, both present and future and the uniqueness of the individual student. The respondents were of the opinion that each of these areas was important in relation to the students ability to enter into and adapt to the clinical areas.

The students, as indicated, by the participants in this study, had undergone previous training and were bridging to become Professional Nurses on completion of their programme of learning. As they have foundational knowledge there is a perception amongst the participants that they are better equipped when entering the clinical environment, than when novice nursing students do.

A study conducted by Taylor et al. (2015) confirms that the staff in clinical practice have the expectation that students have some foundational preparedness directed by the Nursing Education Institutions before entering the clinical workplace.

The participants in the current study, expected that students arriving in the clinical areas would have an individual development plan which includes expected outcomes and pre-determined teaching needs. This helps them meet their expected clinical objectives. The participants stated that they were willing to assist the students but suggest it should be a prerequisite for the students to arrive with this plan already completed, which can then be followed whilst they undergo their practical placement in the ward. If the student does not come prepared, they are seen as a burden to the Professional Nurse who must now assist them to plan their outcomes and often, they do not have the time to do so as the ward is busy.

This need, for the students to take responsibility for their individual learning, was confirmed in a related study by Van Rensburg and Botma (2015) where it is explained that individuals (students) know what they need to learn and should identify opportunities (clinical) and plan how to benefit from them when placed in the areas of practice. This would help them to assimilate and develop. By doing this the individual (student) takes responsibility for their own learning whilst having the benefit of the Professional Nurse for support. It is stated that if they do not direct their own learning and discover their own requirements, they will lack the confidence needed to feel secure in their ability to practice safely.

The current study found that students have pre-conceived ideas about the clinical workplace. They arrive in the wards with their own ideals, which has an influence on how well prepared they are for clinical practice. Van Rensburg and Botma (2015), state that students are individuals with varying needs, and have different interests, and this contributes to their eagerness to learn. Whether or not they learn is greatly influenced by their taking responsibility for their own learning and their intrinsic desire to learn more and remain motivated to achieve.

It is further suggested in a recent study by Gcawu et al. (2021) that clinical learning should first be experienced in simulation. This helps to prepare the student whilst building the necessary confidence and skills needed when entering clinical practice. It further motivates the students to enable them to practice autonomously. By doing this awareness is created of the potential obstacles or hinderances they may face and supports the Professional Nurse who will then receive a student who has the foundational knowledge expected, when entering the clinical workplace.

It was seen from the experiences of the Professional Nurses involved in the study that the student nurses have undergone vastly different training in the various Nursing Education Institutions, where they underwent their enrolled nursing training. This eludes to a no ‘one size fits all’ approach in the education of the nursing students, leaving some students more adaptable and capable in the clinical environment than others. The concern with this is questionable competence, whereby the students are counted as part of the workforce and as the participants stated, often the students say they know how to perform a procedure and they do not, which could lead to adverse

patient outcomes. This becomes another time-consuming endeavour for the Professional Nurse, who juggles supporting the student with their required learning objectives whilst attempting to teach them the basics at the same time.

This finding is supported in the study conducted by Gcawu et al. (2021) where it was established that even though the requirements for the nursing programmes are laid down by the SANC, there are discrepancies in practices between the numerous public and private Nursing Education Institutions. They attribute this to constraints in the clinical teaching ability of the staff, insufficient placement opportunities in clinical practice for the students in the various NEI and a lack of adequate pre practice opportunities in safe practice environments such as simulation laboratories.

The study provides insight into the uniqueness of the individual students as experienced by the participants. It was found that '*some students just cannot open up'* P1, whilst other students are more prepared and communicate with the clinical staff. Whilst the participants perceived this to be disengagement by the student which posed challenges for the Professional Nurse, a study done by Labrague et al. (2016) suggests that failed interactions with clinical staff are related to stress on the part of the student, where they enter a clinical practice environment that is unpredictable and challenging. In an attempt to evade these failed interactions, the students cope by trying to avoid them. This is interesting in the sense that the stress felt by the student is viewed as disinterest by the Professional Nurse and this could lead to support not being given, and failure on the student's part to reach their objectives which in turn causes more stress for the student. It was interesting to observe in the study that stress is viewed as constructive, in that it may stimulate and encourage the student to push to succeed in their endeavours.

5.4 Theme 3: Role of the Professional Nurse

The Professional Nurses who participated in the study shared their views of what it means to support the student during their clinical placement. These ideas were consolidated into categories seen as pivotal in adequately fulfilling their role of supporting the students. The categories included emotional and professional support, obligations and responsibility and teaching.

The participants explained that the students come from different social backgrounds and are generally anxious when starting their clinical placements. They identified with the students as they remembered their days as a student. They expressed their concern that being a student is difficult and in order for them to be supportive they must be approachable and make them feel comfortable so that they will come and ask for assistance. The importance of emotional support was espoused as being critical to improving the motivation of the students during their clinical placement. It is seen as foundational in instilling confidence, helping them feel safe and being able to '*prevent them from breaking…'*P7*.* It is seen as easing their transition into clinical practice.

This is supported in studies done by Gemuhay et al. (2019) where it was found that students are anxious when entering clinical practice; Webster et al. (2016) found that students refrained from asking for support when they did not feel encouraged by the Professional Nurse to do so. This in turn diminished their confidence and they felt reluctant to become further involved. According to a review done by Tuomikoski et al. (2020) reference is made to students needing to feel safe during clinical practice.
Baraz et al. (2015) explain that students, who are exposed to an environment where these elements of emotional support are not addressed, feel vulnerable and this in turn impedes their willingness to learn and their ability to focus.

The importance of establishing an effective relationship with the student was evident throughout the study, and was found to help the students stay motivated and feel confident. The participants explained that developing a good relationship with the student was their duty and was important in being able to *'show them the ropes'* P7. Many participants referred to their time as a student, where they often felt overwhelmed at the *'*newness*'* of everything they were experiencing. They further explained that a good relationship from the *'get go'* P15, is significant. The participants explained that the establishment of a relationship with the student from the beginning, included making them feel part of the team, orientating them to the ward environment and explaining the wards objectives. By doing this the participants hoped that the students would feel that they belonged, were comfortable in the clinical environment and were less anxious. This in turn prompted them to feel free to raise concerns, ask questions and generally just open up. These findings of a need for a reciprocal

relationship, are supported by Harrison-White et al. (2018), Lapeña – Moñux et al. (2016) and Lethale et al. (2019).

The current study explains professional support as the ability to guide the student towards effectively blending the theory they have learned into the practical experiences they encounter, helping them to develop and socialise them into the role of professional nurse. This in turn helps to develop the attributes required, for the student to competently enter the profession of nursing. It was found that once the students' objectives were established, experiential opportunities could be sought, and the Professional Nurse would then be able to guide the student towards achieving these objectives.

Further insight is offered in several studies to explain how professional abilities are developed through different encounters. A study by Ó Lúanaigh (2015) refers to the observation of positive role models in clinical practice as enabling the student to adapt into their professional role. They further state that by awarding responsibility a feeling of belonging is enhanced, as a sense of trust has been established. A review done by Tumikoski et al. (2020) refer to the process of individual learning requirements or objectives being identified once their existing abilities have been established. This then empowers the Professional Nurse to determine the level of responsibility the student would be able to safely manage. Motsaanaka et al. (2018) express the importance of the identification of clinical learning opportunities as being crucial to promoting professional experience and ability.

The participants in this study acknowledge that the role of the Professional Nurse in offering effective professional support to the students, includes the ability to supervise and teach so as to lay a foundation for the students whilst in the clinical areas.
Further studies which offer support to this sentiment include, Lethale et al. (2019) who explain that the students value a good learning environment where effective supervision is offered; Ó Lúanaigh (2015) who views teaching as a facilitator of student support and a study by Gemuhay et al. (2019) who finds that successful supervision enables students to perform well during clinical practice, however poor supervision induces stress and limits the ability of the student to develop and grow with confidence, this is further supported by Webster et al. (2016).

Through the process of professional support, it was evident that the Professional Nurse creates opportunities for the students thus allowing them to gain the confidence needed to practice safely. The participants referred to supervising and observing the students during practice, identifying their strong points, determining their training needs, and then teaching and guiding them towards the accomplishment of their objectives. In this study various teaching methods are utilised to ensure learning takes place. These comprised of interactive discussions, talk and answer sessions, orientation, techniques and protocols, rules, regulations and the teach back method.

It was evident in a study by Cowen et al. (2018) that students enter the clinical areas with certain expectations of what they will learn and discover, depending on their current year in the programme. Each come into the programme with different learning styles, which change as they progress through the programme. The study refers to the need for learning experiences which includes practical exposure through observation and hands on practice, learning new procedures and techniques and communication and interaction with the patients, to be 'maximised' as clinical practice time is often limited. Luhanga (2017) also refers to the need to 'maximise' clinical learning experiences to meet the expectations of the student and to ensure they are better prepared to become 'safe and competent future nurses'. The expected learning experiences have common links to the teaching methods offered to the students by the participants in the current study, such as learning the policies, protocols and procedures through the techniques shared and guidance of the Professional nurse as clinical instructor.

The participants explained that it is *'strenuous and more intense'* P5, to supervise the student, as it is important to check their work to determine what they are doing. While the findings of Neshuku and Justus (2015) concur, they also found that various factors such as inadequate staff and increased workloads leaves limited time for the Professional Nurse to adequately supervise and teach the students. This finding is supported by Ekstedt et al. (2019); Ó Lúanaigh. (2015) and Motsaanaka et al. (2018), and further explain that these factors overwhelm the Professional Nurse.

This study took place during the COVID -19 global pandemic which has affected the lives of all healthcare workers world over, the study site was no exception. In the

clinical environment, where the study took place, the participants experienced challenges in fulfilling their role in student support due to the vast influx of patients that created a busy, unpredictable and often frightening ward environment, with the predominant focus to ensure all precautionary measures were implemented and maintained for the safety of the staff and patients, this left little time for student support when they really needed it. However, it is worth noting that the students would have learnt from this unexpected experience and it certainly should not be viewed as a lost learning opportunity for them.

The drifting of focus by the Professional Nurse, from the student to the ward when busy, is supported in a study by Neshuku and Justus (2015) where it was found that when the ward environment becomes busy the workload increases, students are used as part of the workforce and time is restricted in supervising the student.

An editorial by Jakimowicz and Maben (2020) explain how the student generally experiences distress in clinical practice and that the COVID -19 created great duress for these students due to much uncertainty all round.

The SANC (2020) acknowledged that clinical practice hours would not have been effectively met during the COVID-19 pandemic. It was for this reason that they suggested that the Nursing Education Institutions extend the length of the nursing programmes affected to accommodate this. Thereby affording clinical opportunities to the students who may have missed out due to the COVID -19 crisis in the hospitals.

5.5 Theme 4: Supervisor in a personal capacity

The participants experienced fluctuating and varying emotions when supporting the students in clinical practice. These individual feelings and emotions often demonstrated the challenges and opportunities they perceived whilst supervising the students. This range of positive and negative sentiments was experienced by all the participants in the study.

Whilst it was said they felt honoured and proud just by seeing the students grow in their professional abilities, they appreciated it when they were recognised for their efforts by the students. This sentiment is reiterated in the study by Anderson et al.

(2018) who found that ‘recognition’ must be given when they support the student as it remains extra work for the Professional Nurse.

It was further found in the current study, that when they were not able to support the students due to the many challenges experienced in the clinical environment, they experienced negative emotions. The Professional Nurses stated that when they get busy, they feel under pressure, this can make them feel short tempered. This often reflects in the manner they display towards the student, influencing their approachability, as the students became afraid to ask and then do things wrong. This is confirmed in the study by Rikhotso et al. (2014) where it was found that students who experienced a negative atmosphere could not form effective relationships with the Professional Nurses. This was the case during the beginning of the COVID -19 pandemic where they felt overwhelmed and were unable to support the students as much as they would have under normal circumstances.

It was stated by several of the participants that the students are a burden and often they are unable to establish a relationship with the student as the student resists their support offered, citing that they often feel they have had enough of teaching the students. Similar sentiment was found in a study by Günay and Kilinç (2018) where the students expressed concerns that the clinical instructors did not support them and found them to be ‘insignificant’ leaving little room for support or encouragement.

Other participants acknowledge that the Professional Nurses can be difficult people who are not willing to teach and claim that they *‘do not get a salary for teaching students’* P15. A study by Needham et al. (2016), explained that supporting the student is a ‘personal and professional commitment’. It was found in Perry et al. (2018) that the Professional Nurse must be respectful to the student and show support of their efforts. It would appear in the current study that certain of the Professional Nurses do not feel committed in their support of the students.

Having shared their varying challenges, they also suggested factors which might assist in making the experience of supporting the students easier. These include areas such as, the need to receive greater support from the Nursing Education Institutions, not only by the clinical training specialists/ clinical facilitators, being more visible in the

clinical areas, but also to receive training on ways to effectively support the students in clinical practice. The study by Needham et al. (2016) found that a programme in facilitation of students would be beneficial and that effective communication between the clinical areas and the NEI was seen as essential. This is also supported in Rikhotso et al. (2014).

It was also stated that reflecting back on what the student has learned was important. This finding is supported in a study by Walderhaug et al. (2021) where it was found that reflection is good when the students are able to communicate freely in a trusting environment and share their experiences and concerns. The participants refer to the importance of keeping themselves updated through continued professional development as being a crucial element to enabling them to effectively support the students. In South Africa it is a legislated requirement by the South African Nursing Council through the Nursing Act 33 of 2005 to complete a pre-requisite number of continued professional development hours in order to remain registered as a Professional Nurse. A review by Perry et al. (2018) explain that it is a professional, global, and national imperative that the Professional Nurse keeps updated and participates in continuous professional development.

5.6 Summary

The literature reviewed suggested that the clinical environment is unpredictable and that the supervision of the students influence the quality of the learning and achievement of learning outcomes. The allocation of the students as part of the workforce can limit the time the student is able to spend experiencing the Professional Nurses role. It was noted that guidance and support from all team members aids in the socialisation of the nurse, where the support leads to confidence and motivates the student to develop a professional identity. The expectations of some foundational experience was found in other studies. The importance of establishing a relationship with the student was supported in the literature. However, supporting the student is not always easy due to the difficulties they encounter. The importance of communication between the NEI and the hospital was found in the literature.

A detailed discussion with the inclusion of related literature pertinent to the findings of the study were shared in this chapter. Interesting insights and comparisons between

the literature and the current study were made, affording the opportunity to conclude the study.

The next chapter sees the conclusion and summary of the study. It explains the limitations experienced during the study and discusses the recommendations for nursing in areas of clinical practice, research and nursing education which have been gleaned from the study.

6. CHAPTER 6: CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

6.1 Introduction

Chapter six of the research report concludes the study and offers a summary which draws attention to the main findings. It explains the limitations of the study and presents recommendations pertaining to nursing education, nursing research and nursing practice.

6.2 Summary

The objective of this study was to describe the experiences and perceptions of Professional Nurses in providing support to student nurses in the clinical practice environment of a private hospital. A qualitative study was done. In depth interviews were conducted with fifteen Professional Nurses. The research design and data collection methods were appropriate for this study. The data collected was then analysed using thematic analysis. The identified themes and categories were discussed to offer meaning and insight.

6.3 Main findings

It was determined that the operational environment where the Professional Nurses support the student nurse is dynamic and unpredictable. Students are utilised as part of the workforce. This can be beneficial or in some instances, detrimental, if the student is unsure or unprepared. The busy ward environment often leaves little time for the Professional Nurse to effectively support the student nurse. The Professional Nurses perceived that some students appeared disinterested whilst in the clinical practice environment, however the literature showed this could point to a student who is afraid and stressed, with their display of disinterest being a form of protection for them and a cry for help and guidance. The Professional Nurses acknowledged that they have a responsibility to support the students but often found it challenging to do so and it made them feel frustrated.

The Professional Nurses expressed concern that they do not always know what is expected of them when the students come for clinical placement. This points to the need for more directed policies and guidelines or the development of a formal programme to better assist the Professional Nurse and point them in the right direction.

Because the study took place in the height of the COVID - 19 pandemic, experiences relating to this and the students were shared. The Professional Nurses expressed their concern that they were not able to support the students as they would usually. Their main agenda was to make sure everything was in place to care for the patients and ensure strict infection control precautions were maintained, whilst trying to learn new ways of doing things never before contemplated.

It was found that emotional support is a critical aspect in student support as the students are anxious when they arrive in the placement area and that building a positive relationship with the student from the time of their arrival in the unit was important, as this made them feel like they belonged and it made it easier for them to ask questions. The Professional Nurses are the supervisors and teachers of the students. This is what the student values and expects. The encounters the students have during clinical practice contribute to their professional development and socialisation. If this does not take place they do not socialise into the Profession and this could lead to them being ineffective Professional Nurses once they qualify.

The Professional Nurses find their role in supporting the students challenging due to the various constraints and limitations found in clinical practice. The Professional Nurses experience various emotions whilst supporting the students. These can range from positive, which opens up opportunities, and negative which creates limitations.

6.4 Limitations

Limitations were experienced in the study. These included the COVID-19 pandemic which created what the researcher perceived as obstacles in a streamlined research study. The original planned face to face interviews could not take place due to the risk of either the participant or the researcher contracting the COVID-19 virus. This led to the interviews having to take place on the Microsoft Teams' application. Certain of the participants had never been exposed to the Team's application so it was new to them.

6.4.1 Limitations related to data collection

6.4.1.1 Measure used to collect the data

The tool used to collect the data should have included more questioning around what type of preparation they were given to support the student in clinical practice.

6.4.1.2 Self-Reported data

The study collected data from the participants telling their perceptions as they experienced it. Perceptions and reality often differ, and this was illustrated by the Professional Nurses belief that no guidelines or policies related to clinical supervision being available whereas, in reality, they are.

6.4.1.3 Access

The planned dates for data collection needed to be postponed because the hospital was passing through the "COVID surge" when there were a significantly higher number of patients admitted with COVID-19 or suspected COVID-19. So, to release the Professional Nurse from the ward at that time was not possible.

Recruiting potential candidates was difficult due to the restrictions imposed by the hospital during the COVID-19 pandemic. Social distancing, the wearing of masks and the washing or spraying of hands was mandated by the South African government to aid in the prevention of the spread of the virus. The researcher managed to deliver the information letter to the participants in a safe and prudent manner. The participants were briefed on the study whilst ensuring adherence to these restrictions.

Due to the Intensive Care Units being full, there was a need for some of the Professional Nurses from the general wards to go to these units to assist. Certain of the participants selected by the researcher had been moved to these areas. The researcher had to re-select participants from the Professional Nurses who remained in the general wards of the hospital.

6.4.1.4 Fluency in language

It would appear that certain of the prepared questions on the interview guide were not clearly understood by some of the participants, even though English is the official language of the hospital. This led to the researcher needing to prompt, rephrase and pose other questions in order to garner understanding from these participants.

6.5 Recommendations

The findings from the study were analysed to identify areas which could be improved to better support both the Professional Nurses and student nurses during clinical

placements. Recommendations were then formulated, and these are explained under the headings of nursing education, nursing research and clinical practice.

6.5.1 Nursing Education

There is a need for the nurse educators from the Nursing Education Institutions to spend more time in the clinical areas. A learning contract should be established between the students and the Nursing Education Institution which indicates this. A portion of the induction programme should include the support of the student during clinical practice. This should be shared and monitored with all new Unit Managers, Professional Nurses and students to better prepare them for their roles and understanding of the support required in clinical practice.

The Professional Nurse who supports the student nurse towards professional socialisation should be prepared using structured guidelines to assist them in planning how to guide, coach, and supervise the student nurse whilst in the clinical area. It would be prudent to develop a workable programme for the Professional Nurse supporting the student in clinical practice which considers the limitations identified in clinical practice, so that valuable clinical practice time is not lost.

Part of the learning contract signed should include clinical practice and the expectations and obligations required from them when entering clinical practice, this would help them to be more prepared to face the challenges and obstacles in the clinical environment, without limiting their ability to meet the required objectives. A structured workbook should be developed to guide them as well as the Professional Nurse, in the correct completion of their IDP.

Realistic simulation opportunities should be considered to equip the students for the realities they face in these fast-paced clinical areas so that they are already aware of what is expected and can more easily adapt.

Planning for the student placement should take into consideration the unpredictable ward environment and the unexpected circumstances which could affect the capability of the student to reach their intended outcomes.

The Nurse Educators are based in the classroom environment. To keep up with the rapid changes taking place in clinical practice, it would be beneficial for the Nurse Educators to engage in Continuing Professional Development (CPD) relevant to clinical practice to enable them to prepare, support and motivate the student and support the clinical staff in the management of the student during clinical practice.

6.5.2 Nursing Research

The study took place in one private hospital where clinical training takes place. The study should be extended to include both public and private hospitals. Supervision in clinical practice does not appear to be fully understood and appears open to interpretation therefore it is suggested that further exploration using Rodgers evolutionary concept analysis model (1989), is conducted on supervision as a construct in clinical practice in the context of the acute healthcare environment where clinical learning takes place. Whilst there are studies that have been conducted on the topic of supervision in various contexts, it remains a difficult concept to explain in the context of clinical nursing education.

The quality of the clinical learning environment should be studied in terms of the many changes taking place, such as the shortage of staff and its effects on practical placements of the students and the continuation or reintroduction of the apprenticeship type model for student clinical learning.

Studies should be conducted on disrupted socialisation arising from the disturbances and challenges in the clinical workplace i.e. COVID -19, the increased workload on both the students and Professional Nurses and the limited time available for the student to work under the guidance of the Professional Nurse.

6.5.3 Nursing Practice

It is important to create a positive practice environment by implementing the suggested recommendations as indicated below.

A CPD module on clinical support could be developed which includes different aspects thereof. Including the much needed psychosocial and emotional support to be given when supporting the student nurse in the clinical practice environment. This would provide a more standardised approach for all Professional Nurses.

The students should be considered as supernumerary, at least for their first year of study so that they can establish foundational knowledge which enables them to gain confidence first.

Regular surveys should be conducted to identify the climate of the clinical practice environment. This will enable management to put processes in place to prevent the failure of the student in achieving their clinical practice outcomes or objectives.

6.6 Conclusion

The aim of the research study was to understand how the Professional Nurse experiences supporting the student nurse in the clinical practice environment in order to identify ways of improving support to the student nurse.

The findings of this study have offered insight into the support offered in the clinical practice environment by the Professional Nurses and the opportunities and/or limitations they experience. It was evident from the findings that the participants in the study were trying their best to support the student, but that this was not always easy especially during the COVID -19 pandemic. The study shows resilience and a system which can survive future crises. The willingness shown by the Professional Nurses and the fact that they felt regret at not being able to support the students all the time, bodes well for the future of clinical nursing practice.

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ANNEXURE 1. Application for Institutional approval

[redacted] Research Committee
[redacted]
[redacted]
[redacted]

Date: 10 March 2020

Dear Dr [redacted]

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

My name is Jenny Jones 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 Dr. Sue Armstrong. The study is on the Experiences and Perceptions of Professional Nurses in providing support to Student Nurses in the Clinical Practice Environment of a Private Hospital in Gauteng. The objective of this study is to understand and describe the experiences of the Professional nurse in providing support to the student nurse in the Clinical practice environment. This will assist in finding ways of improving support to the student nurse.
I hereby request permission to conduct the study at [redacted] by means of in-depth interviews on fifteen Professional nurses from the general wards where the students are placed to complete their clinical hours. Permission will be obtained from the Nursing manager and the respective Unit managers. An information letter will be given and explained to the prospective participants and consent will be obtained.
I have included a copy of my proposal, the consent letter as well as the approval letter from [redacted]. I have attached a copy of the Ethics clearance certificate issued from the University of the Witwatersrand Ethics Committee.
Should any additional information be required, I can be contacted on my Cell phone:[redacted] or via E-mail: 2260201@students.wits.ac.za

Yours sincerely
Jenny Jones

ANNEXURE 2. Application Hospital approval

[redacted] Hospital
[redacted]
[redacted]
[redacted]
[redacted]
Date: _____

Dear Matron [redacted]

RE: PERMISSION TO CONDUCT RESEARCH AT [redacted] HOSPITAL

My name is Jenny Jones 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 Dr. Sue Armstrong. The study is on the Experiences and Perceptions of Professional Nurses in providing support to Student Nurses in the Clinical Practice Environment of a Private Hospital in Gauteng. The objective of this study is to understand and describe the experiences and perceptions of the Professional nurse in providing support to the student nurse in the Clinical practice environment. This will assist in finding ways of improving support to the student nurse.

I hereby request permission to conduct the study at [redacted] Hospital by means of in-depth interviews on fifteen Professional nurses from the general wards where the students are placed to complete their clinical hours. I will also ask permission from the Unit managers. An information letter will be given and explained to the prospective participants and consent will be obtained.

Should any additional information be required, I can be contacted on my Cell phone:[redacted] or via E-mail: 2260201@students.wits.ac.za

Yours sincerely
Jenny Jones

ANNEXURE 3. Permission from Unit managers of wards

[redacted] Hospital
[redacted]
[redacted]
[redacted]
[redacted]
Date: _____

Dear Unit Manger

RE: PERMISSION TO CONDUCT RESEARCH WITH THE PROFESSIONAL NURSE

My name is Jenny Jones 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 Dr. Sue Armstrong. The study is on the Experiences and Perceptions of Professional Nurses in providing support to Student Nurses in the Clinical Practice Environment of a Private hospital in Gauteng. The objective of this study is to understand and describe the experiences of the Professional nurse in providing support to the student nurse in the Clinical practice environment. This will assist in finding ways of improving support to the student nurse.

The Professional nurse selected for the research study will be chosen from your unit. I have attached the information letter which will be discussed and clarified with each participant thereafter consent will be obtained.

Should any additional information be required, I can be contacted on my Cell phone:[redacted] or via E-mail: 2260201@students.wits.ac.za

Yours sincerely
Jenny Jones

ANNEXURE 4. Study Information Letter

STUDY INFORMATION DOCUMENT

Study title: Experiences of Professional Nurses in providing support to Student Nurses in the Clinical Practice Environment of a Private Hospital in Gauteng.

Good Day

My name is Jenny Jones and I am a master's in nursing education student at Wits University in Johannesburg. As part of my program I am conducting research, with my supervisor. The study is on the Experiences of Professional Nurses in providing support to Student Nurses in the Clinical Practice Environment of a Private Hospital in Gauteng. Research is a process used in seeking new knowledge. In this study we want to describe the experiences and perceptions of the Professional nurse in providing support to the student nurse in the Clinical practice environment. This will assist in finding ways of improving support to the student nurse.

We would like to extend an invitation to take part in this research study.

The study will involve in-depth interviews, whereby questions will be asked from an interview guide. Professional Nurses from both medical and surgical wards, where students are placed for their clinical practice, will be invited to participate. The interviews will take place in the training unit where privacy will be maintained at a time suitable to the participant.
An estimated time of approximately sixty minutes will be allocated for each interview.
You will be required to sign a consent form to show that you agree to take part as well as a consent for audio recording of the interview. There will be no direct benefits to you in participating nor will there be any risk, however the results collected from the study will be used to identify ways in improving support to the student nurse.

Your participation is completely voluntary, and you are free to withdraw at any time without giving a reason**.** All information will be treated in the strictest confidence. Information received will not be publicly reported in a manner that identifies you.

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 study will be written up as a research report and will be available online through the university's library website. Should you wish to receive a summary of this report I will be happy to send one to you on request.

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.

Yours sincerely
Jenny Jones
Telephone: [redacted]
email: 2260201@students.wits.ac.za

Dr Sue Armstrong
Telephone: 0114883094
email: Sue.Armstrong@wits.ac.za

ANNEXURE 5. Participant consent

Experiences of Professional Nurses in providing support to Student Nurses in the Clinical Practice Environment of 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 was given time to ask any questions I wanted to and found any answers given to me to be reasonable and satisfactory.
4. I believe I fully understand why the study is being conducted and what the intended outcomes will be.
5. 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.
6. 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
7. 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:

Jenny Jones, Principal Investigator, telephone no. [redacted], or by e-mail at 2260201@students.wits.ac.za, Dr S. Armstrong, Supervisor, on telephone no. 011 488 3094 , or by e-mail at Sue.Armstrong@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: _____
Date: _____
Place: _____
Signature or mark _____

Witnessed by:

Name of Witness: _____
Signature: _____
Date: _____

ANNEXURE 6. Consent form for audio recording of study participation

Project Title: *Experiences of Professional Nurses in providing support to Student Nurses in the Clinical Practice Environment of 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 _____

Witnessed by:

Name of Witness: _____
Signature: _____
Date: _____

ANNEXURE 7. Interview guide

The following questions will be asked:

1. What do you understand by student support?
2. What is your experience of supporting the student nurse in the clinical environment?
3. What do you find most rewarding when supporting the students?
4. What do you find is the biggest constraint in supporting the students?

The following probes will be used with all three of the questions:

- “Tell me more about your experience…”
- “Can you elaborate…”
- “What would an example be…?”
- “Explain why…?”
- “What makes you feel that way…?”
- “What would you do to improve student support…?”

ANNEXURE 8. Transcribed Interview

AUDIO - P5

INTERVIEWER: Okay does it show that it's recording?

INTERVIEWEE: Yes, recording has started.

INTERVIEWER: Okay [redacted] one of the things that I just need to confirm with you that you hmm have signed consent for audio visual recording as well as for the participation in this study?

INTERVIEWEE: Yes, I've given consent to all that.

INTERVIEWER: All right and your information letter you understood?

INTERVIEWEE: I understood very well.

INTERVIEWER: All right, okay. [redacted] what I'm going to do I'm going to start off as I've said I've got some pre-set questions that I'm going to ask you. And the first question that I would like to ask you is what do you understand by student support?

INTERVIEWEE: Hmm well student support I would say getting the students, helping the students to integrate what they've been taught theoretically in the college, getting it into their clinical practices being there for them to guide and support. To hmm supervise directly and indirectly and just being there for them to have the courage and the resources just to fulfil and do all their tasks needed with all to the best of their capabilities.

INTERVIEWER: Okay hmm what is your experience in supporting the student nurse in the clinical environment?

INTERVIEWEE: Hmm at times it gets a bit difficult when you have your busy days like you would get in a surgical ward where you would have a lot of theatre cases surgical cases. But generally, it's because we've got enough resources and it generally is easy and especially if you've got students at hand that are willing to learn and are open to constructive criticism. Then it's very much efficient but I'd say just a medical just to start of medical wards you can support your students very well in those type of clinical settings.

INTERVIEWER: Okay so you find that it's good experience. Has there ever been a time when you've experienced things differently with the students?

INTERVIEWEE: Yes. Hmm there are students that are very reluctant to new ideas or have been in nursing for quite a long time and were always used to doing things in one certain way. And I would maybe say they are a bit reluctant to change. So that would

be one challenge that I faced and yeah, I think just that transition of change from maybe being a junior to their senior positions. Just the transition is what makes it a bit difficult for them. But in time and with patience most of them just do generally transition easily.

INTERVIEWER: Okay and how do you perceive your support you give to the students?

INTERVIEWEE: Oh, very well. I think that's one thing that I do in my duties mostly. It's also a passion of mine so I do that very proficiently. Like I said earlier on it just needs patience from the RN to know that we don't absorb in the same level or on the same pace. So just knowing that and understanding that in each individual is unique individuals and just understanding how everyone has their own coping mechanisms so yeah. I use that all of us together just to understand every individual and know where each student lacks or has their strongest points and just work according to that.

INTERVIEWER: Hmm so can you elaborate when you say each individual student?

INTERVIEWEE: Hmm we've got students that are very hands on that learn mostly with being on site. And you'll find student that are very good theoretically but find it very difficult to integrate that into their clinical settings. So, you just have to balance the two so everyone is just unique, and they have different skills and yeah.

INTERVIEWER: And you said you're passionate about supporting the students, why so?

INTERVIEWEE: Oh, very much.

INTERVIEWER: What makes you feel that way?

INTERVIEWEE: Hmm I believe we all have to start somewhere, so no one was ever born an RN and especially if you get a student that's very passionate and willing to learn and giving it their all. That is very fulfilling because those are the very same people that in the future are going to run our wards. Run our hospitals so the foundation that you lay like they say what you reap is what you sow. So, if you mentor and assist the students very efficiently they will then tomorrow turn out to be the best RN's and hospital managers and unit managers that we can get. So if you do it go about it the wrong way or take your short cuts if I can put it like that then those are the very same people that tomorrow will be RN's that are doing things not by the book. Or finding those short cuts to do everything else and they must be able to integrate their ethics and values… have values and know to work according to those values and ethics into nursing. So that foundation with the students is what will help us in the future.

INTERVIEWER: Good and then [redacted] can you give me an example an experience you had in supporting the students maybe where it went well, or you know. Sometime maybe it's not always a good experience but if you can give me some examples where you …

INTERVIEWEE: Please just repeat that.

INTERVIEWER: If you can give me some examples of times where you've supported the students and your experience from that support. How did it make you feel? Maybe there was a time when it didn't go so well or a time it went really, really well.

INTERVIEWEE: Hmm okay. In the time that it went really well a student actually saved a life, because I was teaching on how to prioritize your care, how to prioritize your time and just your time management in the ward. So for example you would get a patient that needed oxygen in comparison to a patient that needed water with ice so just to prioritize you can just reassure the patient that needs water but then first attend to the patient that needs oxygen. So, with that teaching to the student they were able to prioritize. And actually, there was an incident where they were actually able to save a life because they realized what was more important than the other.

To prioritize your duties so that was one of the things that really went well for me. And there was a time …

INTERVIEWER: How did that make you feel?

INTERVIEWEE: Very proud. Very proud because at the end of the day that is why we are here to save lives. So that should be our number 1 goal and 1 life saved a day is a day well a productive day so yeah …

INTERVIEWER: And then sorry you were going to say about another time.

INTERVIEWEE: Oh, when even with you as an RN there are times when you would want to for instance put up a drip but it doesn't always go so well. And if you've got the student watching and you are actually trying to hmm guide them into it so yeah. You just have to reassure yourself first before you reassure the student so yeah. Just those instances can get very difficult for you.

INTERVIEWER: I'm sure they can yes. Hmm can you, how do you know what the students' needs are?

INTERVIEWEE: Hmm we sometimes use the teach-back method but that can come very later on after the teachings that you've done. But just with the student you're assessing the students' knowledge before actually planning on what you have to mentor or to teach and support on. Just assessing the students' knowledge firstly

would be a good basis to see what they already know and where you need to start from. And not wasting time on re-elaborating things that they already know and already can do. So, then you would have a basis on just finding out what they know and then working from that and adding onto it.

INTERVIEWER: Okay. And do you ever discuss with the students what they need to learn before you allocate them?

INTERVIEWEE: Oh yes. Hmm our students usually have an IDP which is an individual development plan. Where they will identify their weaknesses their strong points what they feel they need to achieve at the end of their time spent in a particular ward. So that would give you an idea as to what to focus on what you need to know and usually what happens is, they have theory block. And just after the theory block that's what they need to integrate into their practical settings. So, we would work based on that if they maybe have had a block on cardiac, they would usually be in a cardiac ward after that. Just to try and achieve and integrate the theory into practical. So just knowing what they need before a shift is starting we would then go onto the students to say what do you need to achieve today and this is what I can help with, this is what you already know so yes definitely.

INTERVIEWER: And just with the IDP what is your role in that?

INTERVIEWEE: Hmm that was direct …

INTERVIEWER: What does it involve?

INTERVIEWEE: Hmm the direct and indirect supervision of the identified needs the identified goals. And just to guide the student through it step by step, as to carry out their clinical practices in what we call clinical practice excellent clinical practices yes. So yes, hmm just to push down your knowledge of those skills onto them. And just monitor them and see that they are doing it to the best of their ability and just making sure that those are accomplished at the time that they are allocated with you.

INTERVIEWER: [redacted] what do you find is the most rewarding when you support the students in the clinical …

INTERVIEWEE: Most rewarding?

INTERVIEWER: Yeah.

INTERVIEWER: Most rewarding would be you know just the student being able to hmm acknowledge firstly that there is definitely something that they've achieved. During the time that they've been allocated with you and having proof and having to see that in the way that the carry themselves out. And in the way that they do their

work you know. Just that is rewarding just to have you have an input in seeing a junior nurse transition into one of our best senior nurses.

INTERVIEWER: Hmm.

INTERVIEWEE: And just all the nurses in general so yeah.

INTERVIEWER: Thanks for that and why do you feel that way?

INTERVIEWEE: Hmm like I said earlier on our main, nursing is a passion. Yes, it's also a science and but it's also something that you must be very passionate about. So, with everything that we do we have to do it to our best and be there and remember that we are there for the patients holistically. And now is just a perfect time to make an example of with this COVID. That we're facing the pandemic we're facing because we have patients. Patients just only have us nurses when in the hospital settings. So, you then have to be their nurse, you know just all in one. They are unable to see their family members, so it's just made nursing now very diverse. Yes, it was but it's just added on to everything that we've been doing.

INTERVIEWER: Hmm.

INTERVIEWEE: So, it gives great pleasure just to be there for the patients and be able to make a difference. And be there especially psychologically because it's a very tormenting and scary time for them. So yeah it just makes nursing very broad now more than what it was before so that's very heart warming.

INTERVIEWER: And do you think that the students have needed more support?

INTERVIEWEE: Yes.

INTERVIEWER: During COVID?

INTERVIEWEE: Yes, because it was a sudden hmm change for them just when they started to adapt to their new teachings. And having to adapt to everything they've been taught, and it was just within a blink of an eye changed. And nursing just changed so they needed support more than anyone else because you know just having to get used to a way of doing things and then suddenly having to re-adjust to another way of nursing and carrying everything out was a big impact on them. So yes, they did need a lot of support.

INTERVIEWER: Hmm and [redacted] has there ever been a time or give me an example of a time when you felt that you weren't supporting the students?

INTERVIEWEE: Hmm with this …

INTERVIEWER: What was your experience of that?

INTERVIEWEE: I don't think I have any, but I would point out you know with this COVID you had to be very stern and very hmm I'm not sure what's the word, but you had to be very stern. Because we had to make sure that these precautions are carried out and there wasn't really a time where you had to understand that these are students that hmm, they needed a bit of patience and all that. That was very difficult because we were all very overwhelmed.

INTERVIEWER: Hmm.

INTERVIEWEE: Firstly, with the pandemic. Secondly with the amount of influx of patients who tested positive with COVID. And just that because you first had to have that reassurance and make sure that precautions are carried out. So, it's very difficult when you have to now focus on meeting all the necessary precautionary measures. And then still have to be with the students and mentor them through and guide them through. That was very challenging I would say.

INTERVIEWER: Hmm.

INTERVIEWEE: So, I feel some of them probably would perceive this pandemic as a time where they had very minimal support. Because we were all COVID focussed and just a bit could have been neglected on their side.

INTERVIEWER: Hmm yeah, no thanks for sharing that [redacted] And tell me what do you find is the biggest constraints in supporting the students in the clinical environments?

INTERVIEWEE: Hmm it's with having them as your work force. If you have students as your work force it limits their time to learn. Although it's a very good thing that they are hands on and but sometimes with different students, students that you'll find have been in the hospital environment for quite some it would be easy. But you get students where they've previously worked in theatres in clinics and you'll find this is a very different environment for them. And having them as our work force in the units gets very straining because then you have to make sure everything is done accordingly. And then they will still need to accomplish everything that they need to accomplish for their education side of it. So that's one of the biggest challenges so I believe that having the students what's the words supernumerary, yes having them as that helps a lot. But the problem would begin when we use them as work force which on the other side of it it's understandable because at the end of the day, we're a hospital and it's a business but it's very strenuous on the students themselves. Even though we do

continuously reassure and try our best but it's one of the biggest challenges that they have.

INTERVIEWER: And hmm what could, what would you do to improve or what could be done should I rather say to improve student support in general all round?

INTERVIEWEE: Student support in general is just to hmm I think everything is done almost well. That's a difficult one but maybe just limiting or not giving them as much response…responsibility is good because that's when they get to learn. But just to remind yourselves that they are still the vulnerable nurses into nursing. So just understanding that and having more staff and not relying on the students as work force. That gives them enough time to actually learn. To re-evaluate their day and to just look back and see if there's something that they have achieved for the day. And maybe just during the day have an hour of clinical. I know that's something very far from happening but just an hour of clinical in a day for them to just look back on the day and say okay this is what I've done, this is what I still need to do. How I can work around it to get whatever goals that have to be achieved so yeah. Just them being as work force is the most difficult thing for them. So, if that can be managed differently it would really help the students achieve a lot.

INTERVIEWER: Thanks, [redacted] and what do you feel is your experience of having that student in the ward?

INTERVIEWEE: Hmm it's very difficult because between you running the ward as a shift leader you still need to… if the student is part of the work force you still need to continuously hmm monitor the student as to not make mistakes. And counter sign counter check everything that that student is doing because after all they are working under your supervision. Hmm even though that happens with all of the staff that are not students. But with the student it just gets more hmm strenuous and more, I'm not sure how to put it but with the student it's just more intense. Because you have to really monitor them with everything that they do.

INTERVIEWER: Hmm [redacted] on the last note. Is there anything else you would like to add hmm about student support…you as a professional nurse giving this student support that we haven't covered?

INTERVIEWEE: I don't think so. I think we've covered quite a lot. I think at the end of the day it's about the RN knowing their scope of practice and knowing that it is part of our duty to guide the students. It just makes a lot of things very easy. One other thing that the students find very difficult is as I say the foundation that we lay our

students is what will help us in the future. So, if we have students that we support to the best of our ability and they will also now be very supportive to their following students. So, I've had a lot of support when I was a student hence, I know how it feels to be a student. To be in a world that is very new and very different to what you know and having to come across all of these varied procedures and it's very it can be very overwhelming. So just also emphasizing that to the existing RN's just to remind them that there is no other way for the students to learn besides being there and being practical and with all of that they will need our assistance. That would make things a lot easier. But generally, I think we've covered most.

INTERVIEWER: Okay [redacted]. Is there anything else you would like to ask?

INTERVIEWEE: Hmm no.

INTERVIEWER: Okay what I'm going to do now is I'm going to switch off okay?

INTERVIEWEE: Okay.

INTERVIEWER: Thank you so much.

INTERVIEWEE: It's a pleasure.

INTERVIEWER: Okay bye.

INTERVIEWEE: Bye.

ANNEXURE 9. Ethics approval

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

R14/49 Ms J Jones

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
CLEARANCE CERTIFICATE NO. M200517

NAME: (Principal Investigator)	Ms J Jones
DEPARTMENT:	School of Therapeutic Sciences Department of Nursing Education Medical School University
PROJECT TITLE:	Experiences and perceptions of professional nurses in providing support to student nurses in the clinical practice enviromental of a private healthcare institution in Gauteng
DATE CONSIDERED:	2020/05/29
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Dr S Armstrong
APPROVED BY:	Dr CB Penny, Chairperson, HREC (Medical)
DATE OF APPROVAL:	2020/08/04

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

4/08/2020
Date

ANNEXURE 10. Approval from Institution

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

REF: 07272020/1

[redacted]

Dear Jennifer Jones

RE: APPLICATION TO CONDUCT RESEARCH

Title of study: Experiences and perceptions of professional nurses in providing support to student nurses in the clinical practice environment of a private healthcare institution in Gauteng

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

Due to COVID-19, access to [redacted], 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], 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.

[redacted]

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,

On behalf of the [redacted]
Health Research Ethics Committee

ANNEXURE 11. Approval from Hospital

11 August 2020

Dear Jenny Jones

Re: PERMISSION TO CONDUCT RESEARCH AT [redacted]

Your request to conduct research titled: "The experiences and perceptions of professional nurses in providing support to student nurses in the clinical practice environment;" has been approved.

We look forward to being part of your developmental journey and to making valuable contributions to the nursing profession.

Wishing you all the best with your studies.

Kind Regards

Fathima Mahomed
Senior Nurse Manager

Elzeth Bezuidenhout
Hospital Manager