Factors influencing the clinical learning environment: a student perspective.

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COURSE CODE: 7000

DATE OF SUBMISSION: 28 October 2013

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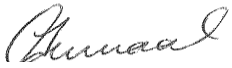
DISSERTATION STATEMENT

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

DECLARATION

I, Frances Ann Vermaak, declare that this dissertation is my own work. It is being submitted for the degree of Master of Science in Nursing in Education.



Frances Ann Vermaak 573822

30 August 2013

Date

In dedication to my husband and daughters

Leon, Dominique and Bianca for supporting me in this challenge.

PUBLICATIONS AND PRESENTATIONS ARISING FROM THIS STUDY

ABSTRACT

Provision of a positive clinical learning environment for nursing students is and should be a critical focus area for any healthcare organisation and nursing education institution and the leadership thereof. How students are, or the lack thereof, supported and guided to become competent qualified nurse practitioners, relates to the outputs in this profession.

In light of this statement it was important to determine which aspects influence nursing students' educational and clinical learning outcomes, and how they would impact on the quality of nursing care.

The purpose of this study was to:

Explore and describe the perceptions of final year nursing students registered on the Bridging Course leading to registration as a General Nurse (R682), with a Private Nursing Education Institution in Johannesburg, South Africa, who had been placed in accredited Private Hospitals (clinical facilities) with regards to the Clinical Learning Environment, Supervision and Clinical Facilitation. A cross-sectional survey was conducted using the CLES+T (Clinical Learning Environment Supervision and Teaching) questionnaire developed by Saarikoski & Leino-Kilpi (2008).

Information was obtained that will provide a basis to improve the quality of educational and clinical outcomes for nursing students in the Clinical Learning Environment, through policy development in the future.

Key points highlighted in the study is that the supervision in the clinical learning environment is significantly compromised and possibly as result thereof group supervision has been identified as favourable. The critical importance of clinical facilitators to students; their role and the impact they are able to have within the hospitals as a whole has also been highlighted. This is pivotal to take note of as clinical facilitators are not always considered to be of key importance to healthcare organisations in their day to day setting of hospital management and indirect payrolls.

The recommendation of this study is that the focus of healthcare organisations and nursing education institutions should remain on creating a positive learning culture and environment within the hospital to improve and maintain quality nursing standards of practice for the staff and student nurses alike.

Key words: clinical learning environment, students, quality educational and clinical outcomes.

ACKNOWLEDGEMENTS

I would like to thank and acknowledge the following individuals for providing me with the tools to achieve this milestone, never forgetting that all we have is a gift from God's grace.

My husband, Leon, for his support and patience in the time spent on this work.

Bianca, Dominique and Sarie for their assistance in the technical presentation

Dr. Sue Armstrong my supervisor for guidance throughout the process.

Shannon Nell my mentor in her absolute support and encouragement to achieving my goal.

Permission to conduct study.

Facilities provided by company to complete the study.

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CHAPTER 1

1. Introduction

1.1 Background

In order to position this study the context of the clinical learning environment and the type of students selected for the study will be described in this chapter.

Globally clinical learning is an essential component of nursing studies. The aim of placement of students in a clinical environment is to ensure the development of competent nurses who will be able to provide comprehensive, quality nursing care in a professional manner, based on sound scientific knowledge, skills, values and attitudes and applying critical thinking skills.

A positive clinical learning environment, an imperative for the success of education, is largely dependent on: good co-operation of staff members in the clinical ward; good atmosphere; and student nurses included in the interactions as younger colleagues (Papp et al., 2003).

Clinical learning environments are complex, dynamic and provide challenges for educators, students and managers of the clinical environment.

According to the constructivist learning approach, the student needs exposure in an optimal clinical environment where he/she will be able to apply the theoretical knowledge gained in the clinical situation and then construct their knowledge and experience appropriately.

According to Bruce, et al.(2011) demonstration of clinical competence and /or professional competence is integral to clinical learning.

The specific requirements for clinical learning, pertaining to the nursing students registered for the Bridging Course leading to registration as a General Nurse (R682) participating in this study, are stipulated in the regulations published by the South African Nursing Council. The clinical learning component of the basic nursing programmes is considered to be compulsory for successful completion of any formal nursing programme.

The clinical learning environment was originally established to ensure a suitable opportunity for nursing students to achieve the learning objectives of their programme, with the aim of ultimately being able to provide quality and competent nursing care.

The clinical facilities utilised for nursing student placement in the private hospital settings in Johannesburg, South Africa are accredited clinical facilities of the private nursing education institution by the South African Nursing Council. There is a binding memorandum of agreement between the clinical facility and the private nursing education institution with regards to specific requirements to ensure clinical support and teaching for all students placed in the clinical facility. Each hospital employs clinical facilitators on a ratio of one clinical facilitator to twenty students who are responsible for student training and development; accompaniment, assessment and support. Annual validation visits are conducted by the nursing education institution to ensure that the clinical facilities maintain adequate standards for student education and development.

Despite varied attempts from the private nursing education institution to improve the quality of education, clinical and academic outcomes for student nurses; various stakeholders' perception is that the quality of nurses in South Africa is not

optimal. It is therefore important to determine which factors impact on the clinical learning environment from the nursing student's perspective.

At the time of commencing the study minimal published studies had been done; and specific instruments for evaluating nursing students' perceptions of their clinical learning experiences in private hospital settings in Johannesburg, South Africa did not exist.

The researcher chose to conduct this study in order to support the development of policy to improve quality educational and clinical outcomes for nursing students in the clinical learning environment, in the approved clinical facilities in private hospital settings in Johannesburg, South Africa, based on the outcomes and recommendations from the study.

The private nursing education institution, Johannesburg campus, selected for this study currently has 1200 registered basic programme nursing students. The study includes all disciplines of the clinical learning environment stipulated by the South African Nursing Council (herein after referred to as SANC) for Bridging Course leading to registration as a General Nurse (R682) final year students to successfully complete their 1000 clinical hours per academic year. The Bridging Course, leading to registration as a General Nurse (R682), final year nursing students have been selected, as they are in their final year of study, and have been placed in the clinical learning environment for a minimum of 1000 hours per academic year and therefore have experience of the clinical learning environment for at least 2000 hours.

The researcher will explore some of the variables present in the clinical learning environment with regards to the specific areas identified in the CLES + T

Questionnaire developed by Mikko Saarikoski and Helena Leino-Kilpi (Saarikoski M., 2008).

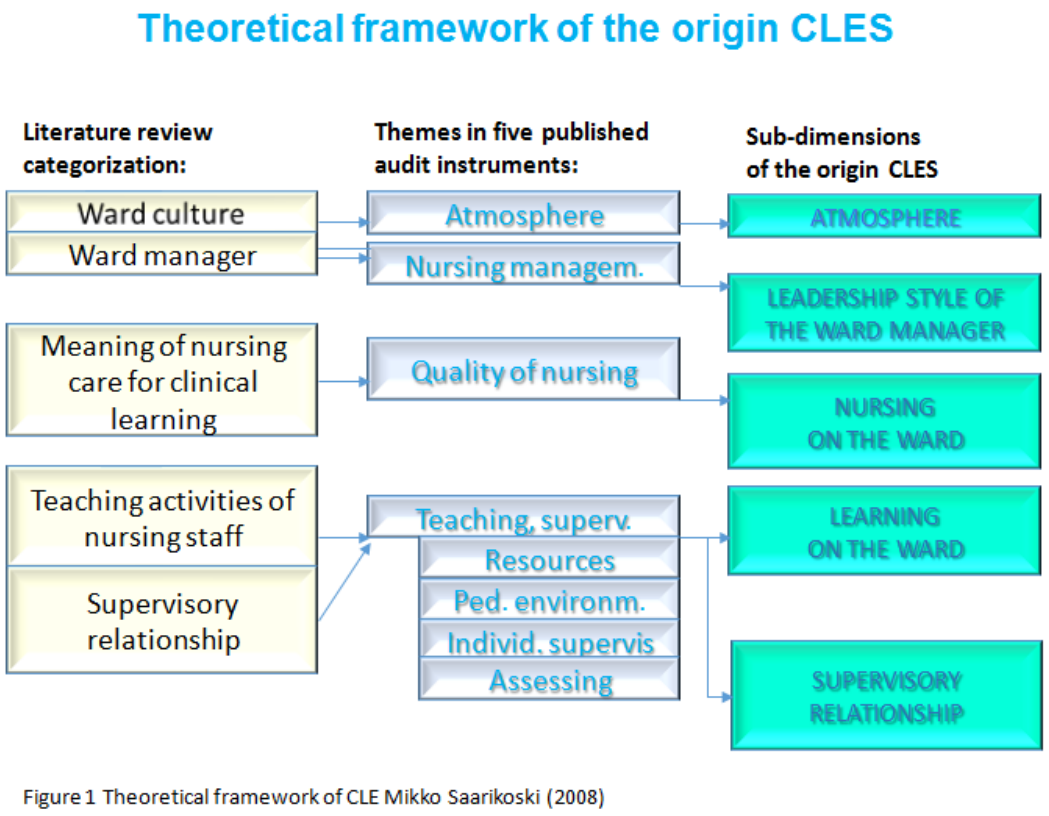


Figure 1 Theoretical framework of CLE Mikko Saarikoski (2008)

Figure 1: Theoretical framework of the origin of CLES Mikko Saarikoski (2008) reproduction

Learning environment: included items and subsets regarding the atmosphere in the ward, leadership style of unit manager and nursing care on the ward.

Supervisory relationship: included occurrence of supervision, content of the supervisory relationship.

Role of the clinical facilitator: enabling integration of theory and practice, cooperation between ward staff and clinical facilitators, relationships among students, mentors and clinical facilitators.

On completion of the study, should changes be implemented to improve the educational outcomes of the nursing students, they may contribute to the quality of health care in South Africa as a whole in a positive manner.

1.2 Statement of the problem

The researcher has, over a number of years, identified that students appear to experience difficulty in meeting the overall clinical learning requirements of the programme in the clinical learning environment which is perceived by the students to be suboptimal. In addition to this the integration of theory in the practice is anecdotally described as poorly achieved despite students meeting the theoretical and clinical formative and summative assessments of the programme. The problem therefore being researched is the identification of the factors which influence the clinical learning environment specifically from a student perspective.

The placement of nursing students in a clinical learning environment is prescribed in the South African Nursing Act 50 of 1978 and Regulation 683 as amended, as a vital component in all nursing programmes in South Africa. Clinical placement in an optimal learning environment will enable nursing students to provide quality, competent and caring nursing care to patients.

Anecdotal evidence of many formal discussions with different groups of students and clinical facilitators over a five year period, frequently highlighted concerns with regards to the clinical learning environment.

(Meyer & Sloman, 2013) reports that overall, unemployment is some 25%, with youth unemployment variously estimated at double that amount. Moreover, according to the (South African National Planning Commission, 2013), 65% of pupils leave school each year without a high school certificate. To quote from the 2011 National Skills Development Strategy, there are approximately three million youths, aged between 18 and 24 years, who are not employed, educated or trained, have a poor educational foundation and are poorly prepared to undertake further learning. If the age group is expanded to take into account the 16 to 18 year-olds who have dropped out of school and are not in training or employment as well as the 25 to 35 year-olds who have remained unemployed since leaving full time education, the number is much higher (SA Department of Higher Education and Training 2011a, 2, 17).

As is illustrated by the article above, there are many factors which influence the students' experience and thus their outcomes and competence. These include but are not limited to: the socio economic environment, cultural environment, financial

matters, internal motivation and drive of students, educational background and level of schooling, lack of positive practice environment in the hospitals, classroom and the clinical learning environment where theory and practice should be integrated.

That being said, in general perceptions about the decline in the quality of nursing in not only South Africa but internationally raise many of the same concerns as these stake holders. On the whole then it is therefore important to determine which factors impact on the clinical learning environment from the students perspective in order to implement strategies to effect a change.

1.3 Purpose of the study

The purpose of the study is to identify the factors that from the student perspective influence the clinical learning environment. The importance of the clinical learning environment is highlighted by the fact that it forms a large component of the students overall training. In order to place students in the clinical learning environment, there are minimum standards for accreditation set by the SANC. The Nursing Education and Training Standards aim to enable nurses to give and support high quality care in a dynamic and changing environment. The standards reflect future expectations of service delivery; acknowledge National Health Priorities, Re-engineering Primary Health Care and National Health Insurance. Furthermore the standards expect nurses and midwives to be able to develop practice, and promote and sustain change. (SANC, 2013) However it remains the responsibility of the clinical facility and nursing education institution; despite achieving accreditation status, to ensure and maintain a positive practice environment and clinical learning environment for achievement of learning

objectives. The SANC guidelines stipulate that it is expected for students registered on the Bridging Course Leading to registration as a General Nurse (R683) to be placed in a variety of clinical learning environments: “A student can learn only if an effective variety of learning opportunities is provided in respect of skill, apart from the clear exposition of the standards which are required. To ensure that the student considers practica an essential learning opportunity and approaches it as such from the beginning, teaching for practice in laboratory situations and proper introduction and orientation of the student with regard to the learning objectives are essential.”

The purpose is to investigate the clinical learning environment and students’ perspectives. The researcher opted to explore and describe the students’ perspective to obtain information and knowledge of the students’ assessment of the situation, giving all aspects their comparative importance. Perceptions of medical students from a study conducted in India (Abraham, et al., 2008) revealed that students perceived the learning environment positively. Although the study also revealed problematic areas of learning environment in the medical school which enabled them to adopt some remedial measures. As the learning environment affects student motivation and achievement, it is important to get feedback from the students on how they are experiencing their learning environment. The clinical learning environment includes various role players such as the student, lecturer, clinical facilitator, supervisors, mentors and physical and psycho-social environment.

The students appear to experience difficulty in meeting the optimal clinical learning and development requirements in the clinical learning environment. Therefore the researcher opted to conduct this study; Factors influencing the Clinical Learning

Environment A Student Perspective, with the aim to contribute to changing aspects and implementing strategies confidently in the clinical learning environment, by identifying these perceptions of the students regarding the positive, neutral and negative factors influencing the clinical learning environment in the approved clinical facilities in private hospital settings in Johannesburg, South Africa. The outcomes and recommendations from the study will be instrumental in development of policy and different strategies to improve quality educational and clinical outcomes for nursing students in the clinical learning environment.

The private nursing education institution selected for this study has had a substantial growth in nursing training over the past 5 years. Currently it has 3200 registered nursing students nationally. This is a significant contribution to the nursing and the healthcare environment in South Africa. Should changes be implemented to improve the educational outcomes of the nursing students, they may contribute to the quality of health care in South Africa as a whole in a positive manner. The researcher is in a position to make recommendations and propose changes in policy and practice that will contribute to this change in the clinical learning environment.

For the purposes of this study the clinical learning environment includes, clinical learning environment, supervision and clinical facilitation, which are described in the operational definitions.

1.4 Objectives of the study

1.4.1 Aims:

To explore and describe the perceptions of the final year nursing students registered on the Bridging Course leading to registration as a General Nurse (R682) from a private nursing education institution with regards to the quality of the clinical learning environment, in a private hospital group, in Johannesburg, South Africa.

1.4.2 Objectives:

To identify which factors in the clinical learning environment, will contribute to optimal outcomes for nursing students.
To determine how these factors will influence educational outcomes.
To provide knowledge of the factors that influence quality learning in order to develop policy.

1.4.3 Operational Definitions

1.4.3.1 Clinical Learning Environment:

The term clinical learning environment refers to a wide range of health care settings but in this study the term refers only to the clinical ward in hospital environment. (Saarikoski M., 2008)

1.4.3.2 Clinical Facilitator:

Is an educator who has their key focus on facilitation of teaching and learning of nursing students within the clinical learning environment, employed by the school of nursing or the hospital? He or she contributes to the student's learning process and overall experiences in clinical practice. (Saarikoski M., 2008)

1.4.3.3 Clinical Facilitation:

“Can be defined as a central function considered indispensable for achieving the integration of theory to practice for nursing students and staff.” (Nell, 2007)

1.4.3.4 Clinical Supervision:

Is an on-going systematic process that encourages and supports improved professional practice. (Lundmark & Hughes, 2008) Furthermore it is an overarching ‘umbrella’ concept which refers to the guidance, support and assessment of student nurses by clinical staff, it can take place: with an individual supervisory relationship or in group supervision (Saarikoski M., 2008) the term Mentor is a sub-concept (of supervision). It is used to describe the role of a qualified nurse who acts as a named personal supervisor of a student during a clinical placement.

1.4.3.5 Positive Practice Environments:

Are work environments that support professional nursing practice, patient safety and quality patient care and are characterised by an organisation who provides innovative policy frameworks, is focused on recruitment and retention of staff, employ strategies for continuing education and upgrading of all healthcare workers, provide adequate employee compensation, implement successful recognition programmes and provide sufficient equipment and supplies and a safe working environment. (Baumann, 2007)

1.4.3.6 Student perspective:

Perspective can be interpreted as a particular evaluation of a situation or facts, especially from one person's point of view. (English, 2013) In this study it refers to the students assessment of a situation; the clinical learning environment, giving all aspects their comparative importance.

1.4.3.7 Student

Denoting someone who is studying in order to enter a particular profession: a group of student nurses http://oxforddictionaries.com/definition/english/student

A person engaged in study; one who is devoted to learning; a learner; a pupil; esp ecially, one who attends a school, or who seeks knowledge from professional teachers or from books; as, the students of a college, or a university; a medical st udent http://ardictionary.com/Student/17021

1.5 Conclusion

The current context within which the students from the private nursing education institution are placed will be explored and described to provide knowledge of the factors that influence quality learning in order to develop policy and contribute to learning outcomes of student nurses. This knowledge gained will provide support to implement changes from a private nursing education institution to improve the quality of education, clinical and academic outcomes for student nurses and positively influence the stakeholders' perception.

CHAPTER 2

2. Literature review

2.1 Introduction

In view of the importance of providing evidence for the identified topic; factors influencing the clinical learning environment, it was necessary to conduct a systematic search of the literature to establish what is known about the topic at the beginning of the study. Also a limited review was done after the data analysis in order to integrate the knowledge from the literature with the new knowledge obtained during the research study.

To position this study within the context of the clinical learning environment, information and knowledge from the literature was required to establish a baseline of what is known regarding the clinical learning environment, supervision and clinical facilitation in the private healthcare clinical facilities.

The researcher set out to obtain evidence and knowledge about the factors influencing the clinical learning environment and how these factors could impact on the perspective of the student clinical and education outcomes. The acquired knowledge would contribute to increasing the knowledge base around these factors that influence the clinical learning environment.

The literature covered aspects relating to the student perspectives, clinical learning environment, supervision, clinical facilitation, positive practice environment, and nursing education.

The researcher explored and described the perspectives of final year nursing students registered on the Bridging Course leading to registration as a General Nurse (R682), with a private nursing education institution in Johannesburg, South Africa, who had been placed in accredited private hospitals (clinical facilities) with regards to the clinical learning environment, supervision and clinical facilitation. In so doing the researcher obtained information that would in future provide a basis to improve the quality of educational and clinical outcomes for nursing students in the clinical learning environment, through policy development.

The sources consulted for the literature review ranged from, but were not limited to, text books, journal articles, policies, reports and internet sites.

Relevant articles were obtained from libraries and electronic databases. Searches of electronic databases included: Google Scholar, Elsevier, CINAHL, Pub Med, EBSCOHOST and Ovid Publications of Journals, textbooks and articles were searched from 2005 - 2013.

Key words used for searches: clinical learning environment, supervision, clinical facilitation, positive practice environment, nursing education.

The literature reviewed pertaining to this study concentrated on various dimensions that could influence the clinical learning environment:

2.2 Students perceptions and perspectives

As the student is a key stakeholder for the nursing education institution their perceptions of the clinical learning environment would be very important in identifying areas that could optimise learning for nursing students in the clinical environment. Many external and internal factors influence outcomes and competence of nursing students such as, but not limited to, the socio economic environment, cultural, financial matters, internal motivation and drive of students, educational background and level of schooling, lack of positive practice environment in the hospitals, classroom teaching and the clinical learning environment where theory and practice should be integrated. These factors can be mitigated as they are not in the nursing education institutions control however they may have impacted on the difference of opinions or perspectives of the students when answering the questionnaire.

2.2.1 Student's perceptions

Perception is defined as the process by which people translate sensory impressions into a coherent and unified view of the world around them. The way in which something is regarded, understood, or interpreted: (Oxford Dictionaries., 2013)

2.2.2 Students perspectives

Perspective can be interpreted as the way one's meaning, perspectives or habits of expectation serve as perceptual and cognitive codes to structure the way one perceives, thinks, feels, and acts on one's experience. (Mezirow, 1991)

Perspective can be interpreted as a particular attitude towards or way of regarding something; a point of view (Oxford Dictionaries., 2013)

International studies conducted using the CLES+T questionnaire (Saarikoski M., 2008) used the terminology of students' opinions, learning experiences of student nurses and student viewpoints and perceptions, whereas the researcher selected a student perspective to describe the factors influencing the clinical learning environment.

Student perceptions and perspectives of teaching effectiveness are a well recognised method of obtaining information about the specific areas in teaching and learning. (Ferguson, 2010) indicates that large numbers of student perceptions have been used from completed Tripod surveys in hundreds of schools and universities across the United States, Canada and China. These reports capture much of what researchers have suggested is important in determining how well teachers teach and how much students learn in given situations and has proven to be valid and reliable.

2.3 Positive Practice Environment (PPE)

Over the last decade various research studies have been published both internationally and nationally about the importance of a positive practice environment in healthcare and nursing. A toolkit for creating a positive practice environment in nursing (Baumann, 2007) has been published on behalf of the International Council of Nurses that provides guidance to Healthcare institutions.

‘The International Council of Nurses alliance members initiated the positive practice environments (PPE) worldwide campaign in order to introduce and maintain improved working conditions and environments within health systems. This campaign aimed to improve the quality of health services by raising awareness, identifying good practice, developing tools for managers and health professionals in the field. The campaign aimed to achieve specific goals over a five year period and is of specific relevance to the study in that the importance of creating such a positive practice environment is confirmed:

2.3.1 “Raise the awareness, understanding and support of all relevant stakeholders about the positive impact healthy and supportive work environments have on the recruitment and retention of health professionals, patient outcomes and the health sector as a whole;

2.3.2 Apply the principles of positive practice environments in workplace design and management practices and facilitate their establishment in the health sector;

2.3.3 Offer a global platform to share information, good practices and lessons learned in relation to healthy and supportive workplaces in general and retention incentives in particular;

2.3.4 Stimulate a sustained trend towards the establishment of positive practice environments across the health sector; and recognize those settings that meet the criteria of PPE. (WHO, 2013)”.

A report from the South African Nursing Summit Ministerial 2011 PPE Task Team (Geyer et al., 2011) identified the importance of ensuring a positive practice environment in the South African context. “In South Africa, (n=716) 40% of the private sector professional nurses and (n=471) 71% of the public sector professional nurses rate their work environment as poor or failing, with 54% of private sector professional nurses and 59% of public sector nurses intending to leave their current hospital within the next year as a result of job dissatisfaction.” An extensive systematic review conducted by (Aiken, et al., 2008) indicated that nurses reported increased positive job experiences and less concerns with quality of care, and patients had notably reduced risk of death and failure to rescue in hospitals within positive practice environments. Recommendations to nurse leaders from this study for improvement of such care environments were “improving nurse staffing, education, and the care environment” which would contribute independently to better patient outcomes, and optimising all these aspect would facilitate achieving the best possible outcomes.

The education component of the positive practice environment aligns very closely to the clinical learning environment with regards to nurturing effective supervisory, mentoring and peer coaching programmes for permanent staff and students, support opportunities for professional training, development and career pathing, offering comprehensive orientation programmes for new employees and students . Leadership and management development, encouraging best practice and research. (Baumann, 2007)

In nursing education there is a strong focus on clinical competence development of students through learning in a positive practice environment by integration of theory and practical knowledge and skills. Bergjan & Hertel, (2012) reports that the learning process aligns with the essential principles of workplace based learning and is based on engagement in the community of practice where student nurses learn informally and socially with a prominence on interaction with experts.

Clinical learning is an essential component of all nursing studies. In South Africa the minimum clinical hours for the Bridging Course students leading to registration as a General Nurse is 1000 hours per academic year as regulated by the Nursing Act 50 of 1978 of and Regulation 683 as amended. The aim of the clinical placement is to ensure the exposure in the actual nursing environment as well as for development of competent and capable nurses who will be able to provide quality nursing care based on sound scientific knowledge, skills, values and attitudes, in a professional manner.

According to Ponte, et al.(2010) there is an increasing agreement that the basic education for all clinical professionals should include the knowledge, skills, and attitudes required to effectively contribute in multidisciplinary teams, and that it would be required of health care organisations to maintain this education in the practice environment as student nurses are important role players in the multidisciplinary teams. Recommendations made in the Quality with Compassion: the future of nursing education report (Lord Willis of Knaresborough, 2012) clearly accentuates the importance of the key role of all healthcare services being full partners in nursing education, and recognising that the culture of the workplace is

a critical component of its success. It addresses aspects around the importance of improving quality of practice learning experiences that are required for learning to care in real-life settings which are central to patient-centred education and learning to be a nurse. The report clearly supports the importance of collaboration between the healthcare institution and the nursing education institution creating a positive practice environment, promoting evidence based practice and facilitation of integration of theory and practice in the health care environment.

Recommendations from The Royal College of Nurses regarding the abovementioned report indicate commitment to reinforcing the workforce and career structure for academic nursing, recognising the need for continual improvement in the evidence which drives improvements in care. The clinical learning environment is a vital component of the positive practice environment as it focuses on ensuring a positive educational arena for students and staff to learn, develop and practice experientially and will be elaborated on in the next point.

2.4 The Clinical Learning Environment.

In this study aspects of student perspectives regarding the clinical learning environment, supervision of clinical learning and clinical facilitation support were required in order to make policy changes to improve the quality of the learning environment. This data will assess the success of any intervention at a later stage.

The clinical learning environment which is seen as the pedagogical atmosphere can be defined as an environment that contributes to meaningful teaching and learning.

According to Croxon & Maginnis, (2009) placement of nursing students in a clinical learning environment is aimed at providing opportunities for student nurses to learn experientially. They further emphasise that a constructive learning environment requires staff to be friendly, approachable, available and willing to teach. There must be adequate opportunities for students to develop confidence and competence in clinical skills with a focus on student learning needs rather than service needs of facilities, these expectations make the positive practice environment an imperative for creating a conducive clinical learning environment within the practice environment.

Bergjan & Hertel, (2012) supported the importance of the clinical learning environment by stating that the development of nursing to a “learning health profession” cannot be achieved without considering clinical teaching and learning conditions.The clinical learning environment needs to create a platform where effective learning and pratical experience is supported by competent healthcare professionals. Aiken L, (2002) in (Newton, et al., 2010) indicate that the educative participation of the multidisciplinary team towards the quality of the environment as a learning place is key to students’ and new graduates’ commitment in learning in the workplace.

When the abovementioned is achieved the student nurses learn to perform within a therapeutic caring culture that is holistic and most important to patient care that contributes positively to the clinical learning process for student nurses.

According to the 21st Century Pedagogy and Curriculum Theory Praxis and Practice, (2008) “Personal knowing is ingrained through therapeutic reciprocity or

the therapeutic use of self". The application of self-awareness, promotes integrity and fullness in personal interactions with patients and with other student and practicing nurses.

Saarikoski & Leino-Kilpi, (2008) of Finland identified in their study of nursing students' experiences in their clinical learning environment and the supervision given by staff nurses, that the ward is a complex entity in which many sub-dimensions are involved. The supervisory relationship and ward atmosphere were found to be the two most important sub-dimensions.

Yasuko Hosoda in Osaka, Japan indicated that the quality of the clinical learning environment is an essential factor in determining the quality of nursing students' clinical experience. "It is also well recognized that the clinical setting can be a source of stress and anxiety for students." Hosoda,(2006).

The attitude of the qualified nurses in creating a positive clinical learning environment has been described as a crucial element in various literature reviews. A research report conducted by Teatheredge, (2010) regarding effective mentoring of students indicates that both mentors and students agreed that a positive attitude and being highly motivated are vital attributes for an effective mentoring relationship. It was also concluded that "Effective mentoring produces effective students, who in turn become competent, confident registrants who will have mastered the art and craft of caring for patients". Despite the difficulties experienced by students in the clinical learning environment, performing duties and procedures in a true situation is aimed at optimal socialising of the students into nursing.

This literature supports the importance of paying attention to the student experience during the clinical placement for learning and role taking. In an extensive narrative review done about the characteristics of leadership that influence clinical learning highlights the importance of the leader and clinical learning. Walker, (2011). Provision of a positive clinical learning environment for nursing students is and should be a critical focus area for any nursing and or unit manager and evidence can be seen in how students are supported and guided to become competent qualified nurse practitioners, in units and hospitals where leadership drives quality training and education.

The influence of leadership in nursing, particularly its relationship to clinical learning, is an under-researched phenomenon (Creedy & Henderson, 2009; Davidson, Elliott, & Daffurn, 2004) in (Walker, 2011). “There are increasing calls for research examining the role and influence of nursing leadership on policy and decision making,” (Cummings et al., 2010)

According to Walker, (2011) , supported by numerous researchers , the successful development and implementation of learning initiatives appear to be dependent upon the leadership style and behaviour of the local leader (Callaghan, 2008; Duffield, Roche, O'Brien-Pallas, Catling-Paul, & King, 2009) in (Walker, 2011).This would be the unit manager or nursing service manager playing a crucial role in setting the standards in their unit or hospital, with regards to leading and facilitating an academic and clinical learning environment that is conducive to optimal teaching and learning of both students and staff “who has the knowledge and leadership skills to create and share an organisational vision and purpose to motivate staff, support collaboration and facilitate change”. (Brady Germain, 2010)

in (Walker, 2011) Based on these views the researcher deduced that it was essential that clinical facility managers acknowledge the importance of clinical learning and understand the critical expectations around the clinical learning environment.

2.5 Clinical learning: importance, placement and learning outcomes

Clinical Learning is the process of acquiring knowledge, skills and values in a clinical environment that will stimulate clinical practice. Demonstration of clinical competence and or professional competence is integral to clinical learning (Bruce, et al., 2011). As many factors impact on the clinical environment and thus influence the learning environment for the students placed in these areas direct and indirectly, complexity of learning in clinical environment has caused researchers to investigate the impact of various factors on clinical learning. For example Windsor, (1987) in (Rahmani, et al., 2011) believes that factors such as quality of students' preparation for clinical experience, characters of clinical instructors, and learning opportunities provided for nursing students are effective on clinical learning of students.

Campbell, et al.,(1994) in (Rahmani, et al., 2011) states that the quality of clinical education provided by nursing facilitators and support that students receive from clinical personnel are the most significant factors in clinical learning of nursing students. The researcher's opinion was that the abovementioned influence of the clinical learning environment must be seen within contexts of a sound theoretical knowledgebase and academic support.

The prescribed clinical workplace based hours for nursing students occurs in the clinical setting in the hospital wards and units of accredited facilities. This process of socialisation in the clinical learning environment for the student nurse is essential and impacts on many factors such as the learning experience, competence and quality of nursing care delivered. (Druscher, 2001); (Ewens, 2003) in (Cummins, 2009). The importance of the placement, teaching and learning in a clinical learning environment that is conducive is often under estimated by the qualified staff permanently employed in such areas as well as the management of health care institutions.

2.6 Supervision

Clinical nursing supervision is an on-going systematic process that encourages and supports improved professional practice. According to Begat & Severinsson, (2005) the clinical nurse supervisors' ethical value system is involved in her/his process of decision making. In a study conducted in Finland (Saarikoski M., 2008) one of the two most important sub-dimensions nursing students' identified was the supervisory relationship.

Papp, et al., (2005) states that clinical experience has always been an integral part of nursing education. It prepares student nurses to be able of "doing" as well as "knowing" the clinical principles in practice. Clinical practice encourages and provides a stimulus for nursing students to use their critical thinking skills for problem solving.

In a literature review done by (Cummins, 2009) regarding clinical supervision, the importance of quality clinical supervision was highlighted and supports current practice gaps and needs in South Africa and more specifically in the organisation where the researcher has conducted the study regarding the factors influencing the clinical learning environment : a student perspective. “Empirical studies in the nursing literature highlight clinical supervision as a positive influence on patient safety and the delivery of high-quality nursing care (Bartle, 2000)(Edwards, et al., 2006) (Davey, et al., 2006) in (Cummins, 2009).

In the South African Nursing Strategy for education, training and practice released in March 2013, the Minister of Health; Dr. A Motsoaledi confirmed the implementation of the New Model for Clinical Nursing Education and Training with the aim of provision of quality competent nurses through re-establishing clinical teaching departments /units at all nursing education institution or hospitals supported by a coordinated system of clinical preceptors and clinical supervisors. (Motsoaledi, 2013) This would serve to support the notion of ensuring students receive meaningful supervision in order to achieve optimal outcomes.

Anne Cummins (2009) found that through participation in clinical supervision nurses are able to provide feedback and input to their colleagues in an effort to increase understanding about clinical issues. She therefore comments that in this sense clinical supervision is designed to serve a “peer‐educative” function.

Providing clinical supervision and related opportunities to discuss general areas in relation to patient care also creates a platform for dialogue and stimulates discourse to develop consistent approaches toward best and or evidence based practice and maintaining quality care. Furthermore another benefit of clinical supervision is encouraging sharing experiences and support for each other. This

literature review further highlighted that perceived quality of supervision was more positive for nurses who had selected their own supervisor, when clinical supervision sessions lasted for over an hour and occurred at least monthly (Edwards et al., 2005) in (Cummins, 2009). Results of the abovementioned study indicated that clinical supervision provided important support for junior staff. Findings of an evaluation study of clinical supervision provided evidence that grounding of both supervisors and supervisees is of vital importance for its successful implementation and that clinical supervision is of substantial importance for nursing due to the prospective benefits it may bring to patient care and nurses themselves, both individually and as a profession. Achieving the full potential of clinical supervision should be of paramount importance in every healthcare unit and organisation and every effort engaged to achieve optimal supervision.

Supervision in the clinical learning environment can contribute to significant improvement of theory practice integration and comprehensive knowledge and skill of both the student and the supervisor. According to an extensive literature review conducted by (Brunero & Stein- Parbury, 2003) “There is research evidence to suggest that clinical supervision provides peer support and stress relief for nurses as well a means of promoting professional accountability and skill and knowledge development”. Clinical Supervision furthermore encourages and supports establishing group accord, professional and personal development and growth that will lead to the improvement of nursing care provided. (Mills, et al., 2005 **in** Cummins, 2009).

2.7 Clinical Facilitation

Provision of competent clinical supervisors and facilitators who are allocated to student accompaniment, support and development remains a further critical factor in the process of effective clinical learning and integrating theory into practice.

The term clinical facilitation is widely used in private healthcare and nursing education in South Africa. The clinical facilitator is a registered nurse who specialises in nursing education with a key focus on facilitation of learning in the clinical environment and includes preceptorship, supervision, mentoring and coaching of the student in the clinical setting.

"Clinical Facilitation can be defined as a central function considered indispensable for achieving the integration of theory to practice for nursing students and staff." Nell, (2007)

Clinical facilitation can take place in groups as well as on an individual basis and Allan, et al., (2008) comments that "there is considerable evidence that a one-to-one relationship is of prime importance to the students learning and professional development in clinical practice." According to (Corlett, et al., 2003 **in** Cummins, 2009) preceptorship assists nursing students to develop their confidence in practice and facilitates the process of change into their new nursing role.

Strategies for the effective facilitation of students in the clinical area have gradually been modified to meet the demand for quality learning opportunities. Groups supervision is widely used in psycho and social sciences and according to Baruch, (2009) group supervision can provide an optimal learning environment but requires management, leadership and an understanding on underlying forces and

processes within the group. In order to ensure effective group supervision and facilitation the facilitators requires additional skills for effective conduct of facilitation and supervison in the groups. Facilitation of groups mainly focusing on the task of guiding the group to take ownership for their own work and to function effectively within the group.

“Group facilitation is a process in which a person whose selection is acceptable to all members of the group, who is substantively neutral, and who has no substantive decision-making authority diagnoses and intervenes to help a group improve how it identifies and solves problems and makes decisions, to increase the group’s effectiveness. The facilitator’s main task is to help the group increase effectiveness by improving its process and structure”. (Schwarz 2002: 5) In David A Kolb’s classic model the elements of solid experience, observation, reflection and the construction of theoretical concepts and testing in new situations is key to group facilitation.

(Ha¨ggman-Laitila, et al., 2006 **in** Cummins, 2009) states the fundamentals of clinical supervision for preceptors is understanding the importance of supervision, organisation of clinical supervision, theoretical and clinical skills focussing on provision of professional support and guidance and advancement of clinical practice through reflection.

2.8 Theory and practice gaps.

According to (Midgley, 2006 **in** Berntsen & Bjork, 2008)"practical knowledge and personal experience are cornerstones for integrating theoretical knowledge and developing nursing skills" and is a major reason for clinical placements during nursing education. It is however important to ensure that this application and integration is facilitated in a conducive environment for optimum outcomes as integration of theory and practice is extremely important for development of competence and critical thinking in nurses.

As students gain experience within the clinical learning environment, they often experience incongruity between the ideal practice taught in the nursing education institution during theoretical and simulation components, and the evident organisational culture and practice within the clinical learning environment settings. The challenge of narrowing the gap between theory and practice will be greatly reduced when evidence is provided that the clinical learning environment is supportive of teaching, learning and evidence based practice.

In the clinical learning environment the permanent staff can contribute to widening the theory practice gap that negatively influences the student nurse outcomes and contributes to lowering standards of nursing practice. Frankel, (2009) indicates that in the setting of the study "Nurses' learning styles: promoting better integration of theory

into practice" low emphasis is placed on work-based practice supervision and mentorship. Furthermore it is evident that there is inadequate follow-up from training courses to establish if knowledge is being applied to practice despite

completing theoretical work. Santos and Stuart (2003 **in** Frankel, 2009) highlighted that even though the principal aim of most training programmes is to improve performance, organisations often devote little attention to evaluating training effectiveness.

2.9 Conclusion

Literature emphasises and supports the role and importance of the clinical learning environment, supervision and clinical facilitation for nursing students during their workplace based experiential learning. It is evident that triangulation between these components is critical to ensure a holistic approach in establishing effective teaching and learning of students in the clinical learning environment. In so doing, optimising integration of theory and practice opportunities for nursing students and staff alike. Most importantly, the focus should remain on creating a positive learning culture and environment within the hospital to improve and maintain quality nursing standards of practice for the staff and student nurses alike. Literature further emphasises the critical relationship between the hospitals and the nursing education institution as well as the involvement of all members of the healthcare team in training and education on an on-going basis.

CHAPTER 3

3. Research Methodology

3.1. Research Setting

Research is regarded as a scientific activity and process which should be characterised by objectivity and the empirical nature of the explanation. (Bruce, et al., 2011)

This quantitative research study is a systematic and scientific investigation to describe the perceptions of nursing students regarding the factors influencing the clinical learning environment.

The research design selected for the study is a quantitative study using a survey design administered to groups of the final year Bridging Course nursing students. The research design was selected to enable the researcher to anticipate what the appropriate research decisions should be so as to ensure the validity of the results.

A cross-sectional survey was conducted using a validated tool namely the CLE+T (Clinical Learning Environment and Teaching questionnaire developed by Saarikoski & Leino-Kilpi (2008) with permission from the author.

This chapter will describe the research methodology utilised in this scientific process regarding the research process as well as the research methodology applied during the research study, with the view to generate valuable knowledge to

explore and describe the perceptions of the final year nursing students registered on the Bridging

Course leading to registration as a General Nurse (R682) from a private nursing education institution with regards to the quality of the clinical learning environment, in a private hospital group, in Johannesburg, South Africa.

3.2 The Sampling Process

The sampling process was a purposive, convenience sample of final year nursing students registered on the Bridging Course leading to registration as a General Nurse (R682), from a private nursing education institution in Johannesburg, South Africa, who had been placed in accredited private hospitals (clinical facilities) during the period of their training. The final sample included (n=142) participants.

A pilot study was conducted on a small sample (n=20) of final year bridging course students not included in the study, prior to conducting the full research. The pilot study was done to examine the face validity of the instrument, provide clarity in terms of the context of private health care in South Africa and to establish how much time would be required to complete the questionnaire, prior to conducting the data collection for total sample.

3.3 Population

The target population for this study had been identified as all basic programme nursing students, registered at a Private Nursing Education Institution in Johannesburg, South Africa, placed in accredited Private Hospitals (clinical facilities) for the clinical component of the training (n=1200).

3.4 Sample

A purposive, convenience sample was used of final year nursing students registered on the Bridging Course leading to registration as a General Nurse (R682), from a private nursing education institution in Johannesburg, South Africa, who had been placed in accredited Private Hospitals (clinical facilities) for the period of their training.

The final year nursing students following the Bridging Course, leading to registration as a General Nurse (R682), had been selected as they had already been placed in the clinical learning environment for a minimum of 1000 hours per academic year for their experiential workplace based learning and therefore had experience of the clinical learning environment. All Bridging Course, leading to registration as a General Nurse (R682), final year nursing students were included in the study. The final sample included (n=142) participants.

3.5 Data Collection

The data was collected for this study by a central collection method of a group administered questionnaires; Clinical Learning Environment Supervision and Teaching (CLES+T) Saarikoski & Leino-Kilpi (2008), see Appendix 1.

The initial Clinical Learning Environment and Supervision questionnaire (2002) and the later Clinical Learning Environment S+T version (2008) had been used as a research instrument collectively in over 30 countries and has been translated into 19 languages.

The questionnaire consisted of a number of declarative statements with a five point Likert scale, to determine the opinion or attitude of the subject; and to measure the perceptions of the students.

The CLES+T questionnaire included thirty four items which assessed five factors:

1. Pedagogical atmosphere; which included nine sub-dimensions from the four items of the “ward atmosphere” factor and five items from the “premises of learning “
2. Leadership style of the unit(ward) manager; four items,
3. Supervisory relationship; eight items,
4. From the premise of nursing in the ward; four items
5. Role of nurse teacher (clinical facilitator); nine items.

Students who participated in the study were requested to answer each statement on a five point Likert scale ranging from one(1)strongly disagree to five(5)strongly agree.

CLES+T items were designed to assess the students' perceptions of clinical learning environments in a hospital setting.

Data collection was done by an independent field worker in order to maintain the integrity of the data collection. The group administered questionnaire was given to nursing students at the private nursing education institution.

The field worker collected data from three different intakes of the Bridging Course leading to registration as a General Nurse (R682) programmes. Separate dates were arranged for data collection that took place during college blocks as arranged with the

management of the campus .The questionnaires were administered on a specific date and time at the nursing education institution to the selected participants.

3.6 Reliability and validity/ trustworthiness

The study validity is complex but important when aiming to utilise findings and is key to building an evidence base. The researcher utilised a validated tool Clinical Learning Environment Supervision and Teaching (CLES+T) Saarikoski & Leino-Kilpi (2008) however the face validity of the instrument, clarity in the context of private health care in South Africa and time required to complete the questionnaire was examined by the pilot study.

Reliability was tested by calculation of Cronbach's alpha coefficient per subscale to ensure that all items in the instrument consistently measure the construct.

3.7 Ethical considerations

It was the opinion of the University of the Witwatersrand ethics committee that the students could be perceived as a vulnerable population due to their subordinate relationship to the researcher. In order to limit concern regarding coercion of this vulnerable population all the students from the approved clinical facilities were approached through the field worker to participate and participation was on a voluntary basis only.

The participants received an information sheet and opportunity to clarify any concerns prior to completion of the consent form.

Permission to do this study was obtained from all requested parties:

3.7.1 From the University of the Witwatersrand the researcher was also required by her employer to obtain permission to conduct a research study through the Company's research committee. Approval was received from both institutions.

3.7.2 Permission from the Nursing Education Institution was also obtained as required by the employer of the researcher.

3.7.3 Permission was obtained from Mikko Saarikoski; see Appendix 4 to make minor alterations to the questionnaire, which would contextualise the instrument to the South African environment. The researcher did not change the content but only nomenclature e.g. Ward Manager to Unit

Manager, Staff Nurses – Registered Nurses, Nurse Teacher to Clinical Facilitator.

3.7.4 An information brochure was provided to the participants to clarify participation in the study as well as the expected process and outcomes. See student information document, Appendix 2, which was given to the Bridging Course leading to registration as a General Nurse (R682), final year nursing students who were approached to participate on a voluntary basis in the research study.

3.7.5 All the participants from the selected groups were provided with the information sheet and opportunity to clarify any concerns prior to completion of the consent form Appendix 3.

3.7.6 Informed consent was obtained from the participants, by an independent fieldworker, who collected the data to ensure that participants did not feel pressurized or coerced into participating in the study.

3.7.7 The field worker was carefully selected; to ensure that he/she was not a staff member employed by the organisation and had the appropriate research experience. The field worker was trained by the researcher to conduct the questionnaire, ensuring trustworthiness, whilst assisting with the data collection.

3.7.8 The participants were requested to place the questionnaire in a sealed envelope after completion, in order to protect the anonymity of the participant and ensure no one is aware whether they have chosen to complete the questionnaire or not.

3.8 Conclusion

In this chapter, the researcher described the methodology employed for this study regarding the factors influencing the clinical learning environment: a student perspective. Each of the steps of the research process was discussed to elaborate on the specifics requirements applicable to the study. The procedures involving data analysis and interpretation will be discussed in Chapter 4.

CHAPTER 4

4.1 Data Analysis and Discussion of Findings

4.1.1 Data Analysis

Data analysis was done by analysing and collecting scores that measure distinct attributes of the students' perceptions of the factors influencing the clinical learning environment, supervision and clinical facilitation on optimal clinical and educational outcomes.

The researcher used the results/ data from the analysed questionnaires to describe and interpret the information. Analysis of the non-parametric data was done using descriptive statistics; that is means and standard deviation for each item and sub-dimension. The level of significance achieved was <0.05.

The identified statistical procedures were used to perform an exploratory analysis guided by the study objectives and research questions.

The significance of the findings were evaluated and discussed and the reliability measures were tested by using Cronbach's alpha coeffient.

The data was captured on a excel spreadsheet and basic analysis was done to determine means, frequency and standard deviation by the researcher. Consultation took place with support services and a statistician was consulted to assist with further analysis of the data.

The SPSS statistical package was used to analyse data; descriptive statistics and crosstabs. Further analysis was done on STATA and Excel by the researcher.

4.1.2 Statistical analysis

The descriptive statistics were calculated and graphical displays, as well as tables were created. Measures of variability and central tendency were calculated and created. In order to answer the research question, the outliers were also investigated. Valuable insights from a study often come from careful examination and exploration of the outliers.

Descriptive Statistics defined as the mean, variance and standard deviation are the most important descriptive statistics as they form the basis of most advanced inferential statistical procedures. (Burns & Grove, 2009)

According to Brink (2006) “Descriptive statistics are used to describe and summarise data.” They convert and condense a collection of data, so that the data have some meaning for the readers of the research report. A descriptive approach employs measures such as frequency distributions, measures of central tendency and dispersion/variability and measures of relationships.”

The standard deviation is a measure of dispersion or variation in a set of scores, which is calculated by determining the square root of the variance. Terre Blanche, et al (2010).

Frequency distribution can be defined as “a graphical or tabular representation in which the values of variables are plotted against their frequency of occurrence”. (Terre Blanche, et al., 2010)

4.2 Data analysis results

4.2.1 Demographical data:

The demographical data of all the students in the Bridging programme final year was analysed below to give a clear picture of the student groups demographics utilised in the study.

4.2.2 Students participating in the study

The field worker approached 3 different groups of Bridging final year 2012 students to participate in the study as the researcher aimed to have at least (n=100)one hundred participants for this study. Two of the groups all completed the questionnaire and from the last group only some of the students were present at the campus and were approached to participate in the study. In total (n=142) students participated in the study. This number differs for different sub-dimension based on the number of respondents for the particular question. If the question was not answered it was not included in the calculation and analysis.

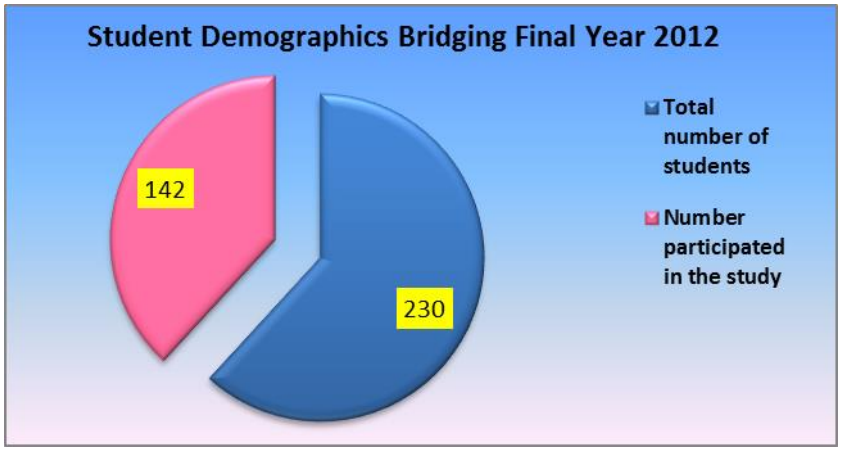


Figure 2: Student Demographics Bridging Final Year 2012 intakes

Table 1: Student demographics Bridging Final Year 2012 intakes

Student demographics Bridging Final Year 2012 intakes	Number
Total number of students	**230**
Number participated in the study	**142**

The students' demographical data was analysed in race, gender and age.

4.3 Race analysis

The race of the Bridging final year 2012 students clearly indicates that majority of the participants were African females between the age of 22-30 years of age. Specific analysis of each item was done and represented in graphics and tables below.

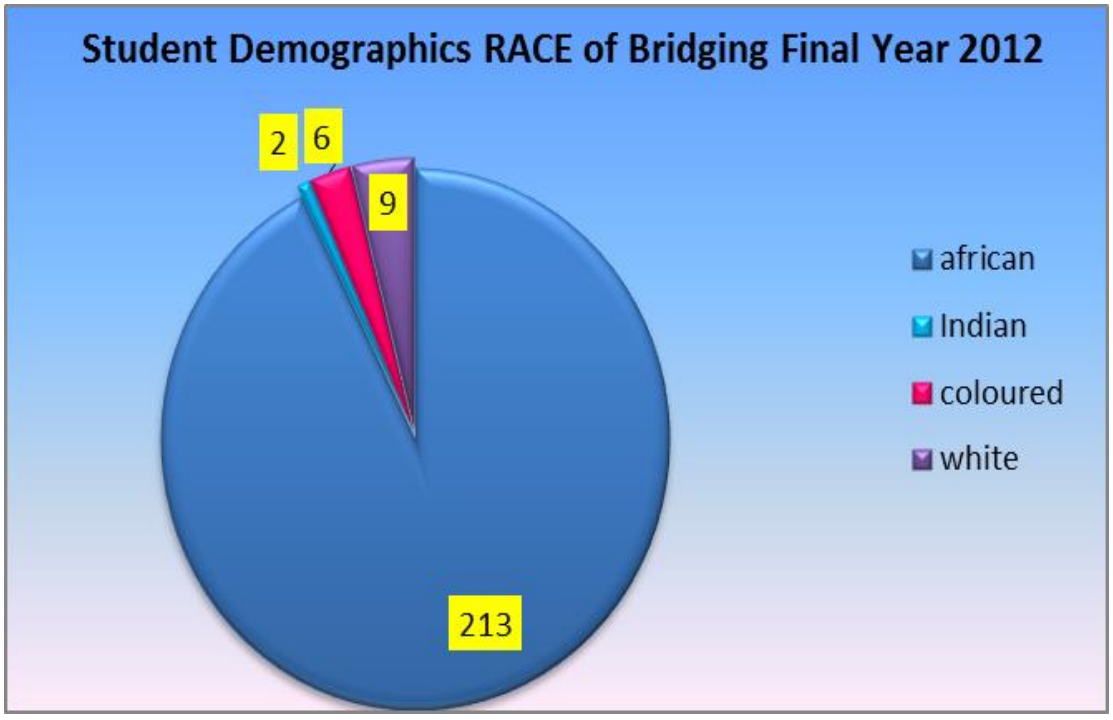


Figure 3: Student demographics race of Bridging Final Year 2012 intakes

Table 2: Student demographics race of Bridging Final Year 2012 intakes

Student Demographics Bridging Final Year 2012 intakes	n
Total	**230**
African	**213**
Indian	**2**
Coloured	**6**
White	**9**

4.4. Gender analysis

The majority of the students in the group were females and this was consistent with the international trend that nursing is a female dominated profession.

Gender: of the (n=142) participants 89% were female and 11%male.

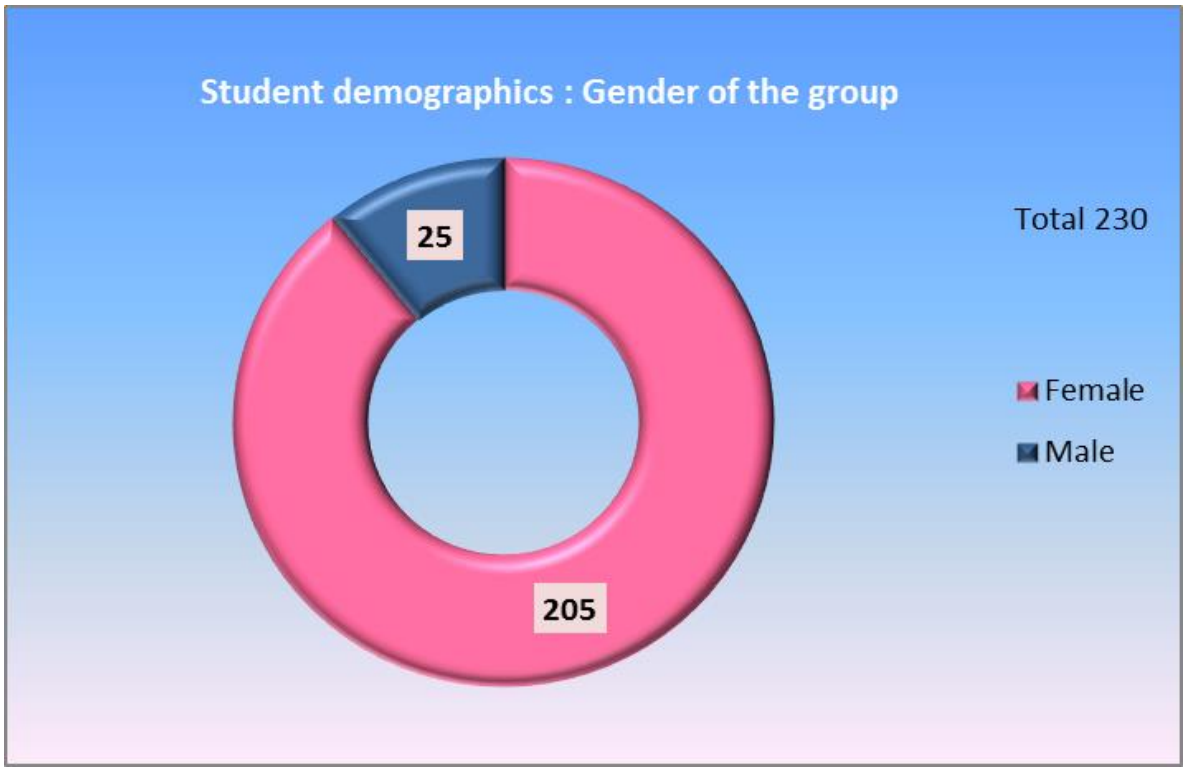


Figure 4: Student demographics: Gender of the group

Table 3: Student demographics: Gender of the group

Total number of students	n=
Female	**205**
Male	**25**
Total number	**230**

4.5 Age analysis

The age distribution of the participants in the study indicated that the 45.8% of the participants age ranged from 22-30 years of age, 36.6% from 31-40, and 17.6% from 41 and older. The age of the study group compared to the age of all Bridging Final Year Student in South Africa is consistent with statistics published by SANC. See figure 6 & 7 below.

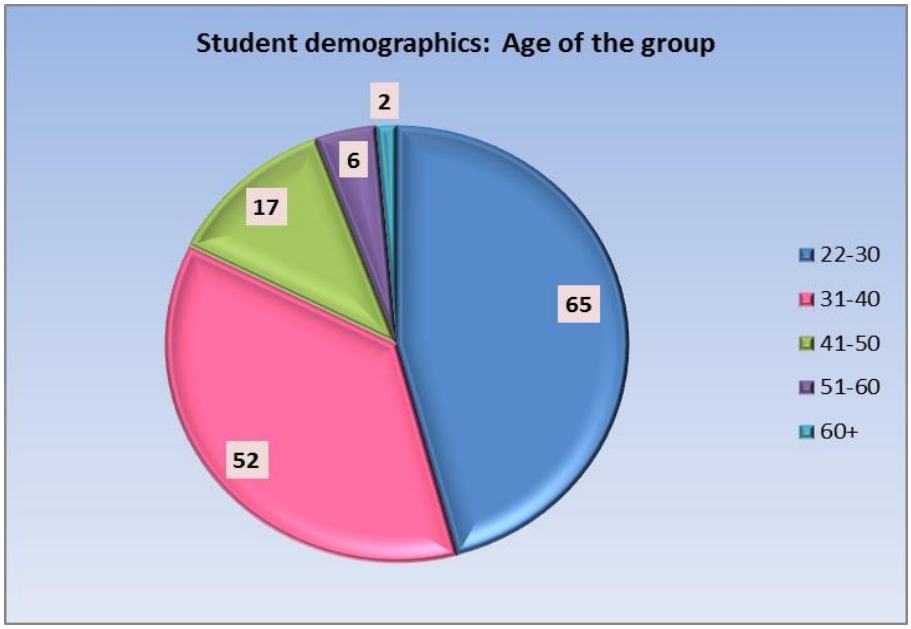


Figure 5: Student demographics: Age of the group (n)

Table 4 Student demographics: Age of the group

Age Range	Number	Percentage
22-30	**65**	45.8%
31-40	**52**	36.6%
41-50	**17**	12.0%
51-60	**6**	4.2%
60+	**2**	1.4%
	142	

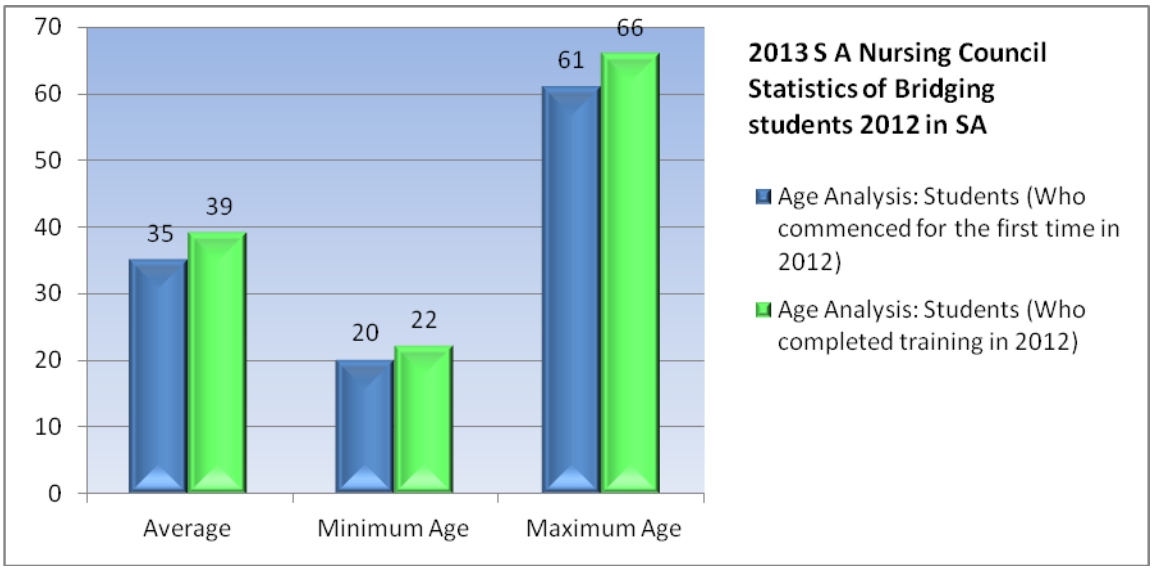


Figure 6: 2013 S A Nursing Council Statistics of Bridging students 2012 in SA

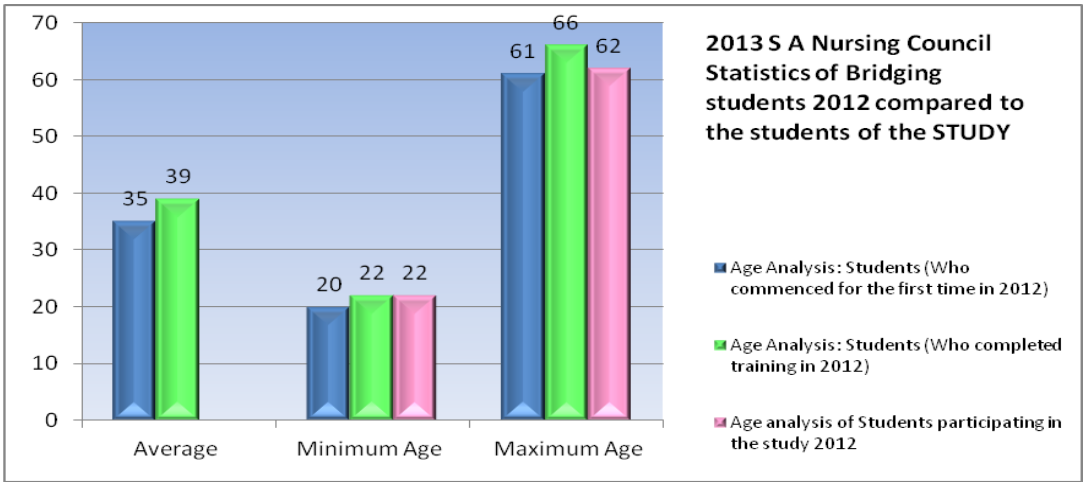


Figure 7:2013 S A Nursing Council Statistics of Bridging students 2012 compared to the students of this study

4.6 Learning environment:

Analysis and findings of each item and sub-dimension of Clinical Learning Environment S+T (CLES+T) Saarikoski & Leino-Kilpi (2008), see Appendix 1 was tabulated in excel with conditional formatting indicating poor result red, average result yellow to orange and positive result green.

Pedagogical Atmosphere in the ward findings are tabulated below.

Table 5 Pedagogical Atmosphere (Learning Environment)

Atmosphere in the ward		Fully disagree	some extent	disagree	to some extent	Fully agree	Total
S1.1 The staff were easy to approach	n=	2	19	29	52	38	140
	%	1.40%	13.60%	20.70%	37.10%	27.10%	100.00%
S1.2 I felt comfortable going to the ward at the start of my shift	n=	7	24	27	51	31	140
	%	5.00%	17.10%	19.30%	36.40%	22.10%	100.00%
S1.3 During staff meetings (e.g. before shifts) I felt comfortable taking part in the discussions	n=	4	24	30	47	31	136
	%	2.90%	17.60%	22.10%	34.60%	22.80%	100.00%
S1.4 There was a positive atmosphere on the ward	n=	5	20	39	55	23	142
	%	3.50%	14.10%	27.50%	38.70%	16.20%	100.00%
S1.5 The staff were generally interested in student supervision	n=	26	25	28	41	17	137
	%	19.00%	18.20%	20.40%	29.90%	12.40%	100.00%
S1.6 The staff learned to know the student by their personal name	n=	17	15	27	39	42	140
	%	12.10%	10.70%	19.30%	27.90%	30.00%	100.00%
S1.7 There were sufficient meaningful learning situations on the ward	n=	5	15	35	51	35	141
	%	3.50%	10.60%	24.80%	36.20%	24.80%	100.00%
S1.8 The learning situations were multi-dimensional in terms of	n=	2	14	50	48	25	139

Atmosphere in the ward		Fully disagree	some extent	disagree	to some extent	Fully agree	Total
content							
	%	1.40%	10.10%	36.00%	34.50%	18.00%	100.00%
S1.9 The ward can be regarded as a good learning environment	n=	7	6	16	49	62	140
	%	5.00%	4.30%	11.40%	35.00%	44.30%	100.00%

Table 6: Descriptive Statistics for Pedagogical Atmosphere

Descriptive Statistics Pedagogical Atmosphere (Learning Environment)	N	Mean	Std. Deviation
S1.1 The staff were easy to approach	140	3.75	1.047
S1.2 I felt comfortable going to the ward at the start of my shift	140	3.54	1.159
S1.3 During staff meetings (e.g. before shifts) I felt comfortable taking part in the discussions	136	3.57	1.114
S1.4 There was a positive atmosphere on the ward	142	3.50	1.037
S1.5 The staff were generally interested in student supervision	137	2.99	1.323
S1.6 The staff learned to know the student by their personal name	140	3.53	1.343
S1.7 There were sufficient meaningful learning situations on the ward	141	3.68	1.071
S1.8 The learning situations were multi-dimensional in terms of content	139	3.58	.948
S1.9 The ward can be regarded as a good learning environment	140	4.09	1.086
Average	139	3.58	1.13

From the above tables 5 and 6 it is evident that in general the responses for the learning environment were positive; agree and agree to some extent.

4.7 Outliers

In order to interpret the findings the researcher considered the positive and negative outliers to identify key student perceptions in this item.

4.7.1 In this premise; Pedagogical Atmosphere in the ward n=137 to 142 of 142 participants answered the questions.

4.7.2 The average mean was 3.58 and the highest mean for S1.9"the ward can be regarded as a good learning environment "4.09.

4.7.3 The average standard deviation (SD) was calculated to 1.13 with the lowest SD for S1.8 "The learning situations were multi-dimensional in terms of content" of.948 and the largest SD of 1.343 for "S1.6 the staff learned to know the student by their personal name".

4.7.4 In S1.5 there appears to be an even distribution of responses to positive and negative. When analysing each individual result and not the mean, it is evident that in this sub-dimension, (n=79) 57.6 % of staff were generally disinterested or indifferent towards student supervision with (n=17) 12.4% of the participant fully agreed that the staff were interested in their supervision. See table 7 and figure 8 below.

Table 7: The staff was generally interested in student supervision

S1.5 The staff were generally interested in student supervision	n=	26	25	28	41	17	137
	%	19.00%	18.20%	20.40%	29.90%	12.40%	100.00%

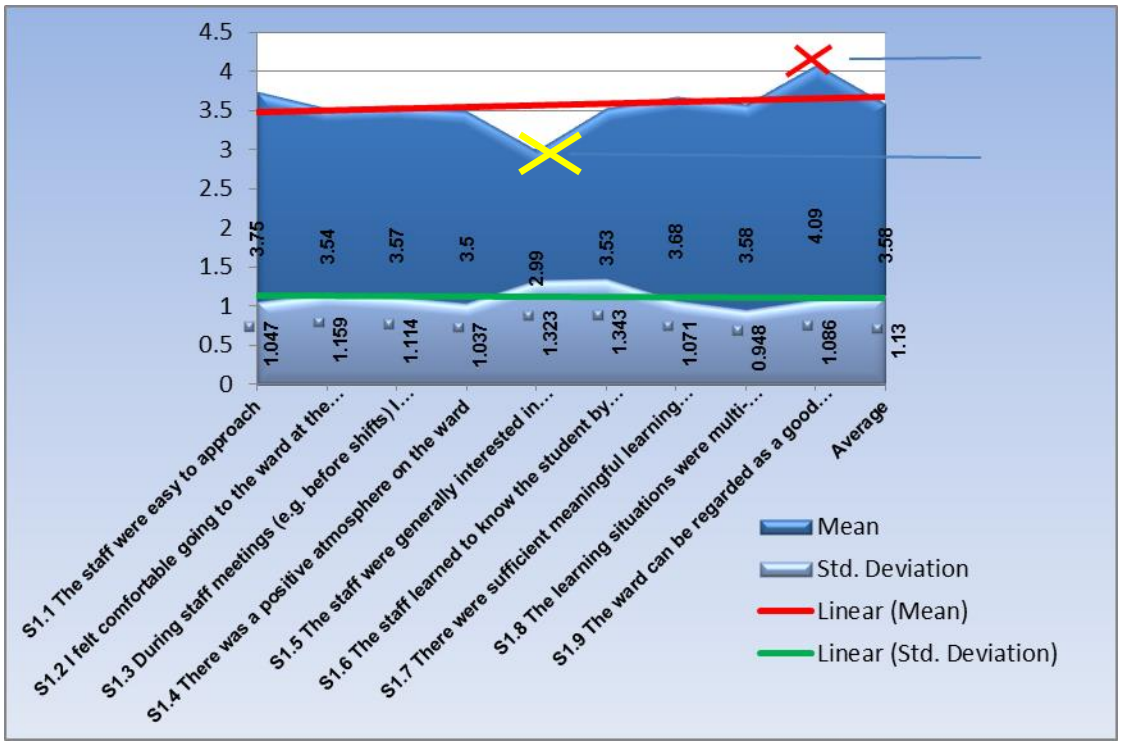


Figure 8: Learning Environment Mean and Standard Deviation with outliers

The results of the Pedagogical Atmosphere in the ward were collapsed into three categories;

4.7.5 Negative which included fully disagree and disagree to some extent,

4.7.6 Indecisive: neither agree nor disagree, and

4.7.7 Positive: included fully agree and agree to some extent.

The collapse was aimed at indicating a distinct differentiation of the positive and negative distribution of the student perceptions.

In this grouping analysis the participants indicated that S1.9 “The ward can be regarded as a good learning environment” as the most positive subset with (n=111)79.39% in the positive category. See table 8 below.

Table 8: Collapsed descriptive statistics for Pedagogical Atmosphere

Pedagogical Atmosphere	Negative	Indifferent	Positive
S1.1 The staff were easy to approach	21	29	90
	15.0%	20.7%	64.3%
S1.2 I felt comfortable going to the ward at the start of my shift	31	27	82
	22.1%	19.3%	58.6%
S1.3 During staff meetings (e.g. before shifts) I felt comfortable taking part in the discussions	28	30	78
	20.6%	22.1%	57.4%
S1.4 There was a positive atmosphere on the ward	25	39	78
	17.6%	27.5%	54.9%
S1.5 The staff were generally interested in student supervision	51	28	58
	37.2%	20.4%	42.3%
S1.6 The staff learned to know the student by their personal name	32	27	81
	22.9%	19.3%	57.9%
S1.7 There were sufficient meaningful learning situations on the ward	20	35	86
	14.2%	24.8%	61.0%
S1.8 The learning situations were multi-dimensional in terms of content	16	50	73
	11.5%	36.0%	52.5%
S1.9 The ward can be regarded as a good learning environment	13	16	111
	9.3%	11.4%	79.3%

4.8 Leadership style of Unit Manager (UM)

In this premise n=141 of n=142 participants answered the questions. The average mean for leadership style of unit manager was 3.64 and the highest mean for S2.1 “The unit manager regarded the staff on her/his ward as a key resource” with a mean of 3.8.

The average standard deviation (SD) for leadership style of unit manager was calculated on 1.153 ranging from the lowest SD 1.077 for S2.1 “the unit manager regarded the staff on her/his ward as a key resource” to the highest SD 1.189 for S2.4 “The effort of individual employees was appreciated”.

Average scores where students fully disagreed with the statements ranged from (n=7) 5% to (n=12) 8.5%. From the student responses in this premise and sub-dimensions it was evident that the students experienced the unit manager as a positive factor in their learning process.

See table 9 below.

Table 9: Responses on the Leadership style of the Unit Manager

Leadership style of UM		Fully disagree	Disagree to some extent	Neither agree nor disagree	Agree to some extent	Fully agree
S2.1 The UM regarded the staff on her/his ward as a key resource	n=	7	9	29	56	40
	%	5.00%	6.40%	20.60%	39.70%	28.40%
S2.2 The UM was a team member	n=	10	11	35	44	41
	%	7.10%	7.80%	24.80%	31.20%	29.10%
S2.3 Feedback from the UM could easily be considered as a learning situation	n=	7	16	31	43	43
	%	5.00%	11.40%	22.10%	30.70%	30.70%
S2.4 The effort of individual employees was appreciated	n=	12	20	34	49	26
	%	8.5%	14.2%	24.1%	34.8%	18.4%

Table 10: Descriptive statistics for Leadership style of the Unit Manager.

Descriptive Statistics Leadership style of UM			
	N	Mean	Std. Deviation
S2.1 The UM regarded the staff on her/his ward as a key resource	141	3.80	1.077
S2.3 Feedback from the UM could easily be considered as a learning situation	140	3.71	1.166
S2.2 The UM was a team member	141	3.67	1.180
S2.4 The effort of individual employees was appreciated	141	3.40	1.189

The results of the Leadership style of UM were collapsed into three categories;

4.8.1 Negative which included fully disagree and disagree to some extent,

4.8.2 Indecisive: neither agree nor disagree, and

4.8.3 Positive: included fully agree and agree to some extent.

The collapse was aimed at indicating a distinct differentiation of the positive and negative distribution of the student perceptions. In this grouping analysis the participants identified S2.1 “The UM regarded the staff on her/his ward as a key resource” as the most positive subset with (n=96) 68.1% in the positive category. See table 11 below.

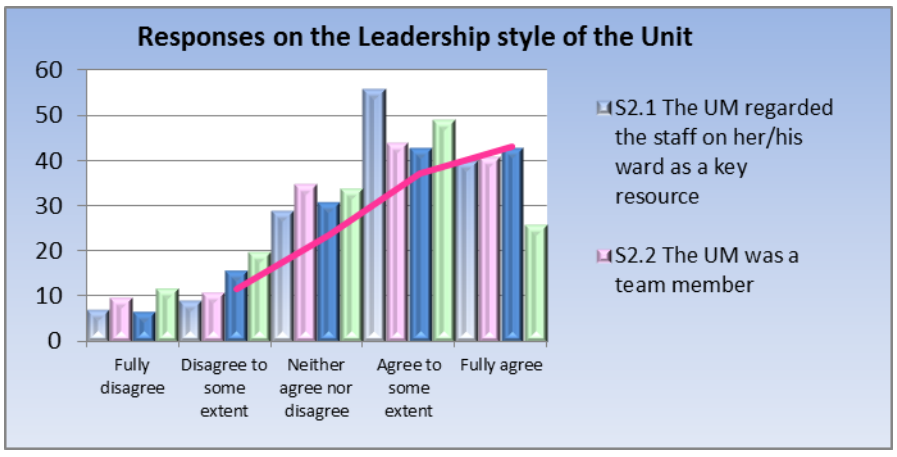


Figure 9: Responses on the Leadership style of the Unit Manager

Table 11: Leadership style of the Unit Manager (collapsed)

Leadership style of UM	Fully disagree	Disagree to some extent	Fully agree
S2.1 The UM regarded the staff on her/his ward as a key resource	16	29	96
	11.4%	20.6 %	68.1%
S2.2 The UM was a team member	21	35	85
	14.9%	24.8%	60.3%
S2.3 Feedback from the UM could easily be considered as a learning situation	23	31	86
	16.4%	22.1%	61.4%
S2.4 The effort of individual employees was appreciated	32	34	75
	22.7%	24.1%	53.2%

4.9 Nursing care on the ward.

Table 12: Responses regarding the nursing care on the ward

Nursing care on the ward		Fully disagree	Disagree to some extent	Neither agree nor disagree	Agree to some extent	Fully agree
S3.1 The wards nursing philosophy was Clinical Learning Environment clearly defined	n=	13	14	27	34	53
	%	9.20%	9.90%	19.10%	24.10%	37.60%
S3.2 Patients received individual nursing care	n=	6	11	27	47	50
	%	4.30%	7.80%	19.10%	33.30%	35.50%
S3.3 There were no problems in the information flow related to patients' care	n=	2	14	35	58	31
	%	1.40%	10.00%	25.00%	41.40%	22.10%
S3.4 Documentation of nursing (e.g. nursing plans, daily recording of nursing procedures etc.) was clear	n=	11	13	26	46	46
	%	7.70%	9.20%	18.30%	32.40%	32.40%
Average	n=	8	13	29	46	45
Average	%	5.70%	9.20%	20.40%	32.80%	31.90%

Table 13: Descriptive statistics nursing care on the ward

Descriptive Statistics regarding the nursing care on the ward	n	Mean	Std. Deviation
S3.2 Patients received individual nursing care	141	3.88	1.111
S3.3 There were no problems in the information flow related to patients' care	140	3.73	.966
S3.4 Documentation of nursing (e.g. nursing plans, daily recording of nursing procedures etc.) was clear	142	3.73	1.227
S3.1 The wards nursing philosophy was clearly defined	141	3.71	1.312
Average	141	3.76	1.154

In this premise n= 140 to n=142 of n=142 participants answered the questions. The average mean was 3.76 and the highest mean for S3.2 “Patients received individual nursing care” with a mean of 3.88.

The average standard deviation (SD) calculated on 1.154 ranging from the lowest SD .966 for S3.3 There were no problems in the information flow related to patients’ care” to the highest SD 1.312 for S3.1 "The wards nursing philosophy was clearly defined “

The negative outlier identified by the participants S3.3 There were no problems in the information flow related to patients’ care though the mean was calculated at 3.73 with SD.966.The total number who “disagreed” to “agree to some extent” was n=109 (77.9%) and only n=31(22.1%) participants fully agreed with this sub-dimension, see table 14 and figure 10 below.

Table 14: There were no problems in the information flow related to patients’ care

S3.3 There were no problems in the information flow related to patients' care	n=	2	14	35	58	31	140
	%	1.40%	10.00%	25.00%	41.40%	22.10%	100.00%

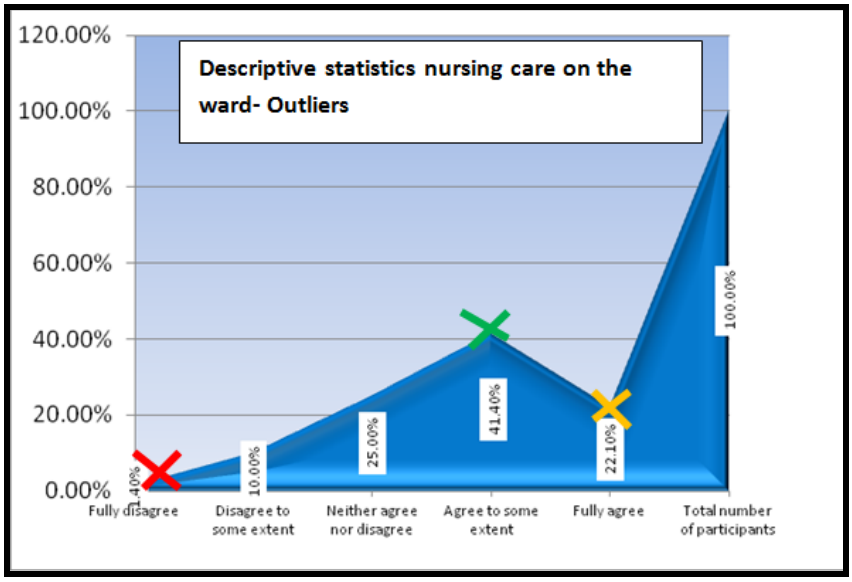


Figure 10: Descriptive statistics nursing care on the ward- Outliers

It appears from the overall results that the distribution of the students' perceptions of the nursing care on the ward is positive. Only a small number of the students (ranging between 1.4 %- 10%) "disagree fully" to "disagree to some extent" with the sub-dimension relating to the nursing care as indicated above.

From the student responses in this premise and sub-dimensions it was evident that the students experienced the nursing care as satisfactory and a positive factor in the learning environment.

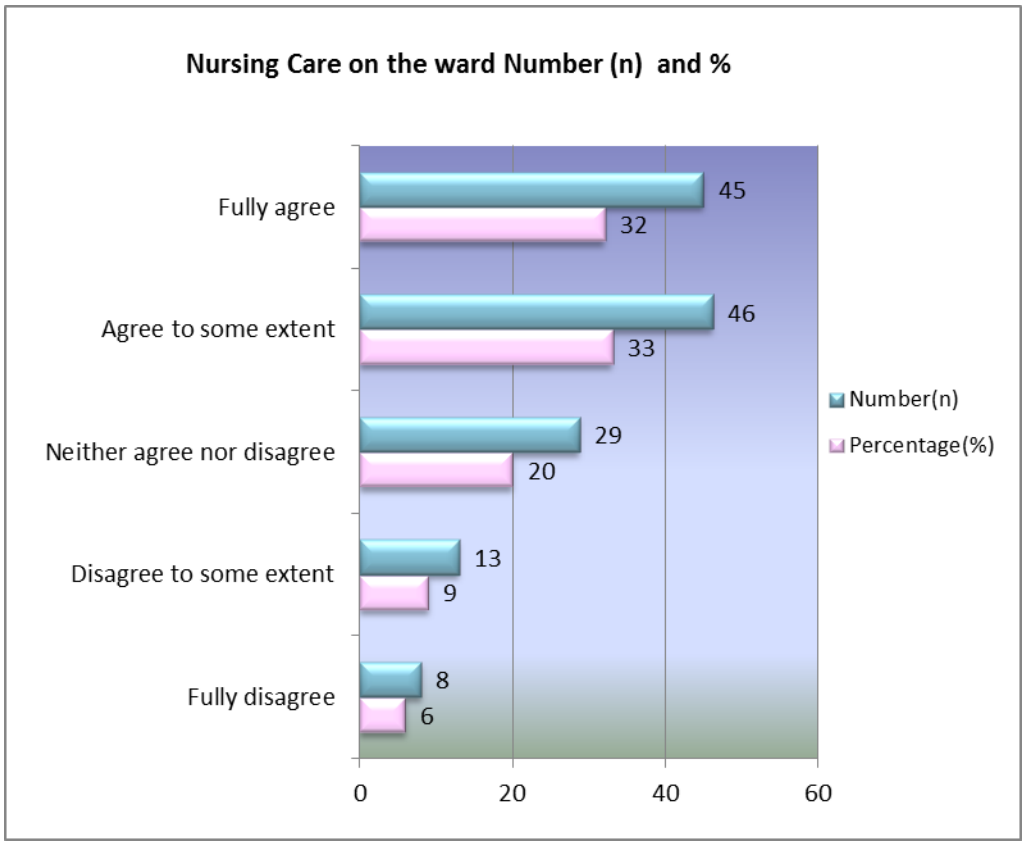


Figure 11: Bar chart: Responses regarding the nursing care on the ward

The results of the nursing care on the ward were collapsed into three categories; Negative which included “fully disagree” and disagree to some extent, Indecisive: neither agree nor disagree, and Positive: included fully agree and agree to some extent.

The collapse was aimed at indicating a distinct differentiation of the positive and negative distribution of the student perceptions.

In this grouping of the analysis the participants identified S3.2 “Patients received individual nursing care” as the most positive subset with (n=97) 68.80%.

See table 15 below.

Table 15: Collapsed group responses of the nursing care on the ward

Nursing Care on the ward	Disagree	Indifferent	Agree
S3.1 The wards nursing philosophy was clearly defined	27	27	87
	19.15%	19.15%	61.70%
S3.2 Patients received individual nursing care	17	27	97
	12.06%	19.15%	68.80%
S3.3 There were no problems in the information flow related to patients' care	16	35	89
	11.40%	25.00%	63.60%
S3.4 Documentation of nursing (e.g. nursing plans, daily recording of nursing procedures etc.) was clear	25	26	92
	17.60%	18.30%	62.80%

4.10 Supervisory relationship:

This section of the questionnaire included different questions regarding the supervisory relationship; occupational title of the supervisor, occurrence of supervision and then the frequency of supervision followed by the nature of the supervision and the relationships.

4.10.1 Specifications of supervision

The subsections; occupational title of the supervisor was not completed at all and thus excluded from the study and results.

(2/3)

The supervisory relationship

In this form, the concept of supervision refers guiding, supporting and assessing of student nurses made by clinical staff nurses. Supervision can occur as individual supervision, or as group (or team) supervision.
The concept of mentor means a named personal supervisor.

Occupational title of supervisor:

nurse	1
nurse specialist	2
assistant ward manager	3
sister/ ward manager	4
other, what? _____	

Occurrence of supervision: (circle one alternative only)

I did not have a supervisor at all	1
A personal supervisor was named, but the relationship with this person did not work during the placement	2
The supervisor changed during the placement, even though no change had been planned	3
Supervisor varied according to shift or place of work	4
Same supervisor had several students and was a group supervisor rather than an individual supervisor	5
A personal supervisor was named and our relationship worked during this placement	6
Other method of supervision, please specify?	

How often did you have **separate private unscheduled supervision with the supervisor** (without nurse teacher):

not at all	1
once or twice during the course	2
less than once a week	3
about once a week	4
more often	5

Figure 12: CLES+ T questionnaire regarding the supervisory relationship part 1.

4.11 Occurrence of supervision

Table 16: responses regarding the occurrence of supervision

Occurrence of supervision: (select one alternative only)	Count n	Count %
I did not have a supervisor at all	20	16.30%
A personal supervisor was named, but the relationship with this person did not work during the placement	7	5.70%
The supervisor changed during the placement, even though no change had been planned	6	4.90%
Supervisor varied according to shift or place of work	56	45.50%
Same supervisor had several students and was a group supervisor rather than an individual supervisor	22	17.90%
A personal supervisor was named and our relationship worked during this placement	12	9.80%
Total n	123.0	100.0%

In this premise only n=123 of n=142 participants answered the questions. It was required of the participants to select one alternative only.

The majority 45.5% (n=56) of the participants indicated that the “Supervisor varied according to shift or place of work”. This is consistent with the practice as the students are rotated through the clinical facilities as per requirements of the SANC on a monthly basis.

17.9% (n=22) participants indicated that “Same supervisor had several students and was a group supervisor rather than an individual supervisor.”

16.3% (n=20) participants indicated that “I did not have a supervisor at all.” A very small number of participants indicated that “A personal supervisor was named, but the relationship with this person did not work during the placement,” see figure 13 below.

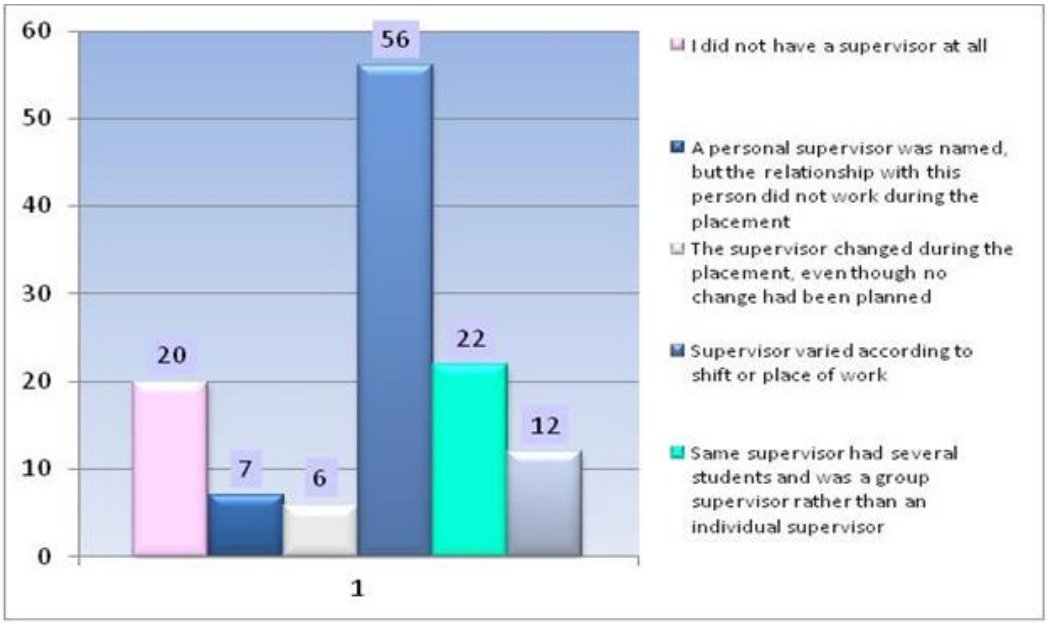


Figure 13: occurrence of supervision.

Table 17: Responses regarding separate private unscheduled supervision.

How often did you have separate private unscheduled supervision with the supervisor (without clinical facilitator)?	n	%
not at all	35.0	28%
once or twice during the course	25.0	20%
less than once a week	16.0	13%
about once a week	19.0	15%
more often	31.0	25%
	126.0	100%

In this premise the analysis regarding the response of separate private unscheduled supervision n=31 participants (25%) indicated that they received frequent supervision whilst n=35 participants (28%) indicated that they received no supervision at all.

Of the n=126 participants who responded to this premise n=76 participants (60%), indicated that they received insufficient supervision; ranging from “no supervision” to “less than once a week”, and n=50 participants (40%), indicated that they received supervision at least “once a week” or more frequent.

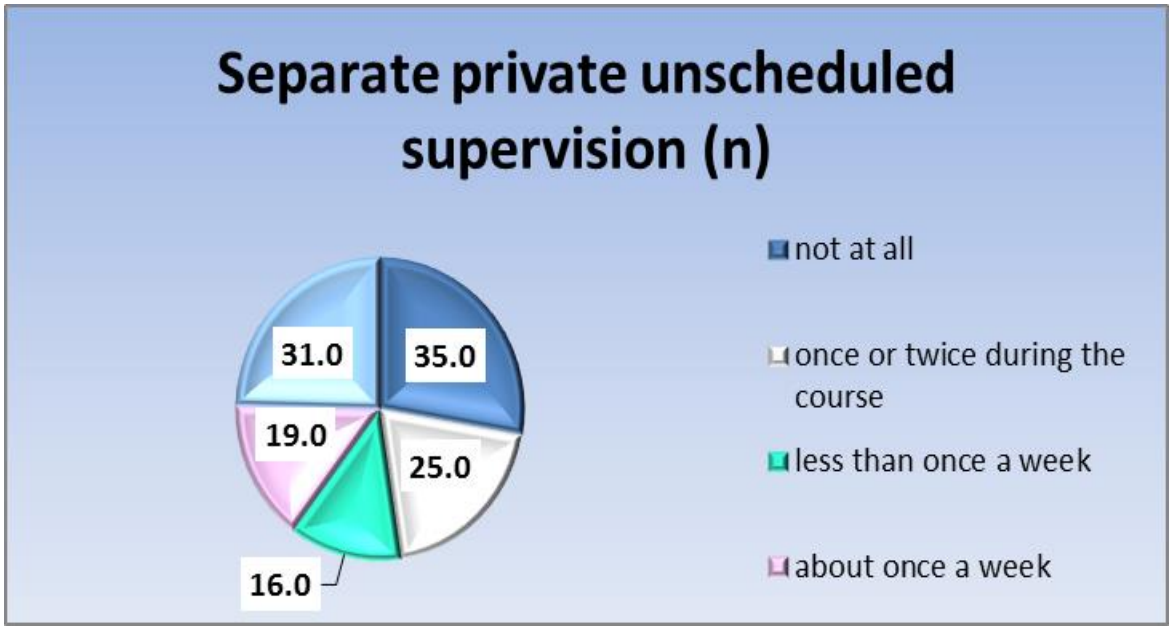


Figure 14: Responses regarding separate unscheduled supervision

4.12 Content of the supervisory relationship

Table 18: Content of supervisory relationship

Content of supervisory relationship	Fully disagree	Disagree to some extent	Neither agree nor disagree	Agree to some extent	Fully agree
S4.1 My supervisor showed a positive attitude towards supervision	13	5	29	52	37
	9.60%	3.70%	21.30%	38.20%	27.20%
S4.2 I felt that I received individual supervision	16	17	38	46	19
	11.80%	12.50%	27.90%	33.80%	14.00%
S4.3 I continuously received feedback from my supervisor	18	21	23	47	26
	13.30%	15.60%	17.00%	34.80%	19.30%
S4.4 Overall I am satisfied with the supervision I received	18	16	31	52	20
	13.10%	11.70%	22.60%	38.00%	14.60%
S4.5 The supervision was based on a relationship of equality and promoted my learning	12	19	35	43	25
	9.00%	14.20%	26.10%	32.10%	18.70%
S4.6 There was a mutual interaction in the supervisory relationship	14	17	38	47	21
	10.20%	12.40%	27.70%	34.30%	15.30%
S4.7 Mutual respect and approval prevailed in the supervisory relationship	12	16	30	49	29
	8.80%	11.80%	22.10%	36.00%	21.30%
S4.8 The supervisory relationship was characterized by a sense of trust	11	11	33	54	26
	8.10%	8.10%	24.40%	40.00%	19.30%

Table 19: Descriptive statistics content of supervisory relationship

Descriptive Statistics: Content of supervisory relationship	N	Mean	Std. Deviation
S4.1 My supervisor showed a positive attitude towards supervision	136	3.70	1.188
S4.8 The supervisory relationship was characterized by a sense of trust	135	3.54	1.138
S4.7 Mutual respect and approval prevailed in the supervisory	136	3.49	1.205

relationship			
S4.5 The supervision was based on a relationship of equality and promoted my learning	**134**	**3.37**	**1.199**
S4.6 There was a mutual interaction in the supervisory relationship	**137**	**3.32**	**1.182**
S4.3 I continuously received feedback from my supervisor	**135**	**3.31**	**1.313**
S4.4 Overall I am satisfied with the supervision I received	**137**	**3.29**	**1.238**
S4.2 I felt that I received individual supervision	**136**	**3.26**	**1.199**

In this premise “content of supervisory relationship” n=134 to n=136 of n=142 participants answered the questions.

The average mean was 3.41 and the highest mean for S4.1 “My supervisor showed a positive attitude towards supervision” with a mean of 3.70. The lowest mean of 3.26 was obtained for S4.2 “I felt that I received individual supervision.”

From the participants responses in this premise and sub-dimensions it was evident that only n=20 (14.6%), of the participants fully agreed and experienced the supervision as satisfactory in the learning environment. This then indicates that 81.3% of the participants were not satisfied with the content of the supervisory relationship. The average standard deviation calculated on 1.21 ranging from the lowest SD 1.138 for S4.8 “The supervisory relationship was characterized by a sense of trust” to the highest SD 1.313 for S4.3 “I continuously received feedback from my supervisor.”

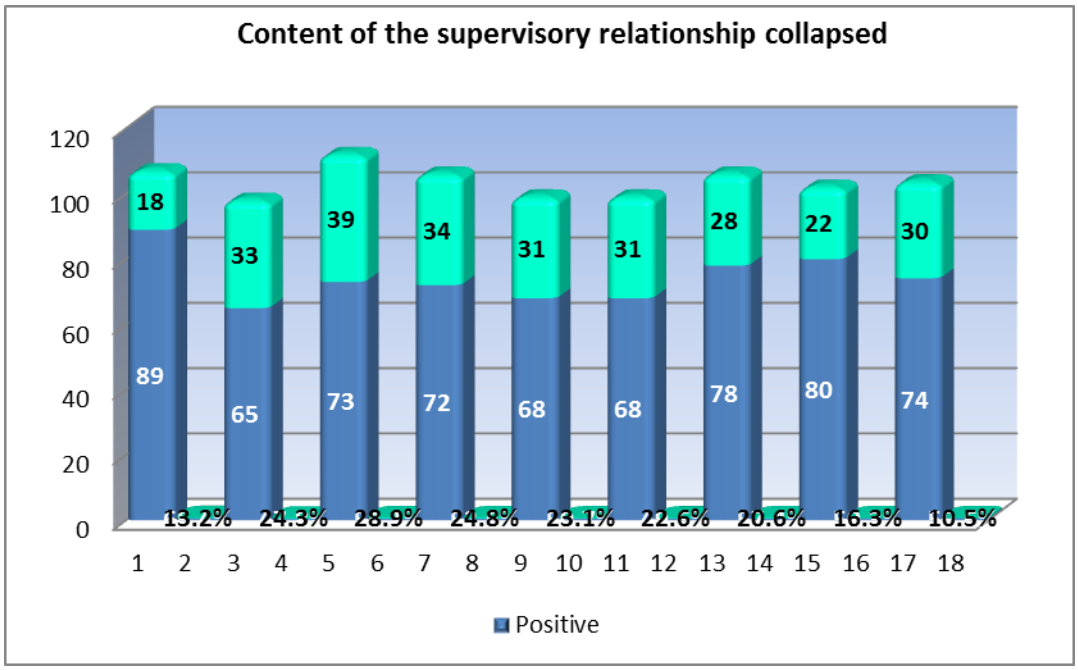


Figure 15: Content of the supervisory relationship collapsed

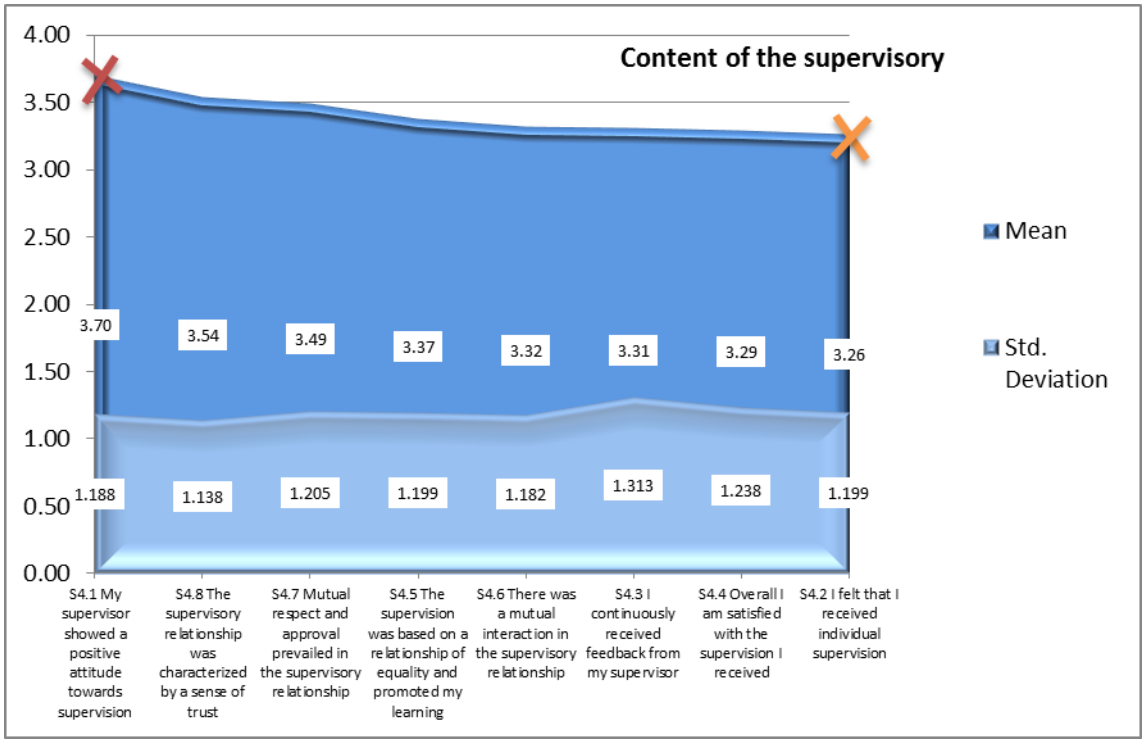


Figure 16: Content of the supervisory relationship

4.13 Clinical Facilitator as enabling the integration of theory and practice:

In this premise and sub-dimension the perceptions of the participants are analysed in terms of the Clinical Facilitator (Nurse Teacher).

Table 20: Results Clinical Facilitator as enabling integration

Nurse teacher as enabling integration		Fully disagree	Disagree to some extent	Neither agree nor disagree	Agree to some extent	Fully agree
S5.1 In my opinion, the clinical facilitator was capable to integrate theoretical knowledge and everyday practice of nursing	Count	0	6	16	43	66
	Row N %	0.0%	4.6%	12.2%	32.8%	50.4%
S5.2 The teacher was capable to operationalise the learning goals of this clinical placement	Count	1	4	17	51	58
	Row N %	.8%	3.1%	13.0%	38.9%	44.3%
S5.3 The clinical facilitator helped me to reduce the theory-practice gap	Count	0	10	20	44	57

Table 21: Descriptive statistics Clinical Facilitator as enabling integration

Descriptive Statistics	N	Mean	Std. Deviation
S5.1 In my opinion, the clinical facilitator was capable to integrate theoretical knowledge and everyday practice of nursing	131	4.29	.855
S5.2 The teacher was capable to operationalise the learning goals of this clinical placement	131	4.23	.846
S5.3 The clinical facilitator helped me to reduce the theory-practice cap	131	4.13	.940

The analysis indicates that the clinical facilitator as enabling integration is the most positive contributor to factors influencing students in the clinical learning environment. From the student's perspective the Clinical Facilitator (Nurse

Teacher) plays a very positive role in enabling integration; average mean 4.22 and SD of 0.880.

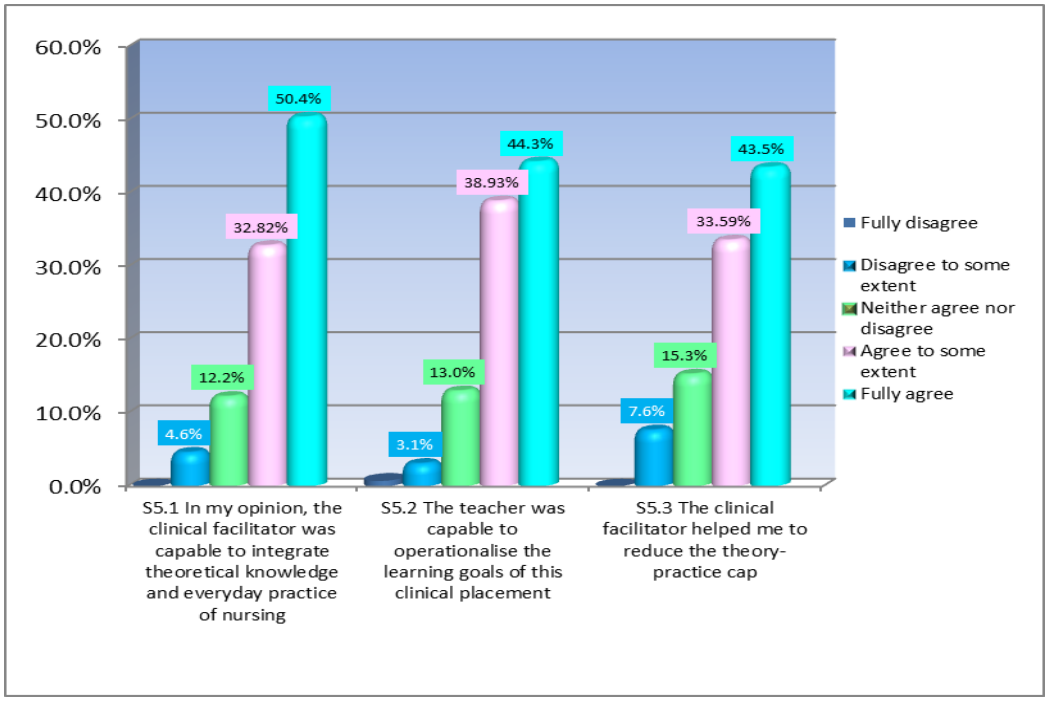


Figure 17: Clinical Facilitator as enabling integration

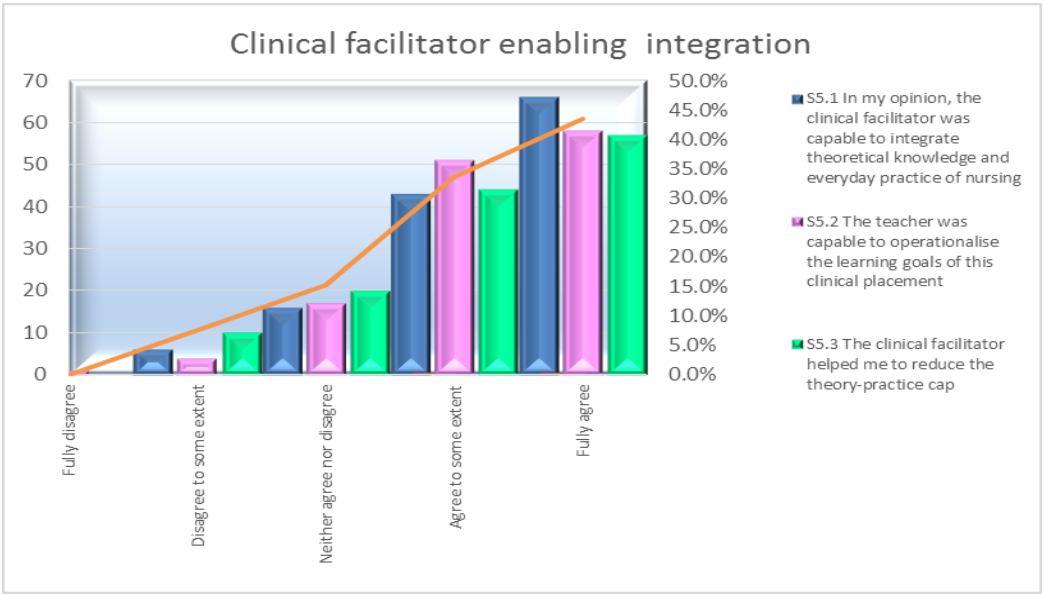


Figure 18: Histogram Clinical Facilitator enabling integration

4.14 Co-operation between placement staff and clinical facilitator:

Table 22: Cooperation between placement staff and clinical facilitator

Cooperation between staff and CF	Fully disagree	Disagree to some extent	Neither agree nor disagree	Agree to some extent	Fully agree
S6.1 Clinical Facilitator was like a member of the nursing team	5	6	29	40	51
	3.8%	4.6%	22.1%	30.5%	38.9%
S6.2 Clinical Facilitator was capable to give his or her pedagogical expertise to the clinical team	2	8	29	35	57
	1.5%	6.1%	22.1%	26.7%	43.5%
S6.3 The Clinical Facilitator and the clinical team worked together in supporting my learning	6	7	18	37	62
	4.6%	5.4%	13.8%	28.5%	47.7%

Table 23: Descriptive statistics - Cooperation between placement staff and clinical facilitator

Descriptive Statistics	N	Mean	Std. Deviation
S6.3 The Clinical Facilitator and the clinical team worked together in supporting my learning	130	4.09	1.117
S6.2 Clinical Facilitator was capable to give his or her pedagogical expertise to the clinical team	131	4.05	1.022
S6.1 Clinical Facilitator was like a member of the nursing team	131	3.96	1.070

From analysing the above scores the students indicated that they are mostly satisfied with the cooperation between placement staff and clinical facilitator. In this sub-dimension n=130 to n=131 of n=142 participants answered the questions.

The average mean was 4.03 and the highest mean S6.3 “The Clinical Facilitator and the clinical team worked together in supporting my learning” with a mean of 4.09. The lowest mean of 3.96 was obtained for S6.1”Clinical Facilitator was like a member of the nursing team”. From the student responses in this item and sub-

dimensions it was evident that the students experienced the cooperation between placement staff and clinical facilitator as a positive factor in their learning process. Student perceptions indicated that a larger percentage fully agreed with the sub-dimension ranging from 38.9% to 47.7%.

The average standard deviation calculated on 1.069.

The descriptive statistics results are skewed negatively with the highest number of candidates fully agree that the cooperation between placement staff and clinical facilitator is satisfactory.

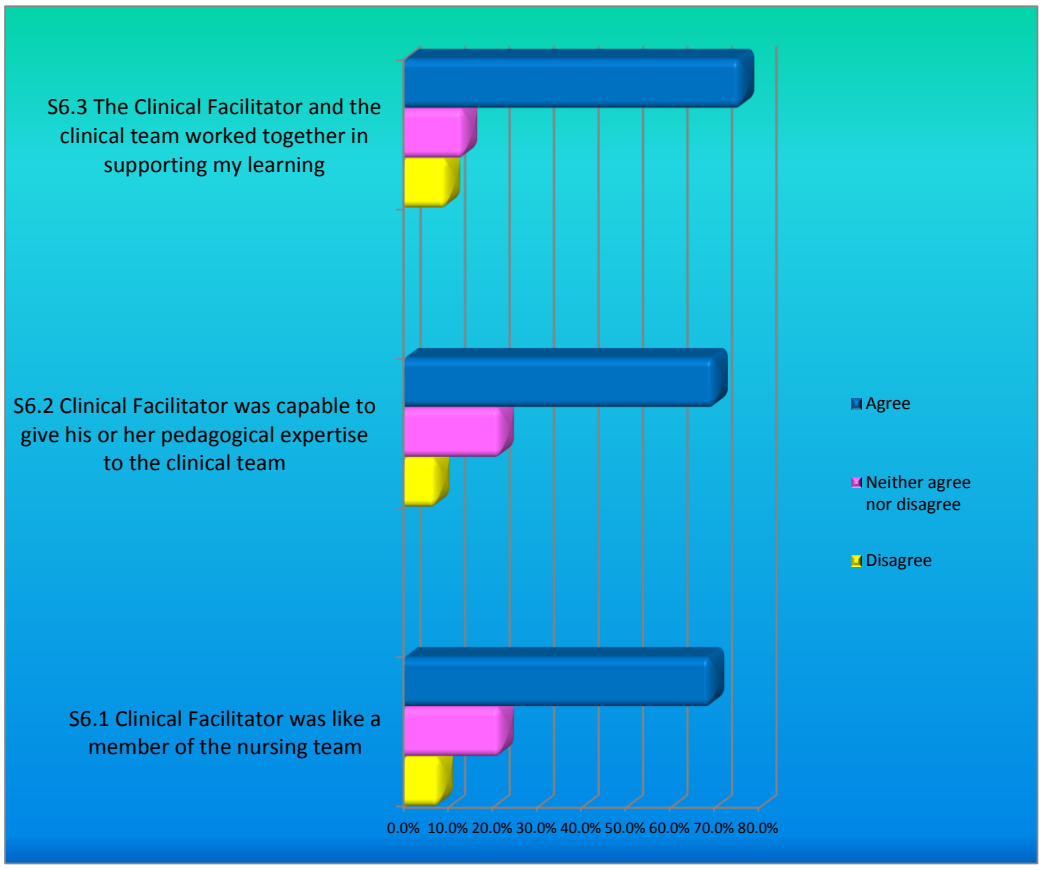


Figure 19: Graph of Cooperation between placement staff and clinical facilitator

4.15 Relationship among student, mentor and CF

Table 24: Relationship among student, mentor and clinical facilitator

Relationship among student, mentor and CF		Fully disagree	Disagree to some extent	Neither agree nor disagree	Agree to some extent	Fully agree
S7.1 The common meetings between myself, mentor and clinical facilitator were comfortable experience	Count	8	7	22	44	47
	Row N %	6.30%	5.50%	17.20%	34.40 %	36.70 %
S7.2 In our common meetings I felt that we are colleagues	Count	11	11	20	52	34
	Row N %	8.60%	8.60%	15.60%	40.60 %	26.60 %
S7.3 Focus of the meetings was in my learning needs	Count	7	9	18	42	51

Table 25: Descriptive statistics - Relationship among student, mentor and clinical facilitator

Descriptive Statistics	N	Mean	Std. Deviation
S7.3 Focus of the meetings was in my learning needs	127	3.95	1.154
S7.1 The common meetings between myself, mentor and clinical facilitator were comfortable experience	128	3.90	1.149
S7.2 In our common meetings I felt that we are colleagues	128	3.68	1.203

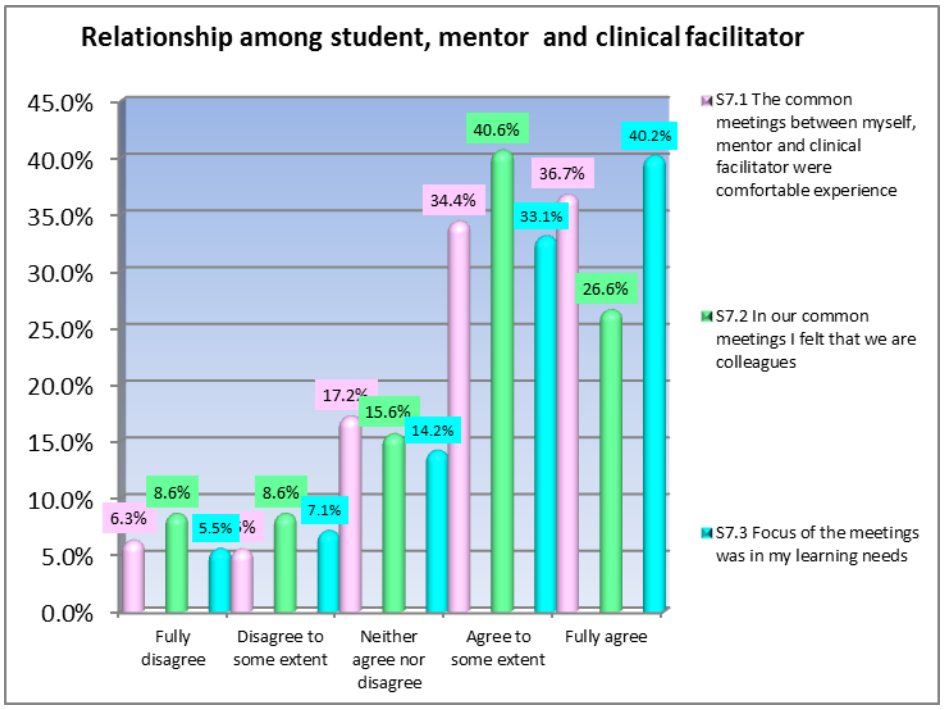


Figure 20: Graph Relationship among student, mentor and clinical facilitator

4.16 Further Analysis

In order to further analyse the data with the aim to obtain meaningful feedback and to understand the gaps cross tabulation was done utilising the occurrence of supervision and the content of the supervisory relationship. The occurrence of supervision was grouped as follows for the purpose of the cross tabulation:

4.16.1 Not at all: referred to “I did not have a supervisor at all”.

4.16.2 Named but didn’t work: referred to “A personal supervisor was named, but the relationship with this person did not work during the placement”.

4.16.3 Unplanned change: referred to “The supervisor changed during the placement, even though no change had been planned”.

4.16.4 Varied Supervision: referred to” Supervisor varied according to shift or place of work.”

4.16.5 Group supervision: referred to “Same supervisor had several students and was a group supervisor rather than an individual supervisor.”

4.16.6 Named and worked: referred to “A personal supervisor was named and our relationship worked during this placement.”

The frequency of the supervision tabulated below indicates that (n=121) of the (n=142) participants of the study completed the question. Of the (n=121) participants the largest number of participants (n=56) or 39.4% indicated that they received varied supervision, followed by (n=22) or 15.5% received group supervision.

Table 26: Occurrence of supervision collapsed

	Occurrence of supervision	Frequency	Percent	Valid Percent
Valid	Not at all	19	13.40%	15.7
	Named but didn't work	7	4.90%	5.8
	Unplanned change	6	4.20%	5
	Varied supervision	56	39.40%	46.3
	Group supervisor	22	15.50%	18.2
	Named and worked	11	7.70%	9.1

Table 27: Frequencies of occurrence of supervision

	Occurrence of supervision		Disagree	Neither agree nor disagree	Agree
	Not at all	Count	9	4	4
		% within Occurrence of supervision	52.9 %	23.5%	23.5%
	Named but didn't work	Count	3	2	2
		% within Occurrence of supervision	42.9 %	28.6%	28.6%

	Unplanned change	**Count**	**1**	**4**	**1**
		% within Occurrence of supervision	**16.7 %**	**66.7%**	**16.7%**
	Varied supervision	**Count**	**13**	**14**	**27**
		% within Occurrence of supervision	**24.1 %**	**25.9%**	**50.0%**
	Group supervisor	**Count**	**2**	**4**	**15**
		% within Occurrence of supervision	**9.5%**	**19.0%**	**71.4%**
	Named and worked	**Count**	**2**	**4**	**5**
		% within Occurrence of supervision	**18.2 %**	**36.4%**	**45.5%**
Total		**Count**	**30**	**32**	**54**

From the subset “I felt that I received individual supervision” it is evident that 52.9% of the students indicated that they did not receive individual supervision, in the instances where the supervisor was named but the student perceived the supervision unsatisfactory (did not work) 42.9% disagreed. If the % that did not agree or disagree is considered here the number of participants who were satisfied with the supervision was concerning (23.5 -28.6%). From this analysis the group supervision appeared to be most successful and 71.5 % of the participants agreed that they received individual supervision in the group setting.

Table 28: Cross tabulation occurrence of supervision * rS4.3 I continuously received feedback from my supervisor

Occurrence of supervision			Disagree	Neither agree nor disagree	Agree
	Not at all	Count	13	1	3
		% within Occurrence of supervision	76.47%	5.9%	17.6%
	Named but didn't work	Count	4	1	2
		% within Occurrence of supervision	57.14%	14.3%	28.6%
	Unplanned change	Count	2	3	1
		% within Occurrence of supervision	33.33%	50.00%	16.7%
	Varied supervision	Count	13	9	32
		% within Occurrence of supervision	24.1%	16.7%	59%
	Group supervisor	Count	0	5	16
		% within Occurrence of supervision	0.0%	23.8%	76.5%
	Named and worked	Count	1	1	9
		% within Occurrence of supervision	9.1%	9.1%	82%

In this cross tabulation 76.5% of the participants who indicated that they did not receive supervision at all, perceived that they did not continuously receive feedback from the supervisor, whilst 17.6% indicated that they did continuously receive feedback from the supervisor and 5.9% were indifferent.

The group supervision was perceived most positively as 76% of the participants agreed that when the same supervisor had several students it was perceived that the student continuously received feedback from their supervisor. A similar positive result of 82% was achieved for the named supervisory relationship that worked.

The results of the cross tabulation also indicates that 76% of the participants who received group supervision and 82% individual supervision mostly perceived that they continuously received feedback from their supervisor, and those who indicated that they received no supervision 70% perceived that they did not receive feedback .

Table 29: Cross tabulation occurrence of supervision vs rS4.5 The supervision was based on a relationship of equality and promoted my learning

Occurrence of supervision			Disagree	Neither agree nor disagree	Agree
	Not at all	Count	11	3	3
		% within Occurrence of supervision	64.7%	17.6%	17.6%
	Named but didn't work	Count	5	0	2
		% within Occurrence of supervision	71.4%	0.0%	28.6%
	Unplanned change	Count	1	3	2
		% within Occurrence of supervision	16.7%	50.0%	33.3%
	Varied supervision	Count	8	17	29

		% within Occurrence of supervision	14.8%	31.5%	53.7%
	Group supervisor	Count	2	2	17
		% within Occurrence of supervision	9.5%	9.5%	81%
	Named and worked	Count	1	3	6
		% within Occurrence of supervision	10.0%	30.0%	60%

In analysing the above correlation, participants who indicated that a personal supervisor was named, but the relationship with this person did not work during the placement 71.4% perceived that the supervision was not based on a relationship of equality and did not promote their learning.

The group supervision was perceived the most positive with 81% of the participants who indicated that they received supervision from supervisor who had several participants and was a group supervisor rather than an individual supervisor. In this group setting the participants experienced that the supervision was based on a relationship of equality and promoted learning.

Interestingly, where the participants indicated that a personal supervisor was named and the relationship worked during this placement, only 60% agreed that the supervision was based on a relationship of equality and promoted my learning whilst 30% remained indifferent and 10% were not in agreement.

Table 30: Cross Tabulation Occurrence of supervision * rS4.6 There was a mutual interaction in the supervisory relationship

Occurrence of supervision			Disagree	Neither agree nor disagree	Agree
	Not at all	Count	11	3	3
		% within Occurrence of supervision	64.7%	17.6%	17.6%

Occurrence of supervision			Disagree	Neither agree nor disagree	Agree
	Named but didn't work	Count	2	4	1
		% within Occurrence of supervision	28.6%	57.1%	14.3%
	Unplanned change	Count	1	4	1
		% within Occurrence of supervision	16.7%	66.7%	16.7%
	Varied supervision	Count	12	11	32
		% within Occurrence of supervision	21.8%	20.0%	58.2%
	Group supervisor	Count	2	4	15
		% within Occurrence of supervision	9.5%	19.0%	71.4%
	Named and worked	Count	1	6	4
		% within Occurrence of supervision	9.1%	54.5%	36.4%

In the analysis of this cross tabulation between occurrence of supervision and there was a mutual interaction in the supervisory relationship, 64.7 % of the participants who did not receive supervision indicated that there was no mutual interaction in the supervisory relationship.

Once again the group supervision was perceived as the most positive factor with 71.4% agreeing that the supervision of this group perceived mutual interaction as a positive, whilst 19% remained indifferent.

Where the Supervisor varied according to shift or place of work, 58.2% perceived the mutual interaction as a positive whereas 20% remained indifferent and 21.8% perceived the interaction as a negative.

Where participants indicated that a personal supervisor was named and our relationship worked during this placement only 36.4% agreed that it was perceived to positively contribute to a mutual interaction in the supervisory relationship.

In this cross tabulation large portions of the participants remained indifferent in the various situations.

Table 31: Cross Tabulation Occurrence of supervision * rS4.7 Mutual respect and approval prevailed in the supervisory relationship

Occurrence of supervision			Disagree	Neither agree nor disagree	Agree
	Not at all	Count	9	4	4
		% within Occurrence of supervision	52.9%	23.5%	23.5%
	Named but didn't work	Count	3	2	2
		% within Occurrence of supervision	42.9%	28.6%	28.6%
	Unplanned change	Count	1	4	1
		% within Occurrence of supervision	16.7%	66.7%	16.7%
	Varied supervision	Count	9	12	33
		% within Occurrence of supervision	16.7%	22.2%	61.1%
	Group supervisor	Count	1	3	17
		% within Occurrence of supervision	4.8%	14.3%	81.0%
	Named and worked	Count	2	3	6
		% within Occurrence of supervision	18.2%	27.3%	54.5%

In the analysis of this cross tabulation between occurrence of supervision and mutual respect and approval prevailed in the supervisory relationship, 66.7 % of the participants who experienced an unplanned change were indifferent and only 16.6% agreed.

Further analysis indicated that group supervision was perceived most positive with 81.0% and participants agreed that the supervision of this group perceived mutual respect and approval prevailed in the supervisory relationship as a positive, whilst only 4.8% disagreed.

Where the supervisor varied according to shift or place of work, 61.1% perceived the mutual respect and approval prevailed in the supervisory relationship as a positive whereas 22.2% remained indifferent and 16.7% perceived the interaction as a negative.

Where participants indicated that a personal supervisor was named and our relationship worked during this placement only 54.5% agreed that it was perceived to positively contribute to mutual respect and approval prevailed in the supervisory relationship. In this cross tabulation large portions of the participants remained indifferent in the various situations.

Table 32: Cross Tabulation Occurrence of supervision vs rS4.8 the supervisory relationship was characterized by a sense of trust

Occurrence of supervision			Disagree	Neither agree nor disagree	Agree
	Not at all	Count	9	2	6
		% within Occurrence of supervision	52.9%	11.8%	35.3%
	Named but didn't work	Count	1	3	3
		% within Occurrence of supervision	14.3%	42.9%	42.9%
	Unplanned change	Count	1	3	2
		% within Occurrence of supervision	16.7%	50.0%	33.3%
	Varied supervision	Count	7	13	34
		% within Occurrence of supervision	13.0%	24.1%	63.0%
	Group supervisor	Count	1	2	17
		% within Occurrence of supervision	5.0%	10.0%	85.0%
	Named and worked	Count	1	5	5
		% within Occurrence of supervision	9.1%	45.5%	45.5%

Group supervision yielded the most positive results with 85% perceiving the supervisory relationship was characterized by a sense of trust. Where the participants indicated that a personal supervisor was named and their relationship worked during this placement, an equal number of participants remained indifferent and positive.

Here the researcher has identified a significant result in that r11.1 has a p value of 0.008, indicating that in general this group of participants perceives that as long as there is supervision, individual or group, it engenders a sense of trust / satisfaction.

Table 33: Cross tabulation Occurrence of supervision and rS5.1 "In my opinion, the clinical facilitator was capable to integrate theoretical knowledge and everyday practice of nursing"

Occurrence of supervision			Disagree	Neither agree nor disagree	Agree
	Not at all	Count	0	3	14
		% within Occurrence of supervision	0.0%	17.6%	82.4%
	Named but didn't work	Count	0	3	2
		% within Occurrence of supervision	0.0%	60.0%	40.0%
	Unplanned change	Count	0	1	4
		% within Occurrence of supervision	0.0%	20.0%	80.0%
	Varied supervision	Count	2	3	47
		% within Occurrence of supervision	3.8%	5.8%	90.4%
	Group supervisor	Count	3	2	16
		% within Occurrence of supervision	14.3%	9.5%	76.2%
	Named and worked	Count	1	2	8
		% within Occurrence of supervision	9.1%	18.2%	72.7%

4.18 Discussion of data analysis and findings

The data analysis was done with the view of obtaining information that would assist the researcher with achieving the aims and objectives of the study.

The results obtained from the data analysis indicated that the nursing students from the private nursing education institution in Johannesburg, South Africa perceived the factors influencing the clinical learning environment, as mostly positive; which included both "agreed to some extent" and "agreed fully" in most of the premises and sub-dimensions.

The data analysis indicated that they were mostly satisfied with the clinical learning environment as a whole; this included the learning environment, leadership style of the unit manager, nursing care on the ward, clinical facilitator as enabling integration(overall most positive factor), and cooperation between staff and clinical facilitator.

Below find a summary of the overall mean and standard deviation of the factors influencing the clinical learning environment from a student perspective investigated in the study.

Table 34: Summary of mean per premise investigated

Descriptive Statistics : Averages per Item	n	2012 JHB SA Mean	2012 Jhb SA Std. Deviation
Atmosphere in the ward-Pedagogical atmosphere	141	3.65	1.15
Nursing care on the ward	141	3.76	1.15
Leadership style of the unit manager	141	3.76	1.15
Content of supervisory relationship	136	3.41	1.21
Clinical facilitator as enabling integration	131	4.22	0.88
Cooperation between staff and clinical facilitator	131	4.03	1.07
Relationship among student, mentor and CF	128	3.84	1.169

Conditional formatting was applied to indicate the highest average utilising a  and for the lowest a  of the factors influencing the clinical learning environment.

4.19 Key factors identified

From the analysis the nursing students identified the following aspects of note:

4.19.1 Occurrence of supervision was not ideal but the participants indicated that when supervision occurred it was satisfactory.

4.19.2 From the cross tabulations done with the occurrence of supervision and the content of the supervisory relationship, group supervision stood out as the most favourable factor according to the participants perception, that included that group supervision exceeded in most of the sub-dimensions even when comparing it to individual supervision.

4.19.3 Overall the role of the clinical facilitator as a factor influencing the clinical learning environment was regarded as most positive.

4.19.4 The positive and negative outliers provided more specific information that will be utilised to determine how these factors will influence educational outcomes and provide knowledge of the factors that influence quality learning in order to develop policy.

4.19.5 The participants regarded nursing care on the ward as positive influencing factor in the clinical learning environment.

4.20 Areas of concern that may contribute negatively to the students clinical and educational outcomes:

4.20.1 **Lack of Supervision**

In the premise of pedagogical atmosphere and content of the supervisory relationship:

4.20.1.1 Sub-dimension S1.5. “The staff were generally interested in student supervision” indicated a mean below 3 and (n=17) 12.4% of n=140 participants indicated that they fully agreed with this statement.

4.20. 1.2 S4.2 I felt that I received individual supervision indicated a mean of 3.26 and (n=19) 14% of the participants indicated that the fully agreed with the statement.

4.20. 1.3 S4.4 Overall I am satisfied with the supervision I received indicated a mean of 3.29 and (n=20) 14.6% of the participants indicated that the fully agreed with the statement.

The literature review in chapter 2 highlights the importance of the staff attitude towards student supervision, role modelling and support and establishing a positive practice environment. (Andrews et al, 2006) in (Arkell & Bayliss-Pratt, 2007) reported that research has demonstrated that an effective learning environment requires good communication and collaboration between the student, mentor, unit manager, clinical facilitators.

Supervision can be regarded as a crucial factor in successful educational, professional nursing and patient outcomes. The role of adequate and effective supervision of nursing students is often neglected as result of various factors that influence the healthcare settings as a whole; some of these contributing factors can be assigned but not limited to;

Lack of a positive practice environment, shortage of qualified and experienced staff to fulfil the role of the supervisor and mentor, concerns about the decline of professional nurses to upkeep their knowledge and skills and provide evidence based care and importantly lack of the legislative requirements to ensure compliance of all nurse practitioners such as a formalised continuous development system. According (Cummins, 2009) to providing clinical supervision and related opportunity to discuss general areas in relation to patient care also creates a

platform for dialogue and stimulates discourse to develop consistent approaches toward best and or evidence based practice and maintaining quality care.

4.20.5 Occurrence of supervision was a concern overall due to the fact that there is a formal expectation from the clinical facilities is that students are supervised, supported during placement in the wards and that supervision does not only occur when the clinical facilitator is present.

4.20.6 Of the (n=121) participants (n=11) 7.7% had a named supervisor and the supervision worked. (n=22) 15.5% of the participants indicated that they received group supervision.

Despite the rating given to the premise and sub dimension of Content of supervisory relationship the number of participants who fully agree is mostly below 19.7 % which indicates that 81.3% of the participants are not fully agreeing to disagree with the statements. This then indicates that the participants were not satisfied with the content of the supervisory relationship

4.20.7 Positive areas highlighted that may contribute positively to the students clinical and educational outcomes:

4.20.8 S1.9 The ward can be regarded as a good learning environment indicated a mean of 4.09 and (n=62) 44.3% fully agreed with the statement.

4.20.9 The premise and sub-dimension of nurse teacher as enabling integration were all very positive and for each statement at least (n=60) of (n=131) 46% of the participants fully agreed.

4.20.10 S6.3 The Clinical Facilitator and the clinical team worked together in supporting my learning indicated a mean of 4.09 and (n=62) of (n=131) 47.7% fully agreed.

The identification of the importance of the clinical facilitator in the context of this study reiterates the critical importance of the clinical facilitator with in clinical learning environment. However, because the participants of the study have for a continuous period received little or no other supervision support in the clinical learning environment as indicated in the data and they may have attached a higher value to their clinical facilitators than they would if there had been more constructive supervision and support in the clinical learning environment. To validate such statements further research will be required.

4.21 Cross tabulations

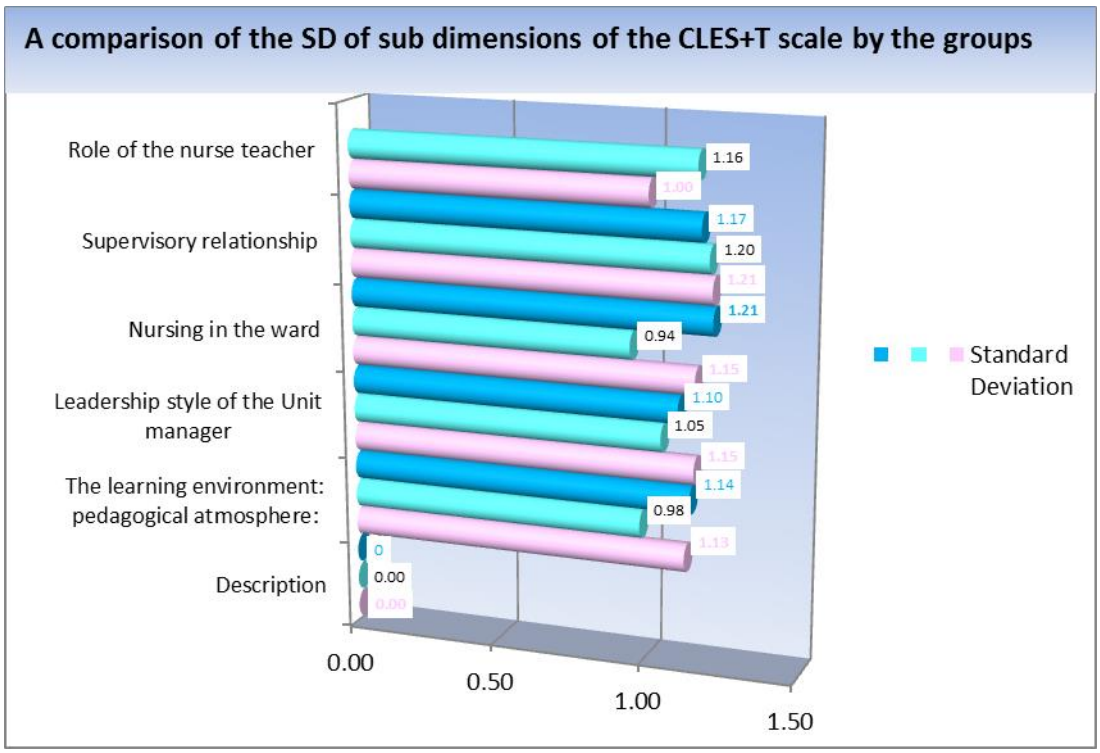
The cross tabulations between occurrence of supervision and content of supervisory relationship indicated that on average (n=110) 77.7% the participants agreed that group supervision was overall experienced as positive. In a recent research conducted by (Holst & Horberg, 2013) it is indicated that being introduced to a well-organized clinical practice is important for the students' ability to learn. Furthermore they report that most students feel anxiety at the commencement of their clinical studies, and this can be condensed as they gain experience. Effective and efficient supervisors had a positive impact on students' learning and development towards their future profession and the nursing students' confidence.

Due to the complex nature of the clinical learning environment there are many factors that influence the clinical learning environment and thus the student experience may vary from ward to ward.

4.22 Comparison of results to other CLE+T studies done internationally

The Clinical Learning Environment Supervision and Teaching questionnaire developed by Saarikoski & Leino-Kilpi (2008),has been tested internationally, in more than thirty countries on various levels. A brief comparison done with two studies conducted internationally from the CLES+T study conducted in Italy Tomietto, et al., (2012) and CLES conducted in Sweden ,Saarikoski M., (2008) the researcher analysed some of the descriptive statistics to compare the results of this study undertaken in Johannesburg, South Africa.

Information from the study “CLES conducted in Sweden” by Saarikoski M., (2008) utilising 511 Bachalareus nursing students and the “CLES+T study conducted in 3 Italian Universities “ utilising 875 Bachalareus nursing students by Tomietto, et al., (2012) was utilised in the brief comparison.



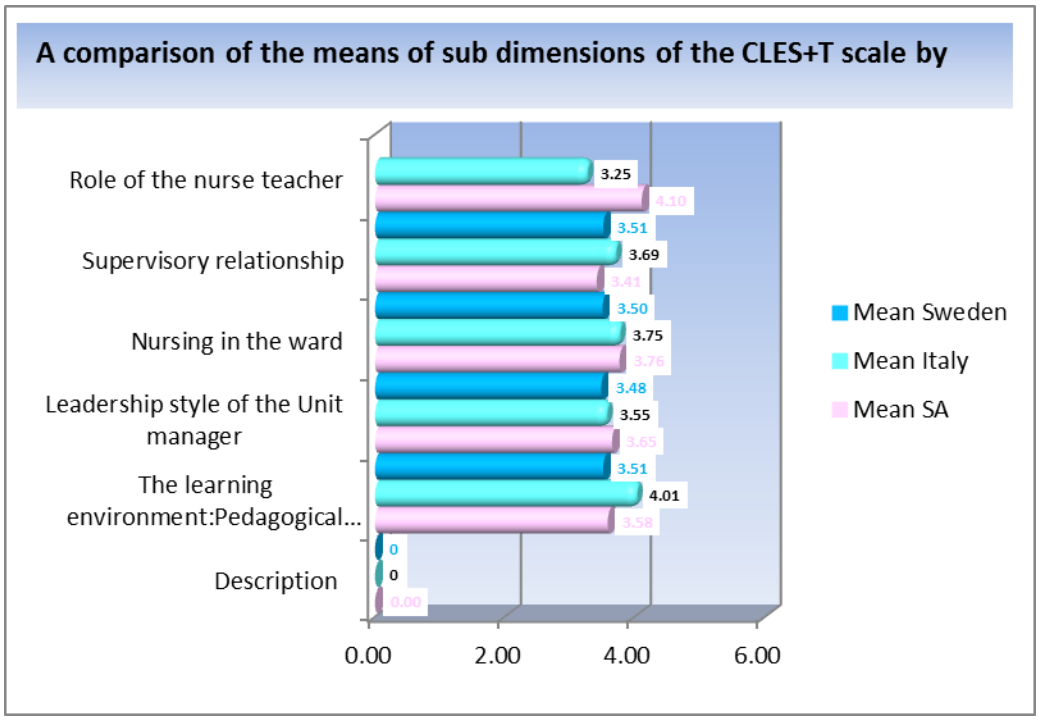


Table 35: Descriptive stats: Average SD per item of all sub-dimensions compared to international results

	Standard Deviation		
Description	SA	Italy	Sweden
The learning environment: pedagogical atmosphere:	1.13	0.98	1.14
Leadership style of the Unit manager	1.15	1.05	1.10
Nursing in the ward	1.15	0.94	1.21
Supervisory relationship	1.21	1.20	1.17
Role of the nurse teacher	1.00	1.16	

Table 36: Descriptive Statistics: Average Mean per item of all sub-dimensions compared to international results

Description	SA	Italy	Swede
The learning environment:Pedagogical atmosphere:	3.58	4.01	3.51
Leadership style of the Unit manager	3.65	3.55	3.48
Nursing in the ward	3.76	3.75	3.50
Supervisory relationship	3.41	3.69	3.51
Role of the nurse teacher	4.10	3.25	

Key outliers identified is that the students in Italy were most satisfied with the learning environment whereas the students in South Africa rated their Role of the Nurse teacher (clinical facilitator) most positively and could be due to the different system utilised in the 3 countries. The students in Johannesburg, South Africa are exposed to the clinical facilitator model as previously described in the study, whereas the nurse teachers in Italy and Sweden were both employed by the university and not the clinical facility. No outliers were evident in the study conducted in Sweden from this brief analysis.

CHAPTER 5

5.1 Introduction

The main focus of this research was to investigate the factors influencing the clinical learning environment from a student perspective.

The student perspective was important to the private nursing education institution selected for this study as customer centricity is a key focus and the nursing education institution aims to ensure quality education on all levels in both the academic and clinical components of the nursing programmes.

5.2 Summary

The problem identified was that students appear to experience difficulty in meeting the overall clinical learning requirements of the programme in the clinical learning environment which was perceived by the students to be suboptimal.

As the placement of nursing students in a clinical learning environment is a legislative requirement and a vital component in all nursing programmes in South Africa the deduction is that clinical placement in an optimal learning environment will enable nursing students to provide quality, competent and caring nursing care to patients.

The research aims and objectives were to identify which factors in the clinical learning environment, will contribute to outcomes for nursing students, be it positive or negative. Furthermore to determine how these factors will influence educational outcomes and then lastly, to provide knowledge of the factors that influence quality learning, in order to develop policy that would improve the overall

outcomes and practice with regards to the clinical learning environment for nursing students in the private healthcare organisation and private nursing education institution.

The research design selected for the study was a quantitative study using a survey design administered to a group of (n=142) of the Bridging Course leading to registration as a General Nurse (R682).

A cross-sectional survey was conducted using the CLES+T (Clinical Learning Environment Supervision and Teaching) questionnaire developed by Saarikoski & Leino-Kilpi (2008), an internationally validated tool, for which the researcher obtained permission to utilise, from the author.

The researcher explored the variables present in the clinical learning environment from a student perspective with regards to the specific areas identified in the CLES + T Questionnaire.

5.3 Main Findings

In order to clearly illustrate and summarise the main findings of the research project, the researcher has included the following graph as a means of illustration.

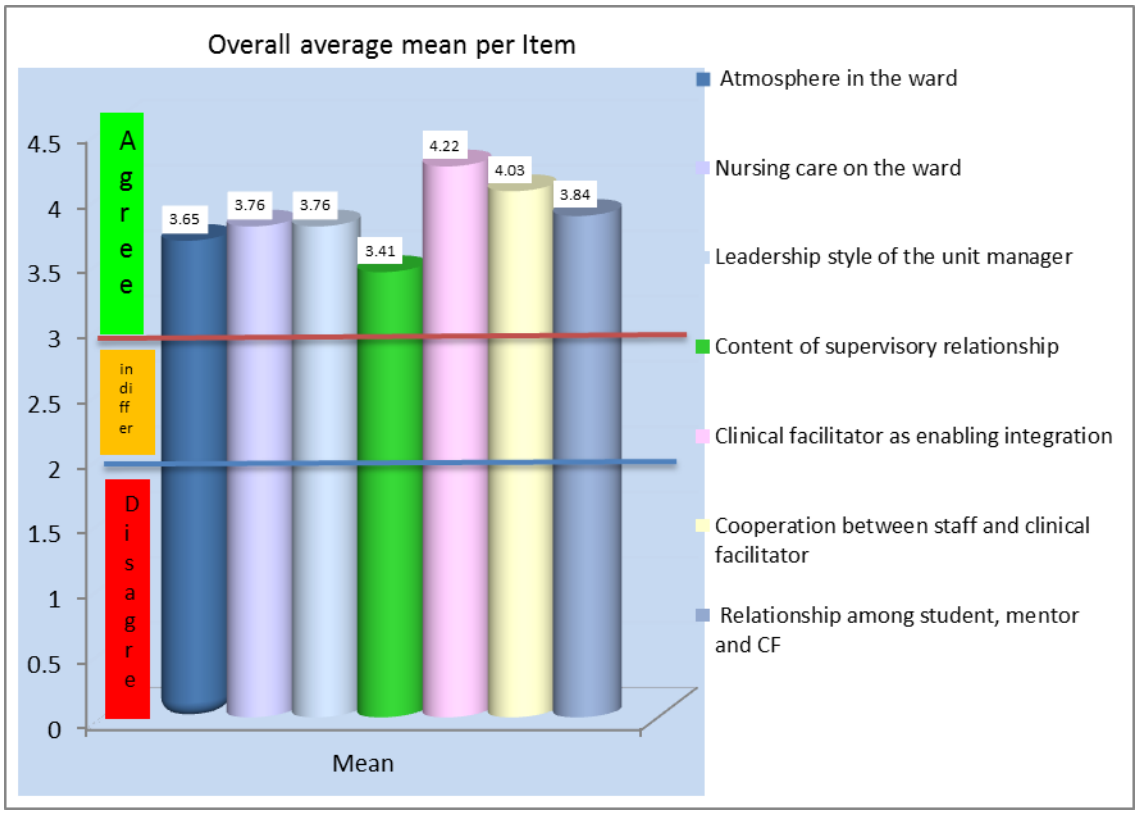


Figure 21: Overall average mean per Item

The overall outliers identified were as follows;

5.3.1 The most positive being the factor relating to the clinical facilitator (nurse teacher); enabling of the integration of theory and practica, cooperation between staff and clinical facilitator and the relationship between the student, mentor and clinical facilitator.

5.3.2 As the most negative factor identified by the students appeared to be the lack of supervision and occurrence of supervision in the clinical leaning environment. Varied supervision was identified as most frequent supervision; an area of concern in this premise is that (n=19) of the (n=142) participants indicated that they did not receive supervision at all.

5.3.3 In the cross tabulations between occurrence of supervision and the content of supervision, group supervision was identified as most favourable type of supervision and also that when supervision occurred it was valuable.

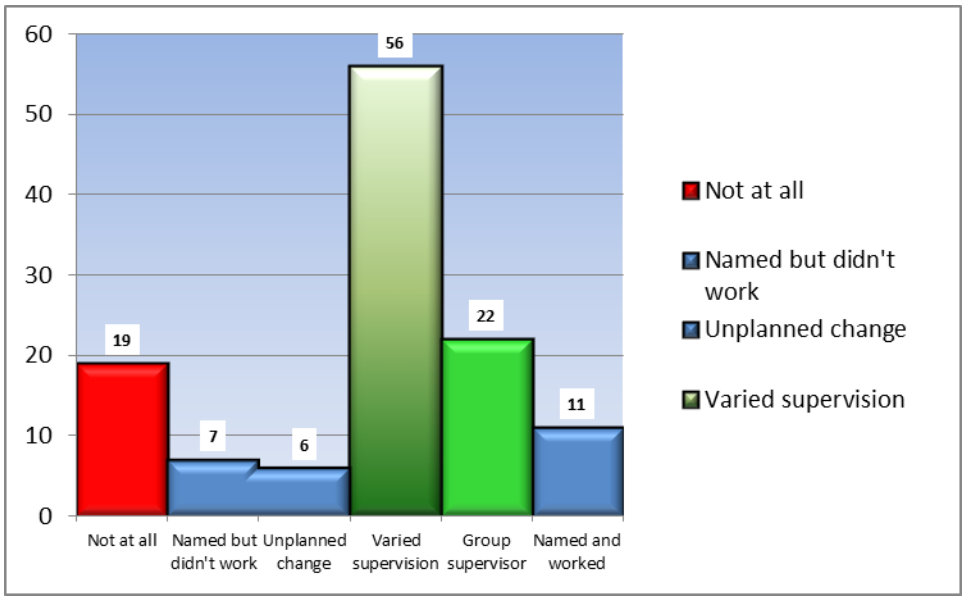


Figure 22: Occurrence of supervision

5.4 Limitations of the study

The study conducted; “Factors influencing the clinical learning environment: a student perspective” provided valuable information to the researcher, though some of the factors would require validation and correlation with other perspectives from important role players, such as the unit managers, clinical facilitators’ and employees as well as organisational quality indicators to provide better insights.

The five point Likert scale utilised in the questionnaire allowed participants not to provide a definitive reflection regarding their perceptions and thus skewed the results. In analysing the number of participants who indicated neither agree nor disagree ranged from a minimum of (n=16) 12.2% for “S5.1 In my opinion, the clinical facilitator was capable to integrate theoretical knowledge and everyday

practice of nursing" to a maximum of (n=50) 36% for S1.8 "The learning situations were multi-dimensional in terms of content". On average (n=29)20.9% of the participants did not reflect their perspective throughout the survey.

The pure quantitative nature of the study did not allow clarification of some factors identified regarding the clinical learning environment and the student perceptions.

Considering the initial reason for the study that lead the researcher to selecting this specific topic, population and sample, the manner in which the questionnaires were answered failed to reflect these anecdotal concerns. This may be ascribed to the phenomena of social desirability. (Fons van de Vijver, 2004)

Another limitations identified by the researcher was not being allowed to administer the questionnaire to the students personally. The limitation was in respect of ensuring that the students were clear on the terminology and the interpretation of the questions within the context of the private hospital environment in Johannesburg, South Africa. Example to clarify that supervision is not the sole responsibility of the clinical facilitator. Clouding of the roles could provide unreliable data.

5.5 Recommendations for nursing education, nursing research and nursing practice

Provision of a positive practice and clinical learning environment for nursing students is and should be a critical focus area for any healthcare organisation and nursing education institutions and the leadership thereof. How students are, or the lack thereof, supported and guided to become competent qualified nurse practitioners, relates to the outputs in this profession.

Therefore the researchers' recommendations for nursing education per se would be aimed at addressing the factors identified by the students in this research, which would influence the educational and clinical outcomes positively with specific focus on strengthening supervision and role modelling in an optimal positive practice and clinical learning environment. Furthermore as discussed in the literature review ensuring and maintaining a positive practice and clinical learning environment where the critical underlying factor of supervision and clinical facilitation practice is optimal, so as to establish and maintain a platform for optimal opportunity to allow students to integrate theory into practice and to apply the principles of critical thinking and problem solving effectively.

The recommendation for nursing education to improve the abovementioned factors would require additional policy development for the organisation and stricter adherence to set guidelines from the nursing education institution where the study was conducted, but also applied to the broader nursing education in South Africa. The proposed changes must be made in addition to the current criteria set by the South African Nursing Council for accreditation of the clinical facilities for education and training.

Furthermore to support the implementation and operationalisation of the new clinical model for South Africa based on the favourable results yielded in this study with regards to the importance of clinical facilitation provided by the clinical facilitators based permanently in the hospital environment. In comparison to international studies conducted, where the nurse teacher is part of the college or university staff, the perceptions of the students were much less favourable than in this instance. In this model the group supervision could be integrated as part of the clinical for learning through establishing a conducive setting where the facilitator

provides guidance and supervision during actual nursing activities in a clinical for learning environment. This should include accompaniment of the group of nursing students with the focus on integrating the theory and practice whilst providing clear role modelling to the group of the expected behaviours and at the same time developing a professional nursing culture for these students. In order to ensure effective group supervision and facilitation the facilitators requires skills for effective facilitation and supervison in the groups.

5.6 Nursing research:

It is the recommendation of the researcher that opportunity exists for further research comparing South Africa and other international studies on the CLES+T questionnaire to identify best practice and leverage the opportunities for change in practice.

Further studies to explore the group supervision as an effective method in the education and development of nursing students and or health care professionals would be beneficial, especially when the shortage of competent, skilled professionals is a reality in nursing globally.

Recommendation for further study to cover multiple perspectives, including those of clinical supervisors, unit managers, health organisations, and education providers nationally in private and public healthcare organisations that influence the clinical learning environment. These studies of other stakeholder perceptions would expand the knowledge available and thus provide wide-ranging or holistic data with regards to their perception of the factors influencing the clinical learning environment. The knowledge or data gathered may provide valuable insights and

opportunity to identify additional areas for improvement and ultimately inform a comprehensive result.

5.7 Nursing practice:

Implementation of the Positive Practice model in the hospitals would support creating a platform to improve current nursing practitioners' knowledge, skill and competence. The education component of the positive practice environment aligns very closely to the clinical learning environment with regards to nurturing effective supervisory, mentoring and peer coaching programmes for permanent staff and students, support opportunities for professional training, development and career pathing, offering comprehensive orientation programmes for new employees and students . Leadership and management development, encouraging best practice and research. (Baumann, 2007)

Despite the perception from the students that nursing care on the ward is a positive contributor to the factors influencing the clinical learning environment, this is a one sided view from the students and may be positive as the practice they are exposed to is seen as the expectation. The researcher strongly recommends that it must be validated utilising the organisations quality indicators as well as measuring best practice and evidence based nursing care to ensure the highest level of nursing care and practice.

Focus on evidence based practise and establishing a scholarly environment in the clinical learning area would be beneficial to the nursing students and employees but also providing and or improving quality of nursing care, increasing nurses' job satisfaction and retention, patient and doctor satisfaction and thus overall elevating the standard of healthcare in South Africa.

5.8 Conclusion

From this study the researcher has gained certainty of the importance of and insight into several key factors. The most pertinent being;

The influence of the positive practice environment and more specifically the clinical learning environment has on the quality of the training received by nursing students.

The perception which exists that training is insufficient is largely due to a lack of understanding from the stakeholders; that the majority of theoretical and practical integration must take place within the clinical setting. This critical aspect of establishing and maintaining an optimal clinical learning environment will require in depth discussion, action and dissemination of information with evidence to executive and senior management and implementation of constructive change management processes to impact on the understanding of this concept.

It has become clear that the supervision in this setting is compromised due to a number of factors, including but not limited to, lack of knowledgeable staff and/or staff who have kept themselves clinically updated resulting in disinterest from registered nurses to participate in training and developing students in the clinical learning environment, shortage of staff resulting in insufficient number and availability of experienced and clinically competent clinical facilitators and supervisors when compared to the number of students that they need to assist/mentor, a discrepancy in the understanding of expectations from the various stakeholders as to what is meant by the term ‘supervision’.

In this study group supervision has come to the fore as the most effective form of facilitation and supervision to utilise.

The importance of clinical facilitators to students; their role and the impact they are able to have within the hospitals as a whole has also been highlighted. This is something to take note of as clinical facilitators are not always considered to be of key importance in their day to day setting of hospital management and indirect payrolls.

We have clearly seen positive impact of the current clinical facilitation model used by the private nursing education institution, on student perceptions. This model is much better aligned to the new clinical model proposed for implementation in South Africa than other models utilised internationally as well as in public nursing education institutions it is the researcher view that it will support implementation of the new nursing qualifications in 2015.

On a final note the provision and maintenance of a positive, academically absorbed clinical learning environment remains an absolute imperative for the success of providing quality nursing education and achieving optimal nursing and educational outcomes. This can be achieved when there is true collaboration and triangulation between the key stakeholders being the health care organisation, the nursing education institution and the students / healthcare professionals.

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Appendix 1

CLINICAL LEARNING ENVIRONMENT, SUPERVISION AND NURSE TEACHER (CLINICAL LEARNING ENVIRONMENT S+T) evaluation scale (Saarikoski & Leino-Kilpi 2008)

The following statements concerning the learning environment, supervision and the role of clinical facilitator are grounded into main areas, each with their own title.

For each statement, please choose the statement that best describes your own opinion.

Evaluation scale:

1 = fully disagree

2 = disagree to some extent

3 = neither agree nor disagree

4 = agree to some extent

5 = fully agree

The learning environment

Pedagogical atmosphere:

The staff were easy to approach	1	2	3	4	5
I felt comfortable going to the ward at the start of my shift	1	2	3	4	5
During staff meetings (e.g. before shifts) I felt comfortable taking part in the discussions	1	2	3	4	5
There was a positive atmosphere on the ward	1	2	3	4	5
The staff were generally interested in student supervision	1	2	3	4	5
The staff learned to know the student by their personal name	1	2	3	4	5
There were sufficient meaningful learning situations on the ward	1	2	3	4	5
The learning situations were multi-dimensional in terms of content	1	2	3	4	5
The ward can be regarded as a good learning environment	1	2	3	4	5

Leadership style of the Unit Manager (UM):

The UM regarded the staff on her/his ward as a key resource	1	2	3	4	5
The UM was a team member	1	2	3	4	5
Feedback from the UM could easily be considered as a learning situation	1	2	3	4	5
The effort of individual employees was appreciated	1	2	3	4	5

Nursing care on the ward:

The wards nursing philosophy was Clinical Learning Environment arly defined	1	2	3	4	5
Patients received individual nursing care	1	2	3	4	5
There were no problems in the information flow related to patients' care	1	2	3	4	5
Documentation of nursing (e.g. nursing plans, daily recording of nursing procedures etc.) was Clinical Learning Environment ar	1	2	3	4	5

The supervisory relationship

In this form, the concept of supervision refers guiding, supporting and assessing of student nurses made by clinical registered nurses. Supervision can occur as individual supervision, or as a group (or team) supervision.The concept of mentor means a named personal supervisor. **Indicate below who played this role for you whilst placed in the wards**

Occupational title of supervisor: (Support in the ward)

Nurse	1
Nurse specialist (Clinical Nurse Specialist / Clinical Facilitator)	2
Deputy Unit manager /Shift Leader	3
Sister/ Unit manager	4
other, please specify? _____	

Occurrence of supervision:
(select one <u>alternative only</u>)

I did not have a supervisor at all	1
A personal supervisor was named, but the relationship with this person did not work during the placement	2
The supervisor changed during the placement, even though no change had been planned	3
Supervisor varied according to shift or place of work	4
Same supervisor had several students and was a group supervisor rather than an individual supervisor	5
A personal supervisor was named and our relationship worked during this placement	6

Other method of supervision, please specify?
.....

How often did you have **separate private unscheduled supervision with the supervisor** (without clinical facilitator):

not at all	1
once or twice during the course	2
less than once a week	3
about once a week	4
more often	5

The content of supervisory relationship:

The following statements concerning the supervisory relationship. For each statement, please choose the option that best describes your own opinion.	**Evaluation scale:** 1 = fully disagree 2 = disagree to some extent 3 = neither agree nor disagree 4 = agree to some extent 5 = fully agree				
My supervisor showed a positive attitude towards supervision	1	2	3	4	5
I felt that I received individual supervision	1	2	3	4	5
I continuously received feedback from my supervisor	1	2	3	4	5
Overall I am satisfied with the supervision I received	1	2	3	4	5
The supervision was based on a relationship of equality and promoted my learning	1	2	3	4	5
There was a mutual interaction in the supervisory relationship	1	2	3	4	5

Mutual respect and approval prevailed in the supervisory relationship	1	2	3	4	5
The supervisory relationship was characterized by a sense of trust	1	2	3	4	5

Role of the Clinical Facilitator

The Clinical Facilitator is a facilitator (employed by the hospital/ Netcare Education) who is responding in the clinical placement.

The following statements concerning the linking clinical facilitator are grounded into main areas, each with their own title.

For each statement, please choose the option that best describes your own opinion.	**Evaluation scale:** 1 = fully disagree 2 = disagree to some extent 3 = neither agree nor disagree 4 = agree to some extent 5 = fully agree

Clinical Facilitator as enabling the integration of theory and practice:					
In my opinion, the clinical facilitator was capable to integrate theoretical knowledge and everyday practice of nursing	1	2	3	4	5
The clinical facilitator was capable to operationalise the learning goals of this clinical placement	1	2	3	4	5
The clinical facilitator helped me to reduce the theory-practice cap	1	2	3	4	5
Cooperation between placement staff and clinical facilitator:					
Clinical Facilitator was like a member of the nursing team	1	2	3	4	5
Clinical Facilitator was capable to give his or her pedagogical expertise to the clinical team to the clinical team	1	2	3	4	5
The Clinical Facilitator and the clinical team worked together in supporting my learning	1	2	3	4	5
Relationship among student, mentor and clinical facilitator:					
The common meetings between myself, mentor and clinical facilitator were comfortable experience	1	2	3	4	5
In our common meetings I felt that we are colleagues	1	2	3	4	5
Focus of the meetings was in my learning needs	1	2	3	4	5

Thank you for your time and help!

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Appendix 2

Dear Student,

I am currently busy with my MSc Nursing Education at the University of the Witwatersrand. As part of the Masters Degree, I am doing a research project. I would like you to invite you to participate in this study. This letter will explain what is required and the field worker will clarify any of your questions or concerns. Please read this information letter carefully before you sign the attached consent form.

What is this study about?

The overall aim of this study is to explore and describe the factors influencing the clinical learning environment, supervision and clinical facilitation from your perspective. As you are in your final year of the programme you should have had a lot of exposure in your hospitals' clinical environments. This study will hopefully be able to assist me to implement measures to optimise the clinical learning environment for nursing students.

What do I need to from you as a participant?

As part of this study I want to get student perspectives about the quality of the clinical learning environment, supervision and clinical facilitation they are exposed to during their training.

All the Bridging Course final year students have been selected to participate in completing this questionnaire. The questionnaire will be anonymous; this means that all information will be confidential. It should take approximately ten minutes for you to answer the questions. A fieldworker will be happy to go through the questions with you if you agree. My role is to gather the information from the questionnaires and to understand your view points, but not to pass judgment. There is no right or wrong answer. How you answer the questions will not affect your training in any way. We will incorporate your answers, anonymously, into an overall assessment of the factors Influencing the clinical learning environment, supervision and clinical facilitation.

How do you know that the information you give will be kept confidential?

The information that will be obtained in this questionnaire will be kept confidential. Only members of the research team will know who has participated in the research /questionnaire. All participants will be assigned a code and these codes will only be known by members of the research team for the purpose of the study. No names will be revealed in any written data or report resulting from the study. The answers given by participants will be combined and analysed to look for information about the common factors Influencing the clinical learning environment, supervision, and clinical facilitation from your perspective. The combined information will be written up in the form of a report.

Did I get permission to carry out the study?

Permission to carry out this study was obtained from the University of the Witwatersrand Research Ethics Committees as well as the Netcare Ethics committee and research board. I will appreciate your participation and will ask you to sign an informed consent form to participate in the study. If you have any questions about your rights as a study participant, or questions or concerns about any aspect of the study, you may contact the ethics office on (011) 717 1234.

Will there be any benefits or harm from participating?

There will be no direct benefits to anyone who participates in the in study. You have the right to refuse to answer the questionnaire or if you do agree to answer the questionnaire you can leave out the answers you are uncomfortable with and you can stop the completing the questionnaire at anytime. There will be no negative consequences for individuals who do not want to participate.

However, I would really appreciate it if you do share your thoughts and feelings about the questions we will be asking you. We hope that the information we will get from you will be used to make an positive contribution to the clinical learning environment, student outcomes and ultimately quality patient care.

Who controls this project?

This project is being carried out by myself under supervision of Dr. S. Armstrong; Nursing Department at the University of the Witwatersrand.

Who do I contact if I want to ask more questions?

If you have questions about your rights as a study participant, or questions or concerns about any aspect of this study please call, me, the research student, or my research supervisor.

Thank you for your consideration to participate!

Mrs. Toy Vermaak (Student)

Nursing Department,

University of the Witwatersrand, Johannesburg

Phone: 011-628-7642

Fax : 086 6027748

Email: Toy.Vermaak@netcare.co.za

Dr. Sue Armstrong (Research Supervisor)

Senior Lecturer - Nursing Department

University of the Witwatersrand, Johannesburg

Phone: 011-488 3094

Fax: 0865704976

Email: Sue.Armstrong@wits.ac.za

Figure 23: Information Letter to Participants in the CLES+T study JHB SA

Appendix 3

CONSENT FORM FOR COMPLETION OF GROUP ADMINISTERED QUESTIONNAIRE

I have been given the information sheet on the research entitled: factors influencing the clinical learning environment: a student perspective.

I have read and understood the information sheet and all my questions have been answered satisfactorily.

I understand that it is up to me whether or not I would like to participate in the group administered questionnaire and that there will be no negative consequences if I decide not to participate. I also understand that I do not have to answer any questions that I am uncomfortable with and that I can stop competing the questionnaire at any time.

I understand that the researcher involved in this project will make every effort to ensure confidentiality and that my name will not be used in the study reports, and that comments that I make will not be reported back to anybody else. I consent voluntarily to participate in the group administered questionnaire for this study. I have been given telephone numbers that I may call if we have any questions or concerns about the research.

Participant's signature: _____ Date: _____

Interviewer's signature: _____ Date: _____

Figure 24 : Consent form for completion of group administered questionnaire

Appendix 4

Mikko Saarikoski
RN, PhD, Principal Lecturer
e-mail: mikko.saarikoski@turkuamk.fi
Postal address:
Turku University of Applied Sciences
PL 20, 20 701 Turku
Finland

Agreement form

15.04.2008

Agreement for using the Clinical Learning Environment, Supervision and Nurse Teacher (*CLES+T*) evaluation scale

I agree to abide by the following principles in using the *CLES+T* evaluation scale as a research tool in my/ our empirical study:

- The CLES should only be used in its original form (minor alternations are permissible, for example in order to ensure the terminology of *CLES* reflects different cultural aspects). All such changes should be reported to the authors.
- Any research reports that have used the *CLES* should acknowledge the original source by using the following reference: Saarikoski et al. 2008. The nurse teacher in clinical practice: Developing the new sub-dimension to the Clinical Learning Environment and Supervision (CLES) scale. International Journal of Nursing Studies 45: 1233-1237.
- The instrument cannot be published in its original form (e.g. as Appendix) without the permission of the copyright holder, Elsevier Sciece Ltd. UK. The *CLES+T* scale has been published originally in the above article.
- Authors should be sent one copy of publications in which the *CLES+T* scale has been used as a research instrument (see the address above)

Name of the re-user: Frances Ann Vermaak (known as Toy)

your signature

Research organisation: The University of the Witwatersrand, Faculty of Health Sc

Address: 7 York road, Parktown

Johannesburg 2193

Name of the research (or research project): Factors Influencing Clinical Learning environme on quality outcomes for nursing students: a studen perspective.

Language version: English

I give the permission:

Mikko Saarikoski

Date: Tikn 15th August 2011

Please, complete this form informing about your study and send two signed copies to the address above (or scan a copy - signed by you - as *.pdf -file and send it to me using e-mail). The filled form (signed by me) will be returned to you.

Figure 25: Permission to utilise the CLES+T questionnaire from author

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Mrs Frances A Vermaak

CLEARANCE CERTIFICATE	**M120421**
PROJECT	Factors \influencing the Clinical Learning Environment: A Student Perspective
INVESTIGATORS	Mrs Frances A Vermaak.
DEPARTMENT	Department of Nursing Education
DATE CONSIDERED	04/05/2012
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 11/06/20/12 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable
cc: Supervisor : Dr S Armstrong

DECLARATION OF INVESTIGATOR(S)
To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES...

Figure 26: Permission to conduct the research study WITS ethics committee

Netcare Limited

Tel: + 27 (0)11 301 0000
Fax: Corporate +27 (0)11 301 0499
76 Maude Street, Corner West Street, Sandton, South Africa
Private Bag X34, Benmore, 2010, South Africa

RESEARCH COMMITTEE FINAL APPROVAL OF RESEARCH

Approval number: UNIV-2012-0016

Mrs Toy Vermaak

E mail: Toy.Vermaak@netcare.co.za

Dear Mrs Vermaak

RE: FACTORS INFLUENCING THE CLINICAL LEARNING ENVIRONMENT: A STUDENT PERSPECTIVE

The above-mentioned research was reviewed by the Research Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at Netcare Gauteng South West Campus, has been approved, subject to the following:

i) Research may now commence with this FINAL APPROVAL from the Academic Board of Netcare (Research Committee).

ii) All information with regards to Netcare will be treated as confidential.

iii) Netcare's name will not be mentioned without written consent from the Academic Board of Netcare (Research Committee).

iv) All legal requirements with regards to patient rights and confidentiality will be complied with.

v) Insurance will be provided and maintained for the duration of the research. This cover provided to the researcher must also protect both the staff and the hospital facility from potential liability

vi) In accordance with MCC approval, that medicine will be administered by or under direction of the authorised Trialist

vii) The research will be conducted in compliance with the GUIDELINES FOR GOOD PRACTICE IN THE CONDUCT OF CLINICAL TRIALS IN HUMAN PARTICIPANTS IN SOUTH AFRICA (2000)

viii) Netcare must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from Academic Board of Netcare (Research Committee) as well as a FINAL REPORT with reference

to intention to publish and probable journals for publication, on completion of the study.

ix) A copy of the research report will be provided to Netcare once it is finally approved by the tertiary institution, or once complete.

x) Netcare has the right to implement any Best Practice recommendations from the research.

xi) Netcare reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects/Netcare or should the researcher not comply with the conditions of approval.

xii) APPROVAL IS VALID FOR A PERIOD OF 36 MONTHS FROM DATE OF THIS LETTER.

We wish you success in your research.

Yours faithfully

Prof Dion du Plessis
Full member: Research Committee & Medical Practitioner evaluating research applications as per Management and Governance Policy

Shannon Nell
Chairperson: Research Committee
Network Healthcare Holdings Limited (Netcare)
Date: 20/6/2012

Figure 27: Permission from the Research committee to conduct the study in Netcare.