

**NURSING STUDENTS' PERCEPTIONS OF LEARNING IN THE
CLINICAL ENVIRONMENTS AT A PRIVATE NURSING INSTITUTION
IN GAUTENG**

Reshola Padayachee

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DECLARATION

I, Reshola Padayachee, declare that this Research Report is my own, unaided work. All sources quoted have been indicated to the best of my ability by the use of complete referencing using the Harvard referencing style.

This Research Report is being submitted for the degree of Masters of Science in Nursing at the University of the Witwatersrand, Johannesburg. This report has not been submitted for any other degree or examination at any other University.



Signature

15 June 2023

Date

Student Number : 2299620

Protocol Number : M201045

DEDICATION

This study is dedicated to my late mum (Soogarpathy Durgadin) who has been my greatest inspiration and biggest fan growing up. Mum, your guidance and upbringing made me the person I am today. Thank you for always believing in me. I wish you were here right now, but I know that you are my angel watching over me.

ABSTRACT

Background

The clinical learning environment is a complex entity and forms an essential part in the students' training and professional socialization. Nursing students spend a considerable part of their training in the clinical environment where they develop their competence in nursing procedures and nursing skills. The clinical environment has many benefits, specifically in meeting the learning objectives of the students and to prepare them to function independently once they qualify. However, previous studies have shown that it can be very challenging and stressful for the student and can compromise them from becoming safe practitioners who ensure safe patient outcomes as aimed for during their training.

Purpose/Aim

The aim of this study was to explore the perceptions of nursing students about learning in the clinical environment and to provide recommendations to the Nursing Education Institution (NEI) on how to address these perceptions of the students.

Methods

The study adopted a qualitative descriptive design using semi - structured interviews to answer the research question.

Data analysis

Thematic analysis was used to analyse the data. The data was then organised and understood and before codes were assigned using words and phrases from the data. The themes and subthemes that were derived, was linked to the research questions and the objectives of the study.

Setting

Data was collected at a purposively selected Private Nursing Education Institution in Gauteng.

Main Findings

Overall, students have positive experiences in the clinical environments. Support exists but needs to be reinforced by all. There is adequate resources and exposure in the clinical environment. Challenges that require attention are language and communication, and a more cooperative relationship from nursing staff to ensure that the clinical environment is conducive, and that learning takes place.

Keywords

Nursing Students, Private Nursing Education Institution

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 Introduction

This chapter provides an overview of the research study and will present the background, problem statement, purpose, research questions, and objectives. Operational definitions will also be provided as well as a brief overview of the methodology.

1.2 Background of the Study

According to the National Policy on Education and Training (South African Nursing Council, 2019), clinical training is an important component of nursing education and training and is integral in facilitating the integration of learning. Clinical learning environments play an important role in shaping the learning experiences of nursing students. According to Bruce, Klopper and Mellish (2011), the goal of nursing education is to produce a nurse who is competent and confident in both components of the programme, namely theoretical and practical. Both these components are essential in preparing students to function optimally in a variety of clinical areas such as medical, surgical, specialised units as well as in the community clinics. The clinical environment provides opportunities for nursing students to learn experientially and by applying theoretical knowledge and a variety of psychological and psychomotor skills which are of significance for the delivering of safe and effective patient care (Gaberson, Oermann, and Shellenbarger, 2014). Therefore, when students are placed in the clinical learning environment they are enabled to learn from real-world clinical encounters with patients, clients, families, and communities and also the meaningful transfer of learning from theory into practice (Bruce, Klopper & Mellish 2011: 253).

In most nursing curriculums, the requirement is that the students undergo the theoretical component first and then integrate that knowledge with the clinical aspects when the students undergo their clinical learning which takes place in the clinical learning environments. During the student's clinical placements there are multiple challenges and expectations that the students may encounter, and this impacts the performance of the students. Kalyani et al, (2019) described the clinical environment as a combination of several physical, emotional and organisational factors which might affect students' learning and how they confront the environment. Further to these multitude of factors, the clinical learning environment has been identified as the main reason for nursing students' decision to either quit or continue with the profession (Kalyani et al, 2019). Lawton (2017) underscores the considerable effects the clinical environment has on a student's physical and emotional wellbeing, and it is therefore essential that the students approach the clinical environment with a positive attitude.

The education and training of nurses in South Africa is regulated by the South African Nursing Council (SANC) through the setting of minimum requirements for training and practice and the registration of qualifications. As part of the requirements set out by the South African Nursing Council, students need to accumulate learning hours for clinical learning and role-taking to complete their training. As stated, nursing students require competence in both theory and clinical aspects to successfully complete the programme and be able to function independently and according to their Scope of Practice (R2598) and (R171).

Two reasons drive student placement in the clinical environment namely:

- a. For clinical experience and to gain confidence and competence and
 - b. To expose the student to identify with the role (role taking) becoming part of the team and learn in the real-world settings.
- Nursing students who are enrolled for the three-year diploma for general nurse programme (R171) are required to complete 480 clinical hours in their first year of training. Clinical facilitators or clinical nurse specialists are placed in the clinical environment to facilitate learning, support, guide and determine the student's competence in the clinical environment. It is also the role and function of the registered nurses who is employed by the clinical facility to supervise the students during their clinical placements (Tuomikoski, Ruotsalainen, Mikkonen & Kaariainen, 2020). Based on personal experience, the shortage of nursing staff and clinical facilitators, lack of role clarity, workload, and lack of knowledge in some instances, all affect the students learning and the students do not get the required support and guidance they require and are often left to complete nursing duties and tasks alone and unsupervised. According to SANC, both the nursing education institution and the accredited clinical facility have a responsibility to provide an atmosphere that is supportive of learning in terms of role modelling, quality of care, competency, professional and ethical role modelling (Guidelines for clinical placement, 2021).

Few studies have examined the process of teaching and learning in clinical practice from the perspective of student satisfaction, despite the fact that clinical practice is the foundation of nursing student training and that its significance has long been acknowledged (Lee et al., 2019; Rice, 2015). Clinical practice is the main component of nursing student training.

In a study that was conducted in the public sector some of the aspects that student nurses mentioned were staff related challenges,

environment and service-related experiences and challenges, patient related challenges and the lack of tutor support or supervision. (Zulu, du Plessis and Koen, 2021)

In the past students have verbalised some of their experiences within the clinical learning environment to the researcher, a nurse educator and facilitator at the nursing education institution. This had sparked the need to explore what factors impact learning in the clinical environment.

Finding evidence that has an impact on learning would guide recommendations to alleviate any challenges from an educational stance. Therefore, the study aimed to address this gap by exploring the student perceptions of learning within the private sectors clinical environment.

1.3 Significance of the study

There have been several studies conducted in South Africa regarding the perceptions of learning in the clinical learning environment as well as in other countries. However, there is minimal literature conducted at Private Nursing Education Institutions and more specifically literature on the new undergraduate nursing programme students. This study will add to the existing body of knowledge of nursing, nursing education and clinical facilitation of students both at campus level and in the clinical environments.

1.4 Problem Statement

Irrespective of which nursing course or programme that a student enters, they will be required to successfully complete both the theoretical and the clinical component. According to SANC, theoretical components are to be accompanied by adequate clinical allocation and support in real life situations to develop competent practitioners (South African Nursing

Council, 2020). This is a requirement by SANC and because nursing is a professional discipline, exposure to real world situations is required. It is however not known in the South African context and specifically in the private sector how students perceive the clinical learning environment, and how the experiences students are faced with, impacts, or influence their learning experience. Students normally inform their hospital academic staff or the campus staff of problems they have faced only when they have already not met the requirements of the module and are on the verge of having their training being extended or terminated.

This study will add to the body of knowledge that already exists. It is vital that all those involved with the teaching and learning of nursing students in the clinical environment understands the perceptions of nursing students so that we can provide recommendations to the nursing education institutions.

1.5 Research Questions

Within this study the research question offered guidance to the research methodology that was utilised.

What are the perceptions of nursing students about the learning experience within the clinical setting at a private nursing institution in Gauteng?

1.6 Purpose of the study

The purpose of this study was to identify and explore the student nurses' perceptions of learning in the clinical environment at a private Nursing Education institution in Gauteng.

Therefore, the researcher wanted to know the perceptions of nursing students about learning in the clinical environment which might have an

impact on the students' clinical learning experience with the aim to improve support in the learning processes and mitigate challenges students faced in the clinical learning environment.

1.7 Objectives of the study

- a. To explore the perceptions of learning of the diploma in nursing students at a private Nursing Institution in Gauteng
- b. To identify possible challenges students are facing within the clinical learning environment
- c. To identify specific supportive needs from the student perspective

1.8 Research Methodology and Design

A qualitative descriptive approach was chosen which provided the researcher with data that explored students' experiences within the clinical learning environment of a private nursing institution by means of semi-structured interviews. A detailed description of the research design and method is presented in chapter three of this research report.

1.9 Operational Definitions

- a. **Nursing student:** in this Private nursing education institution nursing student refers to a student that is enrolled in the three-year diploma programme that will lead to registration as a general nurse (R171).
- b. **Private nursing education institution:** this refers to a Nursing Education Institution is a private entity and has no affiliation with the government and provides nursing programmes accredited by the South African Nursing Council.

1.10 Research Outline

Table 1.1 Outline of Chapters

Chapter 1	Introduction, statement of the problem, research question, purpose and objectives of the study, research method and design, research setting, operational definitions, summary - This chapter provides an overview of this research study. This chapter provides an overview of the research study and will present the background, problem statement, purpose, research question and objectives. Operational definitions will also be provided as well as a brief overview of the methodology.
Chapter 2	Literature review - This chapter presents the literature relevant to the clinical environment and addresses focus areas of clinical learning in the clinical learning environment.
Chapter 3	Research Methodology - In this chapter, the researcher will present and discuss the research design and method, the research setting, population and sampling, data collection and data analysis of this study as well as the validity and reliability and the ethical considerations relevant to the study.
Chapter 4	Findings and discussion of findings (data analysis) - This chapter describes the findings of the data collected from participants in the study of student's perception of learning in the clinical learning environment at private nursing education institution in Gauteng.
Chapter 5	Conclusion, summary of main findings, limitations, recommendations - This chapter of the research report provides the main findings, conclusion, limitations, and recommendations for nursing education, research, and nursing practice.

1.11 Summary

In this chapter, a brief overview of the study related to the background, the motivation for conducting the study, statement of the problem, research question, purpose and objectives of the study, research design and method was done. A description of the operational definitions relevant to this study was also presented.

The next chapter will consist of a literature review related to different aspects considered relevant to perceptions of learning that student nurses have in the clinical environment.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

This chapter presents the literature relevant to the clinical environment and addresses focus areas of clinical learning in the clinical environment.

The literature has revealed that learning in the clinical environment is essential for nursing students' development and professional socialization. It is also known that nursing students face multiple challenges when in the clinical nursing environment and these challenges can be detrimental to the students meeting their learning objectives and being successful in the programme. It is also evident from the literature that the challenges that students encounter has a major impact on the entire body and their overall performance in the clinical learning environment. It has been highlighted that students need role models who offer support and guidance in the clinical learning environment, and this is vital for young nurses entering the nursing profession to be competent and function independently in the future.

A literature search was conducted using PUBMED, CINAHL, Medline, EBSCO HOST and Science Direct. Articles reviewed were in English and published in peer-reviewed journals between 2008 and 2023.

2.2 Clarification of the concept Clinical learning environment

According to the South African Nursing Council, clinical learning is defined as part of the educational process that takes place in any practical setting in hospital or community. Practical experience is defined as the time spent by students in nursing and midwifery practice settings

for acquiring and applying knowledge, skills and behaviours demonstrating competency in the practice of nursing and midwifery (South African Nursing Council, 2020). Effective student nurses must be developed in a supportive learning environment that supports their reflective learning abilities. (Husebo, Storm, Vaga, Rosenberg & Akerjordet, 2018:1). In contrast, a poor learning environment makes nursing students feel uncertain and hesitant to perform any tasks.

Clinical environments are areas in the clinical setting where students must work to complete their learning objectives and gain experience in real-life settings. Students get to practice practical skill, interpersonal skills, and communications skills which are taught in theory classes while interacting with patients and nursing staff. The nursing students are exposed to different situations in the different disciplines in the clinical area which help the student to develop and grow in the field. In addition to the experience and exposure, nursing students undergo formative and summative assessments in the clinical environments to assess competency in the nursing skills and ensure that the patient's safety is not compromised at any stage.

During clinical placements the students may encounter other challenges like, lack of supervision from senior nursing staff, and fellow nursing colleagues all of which may leave the students feeling anxious and stressed hence the need for a learning environment and atmosphere that is supported, respected and encouraged (Zhang, Shields, Ma, Yin, Wang, Zhang, and Hui, 2022; Nordquist et al, 2019; Panda et al, 2021).

Botma and MacKenzie (2016:105); Papastavrou, Dimitriadou, Tsangari and Andreou (2016:2) further define a supportive clinical learning environment as a collaborative emotionally secure setting that translates the theoretical aspects of the curriculum into professional skills and attitudes.

Nursing education institutions should offer high-quality nursing education and assistance, including effective instruction and practical education guidance (Emanuel & Pryce-Miller, 2013:18). According to Montgomery, Spanu, Băban and Panagopoulou (2015:76), nursing students are motivated by praise, physical support, and mental support from clinical teachers and the nursing education institution in the practical setting. When student nurses are left alone in a ward without being facilitated by their clinical facilitator, students' express emotions of loneliness and helplessness. According to nursing students, their learning atmosphere was significantly enhanced by appropriate monitoring and clinical educators taking the time to support them. (Cant, Ryan, Hughes, Luders & Cooper, 2021:5)

Literature identified various factors within the clinical learning environments that might influence the students learning experience.

In a study conducted by Ziba, Yakong and Ali (2021) a cross sectional survey included 225 undergraduate nursing and midwifery students in Ghana. The study revealed that in health facilities where the students undergo their clinical placements, team supervision was high. Nursing students when compared to midwifery students rated their clinical experience better than that on the midwifery students and this was the same with the students who had more contact with private supervisors. The study concluded that the better rating of clinical experience was linked to both private supervisors and successful supervision.

In another study by Inocian and Turk (2022), an integrative review was conducted to explore the influence of the clinical learning environment on caring behaviours of undergraduate nursing students, and it was concluded that caring is an important aspect, and this directly influences positive patient outcomes. These caring behaviours require clinical and professional nurses to be role models and create a conducive clinical learning environment, with effective communication skills.

It is important to clarify the concept clinical learning environment to enable us to make meaning of learning experienced by the nursing students. An effective clinical learning environment is crucial in the development and training of young nurses into the profession.

2.3 Role modelling in nursing education

A role model is a person who others look up to who demonstrates good morals and values, and they motivate others to imitate their behaviour. Nursing being a caring profession, students need role models in the clinical field who they can learn from both professionally and clinically to become competent and confident to accomplish their goals (Cruess, Cruess, & Steinart, 2008). Clinical facilitators should continuously strive to model positive behaviours together with senior nursing staff that help nursing students to establish strong, positive nursing identities and take on leadership responsibilities which have an impact on the students' perceptions on the nursing career. Students who are exposed to immoral behaviours might become despondent and may decide to quit their studies.

Clinical facilitators because of the continuous contact that they have with the students, influence students by modelling behaviours that will facilitate their integration into the organization (Allari, Atout & Hasan, 2020:259) and by fostering a feeling of compassion in nursing students (Brown, Stevens & Kermode, 2012:609; Bruce, Klopper & Mellish, 2011:43).

While in the clinical setting, clinical facilitators as well as registered nurses in the units have additional responsibilities which include supervision, direction, and assistance. According to Walker, Dwyer, Broadbent, Moxham and Sander (2014:19), when nursing students encounter these above elements, they see their educators as positive role models.

Allari et al. (2020:62) further explain that Clinical facilitators operate as role models for healthy emotional coping strategies and are likely to have a big influence on how compassionate student nurses become. Clinical facilitators who show respect and concern for nursing students might further strengthen the bonds that already exist between them. (Sandvik,Eriksson & Hilli, 2014:290).

Research has also shown that observing, following, and imitating more experienced nurses is an essential component of learning. Positive role models, in the eyes of aspiring nurses, are people with effective communication skills, the capacity to support changes, being capable, considerate, and exhibiting ethical behaviour (White, Stainer, Cooper & Waight, 2018:53).While Payne (2016:251) says that a lack of role models frequently leads to insufficient guidance and lack of knowledge development for student. Clinical facilitators have a major role to equip nursing students with the necessary attitudes, skills and knowledge for them to build trusting patient-nurse relationships (Dinc & Gastmans, 2012).

Adam & Taylor (2014) suggested that modelling caring attitudes must be a core element in the educational process, and this can be achieved by clinical facilitators making conscious decisions about their choice of words when communicating with nursing students and well as their tones of voice and non – verbal cues when giving feedback.

2.4 Challenges in the clinical learning environment

In the pursuit to clarify the concept clinical learning environment, it is necessary to understand the challenges in the clinical learning environment. Understanding the challenges is important to be able to manage and support nursing students so that they can achieve their learning outcomes and be successful.

In a study by Jamashidi, Molazem, Sharif, Torabizadeh and Kalyani (2016), three main challenges of nursing students were identified, namely, ineffective communication, inadequate readiness and emotional reactions. Nursing students lack communication skills that is essential for effective communication in the clinical learning environment, and this leads to them being discriminated against and lowers their self-confidence. Inadequate readiness is often when seen when students learn the fundamentals of nursing in the classrooms and in the skills laboratories, but students do not master these skills before entering the clinical environment and this causes problems for students and makes them anxious in the clinical environment. Emotional reactions are often due to the lack self-confidence. Many students are not mentally prepared to enter the clinical environment, and this is often the cause of many psychological problems. In Begley and White's (2003) study, self-confidence was an important part of a nurse's personal and professional identity.

2.4.1 Attitude of nursing staff and Clinical facilitators / instructors

Nursing students spend majority of their time in the clinical environments with the clinical facilitators and nursing staff and they observe behaviours and attitudes of their seniors to understand what nursing profession is about.

Positives attitudes of staff and clinical facilitators have a positive impact on the students learning (Panda et al., 2021). Clinical facilitators have a duty in the clinical environment for nurturing students. They are tasked with transferring knowledge that the student gains in the classrooms and follows through on that knowledge by integrating it into practice (Niederitter, Eyth and Thoman, 2017). The student is dependent on the clinical facilitator to aid the development of their cognitive, psychomotor

and affective skills in a conducive learning environment and to allow them to grow confidence reach their full potential.

Nursing staff and clinical facilitators must be available, approachable and willing to teach and support nursing students. Research has shown that students want clinical facilitators who embodies the nursing profession ideal values and traits (Sharif & Masoumi, 2005; Tang, Chow & Chiang, 2005).

2.4.2 Lack of a sense of belonging and self-motivation to learn

Nursing students need to feel that they are part of the team and develop a sense of belonging to motivate them to function optimally in the clinical area. Being in a new environment can be nerve wrecking and the fear of making errors can demotivate students. (Panda Et al., 2021). In the clinical area if the students experience a lack of support from nursing staff, clinical facilitators, peers and a lack of respect from patients their learning is hindered. “Students often do not have enough confidence early into their internship and gradually become more confident as they work in the hospital and its environment” (Jamshidi et al., 2016). An effective and supportive clinical learning environment is essential for the quality and safety of patient care and the well-being of nursing students (Nordquist et al., 2019).

2.4.3 Lack of resources to facilitate need based training

Resources is an important component of learning; adequate resources are essential for carrying out nursing duties. In the clinical environment, students are dependent on resources to be able to learn the correct procedures and functioning of different equipment. During simulation learning the availability of resources allows for the students to practice skills under supervision before approaching the patients. The student

develops confidence as all uncertainties are clarified before moving to the real-life setting.

Not having the required facilities, and access to physical resources also play a role to hinder learning in the clinical environment (Atakro et al., 2019). Students need adequate resources to be able to get the exposure that they require to meet their learning objectives.

In another study conducted in South Africa, there was critical shortage of equipment which ranged from unavailability of equipment, low quality and poor maintenance of the few that were available. This shortage had a negative impact on nursing care and the nursing profession (Moyimane, Matlala and Kekane, 2017).

2.4.4 Inconsistencies between theory and practice

The integration of theory and practice forms the basis of what nursing is about. Students attend theory classes prior to being placed in the clinical environments so that they have the background knowledge and rationale for performing nursing skills. This is very important to avoid medico-legal risks and ensure the delivery of quality patient care. With the advancements in technology and evidence-based practice, theory and practice cannot be separated.

There are instances where clinical practice is not done according to what was taught in theory lectures and students then become confused. Some nursing staff do not follow the nursing standards and when students attempt to do a procedure according to the standard, they are laughed at and made to feel dreadful (Gunay and Kilinc: 2018). These situations leave students feeling embarrassed and afraid and their learning is impacted. According to Nordquist et al., 2019, Simulation learning may prepare students for the clinical learning environment however it cannot compare to the learning that comes from managing patients in the real clinical context.

Staff shortages is a common problem, which often results in the available staff having to carry extra workloads to ensure tasks are completed.

Because of the extra workload nursing staff are always busy and stressed both mentally and physically and this does not allow any time for them to supervise students and guide them in the clinical environment. This has a ripple effect as students are also forced into assisting with the increase in workload to get the work done.

High workloads in the clinical setting, a lack of free time, a lack of resources, family and social problems, and demanding academic requirements are some of the learning obstacles faced by student nurses in the western world. (Pitt, Oprescu, Tapia & Gray, 2017:67).

The same difficulties that student nurses in the west face also exist in South Africa.

Over the past 10 to 20 years, workloads have significantly changed in nursing. With a greater number of patients, nursing students are now expected to perform a wider range of complex tasks. (Hughes, Johnston & Mitchell, 2019:4). Hughes et al. (2019:4) concur that there is more work for student nurses, which leaves less time for studying and socializing.

Reduced acuity levels because of increasing expenses go hand in hand with these increased tasks and poorer working circumstances. (Havaei, MacPhee & Dahinten, 2019:2147). Lower acuity levels significantly lower patient safety levels, which leads to an uptick in adverse events like drug mistakes and patient accidents. Another investigation carried out in South Africa by Jobert and Bhagwan (2018:54) found that staff members often feel powerless and that some patients can be hostile.

These difficulties may cause distractions, bodily aches and pains, inability to keep up with the burden, and academic stress both in the

classroom and at the practical learning areas. (Nkosi, Makhene & Matlala, 2019:3).

Understanding the challenges faced by students can help overcome the barriers leading to development of competent and confident nurses.

2.5. Impact of student nurses on the quality of care

Every patient has the right to receive high- quality care, which is the foundation of nursing. Nursing students are involved in basic nursing care from very early in their training. Students and patients develop a relationship that differs from other nurses and both parties gain something from each other. The students get the clinical exposure and can grow in the

clinical environment and the patients receive the care that they require. This is known as the collaborative learning process as the patient is involved in the training process (Hasanspour – Dehkordi & Shoshani, 2016). In a study by Poggi, Pintus, Dionisi, Simone, Gianetta, et al, 2021, it was concluded in the clinical training departments, that students were the main motivator for supervisors to provide a positive learning environment. Both communication and empathy skills demonstrated by nursing students have a positive impact on patient satisfaction and the quality of nursing care. Students spend a vast amount of time with the patient and that directly influences an increase in patient satisfaction. Patients appreciated the work that was done by students especially those who demonstrated spontaneity, authenticity, and a supportive attitude (Mukumbang and Adejumo 2014). In various studies patients felt that students were competent and skilful with positive attitudes.

2.6 Importance of student support in the clinical learning environment

The clinical setting is a significant learning environment for nursing students but also deems to be very challenging as mentioned above. The

clinical learning environment is a place where practical skills are perfected and the caring behaviours that is needed by all health professionals are developed (Saariskoski & Strandell- Laine, 2017). The clinical learning environment comprises of nursing units which accommodate patients with different health profiles, outpatient and emergency departments which accommodate short stay patients and patients who require immediate emergency care and public health care facilities in the community that accommodate an array of patients (Saariskoski & Strandell- Laine, 2017).

Previous studies have shown that mentor support is crucial in the professional development of nursing students in the clinical learning environments and the positive attitudes of mentors enhance students' motivation to continue in the nursing profession (Mikkonen, Tomietto, Cicolini, Kaucic, et al, 2020). In order for the learning in the clinical environment to be reliable and successful, respect, acceptance and learning opportunities with a mentor and nursing staff is vital. (Papastavrou, Dimitriadou and Tsangari, 2015). One on the major responsibilities of preceptors in the clinical learning environment is the facilitation of learning and to provide students with learning opportunities and allow them to be involved in the different disciplines thereby creating higher levels of enthusiasm and motivation but also increasing their self-confidence at the same time (Jamshidi, Molazem, Sharif, et al, 2018). A supportive learning environment with positive relationships with other team members and active involvement with nursing tasks encourage students to explore new skills in the clinical learning environment. Unit managers and peers need to build a good clinical teaching environment in which students can be able ingrate the theoretical and practical work and have meaningful experiences that build on their professional roles and competencies (Zang, Shields and Ma et al, 2022).

2.7 Summary

In this chapter, the literature review was presented. The researcher critically reviewed the clinical environment using published literature from a variety of databases and the following related to clinical learning was discussed and presented: Clarification of the concept clinical learning environment, role modelling in nursing education, Challenges in the clinical learning environment namely, attitude of nursing staff and clinical facilitators / instructors, Lack of a sense of belonging and self-motivation to learn, lack of resources to facilitate need based training, inconsistencies between theory and practice and staff shortage and workload and the importance of support in the clinical learning environment.

The next chapter will discuss the research design and the method used in this study.

CHAPTER 3

RESEARCH METHOD

3.1 Introduction

In this chapter, the researcher will present and discuss the research design and method, the research setting, population and sampling, data collection and data analysis of this study as well as the validity and reliability and the ethical considerations relevant to the study.

3.2 Research Design

According to Creswell and Poth (2018), Gray et al. (2017), Polit and Beck (2018), and Gray, et al. (2017), qualitative research is a structured, academic, and dynamic approach to social inquiry that aims to characterise individual lived experiences, cultures and social relationships and processes. Flexibility, holistic thinking, combining various data gathering techniques (triangulation), researcher interaction, and continuous analysis are characteristics of qualitative research (Polit & Beck, 2018).

A qualitative descriptive approach was chosen which provided the researcher with data that could assist with answering the research question to address a topic that is not well understood within the specific context.

The researcher explored the perceptions of the students to gain better insight into their perceptions and / or challenges that they face in the clinical learning environment and therefore, a qualitative study was appropriate. Qualitative research is collecting, analysing and interpreting data by observing what people do and say. Bhandari 2020, described that qualitative research is used to understand how people

experience the world and the researcher is the “instrument” through which all information that is collected, observed, interpreted and analysed through the lens of the researcher. Qualitative research is exploratory and open ended in nature and aids the researcher to understand behaviours and perceptions of a target population regarding a particular topic.

Some of the advantages for using the qualitative approach in this study was the 1.) flexibility that it offered: data collection and analysis could be adapted as new information or patterns emerged. 2.) Natural setting: this allowed for a real life, non-threatening environment and in this case the interviewee was in the comfort of their own homes. 3.) Meaningful insights: the interviewee provided the researcher with detailed descriptions of experiences, feelings and perceptions first hand. 4.) Lastly, the generation of new ideas: questions and responses were open ended in nature and this allowed the researcher with opportunities that were not initially thought off (Bhandari 2020).

3.3 Research Method

Semi-structured interviews were used for this study because it was believed that participants would be better able to explain themselves and clarify their opinions through social interaction (Gray, et al. 2017:263).

In semi- structured interviews, which is a combination of both structured and unstructured interviewing, allowed the researcher to be flexible. The researcher could ask more than one question and use probing questions to get the research question answered (Brink et al, 2018).

The interview was produced beforehand and piloted to determine the time allocation for this process and to test whether the questions would elicit the desired information (Botma et al, 2015:209).

3.4 Research Setting

The research setting was a purposively selected Private Nursing Education Institution, attached to a private hospital group in Gauteng. The institution currently offers the following basic nursing programmes: Diploma in General Nursing, Bridging Course leading to registration as a general nurse (R683) which is currently being phased out; the one (1) year Higher Certificate for Auxiliary Nurses (R169); and the three-year Diploma in General Nursing leading to registration as a General Nurse (R171). This private nursing institution also offers post graduate programmes, in- service certificates in intensive care nursing, emergency nursing, critical care nursing, infection prevention, neonatal intensive care nursing, operating room skills, central sterile service department, oncology nursing as well as short courses and CPD's. The research setting therefore, provided access to facilitate the research study.

3.5 Population

Polit & Beck (2018) define population as a specific group of people who will participate in the research and is easily accessible. The total population consisted of nursing students at the private nursing education institution in the Gauteng Region, the three-year diploma in nursing linked to Regulation 171 to become a general nurse. In this study, the population included first year students who are registered in the programme in the diploma leading to registration as a general nurse who have been in the programme for a minimum of three (3) months and who are currently doing their clinical hours at the private hospital group in Gauteng.

The reason for the chosen group is that they were new in the profession and their perceptions would not be influenced by the dynamics at the hospitals. There are currently two hundred and fifty-one (total population = 251) students enrolled at the private nursing institution. The study population N=30.

3.6 The Sample

A sample is the essentials of a population who are selected to participate in the study (Houser, 2018:159). Botma, Greff, Maulaudzi and Wright (2015) state that a sample is a portion of the population that is accessible and who was identified for the study while sampling is the process of selecting a portion of the population to represent the accessible population. According to Brink et al., (2012) sampling describes the process by which researchers chose a sample from a study population to gather data on a topic that accurately reflects the population of interest.

3.6.1 Sample size

Sample size was dependant on the sufficiency of the responses and data collection continued until saturation had been reached. “*Sufficiency* has been achieved if there are sufficient numbers to reflect the range of participants and sites that make up the population so that others outside the sample might have a chance to connect to the experience of those in it.” (Monette, Sullivan and De Jong, 2005:242). According to Polit and Beck (2018) *saturation* means that no new themes or pertinent data is popping up from the responses. Data saturation has been identified as the most commonly evolved justification for sample size in qualitative research in the health domain (Vasileiou et al. 2018)

Guest, Bunce and Johnson (2006) defined saturation as 1.) data saturation – the point in data collection and analysis when new information produces little to the code book (p. 65) with changes consisting of the addition of new codes and refinements of code definition and 2.) as thematic exhaustion (p. 65) – the point at which no new themes emerge from the data. Thematic prevalence is the importance of a code as the proportion of individual interviews to which the code is applied. We can assume that the number of individual independently expressing the same idea is a better indication of thematic importance than the absolute number of times a theme is expressed and coded (Guest, Bunce and Johnson. 2006). Sampling is an important part of research and therefore purposive sampling was explicitly chosen for this study.

The researcher conducted 13 semi- structured interviews from the responses from the participants and until saturation was achieved, n=13

3.6.2 Sampling method

Purposive sampling was the method of sampling that was employed in this study and the researcher recruited and chose participants based on who volunteered to partake in the study from the respective programme. Purposive sampling means the researcher selects participants who have experience in the phenomena and are up to date with the matter at hand and who are skilled to provide the necessary data (Dewanti & Novitasari, 2019:234). In this study the students are registered for the Diploma in nursing, three (3) year programme in which they commenced six (6) months ago and are therefore able to provide valuable information regarding their perceptions in the clinical environment without prejudice. All students were given the information letter and based on the information they received, they then decided whether they wished to be part of the study. The researcher had no

supervisory role with the students that were selected at their respective hospitals where they are placed for their clinical learning. Inclusion and exclusion criteria allowed the researcher to decide, as to whether the participants can be regarded as a member of the study population (Gray et al. 2017:330).

Inclusion criteria was as follows:

Registered as a student with the South African Nursing Council for the Diploma in Nursing (R171) in 2022 with a minimum of three (3) months nursing experience.

Exclusion Criteria was as follows:

Students enrolled as a first-year student but as a repeating student i.e.: more than eight months experience in the clinical setting or a student who for whatever reason did not have a minimum of three (3) months experience in the clinical setting.

3.7 Data Collection

3.7.1 Data collection instrument

The researcher had predetermined questions which were asked during the semi-structured interviews. These questions were broad and open-ended in nature. The questions were formulated by the researcher by looking at what still needs to be known for the study and was pre-tested and validated prior to conducting the study, as described in the final interview guide is attached as Annexure 4).

3.7.2 Pilot study

The semi-structured interview questions were pretested on five students who did not make up the study's sample. This was important to assess the clarity of the questions and applicability of the data to the problem. The reason for the pretesting was to observe if the students were comfortable with the researcher during the interviews and if they would speak freely and not hold back. This was also to determine if a research assistant would need to conduct the interviews, but this was not the case, as the students were open during the pre-testing phase and the researcher continued with the interviews. The pretesting was done in the form of the pilot study. For this purpose, bridging course students (R683) were asked to volunteer for the pilot study. These students were selected for the study because they are also registered for a diploma programme even though their programme is now being phased out. These students were available, and during the time of the pilot study as it did not clash with any assessments or clinical placement hours. The data obtained from the pre-testing did not form part of the main study.

3.7.3 Data collection

3.7.3.1 Data collection procedure

The researcher approached the participants during a contact session with a fellow colleague to introduce the research study and to ask the students to partake in the study. The participants had the opportunity to ask any questions or ask for clarity on any of information that was presented to them by the researcher. The blank consent forms (attached as annexures) and as well as the consent form to be audio recorded was then left in the venue with the participants together with the information letter and contact details of the researcher. All

participants who wished to participate in the study completed the consent forms and handed this to the researcher's colleague. Those who did not want to partake in the study handed in the blank consent forms. The participants were informed that they had the right to withdraw from the study at any time and that they would not be penalised should they wish to do so. The date and time for the interviews was given by the participant depending on their availability and convenience. This also ensured that the participants had a private space during the interviews so that they could communicate openly and share their experiences in the clinical environment.

The number of students that wished to participate in the study was fifteen (15), but two students withdrew from the study due to personal reasons, leaving the total number of students interviewed to thirteen (13). The interviews were conducted over a period of four (4) days.

Data was collected by means of semi – structured interviews with the student nurses who consented to participate in the study to allow the participants to express themselves and provide honest and clear information (Brink et al, 2018). Semi- structured interviews are utilised to understand the perceptions on a particular topic and to get a clear picture of the participants beliefs, experiences or descriptions (Botma, Greff, Mulaudzi & Wright 2015:208-209). The researcher made use of open-ended questions and used probing questions when the need arouse. The interviews were conducted by the researcher in English and were digitally recorded.

Prior to the interviews taking place, the consent form as well and the consent to be audio recorded was completed by the nursing students. (Consent forms attached – Annexure 2 and Annexure 3).

The semi-structured interviews were conducted using Microsoft teams (MS Teams) in a private room away from clinical environments of where

the students are allocated at an agreed date and time. During the interviews the participants as well as the researcher utilized a private room at their homes which was free of noise or other disturbances.

Due to the current COVID 19 pandemic, theoretical classes were moved onto an online platform and hence the decision to do the semi-structured interviews using Microsoft Teams.

The same questions were asked to all the participants which allowed for the participants responses to be compared to each other. One of the advantages of using this method was also to ensure that reliable data is collected and follow up questions were asked thus also providing flexibility. During the interview the participants were asked to elaborate on the statements, clarify as well as rephrase any statements made during the interview if there was a need.

Due to open ended questions being asked during the semi- structured interview, thematic analysis was used to identify any common ideas, topics and patterns with the aim to draw preliminary conclusions about the participants experiences to the following questions: Tell me how your ideal clinical learning environment looks like, what aspects in the clinical environment do you think is facilitating (helping) your learning process and what do you consider to be challenging?

The following probing questions were asked: What experiences in the clinical setting will you always remember. Can you give me an example where you felt that that you were supported? Can you give me an example where you felt that you were not adequately supported? How did you as a student respond to the situation above?

Follow up questions were also asked to get more information.

Gray, Grove and Sutherland (2017:52) states that the research design is the blueprint for conducting a study led by a specific research question.

The researcher asked two main questions during the interview to meet the objectives of this study and well as to answer the research question “What are the perceptions of nursing students about the learning experience within the clinical setting at a private nursing institution in Gauteng?”

The researcher developed an interview guide which consisted of the following questions:

- a. **Question 1:** Tell me what are your perceptions of and ideal clinical learning environment and why?
- b. **Question 2:** What aspects in the clinical environment do you think is facilitating (helping) your learning process and what do you consider to be challenging?

The researcher also made use of probing questions and follow up questions depending on the responses from the students.

At the start of the interviews, the researcher once again introduced herself and confirmed their consent to be audio recorded. Pen, paper, and an additional device was available should there be any technical glitches as the interviews were conducted when the country was experiencing stage three (3) loadshedding. The interviews lasted between thirty (30) minutes to forty-five (45) minutes. The researcher maintained a positive non-judgemental rapport with the participants and they were given the opportunity to express themselves freely. The participants were respected at all times.

3.7.4 Data analysis

According to Brink, et al (2018) categorising, organising, altering, and summarising the data as well as explaining them in coherent words are

all part of data analysis. Analysis of qualitative data involved the researcher to examine the text or data collected by breaking the data down.

The steps began with managing and organizing the qualitative data – in this step the researcher was involved in the data. The interviews were transcribed verbatim and proofed against the recorded interview by the researcher (Brink et al, 2018). In this step the researcher wanted to understand the data that had been collected and made notes from the data and started the link between similar items.

The second step was to find patterns and produce explanations with the use of inductive and deductive reasoning to put the data into categories. This is called “coding” – a symbol or abbreviation will be used to classify words or phrases. Descriptive codes – entailed organising the data and was done in the early phases of data analysis. Interpretative codes were developed further on, and this entailed looking for deeper meaning into what the participants said. Lastly explanatory codes are used were the researcher unravelled the meanings. Codes developed and even changed as the researcher gained a deeper understanding of the meaning of the data (Brink et al, 2018)

Data analysis began once the first interview was conducted. By the researcher transcribing she had a better understanding and insight into the data collected and was immersed in the data from the very beginning. The transcribed interviews were given to a second independent coder and then compared with the researchers coding to ensure completeness and accuracy.

Braun and Clarke’s six simple steps:

According to Braun and Clark (2021), thematic analysis is described as the process of identifying patterns or themes within qualitative data and this was done using six steps. Before the researcher became familiar

with the qualitative data set, the researcher did an iteration reflection process. It can be viewed as a procedure that included self-examination by exposing who we are as people and as researchers while also being cognisant on how our own personal biases may affect the research process. (Berger, 2015; Creswell, 2014).

The six steps are as follows:

- a. Familiarising yourself with the data – it was vital that the researcher had a comprehensive understanding of the content through the interaction with the data as this step was the foundational step for the subsequent steps. This was done during the transcribing as well as listening to the recording multiple times and comparing it to the transcription to make sense of the data collected during the interviews. Initial ideas were noted.
- b. Generating initial codes – preliminary codes were identified based on the features of the data that appeared meaningful. Words, phrases, paragraphs were highlighted, and codes assigned. Although these codes are less general than themes, they provide some insight into the conversation's context.
- c. Searching for themes – the third step in the process involved the interpretive analysis of the initial codes. The third step was once known as "looking for ideas," but Braun and Clarke have more recently changed the label to "creating (first) themes" (Braun & Clarke, 2019). Here the researcher looked for similar the themes or patterns in the thirteen interviews. Relevant data extracted was sorted according to general themes. The researcher then looked for the relationship between the codes, to identify subthemes and themes.
- d. Reviewing themes – a deeper review of identified themes and subthemes was done in this step and this allowed the researcher to refine the initial themes through combining, discarding, or creating themes. Data within themes reflected a clear identifiable distinction between themes.

- e. Defining the themes – this step involved ‘refining and defining’ the themes through an ongoing analysis of the data represented within the themes. The researcher aimed to capture the essence of each theme in a meaningful and coherent way. Theme names can be taken directly from a statement, or they might be determined by an analytical interpretation or data focus (Safe Passage and Co-Existence; Braun & Clarke, 2013).
- f. Producing the report – the last step, the researcher presented the findings in such a way that it did not merely provide a description of the themes but supported the findings with relevant literature to answer the research question.

3.7.5 Data management and storage

- a. The researcher ensured that the hard copy data of the participants provided to the research were kept under lock and key in a cabinet in the researcher’s office which has secured access to only the researcher and no unauthorised persons. The soft copy data was saved on a hard drive with protected access, only known to the researcher and supervisors of the study. The data provided by the participants will be destroyed two years after publication of the research study (Polit & Beck, 2018:82).

3.8 Trustworthiness

In an article by Shenton, 2004 the research study findings should be credible, transferable, confirmable, and dependable. Trustworthiness involves four aspects as mentioned below:

Lincoln & Guba (1985) created set criteria that can be used for trustworthiness: namely, credibility, transferability, dependability, and conformability.

The researcher enhanced the credibility by being involved in the process from the beginning and by ensuring that the data is interpreted accurately. The information that was gathered was also cross checked by the second independent coder. Credibility referred to the richness of the information that was collected and ensuring accuracy of the findings by having someone else check. The process of bracketing was vital for this study. The researcher's beliefs set aside to ensure any form of bias excluded. All data coming to the researcher was perceived as for the first time with no presumptions included (Creswell and Poth ,2018:78). The conclusions were drawn solely from the responses of the participants, without any consideration of any potential researcher bias or personal interest.

The data analysed was conducted in an exhaustive manner to ensure that the researcher is precise and consistent during this phase to promote trustworthiness in this study. The researcher will discuss the data analysis in more detail in the next chapter.

To ensure transferability, interviews were continued until data saturation was reached. Transferability was achieved by thorough description of the research context and underlying assumptions (Trochim, 2006). The researcher is in the opinion that even though only (thirteen) 13 interviews were conducted that data saturation was reached as there were no new information emerging.

Conformability was ensured through transcribing verbatim, and the researcher kept the audio recordings to ensure an audit trial.

Dependability was ensured by the researcher by scrutinising the data. Co-coding was done to ensure dependability.

3.9 Ethical considerations

Ethics must be considered during every phase in the research process, from conceptualization, planning, implementation, and the writing of the research report (Botma et al, 2016:4).

Approval to conduct the study was first obtained from the University's Therapeutic Sciences Post Graduate Committee (Annexure 5)

- a. Ethical clearance was obtained from the Human Research Ethics Committee of the University of the Witwatersrand (WITS), Clearance Certificate M201045 (Annexure 6)
- b. Permission was obtained from the Nursing education institution (i.e., the private nursing institution where I performed the study) (see Annexure 7), also known as the Research Operational Committee (ROC)
- c. Permission was obtained from the participants in the form of a written informed consent and consent for audio recording of the interviews (see Annexure 2 and Annexure 3).
- d. The information letter had the details of the researcher and the contact details for an independent counselling and advising services, should the research trigger any trauma or emotional distress. Part of the content in the information letter also stated that participation is voluntary, and the participant can withdraw at any stage. (Annexure 1)

In this study the following ethical principles were also adhered to:

According to Botma et al. (2016), ethical principles refer to general judgement that serve as justification for ethical prescriptions and evaluations of human actions. There are three basic ethical principles when human subjects are involved in research, respects for persons, beneficence, and justice.

- a. **Respect for persons:** There is two ethical convictions to be considered when looking at respect for persons: first that all

individuals must be treated as autonomous beings, and any individual that has diminished autonomy must be protected. One of the aspects is respect for persons in that people who want to participate in research, do so voluntarily and with adequate information given to them by the researcher regarding the study. Participants were given an information letter and there were informed that no harm will come to them through participation in the study. The participants were also informed that they could withdraw from the study at any time without the fear of being penalised. Anonymity was ensured by allocating a letter and numbers rather than using the participants name, i.e., P1 to P13.

- b. **Beneficence:** According to Brink (2018), the researcher needed to secure the participants well-being. When treating persons in an ethical manner we do not only respect their decisions, but we also need to ensure that no harm comes to the person and all efforts must be made to ensure their well-being. The term beneficence is often understood to cover acts of kindness or charity that goes beyond strict obligation (Botma et al, 2016:346). Should the participant experience any distress, the researcher had a duty to facilitate debriefing by allowing the participant to express their concerns and allow for questions to be asked. The participant also had access to counselling if there was a need (Pilot & Beck, 2017). Throughout the interviews, participants felt comfortable, and relieved to have spoken out and that someone was listening to their experiences. None of the participants of the research study required and external assistance with regard to debriefing.
- c. **Justice:** Justice deals with being fair, all persons must be treated equally. It is important to explain in what respects people should be treated equally. The researcher had to respect and honour all agreements that was made with the participants, this included keeping the identities of the participants confidential and ensuring no link between the participant and the data.

3.10 Summary

In this chapter the researcher discussed the research design and methods which included the research setting, the population and sample, data collection and data analysis, trustworthiness, ethical considerations, and ethical principles all relevant to the study.

In the next chapter the study findings will be discussed.

CHAPTER 4

PRESENTATION AND DISCUSSION OF THE FINDINGS

4.1 Introduction

This chapter describes the findings of the data collected from the semi-structured interviews that were conducted, followed by a discussion of the findings supported by literature.

4.2 Demographic information of the participants

Thirteen first year nursing students enrolled for the Diploma in Nursing (R171) programme to be registered as a General Nurse, participated in the study. Eleven of the participants were female and two of the participants were male. The participants were representative of the population as majority of the students are female. The average age of the participants was 28.54 years and the participants ages ranged from twenty-one (21) years old to forty-two (42) years old. The older students are generally more mature and their approach to learning and their studies could differ from those much younger. The demographic data of the participants is presented in the table 4.1 below.

Table 4-1 Demographic data of the participants

Participants	Gender	Age (Average=28.54)
P1	Female	35
P2	Female	21
P3	Female	26
P4	Male	22
P5	Female	37
P6	Male	21
P7	Female	21
P8	Female	23
P9	Female	27
P10	Female	27
P11	Female	40
P12	Female	42
P13	Female	29
Range	Male=2 Female=11	Age 21-42

4.3 Themes and sub - themes arising from the findings

A theme, according to Botma et al. (2010), is a recurring consistency that appears in the data and gives the relevant experience meaning and identity. There were two (2) themes that emerged from the data. The first theme was theory – practice integration which had two sub - themes and the second theme identified was support in the clinical learning environment which had three (3) sub - themes as reflected in diagram 4.1. The themes were derived from the participants responses to both question 1 and question 2.

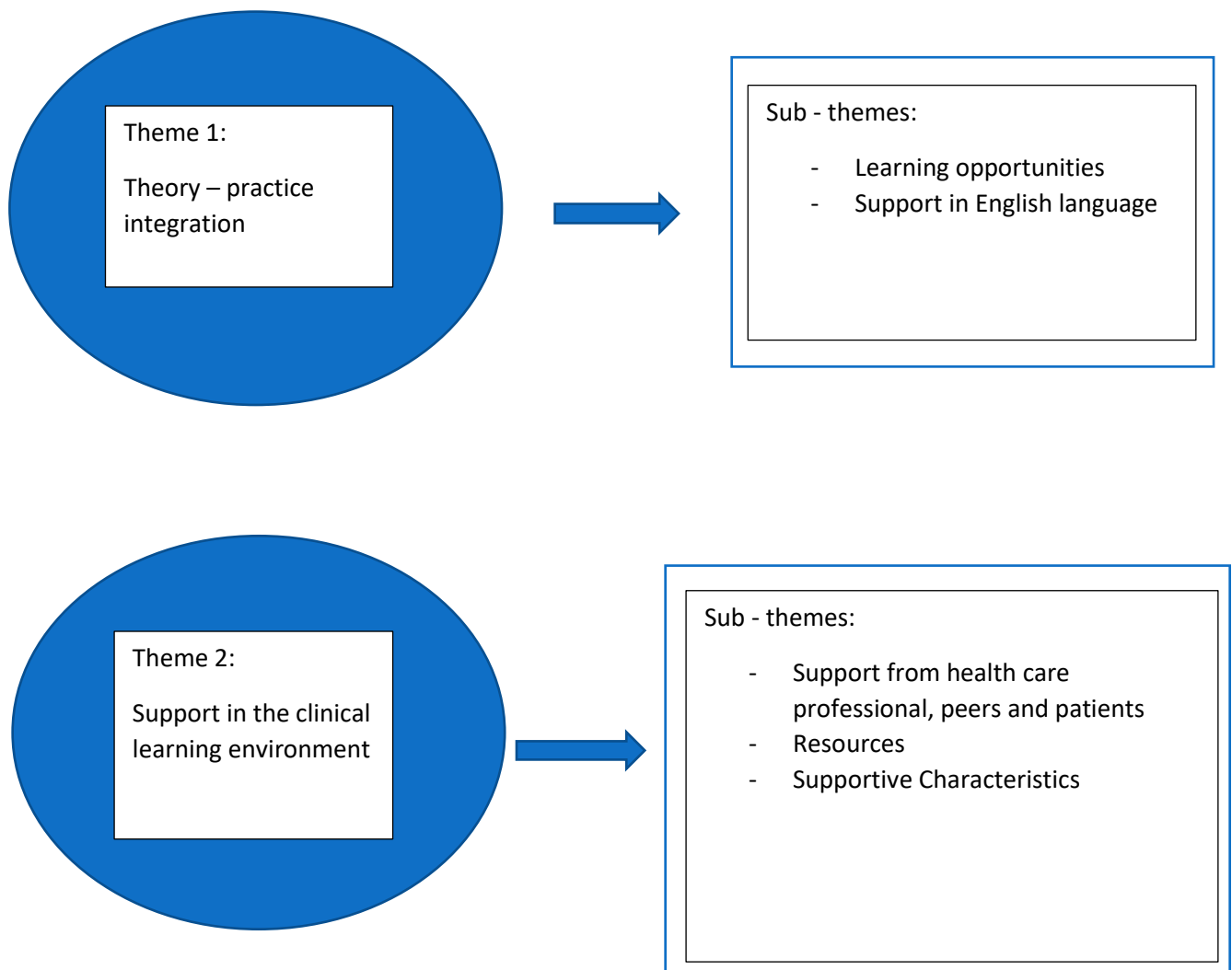


Figure 4-1 Themes and sub-themes

4.3.1 Theme 1: Theory – practice integration

Nursing education institutions finalise a semester or year planner before the students commence their training and this entails both theory and practical requirements. The students commence with theory classes before they are required to go into the clinical environment. During theory classes the students learn about health and illness and their relation to each other to be able to provide treatment plans for patients in the clinical environment. Theory deals with understanding concepts and previous experiences of others while practice is the physical doing and experiencing. For students to be competent they are required to be able to integrate theory to practice.

There are many aspects that assist in ensuring that there is integration between theory and practice.

4.3.1.1 Sub-theme 1: Learning opportunities

Participants in this study felt that they have adequate exposure in the clinical learning environment. Students are placed in different disciplines during the year to get the exposure and meet the learning objectives that have been set out. Each discipline has specific learning opportunities that is unique to that nursing unit. The patient's disease profile also differs in each discipline which also allows for greater exposure. The students are to be supervised during this time by clinical facilitators and senior nursing staff until they achieve competence and can eventually qualify and function independently. Most students felt that they were able to get adequate exposure. The students also mentioned that demonstrations in the simulation laboratories assisted them to practice but the greatest exposure was when nursing a real patient. The application of learning from theory classes to simulations learning and then performing the skill at the bedside assisted in the integration of theory and practice.

“Adequate exposure in some hospitals” (P1), “since I’ve been in the hospital, going to medical wards, surgical wards, you really learn a lot there. Learn a lot in units – Experience” (P1).

“The exposure of going to the wards more. That helps because you get experience. It’s not like when you are in a clinical using a doll, so when you’re in the ward you get more exposure, and you get to see the real things happening. (P10)

“What helps us to learn is, what we apply from the integration, what we learn from the simulation when you’re at the campus and now what we are doing in the hospitals, you integrate those things, that integration will help you to learn” (P5).

“The ward rounds really contributes because. You learn quite a lot in clinical.....Like I said, the biggest one for me is the gap between theory and clinical” (P4).

Contrary to this, there were a few isolated incidents where students felt that being allocated patients or nursing a confused patient hindered them from learning during that time. The demands of the clinical environment might impact the learning experience. Students are becoming part of the work force and then are too tired to reflect and integrate the learning opportunities that they were exposed to during the day. The clinical demands are sometimes not aligned with their learning objectives and that creates confusion within the student who cannot reconcile the experience with theoretical learning.

“So that is the only challenge that we are facing. So that can become strenuous as because you get home, you are tired, you had seven or ten patients and then you still must study. So that is the only thing with regards to the wards. And then you end up not doing what your objectives were for the day. Maybe you had to go sign a round or you had to go follow the RN and do this and that. That ends up being hindered because of the task that you had with the many patients” (P9).

4.3.1.2 Sub - theme 2: Support in English language

The second sub - theme identified was support in English language. Effective communication in a language that is understood by all who are involved in patient care in the clinical environment is essential to create relationships, which in turn prevents misunderstanding and conflict. When people communicate with each other they can solve problems quicker as many people get to share their ideas, this collaboration also prevents errors allowing for integration of theory any practice. Effective communication also demonstrates empathy and care, all of which is important the establishment of a well-functioning team and is vital to the integration of theory and practice.

When people in the team are not communicating in English this poses a barrier to learning as the students are so focused on understanding what is expected from them that they do not really learn.

A few students mentioned that this inhibited their learning in the clinical environment. For majority of the participants English is not their mother tongue, although the language medium at all clinical facilities is English and there are institutional policies in place in this regard, staff tended to still speak in languages other than English specifically during handover leaving students with incomplete patient information and this posed a risk, as important orders or nursing care might have been omitted. A few students resorted to assisting each other with learning in the clinical

environment as they themselves did not have English as their mother tongue.

“We would all help each other because no one in our group have English as their home language. So oftentimes we would help each other in that regard because sometimes it's very difficult to understand things if you don't speak English at home” (P2)

4.3.2 Theme 2: Support in the clinical environment

Just as students are supported in the classrooms, even more so is there a need for students to be accepted and supported in the clinical environment. Nursing students encounter their clinical facilitator, various nursing staff as well as patients and other members of the multidisciplinary team all of whom contribute to learning in the clinical environment.

This theme had three sub - themes that each addresses a different aspect of support, the first sub - theme, healthcare professionals, mainly the clinical facilitator, registered nurses and peers, however some support was also given by patients. The second sub - theme covered resources and the third sub - theme covered characteristics of support.

4.3.2.1 Sub - theme 1: Support from healthcare professionals, peers and patients

Support from people is not just related to the students learning and becoming competent, but also include role modelling, how to deal with situations and lastly emotional support and growth. Each of the groups of people provided a different type of support to the students. The clinical facilitator offered support to students' competence, the staff provided support to role modelling and to some the lack thereof. The patients offered emotional support and growth.

From the responses it is evident that the students received majority of their support from their clinical facilitators or hospital based academic staff. All participants responded that their facilitator is the most supportive in the clinical learning environment. The clinical facilitator was the one that the students approached for most of their support and guidance both academically and emotionally. All clinical facilities have a dedicated clinical facilitator who oversees all teaching and learning in the clinical environment.

“It felt like, I wasn't alone. That she really tried to support me and get me through it. But it's like not just a job she really cares” (P4).

“Ok, with our clinical facilitator, she's very supportive. When I don't understand something. When I get to her, maybe I want some clarification. She's always there. I don't know how to explain her, but she's always there to help us out, whether it's procedures, whether it's making copies of study guides” (P10.)

“The only person that I get support from is my HBAS because this is the person that I interact more with her. So, when I need to ask questions, I'll go and ask her and she's able to explain to me” (P12).

Student's emotions can play a major role on the student's performance and well-being. Clinical facilitators are required to build relationships with students that mentor, support, guide and encourage students not just with matters in the clinical environments but also emotionally. Clinical facilitators have a significant impact on students support and the development of resilience due to their role during training. Reflection, debriefing sessions, assessment of emotional status and the availability of the clinical facilitators during these events can all support the student emotionally.

“When I felt supported. It was then she just called us just to brainstorm on how you feel. How we are feeling so far with everything in the ward and stuff, so she was also giving us advice on what we should do and giving us support on everything” (P8).

It can be seen from the responses that the students rely on their clinical facilitators the most to offer them emotional support and advise.

Some participants did not get the same support from the nursing staff and peers as they received from the clinical facilitator while other participants did.

“...the time you are nursing a patient as a student, then you have some findings that you get and then while the patient is there, you try to report to the sisters and then come the challenge – lack of support” (P1).

“I went to the sister, and I reported the incident to her and when the patient came to complain about me and about everything that happened. She also stood up for me and she had my back, she told the patient that the way that he spoke with me was inappropriate and that she has my back. Doesn't matter what he says because he was wrong in the situation. And with that, when that happened, I knew come hell or high water, anything can happen. Any mistake I make. Any accomplishment I achieve, I can go to her, and she will be there to either support me or to help me to” (P3).

“And one of the nurses told me, ok, if you need any help, if you are struggling to find a patient or if you're looking for a certain kind of case come to me” (P6).

It is evident from above that some students felt supported by the nursing staff or peers but there are some isolated incidents that cause a difference in opinion about the support received, where students were left feeling unsure.

“They're not there to help you. The sisters. So, you end up like, can I really help this patient? Or maybe I will do something wrong?” (P5).

“...senior nurses is not there, and sometimes you find out that you are paired with the ENA's. And the ENAs, they don't really know much” (P12).

Support by patients also contributed to learning in the clinical environment. Patients and students share a very special relationship. They help each other and learn together in the clinical learning environment and both the patient and the student benefit from this relationship. From this study it was evident that patients appreciated the care given by students. This was a motivating factor for many students, and this increased their self-esteem.

“...That stands out shoulders above the rest is when your patient comes back to thank you. And then they come back to the hospital to tell you, thanks for what you did, because if it wasn't for you, I probably wouldn't be here today” (P3).

“There was a patient. It's sad and good at the same time. She was our patient for a very long time. She came in with diabetic foot. And then both feet were amputated. So, I was taking care of her all the time, and then the last moments, the last breath that she took, she asked me to come. She asked the nurses to come and call me and then when I got there, she started crying and I couldn't understand why she was crying. And then she was saying the reason Why I'm crying like this is that you've been nursing me all these years and you never became impatient with me. So, I just want to say thank you. But I didn't understand why she was

crying like that. And then when I went off, when I got home, they told me that she just passed on. So, it was good and bad at the same time” (P10).

“Learning through a patient is like going to learn with the patient. And with demonstrations and I also do it as well because I’ve seen it before” (P8).

4.3.2.2 Sub-theme 2: Resources

The second sub - theme that was identified was resources. The participants felt that the resources were sufficient in the clinical learning environments where they are currently placed. The one hinderance was human resources in the form of staff shortages which affected learning.

One participant referred to the availability of resources in the clinical environment.

“So, with what we have, I don’t want to lie, with us we have everything that we need, there’s simulation dolls, there’s this there’s that” (P8).

“The environment that I have is quite ideal because we have a simulation lab within the hospital, so that’s where I can meet up with my HBAS” (P6).

Staff shortages affect the students learning and when they are used as part of the workforce or the senior nursing staff is too busy to engage with the student in learning due to the workload. This deprived the students from meeting their learning objectives in the clinical learning environment.

“So that can become strenuous as because you get home, you are tired, you had seven or ten patients and then you still must study. So that is the only thing with regards to the wards. And then you end up not doing what your objectives were for the day. Maybe you had to go sign a round

or you had to go follow the RN and do this and that. That ends up being hindered because of the task that you had with the many patients, especially in a surgical ward like it's very tough there. So, you must give the patients 100% attention and then you can't say, no I can't help. You can see its short staff. So, you can't say no, because they don't want to book other employees to come into that space if a student is there (P9).

4.3.2.3 Sub-theme 3: Supportive Characteristics

The final sub - theme that emerged was supportive characteristics, Some of the supportive characteristics identified was confidence, teamwork, and communication.

Readiness or confidence of students to perform procedures or communicate effectively is vital to the performance of students in the clinical learning environment. It was evident in this study that majority of students lacked confidence, and this affected their performance. These students are new in the clinical environment and are required to rotate through the different disciplines for a specific period of time.

“I was allocated in theatre, so I didn't know anything.....now I'm scared to go there when they tell me to go to theatre. I start to think do I still remember those equipment's so that I won't face that embarrassment when someone is like angry at you for not knowing what you're supposed to be doing?” (P11).

“.....So, you end up like, can I really help this patient? Or maybe I will do something wrong? I'm not fully equipped on how should I handle this patient? How should I lift the patient? I might even cause damage, so you are hesitant you not do what you're supposed to do because of fear” (P5).

“....Maybe if the sisters can also take time to educate us, because sometimes you go there in the clinical setup, and they are busy. Then

maybe you want to ask something, but they are so busy they cannot help you” (P5).

Teamwork is an important characteristic in the clinical environment to reduce stress for all members of the team. Some students felt that teamwork lacked while others found that teamwork really did exist.

“All the multi-disciplinary team, they should work together. Because normally when I'm in the hospital. Sometimes I would see that as much as we people are working as a team. I'll find out that doctors, they come, and they give you orders I understand, yes, that we should take necessary orders from the Doctor, yes but this thing that there should be a relationship of working together and instead of giving orders, So, this is what I've found in the clinical environment, that OK, doctors are there, nurses are there and we should work as a as a team, not like doctors, they just they just give orders to the nurses and the nurses they just follow. And this is what I've noticed” (P12).

“There was a time I was allocated in Paediatric ward. I was working with an RN and EN. We worked very well. She was teaching me everything when I went there to my first day in as a student. It was very nice experience. I felt like I'm of use. They also counted on me when they saw me coming, when they always see me coming to the ward to do my hours, they will be very happy to see me and that's made me to start to open and learn many new things and be confident enough to also contribute towards when they were talking or when they were asking for advice (P11).

Communication is important to build trusting relationships. During the learning process students in the clinical environment rely on effective communication to get feedback to improve on skills and reassurance that they are doing the correct thing from both clinical facilitators and nursing staff.

Nursing relies on teamwork and in some cases, students are obviously not seen as being part of the team but rather a burden. In this instance, language being a barrier to effective communication has a negative impact on nursing care and the student experienced feelings of being victimised.

“Currently in the clinical environment, there's a lot of clicks in the hospital, in some wards they won't speak your language or a language that I can understand. So, I will have to constantly ask them when we do rounds or when we do hand over in the morning or in the evening to please speak in a language that I understand. And some people refuse. They will start and then they will just go back to their language. And unfortunately, I don't understand Zulu. So, that makes it, challenging and if you see something that's not right in the ward and you report it, they push you out even further” (P3).

4.4 Discussion of the findings

The findings show that clinical learning environment has both factors that promote learning as well as factors that inhibit the students learning.

Looking at the demographic data of the participants specifically the age, it can be seen that even though students are older and the assumption of them being more mature does not mean they will cope with being a first-year nurse in the clinical learning environment.

According to Flott and Linden (2016:509), the clinical environment is described as a physical environment with an organisational culture that is impacted by psychological elements and a strong emphasis on communication. From the two themes that emerged students generally perceived the learning environment as supportive but there are some gaps that exist that impact learning.

According to majority of the students, learning was enhanced when learning opportunities were available, when adequately supervised and supported and had enough time to practice. Majority of the students felt that they were able to integrate theory and practice. Previous studies have also shown that constructive feedback and adequate resources are essential (Nkosi, 2017). From the responses gathered it was viewed that effective clinical teaching and learning gave them the opportunity to become competent and confident with regards to clinical procedures and skills. Students found that they could link the knowledge they acquired in theory into practice in the clinical environment. The finding of this study is similar to a study conducted by Jonsen, Melender, and Hilli (2013).

Under the sub - theme support in English language, this posed as another challenge in this study, and this mentioned by a few participants, where they were unable to communicate effectively or missed out on vital information during handover due to other nursing staff speaking in a language that the student could not understand. Previous studies have shown that language has an impact on learning in clinical learning environment. For “linguistically diverse speakers, the clinical placements or clinical training present additional challenges because nursing students encounter numerous complex clinical situations and of these challenges language and communication problems is the biggest obstacle to a successful learning experience (Shakya and Horsfall, 2000). A language barrier can make it very difficult to create a conducive learning environment (Al Shamsi et al, 2020). In another article by Sharma (2021) it was stated that language is one of the major obstacles for nursing students and has manifested as a problem in various clinical activities such as delivery and receiving instruction and comprehending information during handover. It was evident in this study that a group of students who did not have English as their first language will often have discussions to help them learn. This was seen in previous studies as well, where peer learning has various advantages as highlighted in literature reviews by Secomb (2018) and Stone et al. (2013), for instance

student learnt to discuss, reflect, identify and solve problem with their peers.

The findings from the second theme that emerged was support in the clinical environment and the first sub - theme, support from the clinical facilitator or hospital based academic staff, support from nursing staff and peers and support from patients. In order to help nursing students, develop into professional nurses, registered nurses employed by the facility and clinical facilitators serve as role models both in the clinical and academic areas (Haskins et al, 2014:42). In this study all participants felt that they received majority of their support from their clinical facilitators whether it was academically or socially. Professional socialisation of nursing students, instilling of nursing and ethical values and decision making are all ideals that are significantly influenced by clinical facilitators and mentors in the clinical environment (Borhani, Alhani, Mohammadi, et al. 2010; Haigh and Johnson, 2007). Each clinical facility has a dedicated clinical facilitator who oversees the students the students in the clinical environment to ensure that they meet their clinical learning objectives. In similar studies it was seen that the clinical facilitator has the opportunity to engage with the students to assist and advise the students on concerns, challenges, negative emotions and experiences that the students encounter during their clinical placements (White, Stainer, Cooper and Waight et al, 2018).

This study found that there is a lack of supervision from nursing staff and peers in some instances which serve as another aspect that inhibits learning, while other students felt that the support, they received from the nursing staff was adequate. Participants felt that when they report on their patient findings they are often ignored or told that the findings are normal and their concern for the patient is not attended to. In another study, it was noted that nursing students frequently experience uncaring behaviour and patients reported encountering verbal abuse, rudeness and neglect from nurses (Haskins et al, 2014:41). These interactions leave students feeling unprepared for the profession and uncertain about

their responsibilities (Jack, Hamshire and Chambers, 2017:4712). On the other hand, clinical facilitators and registered nurses are described as being encouraging and modelling behaviour that students could mimic (Walker et al, 2014:106). Papastovrou et al, (2016) placed huge emphasis on the clinical facilitator in encouraging nursing staff to be actively involved in the students learning process.

The participants felt that they received emotional support from the clinical facilitators, and they felt comfortable to approach their clinical facilitators when they needed advice or support. When nursing students are under stress, their ability to learn is hampered. This issue is best resolved by debriefing and reflection and encouraging reframing and redirection which in turn promotes resilience (O'Mara et al, 2014:211). In other studies, it was seen that having a trusting professional relationship is important for providing support to nursing students (Walker et al, 2019). When treated with respect, nursing students can grow professionally (Ford et al, 2016:102). On the other hand, when students are treated disrespectfully and are isolated, they become anxious, and this results in their learning being affected.

In addition to this, students felt that there are staff shortages, and this leads to them becoming part of the workforce and student are left caring for patients by themselves and this impacts on them meeting their learning objectives. Several studies have similarly remarked on the excessive workload and lack of resources (Mwale & Kalawa 2016:5, Lanaigh 2015:452), even though the findings of this study differ when it came to lack of resources as the participants of this study felt that there were adequate resources, but staff shortages remain a barrier even in this study. Staff members could manage workloads if they receive team support according to Hayes et al. (2012:889). Teamwork was mentioned in this study, and it is evident that being part of the team has a positive impact on nursing students. When there is effective collaboration, nursing students feel a sense of belonging (Warhurst 2011: 880).

Under the sub - theme of characteristics, confidence was mentioned by a few participants, were they felt unsure when performing certain procedures or tasks and this left them feeling fearful and reluctant. Students were afraid of making errors that could harm the patient or that would leave them feeling embarrassed. Previous studies have shown that lack of confidence can have a detrimental impact on learning new aspects, developing new abilities and dealing with difficult situations and this makes students foresee failure before it even happens (Sator, 2017). Studies have shown that in order to strengthen support from managers and other nursing staff, information regarding roles need to be clear and detailed on what is the expected tasks, duties and behaviour (Orgambidez & Almeda, 2020). Communication was also highlighted as being an important aspect under support in the clinical environment. Previous studies have shown that supportive relationships were characterised by good interpersonal skills, open communication, trust and teamwork where responsibilities that are shared between staff and students produce excellent results (Papathanasiou, Tsaras, Sarafis, 2014). Students' supportive needs must be always taken into consideration inclusive of a conducive clinical learning atmosphere that demonstrates caring behaviour, effective communication and role-modelling and the ability to use classroom and simulation learning experiences in the clinical environment. Previous studies have shown that caring and compassionate behaviours increases the support in the clinical learning environment by enhancing the students' clinical experiences, utilising more role models and instructional techniques (Inocian, Hill, Felicilda- Reynaldo et al, 2022).

Elements that adversely affected learning in the clinical environment included ineffective communication, negative attitudes and lack of confidence, language barriers and lack of support from some nursing staff. Elements that promoted learning was support from clinical facilitators, patients, peer teaching and adequate resources and exposure.

4.5 Summary

The findings of this research were presented looking at the themes and sub - themes that were derived from the interviews that took place on Microsoft teams with the participants.

Chapter 5 will complete the research report with summarising the main findings, a discussion on the limitations of this study, and recommendations made for nursing education, nursing practice and research.

CHAPTER 5

CONCLUSIONS, SUMMARY OF MAIN FINDINGS, LIMITATIONS AND RECOMMENDATIONS

5.1 Introduction

In this final chapter of the research report, a summary of the main findings will be discussed together with the limitations of the study, and recommendations for nursing education, nursing practice and research followed by the reflection by the researcher.

5.2 Summary of main findings

The purpose of this study was to explore nursing students' perceptions of learning in the clinical environment at a private nursing institution in Gauteng. The researcher achieved this during the semi structured interviews with the thirteen (13) participants who shared their experiences allowing the researcher to fully understand this phenomenon. There were two (2) themes that emerged with five (5) sub - themes.

In theme 1, the participants spoke about the aspects relating to theory-practice integration. They spoke about how adequate exposure in the clinical contributed to their learning and how language on the other hand was a challenge, specifically having to learn in English which is not their home language or nursing handover been spoken in a language other than English which inhibited learning, and which was against hospital policy.

In theme 2, the participants elaborated on the support in the clinical environment, which majority of the participants experienced their clinical facilitators as being their biggest supporter. Majority of the participants

also shared positive experiences when nursing patients and lack of support from some nursing staff due to workload and not having time to support the students to meet their learning objectives. It was evident that the availability of resources was adequate with the exception to human resources which left students working alone with limited supervision. It can also be concluded that due to lack of support from nursing staff, students lacked confidence in some areas and were afraid to approach similar situations. Effective communication was always seen as a key to get important information across from clinical facilitator and nursing staff to the students and vice versa.

The objectives of the study were accomplished from the research question to understand the experiences of nursing students while in the clinical learning environment:

- a. The first objective aimed to explore the perceptions of learning of the diploma in nursing students at a private nursing education institution in Gauteng and that was achieved by the students expresses how they feel and sharing their experiences with the researcher. This was expressed both in theme 1 and theme 2.
- b. The second objective aimed to identify possible challenges students are facing within the clinical learning environment and that was achieved by students sharing experiences that inhibited their learning in the clinical learning environment namely factors that inhibited theory practice integration, like not meeting learning opportunities due to the allocation of many patients or only being allocated one nursing task for the entire day. Language barriers, specially not having English as a first language proved to be challenging as the curriculum and hospital policies are all in English. Another aspect that was highlighted was the lack of support in the clinical learning environment by some nursing staff that made students feel frustrated to a certain extent and had an influence on the confidence of the students. Ineffective communication and lack on teamwork in some areas also had an

impact on learning. This was expressed in theme 1 and theme 2 of the researchers' findings

- c. The third objective aimed to identify specific supportive needs from the student perspective, and this was achieved as the students informed the researcher about how they feel supported and what they require to be supported in the clinical learning environment. This was expressed mainly in theme 2 under support in the clinical environment.

5.3 Limitations

Limitations are aspects of the study that reduce the generalizability of the study result. These may or may not be the result of research problems or weaknesses. According to Gray, Grove and Sutherland (2017:671) limitations are weaknesses in studies reported by researchers that can affect the quality of study results. Study limitations may be identified before, during, or after the study is conducted. Identified in the study report; discussed in relation to study results.

The limitations of this study were:

- a. The research conducted the interviews on Microsoft teams as the researcher was in the opinion that the participants may be more comfortable but there may have been small cues that might have been missed. The researcher however, asked confirmation questions to understand what the participants were saying, and this was also confirmed when looking at previous studies that found similar themes and sub - themes that emerged hence the supporting literature proves that the data is authentic and the true essence of what the participants have stated have been captured.
- b. Another limitation is that private nursing education institutions have their own policies and resources that might differ from other nursing education institutions and therefore cannot be generalised

to other students as the structure of their programmes might be different.

5.4 Recommendations

5.4.1 Recommendations for Nursing Education

From the study it is evident that nursing education fosters a mutually a beneficial relationship with all stakeholders. This can be achieved by cooperating, communicating, involving stakeholders in planning and exercising effective leadership. All stakeholders must work together to produce a positive clinical environment. It is therefore proposed that nursing education institutions and nursing management explore policies to ensure proper orientation, assessment of knowledge of dealing with students and their learning needs and learning objectives and available services to guide nursing staff and students.

Another recommendation for nursing education can be the implementation of ongoing workshops and CPD's for all employed and newly employed staff on the current curriculum and changes in the programme so that the nursing staff can accommodate and support new students in the clinical environment.

5.4.2 Recommendations for Nursing Practice

A holistic strategy is required to create a favourable clinical learning environment and effective leadership, communication and teaching techniques that are tailored for student nurses are essential. In order to help nursing students, develop into competent, independent nursing practitioners, registered nurses and clinical facilitators in the clinical environment a need to serve as role models and this can be achieved by proper orientation and training. Senior nursing staff in collaboration with the nursing education institution must pay special attention in

recognising the undergraduate student's learning health needs and offer emotional support as early as possible. There is a need for trained clinical preceptors to facilitate clinical learning of nursing students.

With regards to get all staff to adhere to English as being the language medium at all healthcare facilities, in-service training should be given to all staff and the policy should be reinforced and acknowledgement signed. Healthcare professional should play an active role in ensuring teaching and learning takes place in a conducive clinical environment that takes into consideration the curriculum and the exit level outcomes of the nursing programmes to bridge gaps between the integration of theory and practice. Lastly to address language in the clinical environment is to encourage the use of English in handover discussions and group discussions.

5.4.3 Recommendations for Research

Similar studies can be done to explore the perceptions of all stakeholders on the learning experiences for students in the clinical environment.

This study can also be replicated in other nursing education institutions to facilitate a comparison on the experiences of students to try to mitigate some of the challenges to prepare nurses that are ready to embrace different contexts.

The researcher suggests that further research can explore the effects of language barriers between students and nursing staff on clinical practice.

5.5 Conclusion

In conclusion, the responses from the participants in this study is aligned with what is found in literature, therefore it does not matter which country

you train in, all students are faced with challenges in the clinical learning environment. The findings from the information prove that learning should be a pleasant experience for nursing students, and they should be nurtured throughout their training to become competent by receiving the support they require in the clinical learning environment and to be navigate through the challenges they face and become caring individuals who are able to deliver quality nursing care and lifelong learners.

5.6 Reflections of the researcher

The researcher is very passionate about nursing education and training and having this opportunity to reflect on the experiences shared by the participants of this study with myself once also being a student, I can see that even though nursing education has evolved, students still experience similar challenges that needs to be addressed. We need to care for the young nurses who are entering this profession so that they can continue with this practice even when they qualify. Senior nursing staff need to be role models for junior nurses and welcome them into this field where they can grow and make a difference. Engagement and cooperation between nursing staff and clinical facilitators are essential for creating a positive learning environment. As long as learning is taking place, we need to encourage it, i.e., peer teaching, ward rounds, simulation laboratories were few that was mentioned by the participants.

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INFORMATION LETTER ON THE STUDY

Nursing Students' perceptions of learning in the clinical environments at a private nursing institution in Gauteng

Dear sir/ madam,

My name is Reshola Padayachee, and I am a Master's student in Nursing Education at the University of the Witwatersrand. As part of my research, I decided to interview nursing students.

I am required to conduct a research study as part of the course requirements.

I would like to invite you to take part in my study.

The title of my study is: **Nursing Students' perceptions of learning in the clinical environments at a private nursing institution in Gauteng**

Research is a process to learn the answer to a question. In this study I want to answer the following question: What are the perceptions of nursing students about the learning experience within the clinical setting at a private nursing institution in Gauteng?

The main objective of my study is to:

- a. To explore how nursing students' perceive learning in clinical environments.
- b. To explore the students' perceptions about how the clinical environment at a private nursing institution in Gauteng influence their learning experiences.

In this research study I want to learn about the perceptions that student nurses have regarding learning while in the clinical environment and how this can affect student nurses from performing optimally and confidently.

A semi structured interview will be scheduled with you (approximately 30-45 minutes) in which two (2) main questions will be asked. These interviews will be digitally recorded with your consent. Your participation in this research study will not affect your academic results or work situation. There will be no risks attached to participating in this study. Your participation is voluntary, and you can decide to withdraw from participating at any time without any penalty. Confidentiality and anonymity will be ensured, as the researcher will use pseudonyms or numbers for reporting the findings. If a quote is used from the digital recording, this will be done anonymously. There will be no direct link to you, but the findings of the study will be made available to you once it is complete.

Should you feel that the interview triggers any trauma or emotional distress, please feel free to inform me so that a counselling session can be arranged with ICAS (Independent counselling and advising services) on 0800 611036 to help you with the emotions and/ or stress related to this study.

Please feel free to ask me any questions for clarity purposes and should you agree to participate in this study please sign the attached consent forms.

Thank you for your time and consideration.

Reshola Padayachee

076 122 1294

CONSENT FORM

I have been given the information letter on the study.

I have read and understood the contents of the information letter. I have been informed regarding the purpose of this study. I give consent willingly to participate in this study, which aims to explore the perceptions of nursing students about learning in the clinical environment to provide recommendations to the Nursing Education Institution (NEI) on how to address these perceptions of the students.

I agree to participate in the study, I understand that I will be interviewed for approximately 30-45 minutes. I am aware that this participation in this study is voluntary and that I can withdraw from participation at any stage without any consequences to myself. I understand that if a direct quote is used from anything that was said in the interview, that this will be done anonymously. I am aware that I can request a copy of the research findings on completion of the study.

Signature of participant:

Date signed:

ANNEXURE 3

CONSENT FORM CONSENT FOR AUDIO-TAPING OF THE INTERVIEW

I, ...have consented to be a participant in the study being conducted by Mrs. Reshola Padayachee. I have been given the information document on the study and have read and understood the information document.

I have been asked to give my consent to the interview being audio-taped to aid accurate collection and analysis of information. I also understand that if I decide not to consent to the interview being audio-taped that I will be excluded from the study.

I give my consent for the interview being audio-taped ☐

I do not consent to the interview being audio-taped ☐

Signature of participant

Date

INTERVIEW GUIDE

The following research questions will be asked:

Question 1: Tell me how your ideal clinical learning environment looks like

Question 2: What aspects in the clinical environment do you think is facilitating (helping) your learning process and what do you consider to be challenging?

Probes:

- a. What experiences in the clinical setting will you always remember?
- b. Can you give me an example where you felt that that you were supported?
- c. Can you give me an example where you felt that you were not adequately supported?
- d. How did you as a student respond to the situation above?

APPROVAL OF TITLE



Private Bag 3 Wits, 2050

Tel: 02711 7172076

Reference: Mrs Sandra Benn
E-mail: sandra.benn@wits.ac.za

12 November 2020
Person No: 2299620
PAG

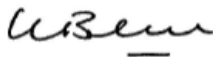
Mrs R Padayachee
P O Box 64
Welobie
1714
South Africa

Dear Mrs Reshola Padayachee

Master of Science in Nursing: Approval of Title

We have pleasure in advising that your proposal entitled *Nursing students' perceptions of learning in the clinical environments at a private nursing institution in Gauteng* has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely



Mrs Sandra Benn
Faculty Registrar
Faculty of Health Sciences

HREC (MEDICAL) CLEARANCE CERTIFICATE

 UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG	HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
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Office of the Deputy Vice-Chancellor (Research and Innovation)

TO: Ms R Padayachee
School of Therapeutic Sciences
Department of Nursing Education
Medical School
University

E-mail: 2299620@students.wits.ac.za

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

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

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

DATE: 2021/07/30

REF: R14/49

PROTOCOL NO: **M201045** (This is your ethics application reference number. Please quote it in all enquiries, oral or written, relating to this study.)

PROJECT TITLE: *Nursing students' perceptions of learning in the clinical environments at a private nursing institution in Gauteng*

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



MSWorks2000/Iain0007/Clearscan.wps

RESEARCH OPERATIONS COMMITTEE FINAL APPROVAL OF RESEARCH

RESEARCH OPERATIONS COMMITTEE FINAL APPROVAL OF RESEARCH

Approval number: UNIV-2021-0015

Ms Reshola Padayachee

E mail: reshola.padayachee@netcare.co.za

Dear Ms Padayachee

RE: NURSING STUDENTS' PERCEPTIONS OF LEARNING IN THE CLINICAL ENVIRONMENTS AT A PRIVATE NURSING INSTITUTION IN GAUTENG

The above-mentioned research was reviewed by the delegated members and it is with pleasure that we inform you that your application to conduct this research has been approved, subject to the following:

- i) Research may now commence with this FINAL APPROVAL from the Research Operations Committee.
- ii) All information regarding will be treated as legally privileged and confidential.
- iii) Netcare's name will not be mentioned without written consent from the Research Operations Committee.
- iv) All legal requirements with regards to participants' rights and confidentiality will be complied with.
- v) All data extracted may only be used in an anonymised, aggregated format and for the purposes of this specific study as specified in the proposal. The data may under no circumstances be used for any other purpose whatsoever.
- vi) 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 the Research Operations Committee as well as a FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.
- vii) A copy of the research report will be provided to the Research Operations Committee once it is finally approved by the relevant primary party or tertiary



LANGUAGE EDITOR

LANGUAGE EDITING CERTIFICATE

MRS S.J.E. KATZKE

sarie70@yahoo.com

083 287 2166

This is to certify that I, Mrs. SJE Katzke confirm that I have completed the language editing for the qualitative study of Ms Reshola Padayachee.

Research Topic

**NURSING STUDENTS' PERCEPTIONS OF LEARNING
IN THE CLINICAL ENVIRONMENTS AT A PRIVATE
NURSING INSTITUTION IN GAUTENG**

March 2023