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THE PERCEPTIONS OF REGISTERED NURSES IN CLINICAL SETTINGS WITH REGARDS TO THEIR ROLE IN STUDENT CLINICAL ACCOMPANIMENT.

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

Johannesburg

2018

CANDIDATE'S DECLARATION

I, Digapeng Catherine Maditjani, declare that this dissertation is my own work and that all the sources quoted have been indicated and acknowledged by means of complete references and is being submitted for the degree of Master of Science in Nursing Education. This report has not been submitted for any other degree at any other institution.

Signature: …… on this 05……day of ……June……2018

Digapeng Catherine Maditjani **M150519**

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ABSTRACT

Student nurse clinical accompaniment forms an important part of the nurse's practical training, as nursing is a practice based profession. During their training student nurses are required to spend 60% of their time in the clinical setting to attain proficiency of prescribed nursing skills, in order to meet their clinical requirements as prescribed by the South African Nursing Council (Mellish, Bruce and Klopper: 2011). In many Nursing Education Institutions (NEI) student nurses are first exposed to theory in the classroom setting and observe clinical skills procedures in the NEI's skills laboratories or simulation centres, to enable the student nurses to transition from "doll" to a "real' patient. This method of training assist the student nurses to apply and practice what they have learnt in theory in a clinical setting, helping them to make sense of what they have learnt in the classroom. Therefore it is vital for student nurses to have clinical exposure to develop skills competencies and confidence, as well as to stimulate and develop critical thinking, clinical judgment and problem solving skills. This is achieved through clinical accompaniment that includes teaching, guidance and mentorship. All health care personnel are required to participate in guiding students and role model positive behaviours that will assist the learners in acquiring skills and developing professional attitude and attributes.

The purpose of this study was to explore the perceptions of registered nurses regarding their clinical accompaniment role, as well as the factors that hinder or encourage their involvement in fulfilling their role in an academic hospital in Gauteng.

The sample was selected from two disciplines namely the Medical and Obstetrics disciplines. A qualitative descriptive and explorative research design was used to answer the research questions. The data collection tool used was a question guide created and facilitated by the researcher using focus group discussions of between 5-7 participants per recorded focus group. Data was analysed using qualitative thematic analysis.

The study showed that RNs acknowledge that clinical accompaniment of student nurses is one of their roles and responsibilities and are involved in clinical accompaniment of student nurses, but there are both negative and positive factors that influence the fulfilment of their role. The RNs indicated that the increased workload and student nurses' negative attitudes affected their participation in clinical

accompaniment of students. A lack of support from the NEIs and hospital management was also described as a limiting factor by the RNs to effective student nurse accompaniment. The RNs stated that the student nurses that showed interest and were eager to learn motivated them to be involved in student accompaniment

Recommendations

The establishment of programmes which support the RNs in the clinical setting can assist the RNs in fulfilling their role with active involvement of all role players in student nurse training. A platform whereby the RNs, NEIs and management can express their challenges and suggestions can be created to plan for optimum delivery of clinical accompaniment. The effective introduction of the preceptor model designed according to the needs of specified settings would be a support to the RNs. This should be implemented with the student nurses interest as priority. The findings of the study can generate further research on the perceptions of clinical tutors on their role in clinical accompaniment.

DEDICATION

This study is dedicated to the registered nurses who have given their all to keep the practice of nursing alive by staying on in the public sector despite all challenges they experience.

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CHAPTER 1 : OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

In chapter one the overview and background to the study are presented, including the problem statement, the purpose of the study and the objectives of the study. The research design and methodology are also outlined, and a brief description of the data collection method used, but are described in further detail in Chapter Three. The chapter concludes with the definitions of key terms that were used in the study.

All student nurses in South Africa are registered on the R425 program with the South African Nursing Council, as a four year degree or diploma student nurse. For registration as a professional nurse (RN) on completion of their training the students have to meet a minimum number of clinical hours. The total clinical learning hours in the programme is not less than 2800 hours and verified by a completed course book (Nursing Act, 2005). This means that the practical hours are equivalent to 60% of the total duration of the course. In the midwifery component of the R425 program, a minimum of 50% theory and 50% practical hours are required by the student, as well as a minimum of 8 weeks uninterrupted practica to meet completion requirements of the course which allows for the transition from being student nurse to a qualified RN at the end of their training. The extended period of placement of the senior student nurse towards the end of training allows the graduate to consolidate competencies (SANC Nursing and training standards under provisions on Nursing Act. 2005) (South African Nursing Council, (1988) Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Nurse: Government Notice No. R425)

According to the South African Nursing Council education and training standards (SANC 2004-2017, under the provisions of the Nursing Act, 2005) clinical practice learning commences in the first year of training. The student nurse's clinical practice is preceded by nursing theory, helping to develop an understanding of the clinical environment for the student. Students are taught clinical skills in the skills laboratories and simulation areas of their Nursing Education Institutions (NEIs) to facilitate and prepare them for the clinical

placements, and to familiarise them with what is to be encountered in the clinical environment.

The provision of patient care in the clinical environment provides nursing students with a good professional foundation of nursing practice and the quality of nurses graduating is influenced by the quality of the registered nurses (RN) that the student nurse encounters during her training. Support for nursing students in these clinical settings is crucial for the students to be able to meet their learning requirements, and objectives to achieve the required level of clinical competency. The level of supervision and teaching in the clinical areas where student nurses are placed, directly affects the clinical performance of students, either positively or negatively.

The South African Nursing Council (SANC) recommends that professional nurses provide accompaniment of students while they are in their clinical placement area (Nursing Act, 2005, Act No.33 of 2005). Professional nurses and midwives with clinical expertise in the specialised area should be designated to supervise and teach students, and should possess the theoretical nursing knowledge and clinical expertise appropriate to their teaching responsibilities (Act No.33 of 2005 of the Nursing Act, 2005)

The clinical areas have RNs who are aware of their role and responsibilities of providing students with support, skills monitoring, facilitation, and supervision to ensure that learning is taking place despite the challenges that the RNs face, which are related to patient care and staffing. At the academic hospital where this study was conducted there are currently clinical facilitators allocated in the different disciplines, one facilitator per discipline that assists with clinical accompaniment of students. The clinical facilitator's job description states that their responsibility is to provide effective and efficient training to all ranks of staff (80%) and students (20%) of their time. The dual role of clinical facilitators further deprives the students from being taught and accompanied whilst on the ward, and increases the need for RNs to be actively involved in clinical accompaniment of students.

Anecdotal evidence leads us to believe that the levels of the RNs involvement in the ward varies considerably, with students stating they are not being taught in the wards. (Mabuda, 2013) found in her study that the RNs who do not have an education qualification are reluctant to teach, and there are also RNs who do not believe they are paid to teach

student nurses, in addition the heavy administrative and patient workload does not allow time for clinical teaching in the wards.

There are numerous studies done on clinical accompaniment of student nurses by RNs as well as the student nurses perceptions on clinical accompaniment, globally and nationally, which have focused on clinical mentorship, clinical supervision and clinical instruction, from the perspective of the student nurse (Emvula, 2016; Katete, 2014; Mabuda, 2008; Murathi, 2005; Melender et al., 2013; Setati, 2013; Rikhotso, 2014; Volschenk, 2009& Bvumbwe, 2015). However the researcher could not find studies done in Gauteng specifically on the perceptions of RNs with regards to clinical accompaniment of student nurses. Hence the researcher's interest in the RNs perceptions with regards to their clinical accompaniment role and the exploration of what encourages or hinders the fulfilment of this role.

1.2 PROBLEM STATEMENT

Clinical accompaniment is important in both the training and professional socialisation of student nurses. It is when students are in their clinical block that they are able to link theory and practice. Anecdotal evidence has led us to believe that the levels of involvement of RNs in the wards varies considerably, with students stating they are not taught in the wards because the RNs do not have education qualification (Mabuda, 2008 and Katete, 2014) It is therefore important to understand what the perceptions of the RNs are with regards to clinical teaching and accompaniment, to establish what factors hinder or encourage their involvement in student accompaniment.

1.3 RESEARCH QUESTION

What are the perceptions of registered nurses (RNs) in clinical settings with regards to their clinical teaching role?

What are the factors that influence registered nurses involvement in the clinical teaching of student nurses?

1.4 RESEARCH PURPOSE

The purpose of the study was to investigate the perceptions of RNs with regards to their role of clinical accompaniment of student nurses and to explore the factors that hinder or encourage their involvement in clinical accompaniment.

1.5 RESEARCH OBJECTIVE

The objective of the study was to determine the perceptions of RNs with regard to their role of student clinical accompaniment and to determine the factors that influences the involvement of registered nurses in clinical teaching.

1.6 SIGNIFICANCE OF THE STUDY

The findings of the study may improve the NEIs and clinical management awareness of the RNs challenges and encouraging factors in clinical accompaniment and provide insight on how best to assist the RNs to fulfil their clinical accompaniment of student nurses with consideration to the current clinical situation they may be in. Clinical accompaniment plays a crucial role in student nurses acquisition of clinical skills and ensuring preparedness for practice for the achievement of best clinical outcomes and practice readiness

1.7 DEFINITION OF KEY CONCEPTS

Clinical accompaniment: It is process in a nursing education institution designed to assist and support the student nurses by a nurse educator/RN in the clinical environment to ensure that learning outcomes are achieved (Government notice R173: Nursing Act (33/2005).

Clinical Facilitator: A clinically competent RN with vast experience in the particular setting who is assigned to facilitate clinical learning, socialisation of the student nurses into the clinical setting. The role of a clinical facilitator is to combine teaching activities with clinical commitments professional requirements and individual learners' needs.

Clinical nurse educators: Experienced RNs with a qualification that allows them to assume the role of clinical nursing education of student nurses and have acquired their registration as nurse educators with the SANC (South African Nursing Council, competencies for nurse educators, 2014:3)

Clinical Preceptor: a competent practitioner who teaches at a clinical level for a limited and provides accompaniment to student nurses in a clinical setting (Government notice R173: Nursing Act, 2005 (Act No. 33 of 2005).

Clinical supervision: is a process whereby student nurses are provided with guidance and are supported professionally to enables the student nurses to develop professional responsibility and accountability in the clinical practice environment (Neshuku, 2015). For this study it is used as a synonym for clinical teaching

Perception: Perceptions are ideas, beliefs or images that a person has as a result of how he sees or understands something (Oxford Advanced Learner's Dictionary: 2013).

Preceptorship: It a process whereby student nurses are supported and guided by the experienced RN in order to assist with transition into the clinical setting (United Kingdom Department of Health, 2009: 11)

Registered nurse (RN): A qualified and competent individual who practises nursing comprehensively as prescribed by the Nursing Council, and who practises nursing duties with responsibility and accountability (SANC, 2005: 17). In this study, RN means a person registered with SANC as professional nurse including operational managers and all RNs that are involved student accompaniment.

SANC: South African Nursing Council

Student nurse: A “student” is a person studying at a university or place of higher education and training (Oxford Advanced Learner’s Dictionary, 2013). A student nurse refers to a person undergoing education and training, who has applied for the South African Council to be registered as a student according to the Nursing Act (33/2005:32).

Unit manager: A registered nurse, employed by the clinical facility to take leadership and management responsibility over a specific clinical ward or unit and supervises the care of all the patients at a health care facility) of a primary, secondary or tertiary health care facility. (http://work.chron.com/nurse-unit-manager-position-description-16802.html)

1.8 CONCLUSION

In chapter one, the background of the study was presented and the problem statement, research question, the purpose and the objectives were explained. The research design and the method were covered and detailed explanation will be provided in Chapter Three. The chapter concludes with the definition of key concepts in the study.

The following chapters are to follow:

Chapter Two: literature review.

Chapter Three: Research methodology.

Chapter Four: The presentation of the findings.

Chapter Five: Discussion of the findings, conclusions and recommendations

CHAPTER 2 : LITERATURE REVIEW

2.1 INTRODUCTION AND BACKGROUND

In chapter two a literature review is conducted to generate an impression of what is known and what is unknown concerning the particular problem being studied so as to document why the study needed to be conducted. This chapter covers issues in relation to what is known regarding the registered nurses role in clinical accompaniment. The literature review also explores how the RNs in other settings perceive the clinical accompaniment role.

The clinical environment is a complex teaching environment essential to the student nurses socialization and her development of professional competencies (Letswalo and Peu, 2015). Clinical teaching is an active process that occurs in a variety of socio-cultural contexts and is one of the most important components in the training of nursing students. Student support and mentoring in the clinical environment is crucial for the students to meet their learning requirements, objectives and achieve clinical practical competency (Katete, 2014). In this study, the clinical environment means the clinical areas suited for student nurses placement for their clinical practice in order to assist them in the achievement of clinical competence. Student support and accompaniment refers to a wide variety of instructional methods, educational practices, or resources provided to nursing students in an effort to help them accelerate their learning progress, and meet the required practical learning standards. According to (Chuan and Barnett, 2012) students reported a variety of learning opportunities which facilitated their learning. Hence the interest in exploring how the RNs, who are providing clinical accompaniment, perceive their role in clinical accompaniment.

Many studies have examined the nursing student's perception of their clinical experiences, in South Africa (Letswalo & Peu, 2015; Mabuda, Potgieter & Alberts, 2008; Muthathi, et al., 2017), but few studies have explored the RNs perception of their role in student teaching and accompaniment in the clinical areas, which remains a complex system with many role players involved.

The study by (Rikhotso, 2011) found that the RNs had unease with students absenting themselves from their delegated duties and that they felt it was their responsibility to mentor the student nurses in identifying their clinical needs. The RNs expertise and knowledge of the ward patients, their diagnoses and ward dynamics assists students in learning unit specific patient care, as opposed to when the clinical instructors teach, who the students felt are more like outsiders and not having enough information about specific patients, to teach the students correctly.

According to (Katete, 2014), countries such as Turkey, Australia, Sweden, Iran and South Africa, have made recommendations and formulated policies on clinical teaching by RNs in the clinical environment whereby the nurse educators, staff at the clinical areas, and institutions involved in the student nurses clinical education, need to form an alliance and create a conducive clinical learning environment with the aim producing and the development of RNs that provide efficient and safe patient care. (Kube, 2010) also notes that one of the most important learning behaviours for a clinical teacher is the ability to create good interpersonal relationships. (Muthathi, et al., 2017) also highlighted the need for better collaboration between nurse educators and RNs to improve the clinical teaching and experiences of student nurses.

Student nurses are first exposed to nursing theory in a classroom setting, and are then required to observe, apply and practice what they learned in theory, in a clinical setting helping them to make sense of what they learnt in the classroom (Katete, 2014). The role of the clinical nurse educator is to encourage and promote learning through the providing the student nurses with opportunities to learn while guiding, supporting student learning and conducting timely and fair evaluations. According to the South African National Strategic Plan for Nurse Education, Training and Practice 2012/13- 2016/17 introduced by the Health Minister, it states that student nurses undergoing training should have full student status rather than being viewed as employees (Department of Health, 2013).

The involvement of the clinical educator may ease the student transition and the burden of the educational role on the RNs. However, students felt clinical nurse educators focus their time and attention on evaluation rather than supervision and teaching, which is then mainly done by registered nurses in the clinical areas, who in some instances, the

students feel that lack teaching experience and do not know the needs of the students (Sharif & Masoumi, 2005). Clinical supervision and discipline are a major challenge to students, as they lack the support and guidance from professional nurses, as the student nurses argued that student clinical performance failure was largely attributed to the preceptor's feelings of fear, anxiety and self-doubt because the preceptor lacked the necessary knowledge and skills to accompany student nurses and this leading to student nurses failing in both formative and summative examinations (Letswalo & Peu, 2015).

In a study(Tenza, 2015) found that student nurses verbalised that in order to provide an environment conducive to student learning, consistency in performing clinical procedures to help transferring information to the student nurses. The students felt that if RNs and the skills laboratory way of practising procedures was different it caused confusion. These findings are indicative of the complex situation and the diverse opinions around student nurse's clinical teaching and the pivotal role that RNs are expected to fulfil in clinical accompaniment and teaching, as expected and required by the nursing students and the South African Nursing Council.

Contrary to the views expressed above, Mabuda (2008) found that the RNs do not believe they are paid to teach the student nurses and in addition the heavy administrative and patient workload does not allow time for clinical teaching in the wards. Several studies (Murathi, 2005; Kaphagawani & Useh, 2013) have explored the clinical teaching of the unit managers and all noticed a lack of commitment to teaching by the unit managers. This is exacerbated by impaired communication and consultation by either the college or the clinical facilities, which creates an environment that is not appropriate for learning for the student nurses.

(Jeggels, 2013) on a study at a Western Cape University made the observation that initiatives such as clinical preceptor programmes with the aim of improving the clinical teaching skills of RNs would have the effect of improving the student's transition from the simulated setting to the real life practice setting. (Jeggels, 2014) in a further study on trained nurse preceptors found that the trained nurse preceptors displayed positive changes in knowledge, skills and attitudes which was highly beneficial for the student nurses achievement of clinical competence but the buy-in from the RN remains important.

2.2 CLINICAL ACCOMPANIMENT

The South African Nursing Council (Nursing Act 33 of 2005) defines clinical accompaniment as “a structured process by a nursing education institution to facilitate directed assistance and support to the learners by a nurse educator at the clinical facility to ensure the achievement of learning outcomes”. Beukes & Nolte (2013) define accompaniment as a purposeful and deliberate intervention where a student nurse interacts with a clinical facilitator to achieve personal or professional development. The learning outcomes are defined by the prescribed professional competencies (knowledge skills and attitudes) that render the professional safe to practice in the real world.

The importance of clinical accompaniment, in attaining these professional competencies, was discussed by (Jeggels, et al., 2010), who stated that the use of the real-patient clinical settings are potentially unsafe for student nurses and patients because if students are not well supervised and guided by trained professionals the students lack of experience poses a risk to the patient (Jeggels, et.al., 2010 and Monareng, et.al., 2009). Therefore, during clinical accompaniment student nurses, need to be guided and supervised by registered nurses and clinical facilitators in order to become competent and independent practitioners as indicated by SANC (Setati, 2013).

The most common form of accompaniment involves students being assigned to a RN and the student works alongside the RN who then provides on-going supervision of the student (Franklin, 2013). The RNs attitude can motivate the students to learn or can hinder learning. (Kube, 2010) explored the relationship between the uses of clinical teaching behaviours of nursing faculty and student’s perceptions of those behaviours influence on learning. (Monareng, et.al. 2009) also found that it is beneficial for student nurses to focus on their clinical skills and abilities in order to identify areas that require improvement with the help of the RNs. RNs should meet with students to acclimatise them to each practice site and to review their self-assessments. Involvement of the student nurses in the planning of the clinical practicum was seen to motivate the student nurses to participate in clinical learning situations (Monareng, et.al., 2009).

2.3 ATTITUDES OF REGISTERED NURSES TOWARDS CLINICAL ACCOMPANIMENT

Nursing is a practice based profession, meaning that a lot of the student nurse's training takes place in the clinical area (Perry, 2009) and for effective clinical teaching to occur, the attitude of role players in the clinical environment and other factors such as the attitudes and knowledge of the learner and teacher have to be considered.

Attitude is defined as a feeling or opinion about something or the way one behaves towards somebody (Cambridge dictionary, 2005) the attitude of RNs to clinical teaching can either stimulate or discourage students from participating in student teaching. These sentiments were expressed in a study of how the student nurses perceived their learning experiences in a clinical environment. The student nurses indicated that they struggled on their own while performing clinical procedures due to the negative attitude of the staff (Volschenk, 2009). RNs with a positive attitude allow students to perform skills that have been taught and they observe students doing the skill (Katete, 2014), therefore it is important that RNs who are knowledgeable and have a positive attitude towards patient care and clinical teaching of nursing students, participate in teaching and supervising students.

Learners experience the environment (where they interact with qualified RNs) and interpret it according to unique, internal and personal factors present in the RN and then display certain behaviours in response (Bandura, 1977). (Katete, 2014) also observed that student nurses learn by imitating, observing and modelling certain behaviours. This process is referred to as 'role modelling' and defined as an identification with another, where the behaviours are emulated and the role model's values and attitudes assimilated (Perry: 2009). In order to affirm and develop discipline identity one needs to practice in the clinical setting. It is therefore important that there are positive role models for the student nurse to encourage development of beliefs and practices that assure provision of quality care on completion of training (Belinsky & Tataronis, 2007, as cited in Perry, 2009).The presence of good role models who support student nurses to integrate theory and practice and contributes positively to the future development of the profession (Price: 2004, as cited in Perry, 2009)

2.4 COMMUNICATION

Communication is the conveying information through speech, writing, or other medium, and being able to receive interpret concepts or verbal, nonverbal and graphic symbol systems. (American Speech-Language-Hearing Association: 1993). The studies that have examined the perception student nurses regarding their clinical training in the clinical settings often highlight effects of poor communication between the NEI and the hospital as an inhibitor of student learning (Muthathi, 2017; Setati, 2013; Katete, 2014 and Tenza, 2015)

In a study done by (Setati, 2013) the participants expressed that the clinical areas were not given clear guidelines as to what was expected of them or the students during their allocation due to poor communication among the NEIs and RNs. (Muthathi, et. al., 2017) make the observation that a lack of clear communication between the nurse educators in the NEIs and the wards professional nurses' results in an environment that is not conducive to nursing student's learning, due to the lack of proper planning for the clinical allocation.

Communication should therefore be established between the education campuses and the ward managers to creates a platform which addresses issues such as the unhealthy relationships with the tutors and unit managers as well as lack of proper student nurse orientation (Murathi, 2005 and Muthathi, 2017)

(Kube, 2010) found that interpersonal relationships were ranked highly by student nurses. Registered nurses with good communication skills would easily interact with students and teach them. In the study by Kube (2010) the findings indicated that RNs who showed respect for student's ideas and abilities, were in fact confident to acknowledge the students input to their clinical learning. This mutual respect between the student and the RNs was demonstrated to be an important characteristic of a good teacher, similarly (Kristofferzon, et. al., 2013) found that supportive behaviours which include good communication skills, were ranked highly by students. Some of the participants indicated that RNs with good communication skills often made time to communicate with student nurses and assist them by showing them the right way or skill (Setati, 2013).

Good communication in the clinical environment ensures that mentors are approachable to students, and importantly they are able to respond to student's emotional reactions in the clinical area. (Katete, 2014) makes the observation that RNs that communicate well with students could possibly be reflecting and recalling on their own experience as student nurses.

2.5 LACK OF MATERIAL AND HUMAN RESOURCES

(Rikhotso, 2014) in her study done in a Limpopo nursing college, found that the nursing student nurses perceived the rural hospital setting unconducive for obtaining their learning requirements. Their negative perception was due to medical equipment that were not in working order, staff shortage which interfered with clinical teaching opportunities. (Rikhotso, 2014 also stated that according to Magobe, et. al., (2010), the students had no basic clinical equipment for patient care to practise with, such as blood pressure machines and the RNs had to compromise by borrowing from other wards. This leads to a situation where there is a lack of time and available equipment available to the RNs to be able to teach and engage with students.

Time as a resource was also an issue Monareng, et.al. (2009) whereby some preceptors expressed concerns that they had insufficient time for the student nurses and even recommended that nurse educators should supervise student nurses for their learning objectives to be met. The RNs stated that they had insufficient time to concurrently plan clinical teaching with meeting patient care activities and other professional obligations. (Klerk, 2010) in a study done in the Western Cape stated that throughout data collection period, the participants were of the opinion that staff shortage had impacted negatively on patient care. The participants in that particular study stated that there had time constraints in providing quality patient care due to mandatory administrative tasks and that minimised the time that they can dedicate to student nurses teaching, and that there were increased instances whereby certain task are allocated to student nurses unsupervised. (Rikhotso, 2010) also found that the clinical RNs feel that teaching and mentoring of the student nurses is an extra burden which is exacerbated by inadequate staff numbers, and the impact of poverty and the burden of disease such as HIV and/or AIDS, TB and malnutrition on the patient acuity levels. The shortage of RNs in the wards is a disadvantage to student

nurses learning needs as their clinical teaching is postponed or not done in the RNs day to day management of patients. This results in the student nurses' not achieving adequate accompaniment with lacking in skill whereas the student nurses are expected provide patient care despite being inexperienced and have to figure things out by themselves, which may not be in line with evidence based practice.

2.6 ABILITY OF THE RN TO ACCOMPANY AND TEACH STUDENTS

The participants in Jeggels (2010) perceived a change in knowledge occurring as a result of the training of preceptorship that they underwent and cited an understanding of clinical learning theories and clinical teaching strategies. They also expressed awareness of creating learning opportunities for students, with acknowledgement of year of study and giving appropriate feedback, clinical supervision and discipline at the student nurses level. The major challenge to students, were supervision and discipline as the student nurses felt that there was lack the support and guidance from RNs. The student nurses stated that their inability to perform well in the clinical environment was due to the (RNs) feelings of fear, anxiety and self-doubt. This indicates the importance of ensuring RNs readiness to assume the teaching responsibility

In the following chapter research methods used in the study are discussed to answer the research questions.

2.7 CONCLUSION

In this chapter a background to clinical teaching and accompaniment is given. Literature was reviewed from various studies exploring clinical accompaniment mainly from the student's and to a lesser extent from the RN's perspective, highlighting the complex nature of clinical accompaniment in the clinical environment by RNs. The review indicates that there is a paucity of studies examining the RNs own perceptions of their role in student accompaniment.

In the following chapter research methods used in this study are discussed in order to answer the research questions asked.

CHAPTER 3 : RESEARCH METHODOLOGY

3.1 INTRODUCTION

In chapter three the research method used in the study are discussed. The techniques and research procedures which includes the research design, sampling techniques, study setting, data collection methods and tools as well as data management and analysis.

3.2 RESEARCH DESIGN

A research design is a plan by the researcher to obtain answers to the research questions (Polit & Beck, 2010:339). A qualitative descriptive and explorative research design was chosen in this study because the researcher wanted to make a description people's real life experiences, and to give them meaning as a way of gaining insight.

Qualitative studies are conducted to promote the understanding of human experiences and situations whereby the researcher initiates the process by conversing with or by observation of people who have the lived experience of the phenomenon being studied (Burns & Grove, 2011:20). The qualitative paradigm has been selected for this study, whereby the researcher aimed to understand, describe the beliefs and the value system of the RNs, and to explore their opinions, and experiences (Brink, 2013:11), in regards to their role of clinical accompaniment and teaching of the student nurses in the clinical environment.

A descriptive design is used for observation, description and documenting aspects of a situation to provide the reader with an overview of the situation as it naturally occurs, in order to bring to light the new meaning, give detailed account of what exists, ascertain the frequency with which something occurs and categorize the information (Burns & Grove, 2011:34). Explorative research investigates the full nature of a phenomenon, the manner in which it is manifested and other related factor (Polit & Beck 2008:20).

A descriptive design was applied to enable observation, description and documentation of the aspects of a situation to provide the reader with an overview of the situation as it naturally occurs, in order to discover new meaning, describe what exists, determine how frequent the particular phenomenon being investigated occurs and classify the information

(Burns & Grove, 2011:34). Explorative research enquires into the complete nature of the phenomenon, the way in which it occurs and other related factors (Polit & Beck, 2008:20).

An exploratory design was selected in this particular study with the intention to evaluate and interpret the RNs experiences and get the impression of how they perceive their role in clinical accompaniment, to explore both the positive and negative motivations in the fulfilment of their education role.

3.3 THE STUDY SETTING

This study was conducted in an academic hospital located in an urban area in Gauteng Province, Johannesburg, South Africa. The academic hospital was selected as it is involved in training of both undergraduate and postgraduate nursing students from both a college and a university. The hospital receives patients from the greater Johannesburg area and as a tertiary specialist institution the hospital takes district and specialist referrals from Gauteng and other provinces.

Within the academic hospital the researcher selected two specific settings: the obstetric wards and the general medical wards. The two disciplines were chosen for their representation of different patient profiles, with the discipline of obstetrics being in the specialist stream and the medical, in the general stream. Obstetrics inpatients have shorter hospital stay and medical inpatients are more likely to have longer hospital stays which require different approaches to clinical accompaniment.

3.4 THE POPULATION

The total number of registered nurses in the clinical areas who are in contact with students at the preselected hospital is 711 (N=711). This information was included as an indication the general population of RNs in the chosen hospital but the researchers interest was on obstetrics and medical due to their varying type of patients that are seen in the disciplines.

3.4.1 Eligibility criteria:

- Nurses with South African Nursing Council registration as a registered nurse.

- Registered nurses who had been working for at least a year, in the preselected clinical areas.

- Permanent fulltime registered nurses of the hospital who were available in the two chosen disciplines during the data collection period and willing to sign voluntary consent to participate. .

3.4.2 Exclusion criteria:

- Nursing managers were excluded due to their minimal contact with the students

- Community service nurses were not invited to participate, due to their possible lack of experience in clinical teaching and accompaniment.

- Registered nurses employed as clinical facilitators were excluded, as they are already employed in a clinical teaching role.

3.5 SAMPLE SELECTION

Sampling process was conducted by selecting a subset of the specified population to represent the entire population. Purposive sampling technique is used in qualitative research as the researcher purposively selects participants who can provide information related to the phenomenon being studied (Burns & Grove, 2011:312). In this study the sample was selected from two major disciplines with patients of different acuity levels, health needs and therefore varying requirements for clinical facilitation of nursing students. Medical and Obstetrics were used for participant selection within the selected hospital. All potential participants who meet the inclusion criteria were approached in the preselected areas, and invitation to participate in the focus groups was extended by the researcher.

3.6 DATA COLLECTION PROCESS

After permission was granted from the selected hospitals CEO through the departmental heads (Annexure A and H), the focus groups were arranged with the RNs in the selected areas after the researcher had contacted the unit manager and requested permission to conduct the study in their wards.

All willing participants were given an information letter (Annexure B) and the opportunity to ask any questions of the researcher prior to signing a voluntary consent form to participate in the study and to have the focus group discussion digitally recorded.(Annexure C)

3.6.1 Data Collection

Data collection is the organised, methodical gathering of facts (data) from the identified participants. The data collected must be in line with the research purpose, research objectives and questions of a study (Burns & Grove, 2011:535). Focus groups interviews were a method used for data collection in this study.

A focus group is a qualitative data collection strategy, where groups are assembled to establish perceptions of the participating individuals in a focused area in a non-restrictive and nonthreatening environment (Burns & Grove, 2011:87). The data gathered brings an understanding of the experiences, opinions and beliefs of the phenomenon being studied (Polit & Beck, 2008:395) The researcher scheduled an appointment with the participants at times that were convenient to them in order to encourage availability.

3.6.2 Focus Groups

The focus group method was explained to the participants and the researcher scheduled the appointments at times convenient for the participants in order to encourage availability.

Permission for focus groups to be held in a private room was obtained from the unit managers which facilitated free participation. The digital recorder and a notebook were brought in by the researcher. The researcher explained the process to the participants before commencement of the recording. Focus group discussions enabled face to face discussions and were recorded using a digital recorder for accuracy during data transcription and researcher field notes were taken on observable cues while the researcher guided the participants through prepared questions as a topic guide (Polit and Beck, 2008:394)

The participants of the focus groups were from the two preselected disciplines; the focus groups were from either discipline and were not mixed. The two disciplines were chosen

due to the patients' difference in acuity levels, the health needs of the users and the awareness of difference of the clinical environment of both health disciplines which results in the clinical facilitation approach being different. The disciplines were not mixed during focus groups, as the researcher wanted to verify and confirm what the RNs perceptions were with regards to clinical accompaniment related to their discipline and due to the challenges of availability of staff from the disciplines at one time.

As the researcher, I facilitated the group using open questions as defined in the researcher developed interview guide (Annexure D). The questions asked about the RNs accompaniment of students, and the factors that support their role as facilitators of learning and factors that hinder their accompaniment role. The researcher made field notes during the focus groups commenting on any non-verbal communication that she noticed or patterns observed during the focus group. Data was collected over 7 focus groups (3 from the obstetric ward and 4 from the medical wards) in total 35 participants were included in the data collection.

This number was reached based on availability of participants and on data saturation. Each focus group had 5 participants present. Effort was made by the researcher to access more participants per focus group but due to unforeseen circumstances such as shortage of staff and availability of participants. The researcher utilized the available participants as per agreement on the information sheet (Annexure B page 53).). By the 5th focus group the participants where already repeating and reiterating what the previous focus group participants said. The emerging opinions and perceptions on what encouraged or hindered clinical accompaniment was similar to prior focus groups conducted but the researcher wanted to verify that no other themes emerged hence 7 groups were conducted.

The researcher felt that data saturation had been achieved when the participants provided no different information was yielded in the focus group interviews that followed and only repetition of previous information was discussed in the focus groups (Burns & Grove 2011:317)

3.6.3 Demographic Details

The participants were asked to supply their demographical details on the consent form, as a difference in perceptions amongst demographically different participants may have emerged. The demographic questions related to the participants age and how long they have worked in the clinical area.

3.7 DATA ANALYSIS

This process involved the researcher transcribing the focus groups verbatim (Annexure E), and analysing the field notes taken during the focus groups, in order to make sense of the entire meaning of the discussion, and making sense out of data recorded, as described by (Creswell, 2009). The data was then prepared and analysed with the purpose of drawing meaningful conclusions (Polit and Beck, 2008:507). The process involved transcribing the focus groups verbatim, comments written by the researcher during the focus groups were analysed, in order to make sense of the whole meaning of what was discussed, making sense out of data recorded in text and audio as described by (Creswell, 2009). This involved reading and rereading the focus group transcriptions and preparation of a short descriptive summary (Polit & Beck, 2008:527)

In the study effort was made to explore and understand what the RNs perceptions were with regards to clinical accompaniment. This was done through the interview guide used by the researcher and the participants would at some stage voice other opinions unrelated to the topic at hand, then the researcher would redirect the interview. During data analysis the researcher extracted data that answered the research question.

Seven focus groups data were analysed and the themes determined using Miles and Huberman's framework for qualitative data as described by (Cresswell, 2009). The process involved the following three stages:

Data reduction entails selection, focusing, making data simpler to understand, summarising, and modifying the data appearing in the field notes or transcribed material. The data need to be compressed and modified in order to make sense in terms of the issues being addressed. Data reduction occurred continually throughout data analysis

taking care not to lose vital information. The qualitative analysis process represent real people, places, and events far more concretely than the numbers in quantitative data sets, a reality that can make cutting or deleting any of the text any of it quite painful. But the main point is to extract the particular data that is related to study questions asked. In data reduction the researcher extracted the material that is relevant to the research question excluding all other materials even though they might be interesting. The views of the participants were explored and frequently raised issues were noted including the intensity of how they were expressed supported by the researchers field notes and transcribed material.

Data display differs with data reduction as it yields "an organized, compressed assembly of information that permits conclusion drawing..." The data was displayed on a table creating themes and sub themes to highlight the identified findings in an organised manner to assist in answering the research question, which exposed the various aspects of how RNs perceive their role of student nurses' clinical accompaniment in the clinical settings.

Conclusion drawing refers to ensuring that the analysed data applicable and answers the research question. Verification, which is associated to conclusion drawing, involves revisiting the data repeatedly in to confirm or review the derived conclusions. "The meanings emerging from the data have to be tested for their plausibility, their sturdiness, their 'confirmability' - that is, their validity" (Miles, Huberman & Saldana, 2014: 13)

The conclusions were drawn from the data extracted from the participants' narratives that emerged repeatedly during data analysis.

The initial codes, themes and sub themes were discussed by the researcher, her supervisors until agreement was reached. The researcher then returned to her transcripts and field notes taken during the focus groups to verify that the identified themes were accurately reflecting the data that emerged from the focus groups.

The resultant findings are presented in Chapter 4.

3.8 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is the criteria and a measure that the researcher used to assess the quality of the study as used in qualitative studies (Polit and Beck, 2008). In the study trustworthiness describes the measures taken by the researcher to evaluate whether the research findings are accurately reflecting the data collected from the participants and the researcher's own perceptions were not applied in the data. Using (Lincoln and Guba, 1985) framework for ensuring trustworthiness the following measures were taken during the research process:

Credibility was achieved by the researcher keeping a reflective journal of the progress of the study. The researcher did her own data transcription crosschecking or texts continually with her field notes. To determine accuracy of information, the researcher and supervisor reviewed the data analysis to verify the truthfulness of the findings as discussed and transcribed in the focus groups, so that any biases were eliminated, and the meanings discussed and clarified where necessary. Member checking was done throughout the interviews through a process of verifying with the participants, the researcher re-stating the findings during the interview to ensure clarity of meaning.

Dependability was ensured by producing the evidence and the process of the investigation during regular consultation with the researcher's supervisor. The research report contains dense description of all research evidence and the processes of the investigation.

Confirmability was ensured by interviewing RNs from different disciplines within the preselected hospital as this would verify that the findings were based on the opinions of the participants and not of the researcher. Two different disciplines were sampled to provide a dense description of the RNs perceptions that would not be dependent to a specific discipline

Transferability is evident through the dense description of the participant's narratives and the supporting literature findings, which allows for transferability in a similar context or situation.

Confidentiality of participant's information cannot be ensured due to the nature of a focus group but the participants were asked to keep the discussions private and not discuss

them outside of the group. The focus groups narratives were transcribed by the researcher verbatim to promote the participants confidentiality.

3.9 ETHICAL CONSIDERATIONS

Ethics is a system of moral values that ensures the maintenance of professional, legal and social obligations to the study participants during research procedures (Polit & Beck: 2008)

The study approval was obtained from the committees and individuals stated below:

Faculty of Health Sciences Postgraduate Committee (Annexure G)

Human Research Ethics Committee (Ethics number M150519) (Annexure F)

The CEO of Charlotte Maxeke JHB Academic Hospital: Departmental heads (Annexure H)

All potential participants were given a letter informing them about the study and given an opportunity to answer any questions that they might have had before deciding to participate (Annexure B)

Written informed consent was obtained from participants for participation and recording of the focus groups (Annexure C1 and C2).

The participant's information and all study records were kept anonymous with no personal details stated in the resultant research report. Refusal to participate had neither penalty nor consequence. If the participant decided to withdraw during the study there were no consequences.

3.10 CONCLUSION

In chapter three, the research design and methods were presented. Focus group interviews were conducted to gain knowledge and insight into how RNs perceive their role of clinical accompaniment. In chapter four the study findings are presented.

CHAPTER 4 : PRESENTATION OF RESEARCH FINDINGS

4.1 INTRODUCTION

In chapter four the findings of the focus group interviews that were done with RNs in order to determine the factors that positively and negatively influence their role of student nurses' clinical accompaniment are discussed. The themes and subthemes were determined through content analysis of the transcribed focus groups, these are presented and supported or compared with both the national and international literature. Detailed discussion of the findings in chapter five.

4.2 DEMOGRAPHIC INFORMATION

Thirty five participants (N=35) agreed to be participate in the focus groups, the researcher asked them to supply their demographic information at the beginning of the group discussion. This was done in order to establish if there were possible commonalities relating to age and years' of work experience that would add further insight into the perceived role of RNs to the clinical accompaniment of student nurses. The biography of the participants was provided because during data collection the researcher observed that the younger participants were open to new ways of teaching and were readily accepting of their clinical accompaniment role as well as the usage of technology while teaching student nurses.

The demographic findings are displayed in the tables below

Table 4.1: **Gender of participants**

Males	1
Females	34

Table 4.2: **Socio-demographic data (n=35)**

Age	Male	Female
20 - 29 years	1	11
30 - 39 years		7
40 - 50 years		11
>50 years		6

Table 4.3: Qualifications years of work experience or years in the same ward

Years of experience	Male	Female
0 – 5 years	1	17
>5 – 10 years		3
> 10 – 15 years		2
>15 - 20 years		4
>20 years		8

4.3 THEMES AND SUBTHEMES

The qualitative data in the themes and sub themes is presented in a manner that provides a rich description of the participant's perceptions of the phenomenon being studied and an accurate reflection of their input in the focus groups. All findings are related to their relevance to the research question being asked, which was: What are the perceptions of RNs in clinical settings with regards to their clinical teaching role? What are the factors that influence registered nurses involvement in the clinical teaching of student nurses?

Table 4.4: **Themes and subthemes**

4.2.1. Theme One: RNs perceptions of their role in clinical accompaniment.	4.2.1.1.The perception of RNs role of teaching 4.3.1.2.RNs perceptions of role modelling for student nurses
4.2.2. Theme Two: The capacity to carry out accompaniment role	4.2.2.1. Poor communication for student needs/requirements 4.2.2.2. Lack of teaching skills and ability 4.2.2.3.Lack of support from management, tutors and the NEIs
4.2.3. Theme Three: Student related issues	4.2.3.1. Factors that promoted their role: 4.2.3.2 Factors that hindered their role: 4.2.3.3.The impact of technology

The themes are presented in the following order as they represent the frequency of the issues raised by the participants.

4.3.1 Theme One: RNs perceptions of their role in clinical accompaniment

Two sub themes are presented in this theme that addresses the roles of R/Ns. The roles that the RNs play in relation to the student nurses clinical accompaniment were perceived as contributing factor to the positive or negative influence that the RNs have on student nurses whilst they are in the clinical environment. The participants' responses are provided in italics with the focus group number and participant number.

4.3.1.1 The perception of RNs' role of teaching

This theme discusses how the RNs acknowledged the importance of their student nurse teaching and clinical accompaniment role ascribed to the RNs in the clinical areas. The RNs acknowledge that theory of nursing is learnt by the student nurses in their NEIs, and that their clinical knowledge was gained in the wards, which the RNs perceived as their role. The RNs used words like: "responsibility", "accountability" and "duty" when describing their teaching role indicating they take their role seriously and know the importance of providing good clinical supervision and accompaniment. In the study the participants' responses signified that if the environment is conducive i.e. all resources available such as well staffed units, student nurses show interest and nurse/patient ratio adequate then the motivation to teach is elevated.

In a study done in Malawi (Katete, 2014) it was found that 75% of the RNs did not agree that "nursing students are more trouble than they are worth. In another study (Setati, 2013) most of the participants viewed clinical teaching as a great way to help in preparation of student nurses for practice. The participants in Setati (2013) expressed that every teachable moment is an opportunity for them to impart knowledge to the student nurses. The participants in the study reiterate the same perception of clinical accompaniment as illustrated in the following participants' narratives:

*"It is our responsibility to actually pass on that knowledge because as the other participant has stated, in the college it's basically about theory and this is the environment where they are allowed to put their theory into practice and actually excel in particular functions."*FG1P2

*"I think we as registered nurses, we are accountable to teach the students because we are the ones who see the patients at first hand, we are hands on, we see the medications we see the patient because at college what they are doing is theory so I feel that it is our responsibility even if we are working no matter how hard we are working, but we need to teach, we have to teach them when they are under our supervision."*FG1P1.

*"Nna (I) I feel we can't run away from the fact that we are supposed to teach the students if the students are here in our department it is our duty as registered nurses to teach them and then to show them and guard them whatever is being done in our department so it doesn't mean they should always be having their clinical instructors to be with them."*FG2P2

4.3.1.2 RNs perceptions of role modelling for student nurses

Role modelling in nursing enables the novice nurse to learn through her interactions with RNs and patients and the examples set by highly competent expert nurses (Burns & Grove; 2011:18). (Perry, 2009) found that the student nurses who are exposed to positive role modelling during their clinical allocations are more open to learning and gain good clinical skills and further develops the student nurses professionalism, beliefs and empathy towards the patients. The participants in the study displayed an understanding of their role modelling acknowledging their contribution in socialising student nurses to the nursing profession. In this theme the participants expressed the importance of their role in clinical accompaniment, which provides them with opportunities to provide good role modelling for the soft skills such as professionalism, communicating with patients professionally as well as nursing ethics and etiquette.

"I think the other thing that can influence our role is if we behave like the nurse is supposed to behave, like a registered nurse; punctuality, your dress code and everything. You take patient care as a priority you become a role model" FG1P1

"I think it's a good thing because as we get older we are able to teach the young ones the basics of nursing because nursing nowadays is not the nursing what nursing used to be. Like people of today they don't regard a patient as a living human being they just treating patients like object so if we old nurses teach the students how to nurse the patient and all that then the basics of nursing" FG5P4

*"If you are doing shortcuts they will copy them so it is going to reflect wherever they go they will be nurses who will be doing shortcuts."*FG3P1

The RNs acknowledge the importance of setting a professional example and inspiring students to be proud of their profession. In a study by (Perry, 2009) the participants highlighted that role modelling is a conscious act of facilitating opportunities for student nurses to learn from exemplary behaviour and that subtle and outstanding professional behaviour cannot be learned from a book but can be learnt through observation. One of the participants stated that:

‘‘in *order for nursing to go back to where it used to be whereby student nurses were passionate about learning, nursing must go back to old nursing etiquettes, we must be the passionate role models" FG6P1*

4.3.2 Theme Two: The capacity to carry out accompaniment role

There are three subthemes in this category that highlight the interplay between the role players, the tutors and the students and how it affects their willingness and ability to accompany students.

4.3.2.1 Poor communication of the student needs/requirements

The role of the tutors in the NEIs was discussed by the participants who felt that if the tutors were more involved in the students clinical placement they would feel more supported. An example that was discussed to illustrate this centred on the clinical skills books. The students all have clinical skills books which was mentioned as a positive factor by the RNs but often the students arrive without them, as the skills books are not emphasised by the tutors in the NEIs, which in fact makes the RNs accompaniment role more difficult. This is discussed in the sub themes below:

Communication with the NEIs was highlighted in a study (Tenza: 2015) on student nurses perception of best practice, whereby the participants expressed gratitude towards the tutors who displayed support towards the RNs and the student nurses in the clinical settings. The participants in this study verbalised their need and importance of knowing the tutors that are responsible for the student nurses that came to the facilities to improve continuity of learning and communication in the interest of the student nurses. The

participants voiced that they knew little of what was expected of them in assisting the student nurses in the achievement of clinical competence through their accompaniment. They also felt that the tutors are not doing what they are supposed to do in order to ensure that the students are prepared for their clinical placement, which the students require for the students to benefit optimally from their time in the wards. The participants' narratives below:

"I want to know why the RNs have to struggle to get students to bring their clinical guide stuff into the work place. Yes we have to teach the students in our wards but how will we know what to teach if they don't show us what their needs are." FG6P1

"*As they are having their clinical guidance book I think each and every system has steps what to do. Then according to Neuro we do the Glasgow coma scale we do this and this and this I think that one will help as well."FG5P1*

"usually if the students come to the department I normally ask their requirements 'What are your requirements' so that I can just meet their requirements even though maybe I might not meet all their requirements but I will be able to meet at least half of the requirements so that's what keeps me motivated,"FG2P2

Quotes from the RNs feel which illustrate the lack of communication and the responsibilities of the clinical and tutoring staff:

"I actually say because I know there is a tutor and there is a clinical instructor so my question was: the tutor teaches in class right and the clinical instructor comes to the ward what will be then her or his duty regarding his or her students in the wards? Will she come and look what the sisters are doing the registered nurses are doing or will she come and witness as a spectator there saying that Ok I want to see what the sisters are doing with my students in there. That's my question." FG2P1

The RNs then need to rely on their own previous experience of students from the NEI, which is not optimum as it is not clearly defined, as expressed by a participant above.

4.3.2.2 Ability to transfer knowledge and skills comfortably to others and the integration of practice and theory.

The participants, in this study had differing perceptions regarding their ability to teach student nurses. In a study by Tenza (2015) according to the student nurses, knowledge

transfer from demonstration to real life patient would preferably be done by the tutor that initially taught them the skill. The participants claimed that if the skill is done by the same person then the lesser the risk of inconsistency in transferring the skill. In this study some of the participants felt confident to teach and this was a positive factor that encouraged them to teach students, whereas others felt they had inadequate experience in teaching due to their own educational background. This made them feel vulnerable, and they would withdraw from student contact, as illustrated in the narrative from one of the participants in the narrative below.

"Then again the students will be laughing at us to say did you hear the sisters English. Did you hear the English I mean our English is from Bantu Education?" FG5P2

"*Because as a sister if I don't know anything I will be defensive. If the student asks me I will definitely be defensive and say ah eish (slang exclamation) you know I'm busy, I'm still busy here I will attend to you after and the student will move to the next person who is knowledgeable who will be able to answer her same time."* FG2P2

"Because we are not knowledgeable. When you are not knowledgeable what do you do?"FG3P1

"Sometimes you find that some of the sisters neh (isn't that so) like it's happening you find that they are not confident enough to teach because maybe whilst they teaching they are scared that the student will ask them a question and they are unable to answer yes. Sometimes you find that as a professional nurse you do want to teach but maybe you not like prepared or confident about the whatever it is that you want to teach cause you scared that the students are going to eh to" FG5P4

*"Because we are not knowledgeable. When you are not knowledgeable what do you do?"*FG3P1

RNs who felt confident and did spend time teaching and accompanying students felt motivated and proud of their teaching role. It was also interesting to note that the RNs learnt from their students which they said helped keep them up to date:

“As the years go goes by things are changing if they are here they teaching me something new then I’m teaching them something old at the end of the day I’m being updated with the daily basis of education.” FG5P2

“And to add on that mina I would say it also helps us as permanent staff to refresh ourselves as she said that sometimes there are things that are new that we don’t know as permanent staff, students would come with new information from the college and we would upgrade ourselves from there - from the students” FG1P4

4.3.2.3 Lack of support from management, tutors and the NEIs.

The study participants felt like they are not getting any support from hospital management and the NEI’s tutor staff which adversely affected their ability to provide adequate student accompaniment, which is inclusive of the lack of human and material resources. In a study done in Botswana (Monareng, et.al. 2009) The RNs expressed the need for the nurse educators to be visible and accompany student nurses into the clinical environment, which would then make the educators more aware of the clinical areas limitations, needs of the student nurses and they in turn could better prepare the students for the placement.

The narratives below states what the participants of this study expressed about lack of support from management, tutors and NEIs:

*‘‘They never in the wards. I don’t see them in the wards coming to do procedures with them. The ECG eh they do it on dolls. What I have seen is that the tutors, they don’t y follow their students. They don’t know what we do in the wards?’’*FG3P1

Some of the participants quotes that highlight the lack of support and understanding from the managers and the NEIs.

‘‘… it’s not getting the support from our matrons, sometimes you find that you have gathered the students in the morning and then you need to give a lecture to the students and then they (matrons) come and they disrupt you, you know they don’t consider that you are with the students and you are teaching’ FG1P5

"The other thing; the support from the management. We need a lot of support, if I've got a supportive structure around teaching and education it also motivates you to teach."FG6P5

The participants discussed the unclear roles of the different education staff and how it can cause confusion in the clinical areas and a possible measure of distrust that does affect the RNs adversely:

"I actually say because I know there is a tutor and there is a clinical instructor so my question was: The tutor teaches in class right and the clinical instructor comes to the ward what will be then her or his duty regarding his or her students in the wards? Will she come and look what the sisters are doing or the registered nurses are doing or will she come and witness as a spectator there saying that: Ok I want to see what the sisters are doing with my students in there. That's my question." FG2P1

In this study the RNs verbalized dissatisfaction with regards to the availability of material resources for teaching students in the clinical environment. The lack of equipment was perceived as an important obstacle that prevented the RNs from meeting the student nurses' clinical accompaniment needs, which further reflects on the need for support and availability of resources. The participants said that they have to improvise when teaching in the clinical areas, and therefore not teaching what is appropriate according to the student's clinical objectives and requirements. The RNs issues in the study included shortage of staff and work overload.

"And so shortage of resources, you want to teach eh a student how to catheterise there are no Foleys catheters, there are no drainage bags, there is no KY jelly because you want to teach the right way. Sometimes there are no gloves they have to glove twice. Use the first glove discard then the second one that's where I, you know, that if we are not have we are going to teach them shortcuts, you see, that is (inaudible) that I have seen that is very negative, shortage of resources."FG3P1

‘‘Iyo mainly if there are no resources it makes very difficult for me to engage students. It’s like when you have to teach and you are short of equipment’s the students will learn the wrong way of doing things cause we have to improvise most of the time when we are doing certain procedures due to lack of resources.’’ (FG6 P2)

The perceived lack of human resources that the participants spoke about in the focus groups relates to the increase in student volumes, the lack of clinical placement sites, and the high rate of staff absenteeism, which is described by the participants below:

“Shortage of staff because there is a lot of work (there are) not enough registered nurses to teach students and not enough time sometimes”FG3P3

*“When they come to academic hospitals they have to compete with doctors and other advanced students especially in Obs and Gynae to be able to do practicals. It’s not always possible for them to get that experience because everybody is fighting to get the patients to do, do stuff on them, so we need to look at that as much as we can say that they are trying to give us enough staff and taking in more people who... we also look at the fact that they not gonna go out with the practical experience that they need.”*FG1P2

The RNs also expressed the lack of human resource as a factor that hinders their ability to teach, they cited that due to shortage of staff they could not give the student nurses the attention that they required and they were most exhausted after providing patient care and fulfilling other administrative duties that they are responsible for.

“Ya(yes), I totally agree with the sister we hardly ever have all required materials to carry out procedures according to the book but what can one do at that time the situation demands that you do something despite lack of resources (gesturing with the hands and shrugging the shoulders)” FG4P4

The lack of human resources as described above, in this study is echoed by Setati (2013) who states the RNs in her study perceived clinical teaching as increased workload, because of the shortage of trained staff and the increase in patient acuity due to the growing burden of disease.

In studies conducted in Western Cape (Klerk, 2010) the findings confirmed that there was no firm alliance between the NEIs and RNs in the clinical settings. The RNs from both hospital that the study was conducted, complained that they were the main teachers of student nurses in the clinical setting The RNs in Klerk (2010) also expressed that the tutors were not visible to the clinical RNs. A lack of frequent contact between the teaching staff and clinical staff resonates with the findings of this study. This issue with the tutors was expressed by a participant in this study in the following narrative:

*''They (tutors) never in the wards. They don't ever; I don't see them in the wards coming to do procedures with them (student nurses). The ECG eh they do it on dolls. What I have seen is that the clinical facilitators and tutors, they don't. Do they follow their students?''*FG3P1

4.3.3 Theme Three: Student related issues

This theme addresses the student issues that the participants felt either hindered or promoted their role in student teaching and accompaniment. This category is presented in student factors that assist the RNs to assist the RNs to provide clinical accompaniment and the student factors that hinder their involvement.

4.3.3.1 Student factors that promoted their role:

The participants in the study agreed that in the clinical environment there are student nurses that are willing and interested to learn and such student nurses motivate them to teach despite their clinical situation. (Monareng, et. al., 2009) found that scheduling time for student nurses' clinical teaching based on their learning objectives and needs assists in meeting the student nurses' clinical requirements and building of clinical skills base.

"I think firstly it would be attitude of the students themselves. If they are receptive to teaching and learning, then it makes it much easier" FG1P2

"If the student is motivated herself I will also definitely be motivated. The student keeps on coming to me to ask me" FG1P5

4.3.3.2 Factors that hindered their role:

The majority of participants in the focus groups highlighted the difficulty in teaching students who did not show interest in learning, and showed a lack of commitment in relation to their expected conduct in the clinical setting, the RNs discussed many of the student's apparent disinterest in nursing. The increased absenteeism of students affects their own morale and their desire to teach, as their role as the RN is being undermined when students abandon their clinical responsibilities as stated below in the narrative:

"Some of the students they come in as the last option they don't want to be nurses but if they come in as for the love of nurses they will do the right thing but some they come in as the last option "FG5P1

"The absenteeism of the students they don't care when we inform the college about the absenteeism of students and the behaviour of the student they don't take it into consideration. They don't have control over the students and then maybe you have prepared something to teach tomorrow and they are not there they are absent and if you inform the college they don't do anything about it and that's what demoralises us to teach" FG1P5

It was interesting to note that the participants in this study did self- reflect on their own actions and agreed that it is up to them to make students feel welcome in the clinical area because they often display anxiety on initial placement in the clinical areas.

"I think sometimes we are also responsible for their behaviour. We, permanent staff are not always welcoming. As a student I dreaded the first day in a new ward. People not always friendly." FG6P4

4.3.3.3 The impact of technology

In this subtheme there were two identifiable opposites that applied to the impact of technology on clinical accompaniment of student nurses. Some of the participants felt threatened by the use of technology by student nurses while they teach, and some were comfortable using technology, because they verbalised that they were able to update their knowledge through the student nurses use of technology.

"Yes then you answer and they'll say but no the current what-what saying it's even saying so on GOOGLE but then it's a positive thing because you also, you know get to be in line with whatever what's happening currently. Sometimes I think professional nurses also instead of taking like you know eh what do they call this em I forgot the word but like sometimes we should take things positively not negatively because at the same time even if they are correcting you, you are learning at the same time" FG5P3

(Guo, Watts & Wharrads, 2015) suggested a largely positive influences mobile technology has on various clinical practice and educational outcomes. This was in association with the improvement in access to information, accuracy and evidence based decision making. (Guo, et al., 2015) suggested the use of mobile phones such as smartphones can be used for immediate and constant access to information such as updated clinical guidelines.

The participants who were not comfortable with technology in this study described their feelings in the following manner:

"You want to teach them they don't care you see they are not listening, they are playing with their phones"FG5P4
*"At the same time they are recording you"*FG5P1
*"Ya (yes) but it's because some of them you know they are so naughty you know they will come to you sister what is 1, 2, 3 and they busy googling just to see if you know"*FG5P4

4.4 CONCLUSION

The above chapter presented the research findings based on the themes and subthemes which were derived when analysing data of the focus group interviews supported by literature.
The RNs highlighted positive aspects of clinical accompaniment that involved their own desire and ability to teach students, and if students were willing and interested to learn, the RNs were willing to accompany them and share their knowledge. Literature has proved that clinical accompaniment is not without challenges. Chapter five was based on discussion of findings, recommendations and the limitations of the study.

CHAPTER 5 : DISCUSSION

5.1 INTRODUCTION

The findings of the study in comparison to existing literature was discussed in the previous chapter. Chapter five discusses the findings related to nursing practice nationally and internationally and the conclusions drawn from the focus group interviews conducted.

5.2 DISCUSSION

The research questions that were asked were: What are the perceptions of registered nurses in clinical settings with regards to their clinical accompaniment role? What are the factors that negatively and positively influence registered nurses involvement in the clinical accompaniment of student nurses?

It is interesting to note that the researcher reviewed her field notes and made the following observation that the RNs that had qualified more recently appeared to be more confident to teach and assist the students, this could be related to them being more up to date on new techniques and patient management. This idea was supported in this study with 17 participants of the total 35 participants being recently qualified and having between 2-5 years of experience as RNs, and a willingness expressed by the participants to actively get involved in student teaching, as shown by the demographic data (Table 4.2). Katete, 2014 also found in his study that 69% of his participants being newly graduated RNs with bachelor's degrees were involved in clinical accompaniment of student nurses.

The findings of the study are discussed below.

5.2.1 RNs perceptions of their role in clinical accompaniment related to the role of teaching

It became evident in the study that the RNs accept their clinical teaching role as one of their professional responsibilities and the RNs highlighted that there are various factors that influence their involvement, both positively and negatively. If the clinical management and educational institutions are made aware of the challenges that are faced by RNs such as workload, staff shortage perhaps they can put structures that will improve involvement

of RNs in clinical accompaniment of student nurses. The participants generally expressed the view that they were happy to assume the role of clinical accompaniment in order to impart knowledge to the student nurses, if they were provided with the necessary skills and support to teach effectively. This was reiterated in the study done in Malawi (Katete, 2014) that the RNs who are knowledgeable and who do have a positive attitudes towards clinical teaching of nursing students will participate in teaching and students will learn from them by imitating, observing and modelling. The concerns of the RNs regarding what positively and negatively impacts on clinical teaching can be addressed if the clinical management and educational institutions are made aware of the challenges that are faced by RNs such as workload, staff shortage. This may help improve involvement of RNs in clinical accompaniment of student nurses.

In order to help address the lack of RN preparation for clinical teaching, as some of the participants had voiced, there appears to be a need for continuous learning and development in order to impart information that is up to date and evidence based to the student nurses in the clinical areas. As was found in a study done in Malawi (Bvumbwe, et.al.,2015) the participants also highlighted the importance of self-development through continuous professional development in order to arm themselves (RNs) with skills that are adequate for them to teach and accompany student nurses in the clinical setting (Tenza,2017) found that lack of keeping up to date with current evidence based clinical practices (by either nurse educators or registered nurses) can lead to such discrepancies in performance of procedures. In this study it was evident that the younger RNs were more up to date with current practices and were comfortable to teach and interact with the student nurses. In the researchers opinion based on the research findings the ability of the RNs to juggle the workload, administrative duties and teaching student nurses was dependent on a certain degree of clinical expertise, confidence and openness to new developments.

The patient acuity levels have risen compounded by a reduced hospital stay and the increase in student numbers from all medical disciplines. This was discussed in the focus group with the RNs expressing the wish that clinical facilitators and the theory lecturers from the colleges and university take a more active role in student teaching in the clinical

areas. There is a need for the identification of specific roles amongst all the stakeholders involved in teaching to reduce the duplication of roles and clarify the accountability of staff to students attaining competency.

5.2.2 RNs perceptions of role modelling for student nurses

The findings of the study highlighted the need for active involvement of The NEIs, health facilities and the RNs to work together in an effort to produce practice ready, responsible and accountable graduates at the end of training. The participants indicated that despite their other challenges they are accepting of their responsibility and contribution to the grooming of student nurses into the profession together with the students career advancement and their achievement of clinical competence. As was stated in Setati (2013), in clinical setting student nurses witness what the experienced RNs are doing and they see them as their role models. The RNs acknowledge the importance of setting a professional example and inspiring students to be proud of their profession.

5.2.3 The capacity to carry out accompaniment role

The capacity to accompany student nurses is discussed below in three subthemes namely: Poor communication impacts on student outcomes, the impact of poor communication on the RNs ability to effectively accompany students and ability to transfer knowledge and skills and the integration of practice and theory.

5.2.3.1 Poor communication impacts on student outcomes

The study findings suggested that there is a need for the NEIs and the clinical management structures to communicate effectively to ensure that the needs and requirements of the student nurses are known to the RNs, who are responsible for teaching in the clinical areas. In a study done by Klerk (2010) the RNs reported that student nurses often came into the clinical setting without learning objectives, which made difficult for the RNs to support the student nurses in meeting their learning needs. The RNs stated that this hinders their efforts of helping the student nurses to acquire clinical requirements and expected outcomes. (Jamshidi, et al., 2016) in a study done in Iran found that student nurses felt that they have lack of information and knowledge because they were inadequately prepared to function in the clinical environment. The RNs also highlighted the need for the tutors to be visible and accompany student nurses into the

clinical environment. Unclear practical requirements were also an issue as the RNs were not provided with skills manuals and often this was further compounded by lack of working materials in the wards. If tutors from the NEI were more visible the issue raised by RNs of no support from management, tutors and the NEIs would be addressed, and there would a team approach to ensuring the best possible experience for the students while in the clinical environment.

A team approach between the NEI and the clinical environment that addresses the discrepancies of what they learn in the simulation lab and what occurs in the clinical setting would assist both the RNs and students (Tenza, 2015). Clear communication between the NEIs and the RNs about student allocations would empower the RNs to better address student hours and the issue of student absenteeism. This is further discussed in the following section.

5.2.3.2 The impact of poor communication on the RNs ability to effectively accompany students.

The findings of the study made it clear that the level of communication between the RNs and NEIs is impaired as in all the focus group interviews the RNs expressed frustration in relation to access to the lecturers. Poor communication is seen as a lack of support for the RNs as they perceive that they are isolated from the theoretical preparation of the students which widens the theory practice gap.

The RNs also highlighted the need for the tutors to be available and accompany student nurses into the clinical environment. In the researchers opinion it has become evident that the NEIs, facility management and RNs are the main stakeholders and need to work together for clinical education to be effective and successful. It is therefore crucial for NEIS and management to be aware of the RNs challenges. Bvumbwe, et.al. (2015) done in Malawi, resonates with the findings of this study, in this study it was found that RNs also identified management and NEIs accessibility as important to their performance in teaching students. Their study found that the absence of faculty support does not encourage RNs to teach as students come to the clinical area unprepared and on their own not accompanied by their college teachers which resonates with the findings of this study. The findings of this study further qualifies that more effort should be made to ensure

that all stakeholders are aware of their contribution and responsibility towards the outcome of student nurses training.

5.2.3.3 Ability to transfer knowledge and skills and the integration of practice and theory

The RNs own level of clinical competence serves as a motivation to teach and this therefore qualifies as a positive or a negative factor which influences their involvement in clinical accompaniment. If the RNs were more involved with the tutors and seen as vital members of the NEI clinical team they would be better prepared for accompaniment.

In this study the researcher found that most RNs agreed that staff shortage, no working material and equipment are a huge challenge for them, in their provision of clinical accompaniment of the student nurses. This was expressed in a study done by Rikhotso (2014) whose participants were student nurses, and perceived the clinical rural hospital where they were placed to obtain guidance and support from professional nurses, as not being conducive to learning. This was due to broken medical and nursing equipment, and no trained personnel to teach the students while the student nurses are in the clinical setting.

The study done (Bvumbwe, et.al. 2015) in Malawi showed that the majority of the participants, from a teaching hospital in Malawi, were unhappy with the situation in which they had to work. Participants noted that the college teachers' visits to the clinical area are usually infrequent. The participants emphasized that faculty members should provide direction to the overall clinical learning. The NEIs active involvement would afford the NEIs a chance to appreciate reality of practice. The issues cited in the study included shortage of staff and work overload Findings in Bvumbwe, et.al. (2015) study indicated that without proper planning and assignment of tasks within the ward, performing dual roles of both a practitioner and a preceptor could be stressful usually resulting into ineffective student teaching and supervision. (O'Driscoll et.al, 2010) as cited in (Bvumbwe, et.al,. 2015), named lack of management support as an obstacle of practice learning.The RNs in this study expressed this as a factor that hinders clinical accompaniment of student nurses.

5.2.4 Student related issues

The student related issues are discussed below namely: Lack of commitment to practice including absenteeism and the impact of technology.

5.2.4.1 Lack of commitment to practice including absenteeism

In a study conducted in two hospitals in Cape Town (Klerk, 2010) stated that at times student nurses showed no interest, and lacked eagerness to learn during their clinical stay, these student's perceptions of accountability and responsibility was influenced greatly during their learning process and attitude towards the profession. In a study by (Setati, 2013), the RNs said that student nurses were not keen to acquire knowledge and displayed no commitment, accountability and no maturity in relation to their learning in the clinical settings. This commentary on student nurses behaviour was supported in this study as a negative factor that hinders the RNs clinical accompaniment role. The participants also described that the motivated student is easier to supervise as they engage with the clinical skill and the patient, highlighting the importance of student nurse's commitment and interest in what transpires in the clinical setting.

RNs in this study and in the study by Klerk (2010) mentioned that nursing student nurses often disappeared from the clinical environment, they were not utilising their clinical placement time effectively. The participants in this study elaborated on what they call absence from work being failure to arrive on duty and taking long extended breaks while on duty, neglecting and failing to conduct their patient duties which demotivated the RNs from teaching the student nurses sighting that the students lack of interest in their work left them overwhelmed and demotivated to teach.

5.2.5 The impact of technology

In this study the participants varied in their attitudes towards use of mobile phones and internet use during their teaching moments. Most participants verbalised unease with student nurses searching the internet while the registered nurse was teaching. They verbalised that they perceived a lot of disrespect from student nurses who interacted with technology while being taught. According my field notes the discomfort with use of technology was mostly from the older generation. The younger participants were more

welcoming of questions asked from the internet, encouraged students to search for answers or more information on a patient's condition and were more comfortable teaching with technology and this improves their rapport with the students and their own level of confidence in accompaniment.

This may signify the generational changes that have occurred involving technology over the years in nursing which highlights the need to provide in-service education on the use of mobile technology and encourage is use in the classroom and the clinical environment.

5.3 RECOMMENDATIONS

This section discusses possible interventions that could be applied to assist the RNs to address issues that hamper their clinical accompaniment role. The RNs expressed the need for up skilling of their teaching skills to be able to teach clinical skills in the wards with more confidence. Nurse educators in the NEIs could run interactive workshops on effective teaching methods of clinical skills with the ward RNs - this would have a dual effect of ensuring that the NEIs and RNs are teaching the updated best practices and that the procedure is relevant to the ward resources. When the students are learning the theory of a particular system in their theory block, the ward RN could be invited down to the lecture as a clinical expert to add her own experiences of managing a patient in the ward with this diagnosis. This would provide continuity between the wards and the NEIs and facilitate staff members getting to know each other and their specialities. This approach to learning would also assist with the integration of theory to practice, providing student nurses with clinical experiences relevant to their year of training, and accompaniment, assisting them in meeting their clinical requirements.

The establishment of twice yearly or more frequent, meetings where all role players in student nurse training have active roles and can plan for optimum use of resources and personnel, and discuss on going issues that hamper clinical accompaniment. These issues include student placements in relation to theory teaching, student hours that need to be covered and the development of a clinical accompaniment guide or procedure

manual to provide written expectations from both the students and the RNs related to specific ward placements.

Scheduling frequent update forums that include nursing managers and RNs with the aim of keeping all parties abreast with evidence based practice will also give RNs a platform to express challenges faced in their settings. With nursing managers present at these forums the RNs should feel more supported and a part of creating feasible solutions to the issues of clinical accompaniment. This should also be done to improve the RNs confidence in their ability to teach.

The involvement of both clinical management and the NEIs in selecting RNs that are interested in clinical teaching appears to be the best way to enhance clinical accompaniment in the clinical setting. The RNs need to be interested and prepared to accept the clinical accompaniment role, equipping themselves with teaching skills and updated clinical knowledge. The clinical management has to be prepared to release the RNs to complete an advance diploma in nursing education to upskill themselves and by being trained they can assist with teaching skills workshops in the wards in quieter periods.

A review of student clinical orientation processes that include details of what is expected of students while in a particular ward, allows the RNs and the students to voice their expectations for the clinical placement and their clinical requirements. Students should be equipped and prepared for more self- directed learning, where they take more responsibility for their own clinical performance and professionalism while on the wards. This requires a paradigm shift within the NEIs, away from didactic teaching to a more adult learning environment. The adult learning pedagogy encourages students to increase their sense of responsibility towards achieving their own clinical requirements as well as attaining the required clinical standards.

Meetings that encourage self-reflection by the student can be scheduled between RNs and the NEI tutors during their stay in the wards, to enable monitoring and evaluation of the student nurses progress in relation to achievement of their learning objectives.

Constructive feedback from the RN could provide motivation and direction for the student. These meetings should be mutually respectful and a learning experience that encourages the student to identify their own strengths and weaknesses and then given assistance in addressing their areas of weaknesses.

Develop ward based programmes that assist the RNs to bridge the generational gaps that are evident in the acceptance of mobile technology in student teaching between the older and younger RNs. It is important to use innovative methods of clinical teaching that enhance the socialisation of nursing students to their independent and interdependent role of a professional nurse. To obtain the older generation RNs buy in in service training and orientation to the use of technology in student teaching should be provided by the clinical sites and the NEIs.

The effective and fast-tracking of introduction of the preceptor model designed according to the student nurses level of training objectives and needs of specified settings would be a support to the RNs and student nurses. This should be implemented with the student nurses interest as priority.

5.4 LIMITATIONS

This study was conducted in one academic hospital in an urban area where student nurses from both a university and college are placed and therefore cannot be generalised to the perceptions of RNs in other settings or context. In the study two preselected disciplines were chosen for focus groups which may affect generalisation of the study to other settings.

The researcher did not separate the focus groups into novice and experienced and therefore it is difficult to declare that there was a difference between the novice and the more experienced RN, as far as their perceived role in clinical accompaniment.

The field notes taken during the focus groups indicate that this may have existed and may be worthy of further exploration. The male/ female ratio was not balanced, therefore the findings cannot be generalised to settings which have numbers of males.

5.5 CONCLUSIONS

The study objective was exploration and description of what the perceptions of RNs are with regards to their clinical accompaniment role and to determine the factors that influence the involvement of registered nurses in clinical teaching. The findings of this study add knowledge to the nursing education of student nurses in clinical settings with regards to the understanding of the registered nurses stance and challenges regarding their role and involvement in student nurses clinical accompaniment, The researcher has provided recommendations that require the NEI and the clinical environment to work together to provide the training and support that they both need in order to ensure optimum student outcomes. The establishment of various platforms whereby the RNs, NEIs and management can express their challenges and suggestions can be beneficial in planning for optimum delivery of clinical accompaniment of student nurses.

The findings of this study will help in guiding the NEIs, clinical management and clinical instructors on how they can support clinical teaching through working together with the RNs in the clinical settings to address facility based challenges, student related issues and finding solutions to bridge the gaps between the NEIs, facilities and RNs in the clinical settings with resultant aim of producing competent and practice ready nurses.

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ANNEXURE A: REQUEST TO CONDUCT RESEARCH IN THE INSTITUTION

9831A Armitage Street

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1804

4 May 2015

Charlotte Maxeke JHB Academic Hospital

Jubilee road

PARKTOWN

2193

Sir/Madam

REQUEST TO CONDUCT A RESEARCH IN THE INSTITUTION

Title of research: The perceptions of registered nurses in clinical settings with regards to their role in student clinical accompaniment

I, Digapeng Catherine Maditjani, am a student at University of Witwatersrand. I am doing a Masters in Nursing Education. As part of my course requirement I am expected to conduct a research under supervision.

The purpose of my study is to find out how the registered nurses perceive their role of student clinical accompaniment and the factors that hinder their involvement, and factors that encourage their involvement.

I hereby apply to conduct my research in the selected Academic Hospital, medical and obstetric wards. My study explores the perceptions of registered nurses in medical and obstetric clinical settings with regards to their role of student clinical accompaniment.

The study seeks to investigate how the registered nurses perceive their clinical accompaniment role and to establish factors that hinder or encourage their involvement in student accompaniment. During the study I will conduct focus group discussions with registered nurses from the preselected disciplines (medical, obstetrics, gynaecology, surgical and paediatrics), the focus groups should take approximately 30-40 minutes to conduct and will be held at a time that will not inconvenience the ward routine, or patient care.

The dignity and anonymity of the participants will be maintained and the participants will be asked to respect the opinion of the other participants and not to discuss the findings from the focus groups outside of the group. Informed consent will be obtained from all participants, for both participation and digital recording of the discussions. All study records will be anonymous with no personal details written on them.

Permission to propose the study has been approved by the Department of Nursing research and the University of the Witwatersrand's Ethics Committee. I have attached the copies of the consent form, information letter and the proposal for your information.

Thank you in anticipated support of this research study.

For further information and in case of any queries I can be contacted Digapeng Catherine Maditjani on cell: 0829599498 or Email:859811@students.wits.ac.za

My supervisor is Hilary Thurling contactable at 011 4884276 or Hilary.thurling@wits.ac.za

Yours sincerely

D. C. Maditjani

ANNEXURE B: INFORMATION SHEET

Department of Nursing Education

Witwatersrand University

The perceptions of registered nurses in clinical settings with regard their role in student clinical accompaniment.

Good day

Introduction

I, Digapeng Catherine Maditjani, am a student at University of Witwatersrand. I am doing a Masters in Nursing Education. As part of my course requirement I am expected to conduct a research under supervision.

The purpose of my study is to find out how the registered nurses perceive their role of student clinical accompaniment and the factors that hinder their involvement, and factors that encourage their involvement.

I am hereby inviting you, the registered nurse to participate in this study.

Procedure: The study will consist of focus group discussions with registered nurses that are allocated in either medical or obstetric clinical settings and in contact with student nurses during their clinical block. The focus groups will consist of between 5-6 participants and take approximately 30-40 minutes of your time. The focus groups will be held at a time and a place, convenient to the participants. The questions that will be asked will be open ended allowing you an opportunity to express your own perceptions as a registered nurse about clinical accompaniment and the factors that affect your fulfilment of this role. The focus groups will be audiotaped to enable me, the researcher to analyse data collected.

Please be informed that confidentiality in a focus group is not guaranteed as the process is openly discussed in the presence of other participants, but I will ask you not to disclose any of the conversations held outside of the focus groups.

Right to withdraw: All participants are not bound to participate in the study and participation is voluntary. If at any stage during the group you do not wish to answer a question you will not be coerced into answering. Your right to anonymity will be upheld as no distinguishing features about the participants will be included in the final report, at any stage if your wish to withdraw from the study there will be no penalty to you.

Please feel free to ask me, or my supervisor any questions that you have about this study and your participation in the study, should you agree to participate please kindly sign the

attached consent form as well as the separate consent for digitally recording of the discussions.

Risks: There are no anticipated risks to participating in this study.

Benefits: No clear benefit will be derived to you participating in this study but the findings will be made available to you on completion of the study and prior to being published.

Approval and permission for this study have been obtained from both the University of Witwatersrand Human Ethics Committee and the CEO of the Selected Academic Hospital.

Contact numbers

If at any stage you feel your rights are violated or study related adverse events you can report to the Human Research Ethics Committee Chair available on 011 717- 1252

I can be contacted at this number below for any questions and clarity

Digapeng Catherine Maditjani 0829599498 / 0783347017

Hilary Thurling 011 488 4269/hilary.thurling@wits.ac.za (Supervisor)

ANNEXURE C1: CONSENT FORMS

CONSENT FORM FOR PARTICIPATION IN THE STUDY

I …… confirm that I have been fully informed about the study and am participating willingly. The purpose, risks, benefits of the study have been thoroughly explained to me. I am aware that the results of the study which includes my demographic details will be anonymously processed in the research reports. I have been provided with the opportunity to ask questions and have no objection to participation in this study. I have been made to understand that should I at any stage during the study wish to withdraw my withdrawal will have no effect or consequence in any way.

Participants Signature: ……..

Date: ……

ANNEXURE C2: CONSENT FORM FOR DIGITAL RECORDING OF FOCUS GROUPS

I …… confirm that I am willingly giving consent for the audio recording of my participation to assist with the accuracy of my responses in this study and the digital recording will be used exclusively for this research study unless otherwise indicated. I understand that the information I have provided will be discarded should I withdraw from the study.

Participants Signature: ……

Date: ……

ANNEXURE D: INTERVIEW GUIDE

1. Demographics of the Registered Nurse Workforce

   1.1. Registered Nurse Age:

   1.2 Years as a RN in medical or obstetric unit:

2. What are your perceptions as a RN with regard to clinical accompaniment?

3. What factors positively influence your role?

4. What factors negatively influence your role?

ANNEXURE E: TRANSCRIBED DATA

Focus group Session 1 Transcription

Dated 22 September 2015

Conducted at an Obstetrics department of an academic hospital

Research Topic: The perceptions of the RNs with regards to their role of student clinical accompaniment

Digitally recorded verbatim 19min 48 sec

R: Researcher

P: Participant

R: "My name is Catherine Maditjani I am conducting a research on the perceptions of registered nurses with regards to their role of clinical accompaniment. I am currently in an obstetric department and doing a focus group with the participants that are going to participate in this research."

"My question to the nurses is; what are your perceptions as a registered nurse with regards to your role of clinical accompaniment? We can start with the first participant."

P1: "I think we as registered nurses we are accountable to teach the students because we are the ones who see the patients at first hand, we are hands on, we see the medications we see the patient because at college what they are doing is theory so I feel that it is our responsibility even if we are working no matter how hard we are working but we need to teach, we have to teach them when they are under our supervision."

Silence

R: "Next participant"

P 2: "I believe that we have been there; we've had theory, the practical experience. It is our responsibility to actually pass on that knowledge because as the other participant has stated, in the college it's basically about theory and this is the environment where they are allowed to put their theory into practice and actually excel in particular functions."

Silence

R: "participant 3"

P 3:"I also believe it is our responsibility because for nursing to go forward it needs our participation in teaching them whatever they will know whatever it will make them grow tomorrow, whatever it will make them good nurses comes from us through teaching them,

so I believe that its very much important that when they are in our institutions are taught whatever by us so I believe it is our sole responsibility to do that."

P 4:"I also believe it is our responsibility as nurses to impart this knowledge as much as we are experienced we need to educate the learners, give them that platform for them to practice their practice skills and collaborate theory with practicals much as also it is responsibility as registered nurses as we know that we've got our role as professional nurses to provide clinical teaching. I think it's very important to give eh... them time to learn when they are in the wards and understand that they came to learn not only as workforce, we must understand that students come to the wards to learn not as workforce."

P 2 :"Can I add something to that….It's true the initial responsibility of every student is to learn but nursing is a practical profession and as much theory as you can have you can be getting distinctions by looking at a piece of paper, if you cannot do it practically it actually means nothing."

P 3:"So practice makes perfect. Yes"

P4:"Hence I'm saying we must allow them that platform to collaborate theory with practicals that's the only way. When they put theory into practical that's when they learn, that's when they apply their skills and that's when they will be good professional nurses who are skilled."

P 5:"I also believe it is our responsibility to teach students in the wards hence this is an academic hospital and then when they are in the wards they've got a right to learn and then we must help them to do so. So because we are always in the wards and working with the patients and then we know so many things that are eh….like conditions that we see and then we should help them and then as she says theory into practice is the best so anyway at the end of the day they, all of them are going to be registered nurses like us and they're going to practice what we have told them so it its very, very much important that eh.. We should teach them whilst they are in the wards."

R: "My next question will be; what factors positively influence your role in clinical accompaniment?"

P 2:"I think firstly it would be attitude of the students themselves. If they are receptive to teaching and learning, then it makes it much easier; the problem comes in when you have students who are reluctant to learn, who are just here to make up their hours or fulfil some timetable and don't really care about learning anything, so if people come in ….because I think there is a lot of people who are enthusiastic about teaching but if you have students who are not interested in learning then you feel more like you're forcing information on them because they are not going to retain because they have no interest in it."

P 1:“I think the other thing that can influence our role if we behave like the nurse is supposed to behave, like a registered nurse; punctuality, your dress code and everything. You take patient care as a priority you become a role model to the students but if you don’t practice all those things the students also will behave the way they want to behave but if you take your job serious, punctuality dress code and everything, your role will be very much important to the students.”

P 5:“And I can say again the factors that can influence our role as registered nurses for teaching can be negative or positive.”

R: “Ya, we are currently discussing the positive ones.”

P 5: “Oh! Okay, okay (clearing voice) like as other participants said it’s the way the students behave in the wards most of the students no some, let me say some and let me not say most, some show interest. If they show interest, you know, it motivates you as well as a registered nurse to teach them and others … other factors are like if you know, akere (isn’t it?), you must know your stuff, you must have information, yes, if you’ve got a lot of information to give out to the students, it’s the other factor that motivates you to teach, yes.”

P 3:“Yes, your image, your image and I think what can affect you positively is when you whatever you taught a student and that the student is practising it the way you taught the student and also what will, what also motivates you is when the student comes back and says thank you sister for teaching me this, this is what I saw, this what I met on my exam, this is what I met on my life experience as a nurse; coming back to you. That thing will motivate to go further and teach other students.”

P 4: “Like they’ve said**,** I think we can say most of the input must be from the student, they must have that positive attitude, they must show willingness to learn, yes. As much as, okay it is our role as registered nurses to provide this clinical teaching to them but if they are not showing willingness they don’t have input, like sometimes we do organise neh (isn’t that so) we’ll ask students to prepare the topics for let’s say tomorrow and then they come ,some they will prepare and some they don’t prepare, or some during the discussion they don’t show interest, they ae not even listening so we feel like it’s a waste of time because these people they don’t show interest they are not even listening, they are talking so you see most of the input like I’m saying ,it comes from the students, the willingness to learn, yes.”

R: The other factor is how does it negatively influence your role? What are the factors that affect your ability to teach and help your students?

Participants’ laughing “Staff shortage”

P 2: "….Talk about it. The reality is that we are here for the patients safety and patient care and that our responsibility and if we are we do not have enough staff on duty to actually deliver adequate patient care we are not gonna have time to teach the students. That becomes the major problem."

P 3: "And their willingness to learn as well it affects negatively because if they are not willing to learn you will also give up as much as you are willing to teach them but if they don't show interest in what you are teaching them you end up affected negatively"

P 5: "The other negative factor sometimes we don't get support from the college. You know, sometimes you find that there are students allocated in the ward and those students eh...The abseeintism of students they don't know the college when we inform the college about the abseeintism of students and the behaviour of the student they don't take it into consideration. They don't have control over the students and then maybe you have prepared something to teach tomorrow and they are not there they are absent and if you inform the college they don't do anything about it and that's what demoralises us to teach"

P 1: "And work overload for the RNs. We are overworked we become exhausted and we develop negative attitude towards the students. We tell ourselves that you have your books you have your tutors we are here to work not to teach you"

P 4:"And the very same attitudes because sometimes you know eh students ok some students they have got attitude maybe like lack of respect and al that so at times you end up I don't know maybe they look at you age wise thinking hey she is my size whatever age related and they don't respect you so you eh, like you get demotivated. Attitude plays a big problem the way they talk to you the way even their behaviour if they don't behave professionally you become demotivated."

R: "Is there anything else you need to add relation to the topic posed to you"

P 5: "Sometimes eh besides the not getting the support from the colleges, it's not getting the support from our matrons, sometimes you find that you have gathered the students in the morning and then you need to give a lecture to the students and then they come and they disrupt you, you know they don't consider that you are with the students and you are teaching you know or sometimes when you do morning rounds or morning hand over that is a teaching moment neh.. and then at that time when you are teaching when you are doing the morning handover from the night staff, you can, that is a teaching moment at that time and then you find that when you are doing that the students are not interested, they are busy with their phones they are chatting and then so it becomes very, very difficult to teach at that time because that time of handing over is the other time of teaching the students because due to when you are there around the patient there's a condition. You teach about the condition, you teach about the medication like e.g. medication, condition,

everything but when you are busy doing that they don't listen they're busy with their cell phones.

R: "So you saying technology is a factor."

P 5: "Yes, yes, yes."

R: "is there anything else or should I close.''

P 5: "Make recommendations."

R: "Any recommendations on how we can deal with clinical accompaniment of students."

P 5: "I think we should go back to basics. The colleges, they should make an example because before when we were students eh .there were clinical instructors from the colleges, they were coming into the wards to teach the students and the RNs they will follow when they are not there or when they are away the registered nurses in the wards will teach so nowadays there is no clinical accompaniment from the colleges or universities that is why the students are behaving like this you know and then the other thing, we, the registered nurses and nurses working in the wards should as well as well change our attitudes we should be all positive, you know if we nursing to go, to improve nursing we should have positive attitudes cause nowadays I can say there is a shortage of staff, people are exhausted and all those things but if we can all go back to basics we must, we will know we will have that em.. We will be encouraged to teach. We must get support from the university and the college, we must get support from our management and then we should be an example to the students because these students that we are teaching if we don't teach them correctly at the end of the day they are going to be registered nurses and then they are going to follow that cycle of teaching other students."

P 2: ''I also think that the people responsible, I think it may be with the department of health who send out the invitations to apply to study as nurses they need look at the quota when taking as well because how many students are being selected."

R: "Mhh"

P 2: "When they come to academic hospitals they have to compete with doctors and other advanced students especially in Obs and Gynae to be able to do practicals it's not always possible for them to get that experience because everybody is fighting to get the patients to do, do stuff off them, so we need to look at that as much as we can say that they are trying to give us enough staff and taking in more people who... we also look at the fact that they not gonna go out with the practical experience that they need."

R: "Mhh.., Thank you ladies hoping your contributions will help me when I'm writing my research report."

ANNEXURE F: ETHICS CLEARANCE CERTIFICATE

R14/49 Miss Digapeng Catherine Maditjani

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M150519

NAME: (Principal Investigator)	Miss Digapeng Catherine Maditjani
DEPARTMENT:	Department of Nursing Education Charlotte Maxeke Johannesburg Academic Hospital
PROJECT TITLE:	The Perceptions of Registered Nurses in Clinical Settings with Regard their Role in Student Clinical Accompaniment.
DATE CONSIDERED:	29 May 2015
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Hilary Catherine Thurling
APPROVED BY:	Professor P Cleaton-Jones, Chairperson, HREC (Medical)
DATE OF APPROVAL:	2015/07/22

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

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Secretary in Room 10004, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report.**

Principal Investigator Signature

Date 22/02/2018

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

ANNEXURE G: FACULTY POSTGRADUATE COMMITTEE APPROVAL OF THE STUDY

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

Private Bag 3 Wits, 2050
Fax: 027117172119
Tel: 02711 7172076

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

06 January 2017
Person No: 859811
PAG

Miss DC Maditjani
9831A Armitage Street
Orlando West Ext 2
PO Orlando
1804
South Africa

Dear Miss Maditjani

Master of Science in Nursing: Approval of Title

We have pleasure in advising that your proposal entitled *The perceptions of registered nurses in clinical settings with regards to the role in student clinical accompaniment* 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

ANNEXURE H: APPROVAL FROM RESEARCH SETTING (HOSPITAL)

Evelynne Payne

From: Digapeng Maditjani <859811@students.wits.ac.za>
Sent: 28 August 2015 12:56 PM
To: Evelynne Payne; Franco Guidozzi
Subject: Fwd: Request to conduct a study on the R/Ns in the Obstetrics departments
Attachments: The Permission letter with proposal.pdf

---------- Forwarded message ----------
From: **Digapeng Maditjani** <859811@students.wits.ac.za>
Date: 19 August 2015 at 13:35
Subject: Request to conduct a study on the R/Ns in the Obstetrics departments
To: Franco Guidozzi <franco.guidozzi@wits.ac.za>

Good day Prof Guidozzi
My name is Catherine Digapeng Maditjane student number 859811.
I am a 2nd year Masters in Nursing Education student at Wits University. My research topic: **The perceptions of registered nurses in clinical settings with regards to their role in student clinical accompaniment.**
I am hereby requesting that I be granted permission to conduct a study on the registered nurses as part of my course requirement. I developed interest in doing this specific topic as I was a staff member in antenatal clinic and was part of the Obstetric nurses community since 1995.Over the years had observed a certain phenomenon related to my topic and really interested in exploring it . When I did literature review there was a lot of literature related to student perception and very little on the registered nurses and none in Gauteng Province.

I have attached the Ethics Clearance Certificate, the letter requesting permission to conduct study in the hospital and my proposal.

Your acceptance of my request will be highly appreciated.
Kind regards
Catherine Digapeng Maditjane
email add: 859811@students.wits.ac.za
cell: 0829599498



1

Supported.
Refer Dr Molokeng

2018/15

9831A Armitage Street

Orlando west 2

P.O. Orlando

1804

17 August 2015

Charlotte Maxeke JHB Academic Hospital

Jubilee road

PARKTOWN

2193

Sir/Madam

REQUEST TO CONDUCT A RESEARCH IN THE INSTITUTION

Title of research: The perceptions of registered nurses in clinical settings with regards to their role in student clinical accompaniment.

I, Digapeng Catherine Maditjani, am a student at University of Witwatersrand. I am doing a Masters in Nursing Education. As part of my course requirement I am expected to conduct a research under supervision.

The purpose of my study is to find out how the registered nurses perceive their role of student clinical accompaniment and the factors that hinder their involvement, and factors that encourage their involvement.

I hereby apply to conduct my research in the Charlotte Maxeke Academic Hospital, medical and obstetric wards. My study explores the perceptions of registered nurses in medical and obstetric clinical settings with regards to their role of student clinical accompaniment.

The study seeks to investigate how the registered nurses perceive their clinical accompaniment role and to establish factors that hinder or encourage their involvement in student accompaniment. During the study I will conduct focus group discussions with registered nurses from the preselected disciplines (medical and obstetrics), the focus groups should take approximately 30-40 minutes to conduct and will be held at a time that will not inconvenience the ward routine, or patient care.

The dignity and anonymity of the participants will be maintained and the participants will be asked to respect the opinion of the other participants and not to discuss the findings from the focus groups outside of the group. Informed consent will be obtained from all participants, for both participation and digital recording of the discussions. All study records will be anonymous with no personal details written on them.