THE PERCEPTIONS/VIEWS OF NURSING STUDENTS, NURSE EDUCATORS AND UNIT SUPERVISORS ON ACCOMPANIMENT OF NURSING STUDENTS IN THE CLINICAL SETTING

by

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submitted in fulfilment of the requirements for the degree of

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JOINT SUPERVISOR: DR VJ EHLERS

FEBRUARY 2002
DECLARATION

I declare that "THE PERCEPTIONS/VIEWS OF NURSING STUDENTS, NURSE EDUCATORS AND UNIT SUPERVISORS ON ACCOMPANIMENT OF NURSING STUDENTS IN CLINICAL SETTINGS" is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

...........................................................

EM LEKHULENI

...........................................................

DATE
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I thank God my creator for granting me the strength and courage to complete this study.

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Summary

The purpose of this study was to describe the perceptions/views of student nurses, nurse educators and unit supervisors on accompaniment of student nurses in clinical settings of the Northern Province of the RSA. A quantitative descriptive cross-sectional survey was used in this study to describe the perceptions/views of student nurses, nurse educators and unit supervisors on accompaniment of student nurses in clinical settings. Data was collected during February and March 2001 when student nurses, nurse educators and unit supervisors in the Northern Province completed questionnaires.

The study revealed positive and negative perceptions regarding accompaniment of student nurses in clinical settings, including that:

- accompaniment in the clinical settings enhanced student nurses’ clinical learning experiences
- the presence of nurse educators in the clinical settings improved student nurses’ accompaniment
- facilitators played an important role in the accompaniment of student nurses
- accompaniment enhances correlation of theory and practice

KEY CONCEPTS

Accompaniment, clinical teaching, facilitation, mentorship, perceptions, preceptorship, role modelling, supervision, teaching strategies, learning contract, reflective journal.
Dedication

This dissertation is dedicated to my mother Mosebjadi, my children Tshepo, Sithembiso, Tokologo and Sipho, colleagues and all nursing students in the Republic of South Africa.
# Table of contents

<table>
<thead>
<tr>
<th>Chapter 1</th>
<th>Overview of the study</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>1.2</td>
<td>BACKGROUND OF THE STUDY</td>
<td>2</td>
</tr>
<tr>
<td>1.3</td>
<td>PROBLEM STATEMENT</td>
<td>3</td>
</tr>
<tr>
<td>1.4</td>
<td>RESEARCH QUESTION</td>
<td>4</td>
</tr>
<tr>
<td>1.5</td>
<td>THEORETICAL FRAMEWORK</td>
<td>4</td>
</tr>
<tr>
<td>1.6</td>
<td>METHODOLOGY</td>
<td>5</td>
</tr>
<tr>
<td>1.7</td>
<td>PURPOSE OF THE STUDY AND OBJECTIVES</td>
<td>6</td>
</tr>
<tr>
<td>1.7.1</td>
<td>Purpose</td>
<td>6</td>
</tr>
<tr>
<td>1.7.2</td>
<td>Objectives</td>
<td>7</td>
</tr>
<tr>
<td>1.8</td>
<td>SIGNIFICANCE OF THE STUDY</td>
<td>7</td>
</tr>
<tr>
<td>1.9</td>
<td>ASSUMPTIONS</td>
<td>8</td>
</tr>
<tr>
<td>1.9.1</td>
<td>Assumptions regarding theoretic-conceptual commitments</td>
<td>8</td>
</tr>
<tr>
<td>1.9.2</td>
<td>Assumptions regarding methodological-technical commitments</td>
<td>9</td>
</tr>
<tr>
<td>1.9.3</td>
<td>Assumptions pertaining to ontological commitments</td>
<td>9</td>
</tr>
<tr>
<td>1.10</td>
<td>SCOPE AND LIMITATIONS OF THE STUDY</td>
<td>9</td>
</tr>
<tr>
<td>1.11</td>
<td>ETHICAL CONSIDERATIONS</td>
<td>10</td>
</tr>
<tr>
<td>1.12</td>
<td>DEFINITIONS</td>
<td>10</td>
</tr>
<tr>
<td>1.12.1</td>
<td>Accompaniment</td>
<td>10</td>
</tr>
<tr>
<td>1.12.2</td>
<td>Clinical setting</td>
<td>11</td>
</tr>
<tr>
<td>1.12.3</td>
<td>Nurse educators</td>
<td>11</td>
</tr>
<tr>
<td>1.12.4</td>
<td>Perception/view</td>
<td>11</td>
</tr>
<tr>
<td>1.12.5</td>
<td>Student nurses</td>
<td>11</td>
</tr>
<tr>
<td>1.12.6</td>
<td>Unit supervisors</td>
<td>12</td>
</tr>
<tr>
<td>1.13</td>
<td>ABBREVIATIONS</td>
<td>12</td>
</tr>
<tr>
<td>1.14</td>
<td>ORGANISATION OF THE REPORT</td>
<td>12</td>
</tr>
</tbody>
</table>
Table of contents

<table>
<thead>
<tr>
<th>Chapter 2</th>
<th>Literature review</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>INTRODUCTION</td>
</tr>
<tr>
<td>2.2</td>
<td>REASONS FOR DOING A LITERATURE REVIEW</td>
</tr>
<tr>
<td>2.3</td>
<td>CONCEPTS RELATED TO ACCOMPAIMENTS IDENTIFIED IN THE LITERATURE</td>
</tr>
<tr>
<td>2.3.1</td>
<td>Facilitation/coaching</td>
</tr>
<tr>
<td>2.3.1.1</td>
<td>Definition</td>
</tr>
<tr>
<td>2.3.1.2</td>
<td>Characteristics of facilitators</td>
</tr>
<tr>
<td>2.3.1.3</td>
<td>The role of facilitators</td>
</tr>
<tr>
<td>2.3.1.4</td>
<td>Outcome of facilitation</td>
</tr>
<tr>
<td>2.3.2</td>
<td>Mentorship</td>
</tr>
<tr>
<td>2.3.2.1</td>
<td>Definition</td>
</tr>
<tr>
<td>2.3.2.2</td>
<td>Selection criteria for mentors</td>
</tr>
<tr>
<td>2.3.2.3</td>
<td>Characteristics of mentors</td>
</tr>
<tr>
<td>2.3.2.4</td>
<td>The role of mentors</td>
</tr>
<tr>
<td>2.3.2.5</td>
<td>Outcome of mentorship</td>
</tr>
<tr>
<td>2.3.3</td>
<td>Preceptorship</td>
</tr>
<tr>
<td>2.3.3.1</td>
<td>Definition</td>
</tr>
<tr>
<td>2.3.3.2</td>
<td>Selection criteria/characteristics of preceptors</td>
</tr>
<tr>
<td>2.3.3.3</td>
<td>The role of preceptors</td>
</tr>
<tr>
<td>2.3.3.4</td>
<td>Outcome of preceptorship</td>
</tr>
<tr>
<td>2.3.4</td>
<td>Supervision</td>
</tr>
<tr>
<td>2.3.4.1</td>
<td>Definition</td>
</tr>
<tr>
<td>2.3.4.2</td>
<td>The role of supervisors</td>
</tr>
<tr>
<td>2.3.4.3</td>
<td>Outcome of supervision</td>
</tr>
<tr>
<td>2.3.5</td>
<td>Role modelling</td>
</tr>
<tr>
<td>2.3.5.1</td>
<td>Definition</td>
</tr>
<tr>
<td>2.3.5.2</td>
<td>Characteristics of role models</td>
</tr>
<tr>
<td>2.3.5.3</td>
<td>The role of role models</td>
</tr>
<tr>
<td>2.3.5.4</td>
<td>Outcome of role modelling</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>2.3.6 Differential summary of characteristics of concepts related to</td>
<td>31</td>
</tr>
<tr>
<td>2.4 ACCOMPANIMENT</td>
<td>31</td>
</tr>
<tr>
<td>2.4.1 Aspects relating to perceptions/views with regard to the</td>
<td>32</td>
</tr>
<tr>
<td>expectations of student nurses during their accompaniment in clinical</td>
<td></td>
</tr>
<tr>
<td>settings</td>
<td></td>
</tr>
<tr>
<td>2.4.2 Aspects relating to the integration of theory and practice during</td>
<td>35</td>
</tr>
<tr>
<td>the accompaniment of student nurses in clinical settings</td>
<td></td>
</tr>
<tr>
<td>2.4.3 Aspects relating to the role of unit supervisors during the</td>
<td>38</td>
</tr>
<tr>
<td>accompaniment of student nurses</td>
<td></td>
</tr>
<tr>
<td>2.4.4 Aspects relating to nurse educators’ teaching role during the</td>
<td>41</td>
</tr>
<tr>
<td>accompaniment of student nurses</td>
<td></td>
</tr>
<tr>
<td>2.5 THEORETICAL FRAMEWORK</td>
<td>43</td>
</tr>
<tr>
<td>2.5.1 Summary of Orem’s theory of self-care</td>
<td>44</td>
</tr>
<tr>
<td>2.5.2 Application of Orem’s theory of accompaniment</td>
<td>45</td>
</tr>
<tr>
<td>2.5.3 Clarification of the theoretical model</td>
<td>48</td>
</tr>
<tr>
<td>2.6 CONCLUSION</td>
<td>49</td>
</tr>
</tbody>
</table>

Chapter 3

Research methodology ............................................. 51

3.1 INTRODUCTION .................................................. 51

3.2 RESEARCH DESIGN .............................................. 52

3.2.1 Quantitative .............................................. 52

3.2.2 Descriptive ............................................... 52

3.2.3 Cross-sectional ........................................... 53

3.3 POPULATION AND SAMPLING METHODS ................................ 54

3.3.1 The study population ...................................... 54

3.3.2 Sampling method .......................................... 54

3.3.3 Criteria for the inclusion of respondents .................. 55

3.4 DATA COLLECTION ............................................... 56

3.4.1 Data collection instrument .................................. 56

3.4.1.1 Administration of the questionnaire .................... 57

3.4.1.2 Advantages of using a questionnaire .................... 57

3.4.1.3 Disadvantages of using a questionnaire ................ 58

3.4.1.4 Format of the questionnaire ............................. 59
Table of contents

3.4.2 Data collection .................................................. 59
3.4.3 The research question ........................................... 61
3.4.4 Reliability and validity .......................................... 61
3.4.4.1 Reliability .................................................. 61
3.4.4.2 Validity .................................................. 61
3.5 ETHICAL CONSIDERATIONS ........................................... 62
3.5.1 Informed consent ................................................. 62
3.5.2 Anonymity .......................................................... 62
3.5.3 Confidentiality ................................................... 63
3.5.4 Permission to conduct the study ................................ 63
3.5.5 Self-respect ....................................................... 63
3.5.6 Benefits ............................................................ 64
3.5.7 Collecting data .................................................... 64
3.5.8 Data processing .................................................... 64
3.6 PRETESTING THE RESEARCH INSTRUMENT ....................... 64
3.7 ANALYSIS OF DATA .................................................. 66
3.8 SUMMARY ............................................................. 66

Chapter 4

Analysis and presentation of data ........................................ 67

4.1 INTRODUCTION ....................................................... 67

4.2 ANALYSIS OF BIOGRAPHICAL DATA FROM SECTION A: AGE, WORK, TRAINING AND EXPERIENCE ........................................... 69

4.2.1 Section A: Biographical data of student nurses, nurse educators and unit supervisors .................................................. 70

4.2.1.1 Age distribution .............................................. 71
4.2.1.2 Student nurses' level of advancement ....................... 72
4.2.1.3 Basic qualifications of nurse educators and unit supervisors ............................................. 73
4.2.1.4 Work experience of nurse educators and unit supervisors .............................................. 74
4.2.1.5 Clinical areas and associated accompaniment ............... 74
4.2.1.6 Units with least accompaniment .............................. 76

4.3 ANALYSIS OF DATA FROM SECTIONS B, C, D, E AND F ............ 77

4.3.1 Section B: Respondents' perceptions/views with regard to the accompaniment of student nurses in clinical settings ............................................. 78
Table of contents

<table>
<thead>
<tr>
<th>Section C: Respondents’ perceptions/views with regard to the actual accompaniment of student nurses in clinical settings</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.1.1 Item 6: Motivation of student nurses from dependency to independency</td>
<td>80</td>
</tr>
<tr>
<td>4.3.1.2 Item 7: Exercising control of interpersonal relationships</td>
<td>80</td>
</tr>
<tr>
<td>4.3.1.3 Item 8: Guidance of student nurses to develop from dependency to independency</td>
<td>80</td>
</tr>
<tr>
<td>4.3.1.4 Item 9: Student nurses coping with unfamiliar situations</td>
<td>81</td>
</tr>
<tr>
<td>4.3.1.5 Item 10: Support in clinical settings</td>
<td>81</td>
</tr>
<tr>
<td>4.3.1.6 Item 11: Learning opportunities</td>
<td>81</td>
</tr>
<tr>
<td>4.3.1.7 Item 12: Encouragement to think rationally</td>
<td>82</td>
</tr>
<tr>
<td>4.3.1.8 Item 13: Guidance of student nurses to achieve new insights</td>
<td>82</td>
</tr>
<tr>
<td>4.3.1.9 Item 14: Creation of an atmosphere of trust</td>
<td>83</td>
</tr>
<tr>
<td>4.3.1.10 Item 15: Mutual respect among the three groups</td>
<td>83</td>
</tr>
<tr>
<td>4.3.1.11 Item 16: Creation and use of learning opportunities</td>
<td>83</td>
</tr>
<tr>
<td>4.3.1.12 Item 17: Performance and supervision of psychomotor skills</td>
<td>84</td>
</tr>
<tr>
<td>4.3.1.13 Item 18: Performance and supervision of affective skills</td>
<td>84</td>
</tr>
<tr>
<td>4.3.1.14 Item 19: Facilitation of students’ learning</td>
<td>85</td>
</tr>
<tr>
<td>4.3.1.15 Item 20: Student nurses’ freedom of discussion</td>
<td>86</td>
</tr>
<tr>
<td>4.3.1.16 Item 21: Use of clinical learning objectives</td>
<td>86</td>
</tr>
<tr>
<td>4.3.1.17 Item 22: Following formal teaching strategies</td>
<td>86</td>
</tr>
<tr>
<td>4.3.1.18 Item 23: Student nurses’ exploration of learning</td>
<td>87</td>
</tr>
<tr>
<td>4.3.2 Section C: Respondents’ perceptions/views with regard to the actual accompaniment of student nurses in clinical settings</td>
<td>88</td>
</tr>
<tr>
<td>4.3.2.1 Item 24: Discouraging independent actions</td>
<td>89</td>
</tr>
<tr>
<td>4.3.2.2 Item 25: Encouraging and exercising autonomy of student nurses</td>
<td>89</td>
</tr>
<tr>
<td>4.3.2.3 Item 26: Overprotection of student nurses</td>
<td>89</td>
</tr>
<tr>
<td>4.3.2.4 Item 27: Use of teachable moments</td>
<td>90</td>
</tr>
<tr>
<td>4.3.2.5 Item 28: Student nurses as some help with workload</td>
<td>90</td>
</tr>
<tr>
<td>4.3.2.6 Item 29: Viewing skills of student nurses as insufficient</td>
<td>91</td>
</tr>
<tr>
<td>4.3.2.7 Item 30: Student nurses prevented from making mistakes</td>
<td>92</td>
</tr>
<tr>
<td>4.3.2.8 Item 31: Minimising risk-taking of student nurses</td>
<td>92</td>
</tr>
<tr>
<td>4.3.2.9 Item 32: Setting restricting goals</td>
<td>93</td>
</tr>
<tr>
<td>4.3.2.10 Item 33: Identification of teaching and learning needs</td>
<td>93</td>
</tr>
<tr>
<td>4.3.2.11 Item 34: Unskilled in clinical teaching plans</td>
<td>93</td>
</tr>
<tr>
<td>4.3.2.12 Item 35: Control of student nurses</td>
<td>94</td>
</tr>
<tr>
<td>4.3.3 Section D: Respondents’ perceptions/views with regard to teaching and learning roles in the clinical settings</td>
<td>95</td>
</tr>
<tr>
<td>4.3.3.1 Item 36: Identification of learning needs</td>
<td>96</td>
</tr>
<tr>
<td>4.3.3.2 Item 37: Setting of learning climate</td>
<td>97</td>
</tr>
<tr>
<td>4.3.3.3 Item 38: Availability of student nurses, nurse educators and unit supervisors</td>
<td>97</td>
</tr>
<tr>
<td>4.3.3.4 Item 39: Use of learning resources</td>
<td>97</td>
</tr>
<tr>
<td>4.3.3.5 Item 40: Assumption of responsibility for own learning</td>
<td>98</td>
</tr>
<tr>
<td>4.3.3.6 Item 41: Establishment of interpersonal relationships</td>
<td>98</td>
</tr>
<tr>
<td>4.3.3.7 Item 42: Linking theory to practice</td>
<td>98</td>
</tr>
<tr>
<td>4.3.3.8 Item 43: Continuous assessment of student nurses</td>
<td>99</td>
</tr>
<tr>
<td>4.3.3.9 Item 44: Learning of nursing skills and expertise</td>
<td>99</td>
</tr>
<tr>
<td>4.3.3.10 Item 45: Student nurses’ development of competency</td>
<td>99</td>
</tr>
<tr>
<td>4.3.3.11 Item 46: Personal growth of student nurses</td>
<td>100</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>4.3.4.1</td>
<td>Item 47: Student nurses gain emancipation through clinical experience</td>
</tr>
<tr>
<td>4.3.4.2</td>
<td>Item 48: Student nurses' support</td>
</tr>
<tr>
<td>4.3.4.3</td>
<td>Item 49: Student nurses' encouragement by nurse educators and unit supervisors</td>
</tr>
<tr>
<td>4.3.4.4</td>
<td>Item 50: Criticism of student nurses by nurse educators and unit supervisors</td>
</tr>
<tr>
<td>4.3.4.5</td>
<td>Item 51: Correction of student nurses in clinical settings</td>
</tr>
<tr>
<td>4.3.4.6</td>
<td>Item 52: Learning from problematic experiences</td>
</tr>
<tr>
<td>4.3.4.7</td>
<td>Item 53: Opportunities for clinical decision-making</td>
</tr>
<tr>
<td>4.3.4.8</td>
<td>Item 54: Assistance in identifying limitations</td>
</tr>
<tr>
<td>4.3.4.9</td>
<td>Item 55: Assistance in identifying strengths</td>
</tr>
<tr>
<td>4.3.5.1</td>
<td>Item 56: Sources of friction in clinical settings</td>
</tr>
<tr>
<td>4.3.5.2</td>
<td>Item 57: Student nurses’ lack of a theoretical base</td>
</tr>
<tr>
<td>4.3.5.3</td>
<td>Item 58: Student nurses’ lack of competence</td>
</tr>
<tr>
<td>4.3.5.4</td>
<td>Item 59: Competence in the application of theory to practice</td>
</tr>
<tr>
<td>4.3.5.5</td>
<td>Item 60: Emphasis on skills rather than caring</td>
</tr>
<tr>
<td>4.4.1.1</td>
<td>What do you understand by “accompaniment”?</td>
</tr>
<tr>
<td>4.4.1.2</td>
<td>Who should accompany student nurses?</td>
</tr>
<tr>
<td>4.4.1.3</td>
<td>By whom are student nurses actually accompanied?</td>
</tr>
<tr>
<td>4.4.1.4</td>
<td>What is the role of the accompanists in the clinical settings?</td>
</tr>
<tr>
<td>4.4.1.5</td>
<td>How can the accompaniment of student nurses in the clinical settings be improved?</td>
</tr>
<tr>
<td>4.4.1.6</td>
<td>What is the role of the student nurses during accompaniment?</td>
</tr>
<tr>
<td>4.4.1.7</td>
<td>Which of your expectations have been met during accompaniment in clinical settings?</td>
</tr>
<tr>
<td>4.4.1.8</td>
<td>Which of your expectations were not met during accompaniment in clinical settings?</td>
</tr>
<tr>
<td>4.4.1.9</td>
<td>What are your perceptions/views regarding the deficit in accompaniment of student nurses in clinical settings?</td>
</tr>
<tr>
<td>4.5</td>
<td>SUMMARY</td>
</tr>
</tbody>
</table>

Chapter 5

Conclusions, limitations and recommendations                                                                 | 124  |

5.1     INTRODUCTION                                                                                   | 124  |
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.1 Objectives</td>
<td>124</td>
</tr>
<tr>
<td>5.2 CONCLUSIONS</td>
<td>128</td>
</tr>
<tr>
<td>5.3 LIMITATIONS IDENTIFIED DURING THE STUDY</td>
<td>129</td>
</tr>
<tr>
<td>5.4 RECOMMENDATIONS FOR IMPROVING STUDENTS' ACCOMPANIMENT</td>
<td>130</td>
</tr>
<tr>
<td>5.5 RECOMMENDATIONS FOR FURTHER STUDIES</td>
<td>132</td>
</tr>
<tr>
<td>5.6 ASSUMPTIONS</td>
<td>132</td>
</tr>
<tr>
<td>5.6.1 Assumptions regarding theoretic-conceptual commitments</td>
<td>132</td>
</tr>
<tr>
<td>5.6.2 Assumptions regarding methodological-technical commitments</td>
<td>133</td>
</tr>
<tr>
<td>5.6.3 Assumptions pertaining to ontological commitments</td>
<td>133</td>
</tr>
<tr>
<td>5.7 SUMMARY</td>
<td>134</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>135</td>
</tr>
<tr>
<td>Table</td>
<td>Title</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>3.1</td>
<td>Sampling of college student nurses</td>
</tr>
<tr>
<td>3.2</td>
<td>University student nurses per level of training</td>
</tr>
<tr>
<td>3.3</td>
<td>Questionnaires administered and returned</td>
</tr>
<tr>
<td>3.4</td>
<td>Pretest of the questionnaire</td>
</tr>
<tr>
<td>4.1</td>
<td>Age of student nurses, nurse educators and unit supervisors</td>
</tr>
<tr>
<td>4.2</td>
<td>Student nurses' level of advancement</td>
</tr>
<tr>
<td>4.3</td>
<td>Basic qualifications of nurse educators and unit supervisors</td>
</tr>
<tr>
<td>4.4</td>
<td>Work experience of nurse educators and unit supervisors</td>
</tr>
<tr>
<td>4.5</td>
<td>Units of adequate accompaniment as perceived by student nurses, nurse educators and unit supervisors</td>
</tr>
<tr>
<td>4.6</td>
<td>Units of least accompaniment as perceived by student nurses</td>
</tr>
<tr>
<td>4.7</td>
<td>Respondents’ perceptions/views with regard to the accompaniment of student nurses in clinical settings</td>
</tr>
<tr>
<td>4.8</td>
<td>Perceptions/views of student nurses, nurse educators and unit supervisors during the actual accompaniment of student nurses in clinical settings</td>
</tr>
<tr>
<td>4.9</td>
<td>Respondents’ perceptions/views with regard to their learning and teaching roles during accompaniment</td>
</tr>
<tr>
<td>4.10</td>
<td>Perceptions/views of the three groups of respondents in section D</td>
</tr>
<tr>
<td>4.11</td>
<td>Respondents’ perceptions/views with regard to expectations of student nurses in clinical settings</td>
</tr>
<tr>
<td>4.12</td>
<td>Perceptions/views of the three groups of respondents in section E</td>
</tr>
<tr>
<td>4.13</td>
<td>Respondents’ perceptions/views with regard to expectations of student nurses in clinical settings</td>
</tr>
<tr>
<td>4.14</td>
<td>Perceptions/views of the three groups of respondents in section F</td>
</tr>
<tr>
<td>4.15</td>
<td>Student nurses’, nurse educators’ and unit supervisors’ understanding of accompaniment</td>
</tr>
<tr>
<td>4.16</td>
<td>Persons who should accompany student nurses in clinical settings</td>
</tr>
<tr>
<td>4.17</td>
<td>Persons who actually accompanied student nurses in clinical settings</td>
</tr>
</tbody>
</table>
### List of tables

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.18</td>
<td>The role of the accompanists in clinical settings</td>
<td>117</td>
</tr>
<tr>
<td>4.19</td>
<td>Improvement of accompaniment in clinical settings</td>
<td>118</td>
</tr>
<tr>
<td>4.20</td>
<td>The role of student nurses during accompaniment in clinical settings</td>
<td>120</td>
</tr>
<tr>
<td>Figure</td>
<td>Description</td>
<td>Page</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Figure 2.1</td>
<td>Theoretical framework for accompaniment</td>
<td>47</td>
</tr>
<tr>
<td>Figure 4.1</td>
<td>Respondents' perceptions/views of item 11</td>
<td>82</td>
</tr>
<tr>
<td>Figure 4.2</td>
<td>Respondents' perceptions/views of item 18</td>
<td>85</td>
</tr>
<tr>
<td>Figure 4.3</td>
<td>Respondents' perceptions/views of item 28</td>
<td>91</td>
</tr>
<tr>
<td>Figure 4.4</td>
<td>Respondents' perceptions/views of item 30</td>
<td>92</td>
</tr>
<tr>
<td>Figure 4.5</td>
<td>Respondents' perceptions/views of item 35</td>
<td>94</td>
</tr>
<tr>
<td>Figure 4.6</td>
<td>Respondents' perceptions/views of item 56</td>
<td>107</td>
</tr>
<tr>
<td>Figure 4.7</td>
<td>Respondents' perceptions/views of item 58</td>
<td>108</td>
</tr>
<tr>
<td>Figure 4.8</td>
<td>Respondents' perceptions/views of item 60</td>
<td>110</td>
</tr>
</tbody>
</table>
### List of abbreviations

The following abbreviations were used in this study:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
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<td>United Kingdom</td>
</tr>
<tr>
<td>USA</td>
<td>United States of America</td>
</tr>
</tbody>
</table>
List of appendices

Appendix A: Questionnaires to student nurses, nurse educators and unit supervisors

Appendix B: Covering letter for questionnaires

Appendix C: Letters requesting and granting permission to conduct the research

Appendix D: Student nurses’ experiences as recorded in reflective journals

Appendix E: Letter from statistician
CHAPTER 1

Overview of the study

1.1 INTRODUCTION

Nursing education in the Republic of South Africa (RSA) aims to develop student nurses at personal and professional levels. This development requires that student nurses should be analytic, critical thinkers who possess the ability to solve problems, interpret scientific data for nursing actions and exercise independent clinical judgements in clinical settings (SANC 1992:3). The accompaniment of student nurses is instrumental in realising these aims. Accompaniment of student nurses is also essential for enhancing the integration of theory and practice, and for the effective preparation of future professional nurses. It is expected that nurse educators and unit supervisors should accompany student nurses in clinical settings to provide them with support and guidance.

Accompaniment occurs within relationships between skilled and knowledgeable nurse educators, unit supervisors and the less skilled, i.e., student nurses. It is a dynamic interactive activity, with nurse educators, unit supervisors and student nurses as active participants in clinical settings. Accompaniment takes place within tension-free environments of dependency and self-reliance among student nurses, nurse educators and unit supervisors. It is further aimed at the student nurses' development from stages of dependency and self-care deficits with regard to learning, toward stages of independence and self-care, and from stages of pedagogy to stages of andragogy and life-long continuing self-learning (Dana & Gwele 1998:60; Kotze 1998:4).
The South African Nursing Council (SANC) indicates that the accompaniment of student nurses in clinical settings is fundamental and aims at developing competent, independent practitioners. The SANC further asserts that accompaniment of student nurses is indispensable in all teaching situations and that all registered professional nurses or midwives are indispensable in the accompaniment of student nurses in clinical settings (SANC 1992:7).

Through the accompaniment of student nurses in clinical settings, most of the aims and goals of nursing education in the RSA might be attained. In clinical settings, however, different perceptions exist regarding the nature of the accompaniment of student nurses. This study aimed to explore and describe the perceptions/views of student nurses, nurse educators and unit supervisors on the accompaniment of student nurses in clinical settings in the Northern Province (NP) of the RSA.

1.2 BACKGROUND OF THE STUDY

A study by Windsor (1987) revealed that student nurses progressed through different stages of professional development in the clinical settings. During the first year of learning, student nurses felt very dependent on nurse educators and unit supervisors as they were unsure of themselves. As the student nurses progressed towards the final stages of their professional education, they felt more confident and less dependent on the nurse educators and unit supervisors (Windsor 1987:150-152).

Windsor’s findings are also evident in the clinical area in which the researcher is working. During accompaniment of student nurses in clinical settings, student nurses who kept self-reflective clinical learning experience journals revealed that there might be progress from stages of dependency towards stages of independency and from pedagogy towards andragogy. For instance, one third-year student nurse stated, *I was happy because there were no commands in the unit, but working independently...*
and exposed to more complex clinical experiences, to me this shows that I am getting matured, I need not be followed, but I am expected to consult the unit supervisor whenever I come across a problem (see appendix D).

At third-year level and during the second month in a midwifery unit another student nurse indicated, I was glad and excited that I found the correct findings on pv, I was not influenced by the recordings of the clinic nurse, I only found my own different findings which were also found by the sister and the doctor. This made me feel more competent with the determination of cervical dilatation, because I was not confident with myself (see appendix D).

The accompaniment of student nurses might, however, be inadequate in some clinical settings, as revealed by Mhlongo (1996:29) in KwaZulu-Natal hospitals of the RSA, where student nurses revealed that they were viewed as pairs of hands, that teaching was given low priority and that many potential learning opportunities were not used.

1.3 PROBLEM STATEMENT

As can be deduced from the background to this study, student nurses’ needs with regard to accompaniment change as they proceed through their course of study. In addition, the ideal situation regarding the accompaniment of student nurses as described in the literature might be inadequate or might be relatively lacking in the NP of the RSA, as revealed in the self-reflective clinical learning experience journal of yet another student nurse. She reported, I have realised that we student nurses are taken as gate-crushers in the clinical settings, the unit supervisor indicated that she did not decide to be a teacher but a nurse, and that the student nurses should be accompanied by their nurse educators because she cannot leave her job behind and concentrate on student nurses (see appendix
D). The response of the unit supervisor could indicate that the student nurses, allocated to this particular unit, did not receive support and guidance from the unit supervisors.

In clinical settings student nurses are expected to learn after finishing the unit work, and that might lead to student nurses becoming too tired to learn during or after their practice placements.

Literature indicates that nurse educators and unit supervisors view the accompaniment of student nurses differently, where it is rare to have unit supervisors who regard student nurses as an opportunity to teach instead of just some help with the unit workload (Chung-Heung & French 1997:458; Paterson 1997:200).

Nurse educators and unit supervisors might not be aware of student nurses' perceptions/views during accompaniment in clinical settings within the NP of the RSA. This research aimed to identify and describe these perceptions.

1.4 RESEARCH QUESTION

The overall research question that guided this research was:

*What are the perceptions/views of student nurses, nurse educators and unit supervisors regarding the accompaniment of student nurses in the clinical settings?*

1.5 THEORETICAL FRAMEWORK

Orem's theory of self-care, based on individuals' abilities or inabilities to care for themselves, and the
nurse providing assistance to those unable to provide self-care, is partially used as a theoretical framework for this study. The main goal of Orem’s theory is the elimination of self-care deficit in clients, where, through teaching, guidance and support, there should be development from dependency towards independency. At a theoretical level the researcher related the present study to Orem’s theory of self-care, where accompaniment might enable student nurses to develop from academic and learners dependency towards professional independency and self-directedness (Fitzpatrick & Whall 1996:124).

Nurse educators and unit supervisors should meet the needs of dependent student nurses at appropriate levels of learning, while developing student nurses by giving them increasing responsibilities as they progress with their learning, as cited by a student nurse in a self-reflection journal: *I was glad because I saw the caesarean section, how they deliver a baby through it, and I was not there only to watch, I was also helping the sister by giving her abdominal swabs, counting them and giving sutures* (see appendix D).

1.6 METHODOLOGY

A quantitative descriptive cross-sectional survey was used in this study to describe the perceptions/views of student nurses, nurse educators and unit supervisors of the accompaniment of student nurses in clinical settings. The population and sample of this study comprised of student nurses, nurse educators from a university and colleges, and unit supervisors of health care institutions within the NP of the RSA. The student nurses followed a four-year comprehensive course leading to registration as a nurse (general, psychiatric and community) and midwife (Regulation R425 of 22 February 1985, as amended).
Proportional sampling was employed to identify student nurse respondents from the college population. Three lists of student nurses' names at second, third and fourth year of training were obtained from the educational institution involved. Each name was assigned a number. Using a table of random numbers found in Polit and Hungler (1987:124), 50% was drawn from each student level. No sampling procedures were applied to university student nurses, nurse educators or unit supervisors. The numbers from each group were relatively small, enabling the entire target populations to participate, as a whole, in this research.

A questionnaire, specifically designed for this research and comprising seven sections, was used to collect data from student nurses, nurse educators and unit supervisors. For validity and reliability of the questionnaire, nurse educators and student nurses from a university and a college, and unit supervisors from a hospital were requested to review, verify and validate the interpretations of questions in the questionnaire. These groups were not used as respondents during final data collection.

The reviewers supported the assertion that the components of the questionnaire accurately reflected the essence of the concepts being studied and that the questions were appropriate to the accompaniment of student nurses (Hermann 1997:318; Radke & McArt 1993:117). Chapter 3 contains more information about the research methodology adopted to gather data for this study.

1.7 PURPOSE OF THE STUDY AND OBJECTIVES

1.7.1 Purpose

The study set out to describe the perceptions/views of student nurses, nurse educators and unit
supervisors of the accompaniment of student nurses in the clinical settings. Furthermore, the study attempted to establish any congruence or incongruence of perceptions/views among student nurses, nurse educators and unit supervisors on the accompaniment of student nurses in clinical settings.

1.7.2 Objectives

The objectives of this study were to

• determine the perceptions/views of student nurses, nurse educators and unit supervisors regarding the accompaniment of student nurses in clinical settings

• establish the role of the nurse educators and unit supervisors during the accompaniment of student nurses in clinical settings

• obtain input from student nurses, nurse educators and unit supervisors concerning the improvement of the accompaniment of student nurses in clinical settings

• establish congruence or incongruence of perceptions/views among student nurses, nurse educators and unit supervisors of the accompaniment of student nurses in clinical settings

1.8 SIGNIFICANCE OF THE STUDY

The present research on the accompaniment of student nurses might contribute towards making student nurses, nurse educators and unit supervisors aware of the importance of effective accompaniment of student nurses in the clinical settings, thus increasing the adequacy and effectiveness of the accompaniment of student nurses provided by nurse educators and unit supervisors. Khoza (1996:260) states that more effective accompaniment of student nurses might increase the competency of newly qualified nurses in the NP of the RSA.
The accompaniment of student nurses in clinical settings might improve student nurses' performance in clinical settings, enhance nursing care standards and improve the quality of patient care. Diagnosis of student nurses' learning abilities and inabilities and remedial actions could be planned and implemented in clinical settings. Orientation, in-service education and systematic, comprehensive programmes of continuing education for nurse educators and unit supervisors regarding the accompaniment of student nurses in clinical settings might be developed. Such programmes might empower the nurse educators and unit supervisors in providing more effective accompaniment of student nurses in clinical settings. Furthermore, such programmes might improve the education of student nurses and thus enhance patient care in the NP of the RSA, and possibly also in other provinces of the RSA.

1.9 ASSUMPTIONS

Assumptions refer to basic principles that are believed to be true without proof or verification (Polit & Hungler 1987:12). The basic assumption seems to be that effective accompaniment enhances student nurses' learning in the clinical settings. The specific assumptions underlying this study are as follows:

1.9.1 Assumptions regarding theoretic-conceptual commitments

With regard to theoretic-conceptual commitments it is assumed that

- a reinterpretation and re-definition of Orem's self-care theory and theory of self-care deficit form an appropriate grounding for the present research
1.9.2 Assumptions regarding methodological-technical commitments

In this regard it is assumed that

• a questionnaire can be designed in such a way that the items included in it sufficiently define the phenomenon under investigation

• given specific statements, individual respondents can indicate the degree to which such statements apply to them

1.9.3 Assumptions pertaining to ontological commitments

In this regard it is assumed that

• all research respondents have an idea of accompaniment, and accompaniment does exist in the clinical settings in the NP of the RSA

1.10 SCOPE AND LIMITATIONS OF THE STUDY

The study attempts to establish the perceptions/views of student nurses, nurse educators and unit supervisors of the accompaniment of student nurses in the NP of the RSA. The study is limited to the perceptions/views of student nurses, nurse educators and unit supervisors of selected institutions within the NP of the RSA. It might not be possible to generalise the findings of the study to the entire RSA as they might only be applicable to the institutions where the research was conducted. However, similar research could be conducted in other provinces and countries.
1.11 ETHICAL CONSIDERATIONS

Permission to conduct this study was obtained through letters from the NP's Department of the Health and Welfare Research Section, Southern and Central Regional Offices of the Department of Health and Welfare, the college and health institutions providing clinical learning experiences to student nurses. Informed consent was obtained from each research respondent. To ensure confidentiality and anonymity, neither the name of respondent nor that of the institution involved was requested on the questionnaires. No physical or psychological risks were involved as the study was nonexperimental. The lists of respondents' names for sampling purposes were kept safe to ensure confidentiality and anonymity (Brink 1996:41; Nieswiadomy 1993:46). More discussions on ethical considerations pertaining to this research will be done in chapter 3, paragraph 3.5.

1.12 DEFINITIONS

1.12.1 Accompaniment

To accompany means "to go with" or "to escort", as the adult goes with the child to a state of adulthood or maturity (Concise Oxford Dictionary 1999:8). The SANC (1992:6) defined accompaniment as the directed assistance and support extended to a student by a registered nurse or a registered midwife with the aim of developing a competent, independent practitioner, accompanied by relevant guidelines and teaching aids. Accompaniment in this study refers to planned, deliberate intervention by nurse educators and unit supervisors in clinical settings, to enable student nurses to progress from a state of dependency towards a state of independency with regard to learning and professionalism.
1.12.2 Clinical setting

Mashaba and Brink (1994:44) maintain that clinical settings refer to the bedside or side of a client in respect of general nursing, psychiatric nursing, community health nursing and midwifery. In this study “clinical settings” refers to selected hospitals and clinics within the NP of the RSA where nurse educators and unit supervisors accompany student nurses during clinical learning assignments.

1.12.3 Nurse educators

“Nurse educators” refers to persons registered with the SANC as registered professional nurses and midwives, and tutors employed at universities or nursing colleges in the NP of the RSA, who teach and accompany student nurses in clinical settings.

1.12.4 Perception/view

According to the Concise Oxford Dictionary (1999:1049), “perception” refers to a way of regarding, understanding or interpreting something. In this study perception/view refers to the rating by student nurses, nurse educators and unit supervisors of items of the accompaniment of student nurses in clinical settings contained in the questionnaires. These ratings are based on the observations and clinical experiences and exposures of the respondents.

1.12.5 Student nurses

“Student nurses” refers to persons following the programme leading to registration as a nurse (general, psychiatric and community) and midwife in terms of Regulation R425 of February 1985, as
1.12.6 Unit supervisors

"Unit supervisors" refers to registered professional nurses who are in charge of units at selected hospitals and clinics in the NP of the RSA.

1.13 ABBREVIATIONS

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<th>Abbreviation</th>
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1.14 ORGANISATION OF THE REPORT

The report of this study is organised as follows:

Chapter 1 presents the introduction and background of the study. It includes the problem statement, purpose of the study, significance of the study, assumptions and the research question. It introduces the methodology for the study, scope and limitations, ethical considerations, definitions of terms used in the study and an outline of the study.

Chapter 2 reviews related literature pertaining to the perceptions/views of student nurses, nurse educators and unit supervisors on the accompaniment of student nurses in clinical settings.
Chapter 3 outlines the research methodology used in the study.

Chapter 4 presents a discussion of data analyses and findings obtained from the completed questionnaires.

Chapter 5 provides the summary and conclusion, recommendations and implications of the findings for future research.

The bibliography presents a list of references used throughout the dissertation as well as works consulted during the course of this study, to which no specific references were made. This is followed by appendices referred to in the report.

1.15 SUMMARY

Chapter 1 introduced the background of the study on the perceptions/views of student nurses, nurse educators and unit supervisors of the accompaniment of student nurses in clinical settings. It also provided an overview of the study; its design, purpose, limitations, the assumptions underlying the research, and the like. The review of literature is presented in chapter 2.
CHAPTER 2

Literature review

2.1 INTRODUCTION

This chapter deals with the search for, and review of, literature relevant to the research topic, accompaniment and related terms. It contains information on the research topic, the theoretical framework of the study and methodological issues pertaining to the research topic.

2.2 REASONS FOR DOING A LITERATURE REVIEW

The purpose of a literature review is to gain knowledge about the research topic *per se* and about studies already conducted by other researchers on similar topics. Findings from previous studies assist researchers in refining parts of their studies, especially with regard to the problem statement, conceptual framework, design and data analysis process. It also assists in forming a basis for comparison when interpreting findings of a current study.

The review of literature about the accompaniment of student nurses in clinical settings also assisted the present researcher to bring the problem into focus, and to formulate an appropriate research question. The latter is stated in paragraph 1.4 of this study.

During the present literature review, the researcher was also alerted to unresolved research efforts regarding the research topic, accompaniment of student nurses in clinical settings, as suggested by
Polit and Hungler (1997:63). In addition, the researcher was able to obtain clues as to the methodology and instruments used by other researchers. This information provided the researcher with knowledge as to what had been tried, and with knowledge pertaining to the shortcomings that were identified with regard to approaches and methods used during previous research into the accompaniment of student nurses in clinical settings (Brink 1996:63).

The result of this section of the literature review is discussed in chapter 3. The discussion that follows focuses mainly on the research topic, *accompaniment and the theoretical foundation of this research*.

2.3 CONCEPTS RELATED TO ACCOMPANIMENT IDENTIFIED IN THE LITERATURE

The review of literature revealed the following significant concepts related to the research topic, *accompaniment*, which could individually or in combination be reflected in the process of accompaniment:

- facilitation/coaching
- mentorship
- preceptorship
- supervision
- role modelling

A discussion of each of these terms follows. As far as possible these discussions refer pertinently to the definitions, characteristics, roles involved and outcomes of these phenomena.
2.3.1 Facilitation/coaching

2.3.1.1 Definition

In the study conducted by Chabeli (1999:26) in the RSA, facilitation is defined as a goal-directed and dynamic process in which professional nurses and student nurses interact in a clinical learning environment of genuine mutual respect.

2.3.1.2 Characteristics of facilitators

The characteristics of effective facilitators include the ability to create a climate of trust engendered by appropriate self-disclosure of student nurses and facilitators, with warm, open and honest approaches towards each other. Facilitators should be sympathetic and empathetic, show respect for student nurses and realise that nursing is only part of the student nurses' lives. These characteristics should be coupled with dedication, sincerity, enthusiasm, optimism and knowledge about the course and programme requirements of student nurses (Fryer 1996:69; Musinski 1999:29; Quinn 1995:200)

2.3.1.3 The role of facilitators

Mashaba and Brink (1994:130) indicate that facilitators make actions happen by participating in, and enabling the actions of student nurses. They do not intervene or act on behalf of student nurses, but make it easier for student nurses to participate in complicated events in the clinical settings. The facilitators anticipate, assist, reassure and encourage student nurses in clinical settings. The implication of facilitation might be that the perception of nurse educators as dispensers of knowledge
would change to one where student nurses become active participants in learning and development.

According to Reed and Procter (1993:32), facilitators should advise student nurses and provide suggestions and challenges while acting as role models and treating student nurses as independent adults with a capacity for self-directed learning. Facilitators also develop and create practical opportunities in clinical settings for the purpose of integrating theory with practice. The emphasis during facilitation in clinical settings is on what student nurses do with information they have acquired in the classroom, and the activities focus on the realities of clinical settings in which classroom knowledge is applied to render safe and effective nursing care to specific patients/clients.

Facilitators should provide encouragement when situations become difficult for students, and should be friendly and empathetic to enable student nurses to unburden themselves. As student nurses progress through their learning programme, the roles of the facilitators should change from being motivators and catalysts for ideas to those of being constructive critics and evaluators. The facilitators inform and advise student nurses, particularly in relation to course work and assessment, ascribe appropriate independence and autonomy, and encourage critical thinking and enquiry (Quinn 1995:201). This view of facilitators is supported by MacIntosh (1995:26) who asserts that facilitators motivate student nurses to be active participants in learning rather than passively receiving information.

A study conducted by Schultz (1998:23) in the United States of America (USA) supports the notion that facilitators should advise student nurses systematically and continuously with the intention of assisting them to achieve educational, career and personal goals through utilising a full range of institutional resources. Facilitators should be knowledgeable about the course and programme requirements of student nurses so as to assist them to become effective change agents for their own
life-long learning and personal development. During facilitation, nurturing should be done by supporting and guiding student nurses toward holistic development through the integration of cognitive, psychomotor and affective processes. Facilitators should accept and value student nurses as unique and worthwhile individuals. Through such a combination of nurturing and acceptance, facilitators appreciate the unique characteristics of student nurses and establish caring relationships designed to help student nurses to use learning resources and gain increased independence while learning in clinical settings.

White and Ewan (1995:112) assert that facilitators challenge self-directed learning skills by constantly challenging student nurses to identify their learning needs and abilities to assess their own performance accurately. For facilitation to be successful, a supporting, nurturing, understanding and challenging environment might be necessary. Facilitators should assist in the clarification of various approaches, facilitate exploration, encourage analysis and promote interpretation in clinical settings. Facilitators need to be able to respond to student nurses’ feelings as they explore learning experiences, and be able to accommodate student nurses’ needs during facilitation. Student nurses are expected to move from exploration to understanding of clinical content and to focus on action.

Facilitators should show interest in student nurses as unique individuals, and be able to recognise individual student nurses’ efforts and progress in clinical settings. They should make student nurses feel free to ask questions and seek help without fear of loss of confidence, esteem or grades. Furthermore, facilitators should also show confidence in student nurses, give positive reinforcement and promote actions and discussions about learning experiences. Student nurses should be allowed to experience success, and facilitators should reinforce expectations of success and foster student nurses’ self-confidence. The style of facilitation might be influenced by considerations such as confidence, lack of assurance in a particular group of student nurses, their level of knowledge and
skill, their progress in professional development and the ease or difficulty of the clinical assignment (White & Ewan 1995: 137).

According to Dunn and Hansford (1997: 1299) in Australia, clinical facilitators are seen as teachers, providers of clinical information, facilitating the link between theory and practice, and liaising between student nurses and unit staff. However, Hallett (1997: 108) in the United Kingdom (UK) maintains that during facilitation, interpersonal relationships are established which assist student nurses to identify, develop and mobilise strengths. Facilitators engage student nurses in the decision-making process and encourage them to assume responsibility for their own learning. The assumption of responsibility might assist student nurses to become independent in clinical settings. Facilitators should build trust by listening to, and understanding, student nurses' perceptions of clinical settings and by establishing a genuine interpersonal relationship with student nurses. Facilitators and student nurses should work together and discuss their ideas and the reasons behind their actions in clinical settings.

In this regard, the study conducted by Chabeli (1998: 32) in the RSA reveals that effective communication and collaboration are important vehicles toward achieving success in managing student nurses and clinical settings. Furthermore, reflective facilitators have the responsibility to guide student nurses towards professional maturity, and student nurses should accept responsibility and accountability at an early stage of learning, as clinical learning takes place in complex, value-laden environments requiring regular legal and ethical considerations.

2.3.1.4 Outcome of facilitation

As student nurses develop knowledge, competence and confidence in clinical settings, they might
challenges the views and beliefs of facilitators. The challenges from student nurses might be attributed to growth from dependency to independency, as student nurses become more self-directed and responsible for their own learning, and exercise their individual learning styles and preferences in clinical settings. Through facilitation, increased participation of student nurses in clinical settings might be realised, coupled with increasing self-awareness, knowledge, critical thinking and creative clinical practices (Waterworths 1995:14). Student nurses' increased levels of participation, critical thinking and creative clinical practices might also be realised when mentorship programmes are available and utilised in clinical settings.

2.3.2 Mentorship

2.3.2.1 Definition

The concept “mentor” is derived from Greek mythology, where Mentor was a trusted friend of Odysseus and tutor of Odysseus' son, Telemachus. The relationship between Mentor and Telemachus has been described as nurturing, educative and protective. Mentor also ensured that Telemachus was personally and socially developed and also prepared professionally (Watson 1999:255). The term “mentor” therefore came to refer to a wise trustworthy counsellor or teacher, and the objective of mentorship to provide guidance and support for student nurses throughout their learning period and to redesign the teaching/learning settings based on the assessment of student nurses' interests, life experiences and learning styles. The foundation of the mentorship programme is the personal relationship between the experts or accompaniers and the novices or student nurses (Ryan & Brewer 1997:22). This notion is supported by Brown (1999:49) who maintains that mentoring is a relationship between two people in which one person with greater rank, experience, and/or expertise teaches, counsels, guides and helps the other to develop both professionally and
personally. Mentorship might also be defined as the influence, direction and guidance which can be provided by an experienced and trusted counsellor who is close to a student. This implies a mixture of friendship and professional relationship which would have to include a certain level of detachment, if it is to be successful or effective.

2.3.2.2 Selection criteria for mentors

According to Heinrich and Scherr (1994:37), as well as McCloskey and Grace (1990:58), mentors are selected on the basis of their willingness to participate and their availability to meet student nurses on a regular basis. Mentors encourage student nurses to use the mentorship relationship in ways that meet their individual needs. Bond and Holland (1998:22) cite that in mentorship there are the shared, encouraging and supportive elements that are based on mutual attraction and common values. Mentoring might also be done by peers where the peer mentoring role is developmental and supportive, but not evaluative. Student nurses are encouraged to choose a student nurse whom they trust and respect to be a peer mentor. If trust is not established for any reason, rapport may not exist and the peer mentoring process might be obstructed.

2.3.2.3 Characteristics of mentors

Gray and Smith (2000:1543) indicate that a good mentor possesses appropriate professional attributes, knowledge, good communication skills and the motivation to teach and support students. These authors' standpoints are supported by Fowler and Chevannes (1999:379) who indicate that the ideal mentor should be a feedback giver, eye opener, challenger and an idea bouncer. Mentors should be approachable, possess effective interpersonal skills, adopt positive teaching roles, pay appropriate attention to students' learning needs and provide supervisory support for professional development to take place in all dimensions of teaching and learning.
2.3.2.4 The role of mentors

Mentors serve as friends, advisors, professional role models and resource persons. Brown (1999:49) reports that helpful mentorship activities, as indicated by mentees, include that mentors should be available, should be good listeners and should provide feedback to mentees. Mentees should also be prepared to be open and willing to learn with a strong desire to excel in their chosen career. The mentors therefore act as counsellors, sponsors and teachers, to guide the student nurses in aspects of professionalism and the realities of the workplace (Watson 1999:255). Mentors are ideal professionals, role models and charismatic figures to student nurses, who want to follow in the footsteps of the mentors and who are willing to be shaped by them (Mashaba & Brink 1994: 129). Student nurses might be guided, taught and influenced in their lives' work by their mentors, which might imply that mentors act as inspirers who are role models, visionaries and energisers. Student nurses provide emotional support to one another in clinical settings and the supporting relationship reduces the likelihood of anxiety related to learning in clinical settings. A study conducted by Dana and Gwele (1998:59) in the RSA on student nurses' perceptions of the community as a clinical learning environment, revealed that student nurses agreed that the supervision they received from mentors was generally supportive. Help and expert advice was available when the student nurses needed them.

2.3.2.5 Outcome of mentorship

Gray and Smith (2000:1543) maintain that where mentorship exists in clinical settings, learning is more likely to be meaningful to student nurses. Mentorship programmes could positively influence the development of professional relationships that go beyond role modelling and include the development of each person in the relationship. Mentoring, as a creative alternative to direct
instruction and teaching, results in supportive relationships between the mentors and the student nurses. As the mentorship relationship matures, student nurses might experience successful transition from student nurses to professional nurses (Quinn 1995:188; Ryan & Brewer1997:23). In the long term, the mentors’ guidance and counselling might lead to the student nurses becoming “buddies” with their mentors which implies closeness akin to friendship (Watson 1999:255).

Mentorship might be viewed as a remedy for counteracting the reality shock experienced by newly qualified nurses and as a key to enhancing professional development. Reality shock pertains to the realisation of the realities and truths of the clinical settings as compared to student nurses’ ideal expectations based on the knowledge accumulated during the period of learning. Reality shock might also refer to newly qualified professional nurses’ reactions when they find themselves in a work situation for which they thought they were adequately prepared and then suddenly discover that they are not. A study conducted in the USA by Reider and Riley-Giomariso (1993:127) revealed that working with professional nurses in clinical settings enhanced the transition from student nurses to professional nurses. When mentorship is based on partnership and mutual respect, the outcome might be effective accompaniment of student nurses in clinical settings.

Student nurses might develop personally and professionally from dependency to independency as cited by Andrews and Wallis (1999:204). These authors indicate different stages that student nurses might undergo during mentorship. The first stage occurs when new student nurses might be fairly dependent on mentors and undertake subordinate roles in which they require close supervision. During the second stage the student nurses and mentors develop a more equal relationship and less direct supervision is required. During the third stage student nurses might move on to become mentors themselves by demonstrating the personal and professional qualities of a mentor. At the fourth stage student nurses become responsible for the performance of others and take part in
mentoring other student nurses in clinical settings.

2.3.3 Preceptorship

2.3.3.1 Definition

Preceptors are experienced professional nurses within clinical settings who act as role models and resource persons for student nurses who are assigned to them for a specific period of time. Preceptors are unit-based and assigned to specific clinical settings in which they are experienced and competent (Brink 1989:63; Quinn 1995:189). Mashaba and Brink (1994:129) refer to preceptors as persons who enable learning in practice while promoting and participating in the delivery of nursing care. This notion is supported by Barrett and Myrick (1998:365) who maintain that preceptorship might be defined as a one-to-one reality-based clinical experience in which the nursing student is taught directly by a professional nurse. According to Usher, Nolan, Reser, Owen and Tollefson (1999:507), preceptors are experienced practitioners who teach, instruct, supervise and serve as role models for student nurses for a set period of time in a formalised programme.

2.3.3.2 Selection criteria/characteristics of preceptors

According to Jooste and Troskie (1995:12), many preceptors, who participate in the accompaniment of student nurses, are experienced and are not required to rotate shifts. This promotes some stability in the student nurses' programmes. This notion is supported by Bond and Holland (1998:21) who claim that preceptors need to have at least twelve months experience within a clinical field. Preceptors take very active roles in the development of the student nurses, and should be selected on the basis of their expert clinical knowledge, ability and willingness to accompany student nurses in
clinical settings. The willingness of preceptors to accompany student nurses might be shown by the
interest displayed by preceptors in student nurses’ needs for professional development, and in the way
preceptors feel about preceptorship as a means of job enrichment and professional, as well as
personal, growth.

Preceptors should also be selected on the basis of their abilities to maintain good interpersonal
relationships which might be shown by having insight into the frustrations experienced by student
nurses in clinical settings. This notion is supported by Nordgen, Richardson and Laurella (1998:30)
in a study conducted at the University of Utah College of Nursing in the USA, on a collaborative
preceptor model for clinical teaching of beginning nursing students. The study revealed that
preceptors need to be clinical experts who are optimistic about their profession. These characteristics
were chosen because preceptors would be strong role models for student nurses, and known for their
enthusiasm and motivation. Usher et al (1999:507) assert that preceptors are selected for
preceptorship roles, as they are perceived by their supervisors or authority figures as knowledgeable
and skilled in guiding student nurses in clinical settings.

2.3.3.3 The role of preceptors

A study done by McGregor (1999:26) of Virginia in the USA, indicates that the major responsibilities
of preceptors are clinical supervision of student nurses, which involves verifying the student nurses’
competencies in performing selected clinical skills, and facilitating student nurses’ development in
synthesising the responsibilities of professional nurses. Preceptors are expected to fulfil their
preceptorship role in mutual negotiation with student nurses and the nurse educators responsible for
teaching the theory for that particular area of practice. They do not function as formal teachers,
however, do assume great responsibility in this area. Preceptors assist in the identification of student
nurses' learning needs, providing feedback to student nurses, and communicating with nurse educators regarding the progress of student nurses in clinical settings, as nurse educators might not be immediately available to accompany all student nurses. The preceptors also assist student nurses to refine aspects of professional nursing care and to identify and assess independent role functions. In addition, they assist in evaluating student nurses and in identifying resources for clinical learning such as clinical experts and unit resource personnel.

According to Reilly and Oermann (1992:144), the preceptors should be approachable, encourage mutual respect, provide support and encouragement, and listen attentively to student nurses to enhance clinical learning. The preceptors guide student nurses towards gaining the knowledge and skills needed and in learning about the roles and responsibilities of professional nurses in clinical settings. This was supported by Nehls, Rather and Guyette (1997:224) through a study conducted at the University of Wisconsin-Madison in the USA, on the preceptor model of clinical instruction as experienced by students, preceptors and faculty-of-record.

The findings reveal that through commitment, preceptors demonstrated how caring practices are central to effective nursing practice. Preceptors expected student nurses to experience teaching practices as caring while at the same time being given opportunities to practise caring. Preceptors might be utilised in an attempt to bridge the gap between classroom and clinical settings by assisting student nurses to achieve confidence in clinical settings and facilitating transition to professional roles.

2.3.3.4 Outcome of preceptorship

Nehls et al (1997:224) found that the attention that student nurses received, and the multiple learning opportunities experienced in realistic assignments, helped student nurses to expand their basic skills,
to develop independence and to strengthen their self-confidence as practising nurses. Preceptorship might lead to student nurses who might be self-directed, self-disciplined and accepting of the fact that the preceptors might not guide each step or "pour information into" the student nurses' heads. These findings are also supported by McGregor (1999:26) who maintains that after accompaniment by preceptors, student nurses become more confident, better prepared and more competitive when applying for entry level positions. Such student nurses might be able to model the behaviour of the preceptors and become socialised in the professional role. Usher et al (1999:507) indicate that preceptors increased their clinical communication and teaching skills as a result of preceptorship experiences. Being selected as preceptors appears to increase self-esteem, as preceptors are being recognised for their clinical expertise, teaching ability and professionalism. The increased self-esteem and clinical expertise might enhance preceptors' appropriateness as role models for student nurses in clinical settings.

2.3.4 Supervision

2.3.4.1 Definition

According to Lewis (1998:40), supervision is a process based on a clinically focussed professional relationship between the practitioner engaged in clinical practice and a clinical supervisor. Supervision allows student nurses to focus on personal and professional strengths and difficulties. Antrobus (1997:834) in the UK, regards supervision as a mechanism through which nurses can learn the artistry of nursing practice in order to improve their professional effectiveness.

Quinn (1995:285), however, refers to supervisors as appropriately qualified and experienced first level nurses who received preparation for ensuring that relevant experiences are provided for student
nurses and facilitating development of competence in student nurses. These authors concur in their description of supervision in terms of experienced persons guiding the inexperienced in clinical settings.

2.3.4.2 The role of supervisors

Bond and Holland (1998:12) maintain that the role of supervisors is to facilitate the growth of student nurses, both educationally and personally. Student nurses might expect supervisors to provide guidance, advice, coordination of the learning programmes and to inspire them in clinical settings. There should also be facilitation of the personal and professional growth of student nurses coupled with provision of support and autonomy. Within the element of support there should be openness, willingness to learn, thoughtfulness, humanity, sensitivity and trust (Quinn 1995:187).

The supervisor, as the expert practitioner, guides and directs the performance of less skilled practitioners, such as student nurses, to facilitate growth in learning. This notion is supported by Antrobus (1997:834) who cites that clinical supervision within the context of nursing has great relevance for education in developing nurses as knowledgeable workers in health, although its use within academic nursing environments has not been fully acknowledged. This author further indicates that supervision might be viewed as solely a support mechanism for the individual practitioner/student nurse, or as a method of policing by management to watch out for incompetent practice.

When the processes of learning and supervision succeed, reciprocal reflection occurs with an understanding of how each one understands the other’s perception so that they might move towards greater mutual understanding.
2.3.4.3 Outcome of supervision

The outcome of supervision might be education, as well as enhanced emotional and psychological support. This is the case where the unit supervisors and nurse educators have the opportunity to learn from each other about aspects of education, pertaining to student nurses. Supervision allows student nurses to focus on personal and professional strengths and difficulties. Supervision is beneficial and a useful means of personal and professional development (Lewis 1998:40). Clinical supervisors apply clinical knowledge and values and consult experts in the field of supervision. No one is sufficiently qualified or sufficiently expert to need no help and no guidance with their own developmental process. As a probable outcome of supervision, student nurses could become capable of making decisions and doing things for themselves in clinical settings. Lewis (1998:43) asserts that nurse educators found supervision to be valuable for educational, emotional and psychological support for teachers of different courses. Nurse educators could learn about supervision itself and about new and different teaching practices.

2.3.5 Role modelling

2.3.5.1 Definition

According to Searle and Pera (1995:198), role models hold certain positions in particular social systems, act or behave in manners expected of persons who hold such positions, enact their roles in ways that can be observed and have certain expectations. These authors maintain that role models have undergone role socialisation and have definite views of components of the specific role.
2.3.5.2 Characteristics of role models

Role models are expected to possess specific characteristics. In this regard, Chabeli's (1999:27) research report indicates that role models should be open-minded, have self-awareness, be able to analyse and synthesise feelings, and should have the ability to evaluate and motivate student nurses in clinical settings. Role models should be exemplary in aspects such as academic, professional and social, and in their administrative and management styles. The notion is supported by Searle and Pera (1995:199) who indicate that role models should be competent, concerned, compassionate, good teachers and supervisors and should provide a health care climate that is conducive to learning, as the student nurses are the role models' main concern. These authors further cite that role models must have the required knowledge, skills, integrity, personal bearing, neatness, empathy, sympathy and willingness to assist wherever their knowledge and skills are needed, and to be collaborative.

2.3.5.3 The role of role models

Role models are accountable for what happens in their clinical settings and can be trusted by student nurses because they are registered nurse practitioners. The image projected by role models should at all times be positive and acceptable to student nurses (Searle & Pera 1995:253).

2.3.5.4 Outcome of role modelling

White and Ewan (1995:194) cite that observing good role models might help student nurses to understand their expectations, but it will not necessarily help them to integrate the forces influencing their own behaviour to produce the desired results. A study conducted by Nelms, Jones and Gray (1993:23) in the USA on role modelling as a method for teaching caring in nursing education,
revealed that student nurses learn about caring from role modelling in classrooms and in clinical settings.

Tlakula and Uys (1993:29) in the RSA, came to the conclusion that student nurses learn through precept and example of unit supervisors as role models, and it would appear that student nurses are looking for unit supervisors who are assertive, self-assured, empathetic, accepting, nonjudgmental, trustworthy, sincere, sensitive, competent, knowledgeable, honest, democratic, supportive and resourceful.

2.3.6 Differential summary of characteristics of concepts related to accompaniment

In summary, the similarities among facilitation/coaching, mentorship, preceptorship, role modelling and supervision seem to be the encouragement of student nurses; guidance; supportive relationships among student nurses, unit supervisors and nurse educators; and trust and mutual respect. The differences are that mentorship is being done throughout the programme on an advisory, counselling and friendly basis and also by peers, whereas preceptorship is done by experienced, competent professional nurses who are unit-based and are not required to rotate shifts, promoting stability in the student nurses’ programme. Preceptorship appears to be a more short-term arrangement than mentorship. Preceptors and mentors focus on the professional development of student nurses.

2.4 ACCOMPANIMENT

The SANC (1992:6) defined accompaniment as the directed assistance and support extended to a student by a registered nurse or a registered midwife with the aim of developing a competent, independent practitioner. During accompaniment student nurses might have perceptions in terms of
expecting to be developed as cited by the SANC.

2.4.1 Aspects relating to perceptions/views with regard to the expectations of student nurses during their accompaniment in clinical settings

White and Ewan (1995:20) assert that gaining emancipation through experience has relevance in the clinical learning of student nurses. Student nurses seek guidance when they perceive it to be necessary so as to develop towards independence. A study conducted by Kuen (1997:1257) in Hong Kong on the perceptions of effective clinical teaching behaviours in a hospital-based nurse training programme, revealed that student nurses expect nurse educators to provide support and encouragement during accompaniment in clinical settings. The student nurses further expected not to be criticised in front of others and to be corrected without being humiliated.

Haffer and Raingruber (1998:68) conducted a study in the USA on the development of clinical reasoning and critical thinking in Baccalaureate nursing students. The research results revealed that student nurses expected to be offered many opportunities to share clinical experiences with peers and with other more experienced nurses in clinical settings. This study revealed further that nurse educators and unit supervisors should help student nurses to identify and appropriately use their strengths and limitations to learn from problematic experiences in clinical settings. Such learning experiences might be helpful in the development of student nurses from dependency towards independency while also preparing student nurses to deal with problems that might be encountered with the integration of theory and practice in clinical settings. According to Karuhije (1997:7), student nurses expected that clinical learning would equip them with critical thinking skills and offer opportunities for clinical decision-making.
Student nurses might expect to be self-directive in clinical settings during accompaniment. White and Ewan (1995:109) indicate that self-directed student nurses are able to move back and forth among clinical settings in order to obtain further information, consult nurse educators and unit supervisors, read clients' charts or clarify important or puzzling issues. In clinical settings self-directed student nurses are highly motivated, learn how to learn and pursue problems identified as important for learning. It appears that self-directed student nurses are actively involved and independent in learning activities. Majumdar (1996:43) supports this view by indicating that self-directed learning is a set of activities where the primary responsibility for planning, carrying out, and evaluating learning endeavours are assumed by student nurses. Self-directed learning is a style of learning that draws upon previous experiences and focuses upon the needs of student nurses. Self-directed student nurses apply andragogic principles such as building on their own life experiences and learning best when they have decided that they need to learn. Student nurses expect to be guided towards self-directed learning during accompaniment in clinical settings.

Literature revealed similarities between student nurses' expectations and the role of facilitators, mentors, preceptors, role models, nurse educators and unit supervisors during the accompaniment of student nurses in clinical settings. Among these similarities are the provision of support and encouragement to student nurses in clinical settings.

According to Van Manen (1993:76), during accompaniment student nurses should be motivated to move from dependency to independency. Student nurses should also be helped to exercise control of their own lives and their interpersonal relationships during accompaniment in clinical settings. In clinical settings, facilitators, mentors, preceptors, supervisors and role models should accompany student nurses with the common objective of guiding them from dependency towards independency through guidance, support and advice.
Musinski (1999:24) cites that the development of student nurses from dependency towards independency could be facilitated when errors are accepted as a natural part of student nurses' learning processes. Student nurses should feel that they can try out something new or different. Should they fail, they should not be humiliated, embarrassed or diminished as individuals. Nurse educators and unit supervisors accompany student nurses in clinical settings to enable student nurses to cope with unfamiliar situations. Hallet (1997:107) supports this notion of accompaniment, and maintains that during accompaniment, nurse educators and unit supervisors provide opportunities for student nurses to gain experience, permitting them to progress gradually from dependency to independency. Student nurses might also be encouraged to think rationally about what they are doing and to develop ideas of their own about nursing practice.

O’Neil (1999:13), in a study on the strengthening of clinical reasoning in graduate nursing students, revealed that participatory learning demands sustained nurse educator guidance and sensitivity and that student nurses should be guided to new insights in clinical settings. This author further indicates that reflecting on, analysing and critiquing one’s own thinking might be a threatening experience to student nurses. Therefore, it might be essential for nurse educators and unit supervisors to create an atmosphere of trust where acceptance, self-questioning and mutual respect are encouraged.

During accompaniment, student nurses could apply their preferred learning styles to meet clinical learning objectives. Woolfolk (1995:127) indicates that the more reflective student nurses practise/learn slowly and make few errors. As student nurses develop during accompaniment and move from one level to the next, they become more reflective and their performance should improve. According to De Young (1990:196), accompaniment of student nurses in clinical settings is part of the package of a comprehensive curriculum, where nurse educators and unit supervisors create learning opportunities that make it possible for student nurses to develop from dependency toward
independency. It is in clinical settings that, with the guidance of facilitators, mentors, preceptors, role models and supervisors, student nurses learn to practise the intellectual, affective and psychomotor skills demonstrated during a given period of exposure in clinical settings. In clinical settings student nurses learn how to organise all data available and determine priorities in complex situations.

In summary, the literature revealed a considerable number of aspects relevant to the accompaniment of student nurses in clinical settings, such as the development of student nurses from dependency to independency, guidance and support, creation of an atmosphere of trust, mutual respect and encouragement.

2.4.2 Aspects relating to the integration of theory and practice during the accompaniment of student nurses in clinical settings

Nurse educators are charged with the responsibility of bridging the gap between the worlds of academia and service in clinical settings during the accompaniment of student nurses. It might be essential for nurse educators to be involved in the presentation of both theory and clinical practice which could facilitate the integration of theory and practice by the student nurses during clinical placements and accompaniment. The unit supervisors should also possess theoretical knowledge to make their teaching in clinical settings meaningful (Mellish & Brink 1990:219). The involvement of nurse educators in clinical settings, and the possession of theoretical knowledge by unit supervisors, might assist student nurses’ development from theory and practice separateness (“knowing how to do”) to theory and practice integration (“can do”) during accompaniment in clinical settings. Research reports support these views as cited in the study conducted by Brown (1981:13), indicating that nurse educators regarded theory relevant to nursing practice to be essential, and that nurse
educators should apply theory to practice in classrooms and in clinical settings.

A study conducted by Hicks (1997:8) in the USA, revealed that nurse educators found that methods of patient care management taught to students were not introduced into clinical settings. When student nurses attempted to apply new knowledge about patient care management, their efforts were often misunderstood by unit supervisors, and friction resulted. These findings are supported by Hyrkas (1997:801) who cites that clinical learning experiences might be expected to be an integral part of nursing education, and that skills and knowledge learned in classroom settings make sense when they are applied in clinical settings. Student nurses might benefit from accompaniment, if assisted and supported during the integration of theory and practice by nurse educators and unit supervisors in clinical settings.

A study conducted by Scheetz (1989:29) in the USA, on Baccalaureate student nurses' preceptorship programmes and the development of clinical competence, indicated that most graduates had adequate theoretical bases, but lacked competence in clinical settings. This lack of competence was manifested by difficulties in applying theory to practice, problem solving and awkwardness when performing psychomotor skills.

Goodchild-Brown (1996:7) asserts that in clinical settings there is a strong empathetic aura of overprotectiveness that operates in a specific, instrumental, therapeutic environment, where self-assured/independent actions are not encouraged. However, nurse educators and unit supervisors should bear in mind that their tasks are to lead student nurses towards independency. According to Quinn (1995:189), student nurses' autonomy should be encouraged by nurse educators and unit supervisors' use of a "hands off" approach, which might be an uncomfortable approach for them, but beneficial to student nurses as they would be learning "hands on" in such clinical settings.
Paterson (1997:200) conducted an exploratory study on the negotiated order of clinical teaching, which revealed that nurse educators referred to the different perspectives of unit supervisors and nurse educators regarding accompaniment, as displaying nurse educators' ownership with regard to student nurses. Respondents indicated that *clinical staff think about service when they see student nurses, while nurse educators and student nurses think about learning experiences*. It is rare to have a unit supervisor who sees having a student nurse as an opportunity to teach and learn in terms of integrating theory into practice, instead of just some help with the unit workload. Consequently, nurse educators' contributions might frequently be viewed as pointless by unit supervisors in clinical settings – a definite obstacle to theoretical enrichment of the clinical arena.

The nurse educators who accompany groups of student nurses as they practise in a variety of clinical settings, appear to be commonly assigned the status of "a guest in the house" by the clinical staff. The most obvious manifestations of the role conflict experienced by nurse educators are the way in which they prevent student nurses from erring, thereby minimising risk-taking. Fearing liability, having no real position in the clinical setting and struggling for credibility in the clinical area, seem to compel nurse educators to prevent mistakes and not to "rock the boat". Nurse educators thus function as buffers, gatekeepers and protectors of student nurses while at the same time being diplomats and negotiators with unit supervisors in clinical settings (Paterson 1997:198). This requires exceptional skill from facilitators and educators. It is, however, exactly this type of behaviour that often negatively influences the integration of theory and practice.

According to Hicks (1997:6), clinical nursing and nursing education have traditionally functioned separately, and in many instances operated exclusively of each other, an important issue in theory and practice integration. In clinical settings, patient care demands might often be so great that unit supervisors have little time to keep abreast of advances in their fields. Consequently, they tend to
set relatively limited goals. The contributions of nurse educators in this regard stem from their professional responsibility to keep their nursing knowledge current whereby they could contribute towards the correction of deficiencies in clinical settings. Unit supervisors’ influence, on the other hand, involves safeguarding nurse educators against the setting of unrealistic goals—a clear attempt at a balance between theory and practice. Hicks (1997:6) further indicates that unit supervisors might identify needs for teaching but might be unskilled in the planning and execution of satisfactory teaching plans. Student nurses learn words in classrooms. Important actions are learned in clinical settings, however, that might be unrelated to classroom knowledge (Karuhije 1997:6).

In summary, nurse educators appear to be possessive and protective towards student nurses in clinical settings. While unit supervisors might view student nurses as extra hands, nurse educators view student nurses’ presence in the clinical area primarily from an educational point of view; of exposing them to learning experiences in clinical settings. The differences between the skills of expert clinical unit supervisors and of expert classroom nurse educators are not necessarily appreciated. However, these skill differences could encourage clinical unit supervisors and classroom nurse educators to enter into dialogue to develop the accompaniment strategies necessary to bridge the theory-practice gap.

2.4.3 Aspects relating to the role of unit supervisors during the accompaniment of student nurses

Having identified problems and differences of perceptions/views during the accompaniment of student nurses in clinical settings pertaining to the theory-practice alignment, it seems appropriate that the next point of discussion should be the role of unit supervisors in the accompaniment of student nurses in the clinical setting.
According to the SANC (1992:4), clinical practica refers to the learning opportunities which permit student nurses to practise in clinical settings under the supervision of registered nurses. The SANC (1992:7) supports the view that unit supervisors should accompany student nurses in clinical settings by indicating that in clinical settings all registered nurses and midwives are indispensable in the accompaniment of student nurses. According to Mellish and Brink (1990:69), it is essential that registered nurses and midwives in training hospitals should be active members of the teaching team and that the staff establishment should provide for the optimal guidance of student nurses. Nursing education takes place largely in clinical settings, although theoretical knowledge is acquired in formal classroom settings. This notion is supported by the SANC guidelines for the programme leading to registration as a nurse (general, psychiatry and community) and midwife (Regulation R425, as amended), in which a minimum of 4 000 hours in clinical settings is a requirement for completion of the programme. The practical hours are apparently adequate, provided they are utilised effectively as learning experiences by student nurses. The effective accompaniment of student nurses in clinical settings contributes positively towards this end.

According to Mellish and Brink (1990:21), it is the task of unit supervisors in clinical settings to ensure that student nurses master the nursing skills applicable to that particular unit. Unit supervisors have an important role to play in the accompaniment of student nurses, by precept and example and by demonstrations of skill and expertise. Unit supervisors should ensure that student nurses are capable of providing the required nursing care. If student nurses are unable to do so, it is the unit supervisors' duty to teach student nurses in this regard. This notion is supported by Quinn (1995:187), who asserts that unit supervisors should ensure that relevant experiences are provided for student nurses to enable learning outcomes to be achieved. This should also facilitate student nurses' development of competencies in the practice of nursing. The role of unit supervisors is to facilitate student nurses' personal and professional growth, and to provide support for the student
nurses’ development of autonomy. In order to achieve such autonomy, unit supervisors should be available for consultation and be prepared to answer questions regarding nursing care in clinical settings.

According to De Young (1990:197), a certain amount of supervision of student nurses must take place, but the emphasis should be on teaching. Student nurses should not be functioning independently in clinical settings with high levels of risk. The unit supervisors are accountable not only for patient care, but also for teaching and guiding student nurses to provide appropriate care to patients.

It is the role of unit supervisors to be aware of the need to do incidental or situational teaching by utilising teachable moments that present in clinical settings. This view of the role of unit supervisors in the accompaniment of student nurses in clinical settings, is supported by Chabeli (1999:24) who maintains that the teaching role of professional nurses in clinical settings is important and irreplaceable and that unit supervisors are in a favourable position to facilitate clinical learning based on their expert experiential knowledge.

A study done by Brown (1981:4) in the USA on faculty and student perceptions of effective clinical teachers, revealed that it is essential for unit supervisors to be able to identify and incorporate effective accompaniment behaviours, and thus avoid wasteful and ineffective behaviours. Brown further states that during accompaniment, unit supervisors and nurse educators should exhibit enthusiasm about their work, impress student nurses as being experts in their field, and be accessible to student nurses in clinical settings. Brown’s findings are supported by Scheetz (1989:30). During accompaniment student nurses are guided by unit supervisors in caring for assigned patients. Initially unit supervisors work closely with student nurses. As student nurses develop greater confidence and
competence, they are allowed to work more independently. The unit supervisors are responsible for enabling student nurses, who have been assigned to their units for learning experiences, to cope with the situation in order to facilitate growth and development of student nurses towards becoming competent independent practitioners. The effectiveness of unit supervisors’ accompaniment greatly contributes towards the facilitation of learning in the clinical settings beneficial to student nurses’ professional development (Scheetz 1989:30).

According to McCaugherty (1991: 535), it is from clinical settings that student nurses really learn nursing – not from the classroom or from nurse educators. The education of student nurses should be based on professional practice and its related problems found in clinical settings (McCaugherty 1991:535).

In summary, unit supervisors appear to be indispensable to the accompaniment of student nurses in clinical settings, as they have adequate contact time with student nurses for guidance in clinical settings. They might execute accompaniment roles more effectively with the support of nurse educators. Nurse educators could thus be expected to make themselves available to clinical settings to contribute towards the effective accompaniment of student nurses.

2.4.4 Aspects relating to nurse educators’ teaching role during the accompaniment of student nurses

Nurse educators facilitate learning and identify learning needs and interventions geared towards the development of student nurses’ knowledge and skills in clinical settings. Nurse educators do not intervene or act on behalf of the student nurses but make it easier for student nurses to participate in complex events within clinical settings. Nurse educators should always be available for student
nurses for correction and comments, encouragement, praise and assistance in preparing for difficult and new situations, as well as for analysing patient data (Mashaba & Brink 1994:130; Reilly & Oermann 1992:130). During accompaniment in clinical settings, nurse educators should give student nurses every opportunity to learn by discovery.

Directive nurse educators might restrict the student nurses' freedom to reason for themselves. Nurse educators should guide, not direct student nurses; facilitate learning, not disperse information; and keep interaction between student nurses alive in clinical settings (White & Ewan 1995:163). In clinical settings the focus of nurse educators includes learning with their students how to enhance clinical knowledge, recognise researchable problems, and raise issues of theory development.

Mashaba and Brink (1994:52) maintain that nurse educators should reach out directly or indirectly to wherever the student nurses are allocated and also keep records as proof of how accompaniment of student nurses was provided. This view of the accompaniment of student nurses is supported by White and Ewan (1995:21) who indicate that there is a need for a workable balance between the emphasis on learning principles and the time actually spent in practising technical skills, bridging the gap between the skills practised in the laboratory and those required in clinical settings. Guidance from nurse educators might take the form of prompting student nurses to identify where the information can be obtained and from whom. During guidance of student nurses, nurse educators are expected to prompt students by asking relevant questions rather than giving answers. Nurse educators should see their teaching role as extending beyond the classroom into clinical settings, by correlating theory and practice. In accompanying student nurses, nurse educators should ensure that the emphasis is on patient-oriented care, not on procedures or skills (Mellish & Brink 1990:226). As the SANC (1992:6) views accompaniment of student nurses as the conscious and purposeful guidance and support of student nurses, based on the unique needs of each student nurse, it must be
possible for nurse educators to be physically present in clinical settings in order to accompany student nurses.

According to Cahill (1997: 149), nurse educators should have time available to develop and maintain clinical skills, have the opportunity to practise where appropriate, and be involved in teaching in clinical settings for the equivalent of one day per week. The development and maintenance of clinical skills might lead to effective guidance and motivation of student nurses in clinical settings. Nurse educators should ensure that student nurses have successful periods in practice placements by preparing them in such a way that they are able to benefit from accompaniment in the clinical placements. Nurse educators should ensure that learning objectives are met by liaising with unit supervisors and providing support to them and to student nurses. Hermann (1997:318) conducted a study in the USA on the relationship between graduate preparation and clinical teaching in nursing, which revealed that nurse educators’ roles include the accompaniment of student nurses in clinical settings. Karuhije (1997:6) indicates that when nurse educators are in clinical settings with student nurses, they not only inform student nurses, but “form” them by guiding them towards independency.

In conclusion, nurse educators’ role in bridging the gap between theory and practice in clinical settings, appears to be of paramount importance. The presence of nurse educators in clinical settings could ensure that student nurses benefit from placements in clinical settings and are treated as students and not as part of the workforce.

2.5 THEORETICAL FRAMEWORK

Based on the recurring theme in accompaniment and associated concepts, of moving from dependency to independency in the educational settings, Orem’s theory of self-care is utilised as a
frame of reference for this study. Consequently, dependency and independency are equated to Orem's concepts of self-care deficit and self-care respectively.

2.5.1 Summary of Orem's theory of self-care

Orem's theory describes self-care as the care that is performed by oneself when one has reached a state of maturity that is enabling, consistent, controlled, effective and purposeful. Self-care involves activities that individuals initiate and perform on their own behalf, or independently for maintaining life, health and well-being. The person who assesses the need for self-care decides on a course of action, and plans and executes actions. To determine the need for nursing, the nurse considers whether the abilities of the person are adequate for the self-care demand. Human beings can work together in structured groups to assist other persons to identify needs for action and to perform self-care activities (Fitzpatrick & Whall 1996:124).

According to Orem (1991:162) self-care refers to the deliberate action of making judgements about how individuals can and should be assisted with respect to performing self-care activities so as to know and meet their self-care demands. This author further maintains that self-care and care of dependents are forms of human activity referred to as deliberate action, wherein adults tend to care for themselves and their dependents to sustain, protect and promote human functioning. Self-care in nursing education might refer to the ability of student nurses to show initiative, be creative and perform independent professional activities in clinical settings, with the objective of moving from dependency as student nurses to independency as professional nurses. During dependency student nurses might experience self-care deficits in clinical settings.

Self-care deficit might occur when student nurses experience limitations in executing learning
activities in educational settings, where theory and practice might be viewed by student nurses as separate entities and the need for mentorship, preceptorship, facilitation, role modelling and supervision might arise to remedy educational self-care deficits. The support provided by mentors, preceptors, facilitators and supervisors who act as role models during accompaniment of student nurses might be relevant to the supportive-educative system.

According to George (1995:106) and Thibodeau (1983:128), in the supportive-educative system, student nurses should learn to perform required activities, but cannot do so without assistance. Educational support might include guidance, teaching, and the creation of clinical settings that are conducive to the development of student nurses from dependency to independency. During dependency, nurse educators and unit supervisors might be active while student nurses could be passive. The nurse educators and unit supervisors might remedy the situation by acting for and doing clinical activities on behalf of student nurses in clinical settings. While in clinical settings, student nurses should experience development from dependency to independency. Student nurses are to perform various activities based on their desire to know, the power to learn and to move to higher and more complex stages of professional development (Fitzpatrick & Whall 1996:128).

2.5.2 Application of Orem’s theory to accompaniment

In the present study on the perceptions/views of student nurses, nurse educators and unit supervisors on the accompaniment of student nurses in clinical settings, the focus of the study does not change Orem’s theory into an educational theory, but merely serves to define the accompaniment of student nurses in clinical settings in some nursing traditions. Inexperienced student nurses might be viewed as having educational self-care deficits and might need nurse educators and unit supervisors to provide assistance in clinical settings. Such student nurses are furthermore viewed as being
dependent on nurse educators and unit supervisors for providing assistance towards independency and professional maturity. The nurse educators and unit supervisors might assist student nurses in their development by doing things for them, such as demonstrating clinical skills; guiding and directing; providing physical and/or psychological support; providing an environment that supports personal and professional development and the like (George 1995:103).

Educational self-care in this study refers to student nurses' ability to think creatively, be self-directed and act towards professional maturity in clinical settings. Educational self-care deficits occur when student nurses have limitations and experience dependency in executing learning activities in clinical settings where accompaniment might remedy this dependency. In clinical settings, dependency occurs, among other manifestations, when student nurses view theory and practice as separate entities, which might require the close supervision and constant presence of nurse educators and unit supervisors (Fitzpatrick & Whall 1996:119). Student nurses are expected to develop from dependency to independency and have the ability to think creatively and integrate theory with practice in clinical settings. Action limitations in student nurses might lead to the provision of guidelines for the selection of methods/strategies for supervising student nurses in clinical settings to facilitate the development of self-directed learning, which is an ultimate goal in educational self-care. Trust appears to be an essential part of self-directed learning, in that trust must be present through the shared belief in the integrity of the learning contract and must also exist between the student nurses and nurse educators.

Figure 2.1 exhibits the transposition of Orem's theory of self-care and self-care deficit to the field of nursing education and accompaniment.
Figure 2.1
Theoretical framework for accompaniment
(Adapted from Orem's Conceptual Model of Nursing (George 1995:103))
2.5.3 Clarification of the theoretical model

With reference to Orem's self-care model, patients are individuals with unique needs, and the ability to meet their own self-care needs. Instead of telling patients what to do, and doing things for them, the nurse actually works towards enabling them to do things for themselves. Student nurses should also be regarded as individuals with unique needs and the ability to meet their own self-educational needs. Instead of teaching student nurses what to do and doing things for them, nurse educators and unit supervisors should work towards enabling student nurses to make decisions and do things for themselves.

According to Reilly and Oermann (1992:115), accompaniment of student nurses occurs in clinical settings where student nurses might need the guidance and support of nurse educators and unit supervisors to assist them in their development from dependency to independency. It is in clinical settings where student nurses learn to apply knowledge to the service of others. When student nurses are self-directed and self-reliant, they could engage in life-long learning, characterising independent practitioners. Accompaniment in clinical settings provides experiences with real clients and real problems, enabling student nurses to use knowledge in practice to develop skills in problem solving and decision-making. During accompaniment, student nurses are expected to develop from passiveness to active involvement and from theory and practice separateness to theory and practice integration (as demonstrated in figure 2.1). Through this, student nurses acquire a sense of personal responsibility and accountability.

Nurse educators and unit supervisors should accommodate individual aspects of student nurses in their approaches to solving clinical problems and in the way that student nurses analyse clinical situations.
The SANC philosophy (SANC 1992:2) maintains that the education and training of student nurses shall be directed specifically to the development of student nurses on a personal and a professional level. Furthermore, the principle should be observed that learning leads to changes in the cognitive, affective and psychomotor aspects of behaviour, through the active involvement of student nurses. Student nurses are expected to develop from passiveness during pedagogy to active involvement during andragogy, implying progress from the student nurses' level to the professional nurses' level.

2.6 CONCLUSION

In this chapter accompaniment of student nurses in clinical settings by nurse educators and unit supervisors was discussed as a collective noun encompassing concepts such as facilitation, mentorship, role modelling and supervision. The accompaniment of student nurses in clinical settings presents a challenge to nursing education. Literature revealed a considerable number of positive factors involved in the accompaniment of student nurses in clinical settings. Positive factors included the development of student nurses from dependency to independency and creative thinking. Negative factors included the frustrations experienced by nurse educators when their efforts to apply new knowledge were misunderstood by unit supervisors and friction resulted. A considerable number of studies support the accompaniment of student nurses by nurse educators and unit supervisors in clinical settings.

The challenge of accompaniment is apparent regarding capability and availability of nurse educators and unit supervisors, as well as the competencies expected of nurse educators and unit supervisors in clinical settings. Student nurses might have sufficient experience with different nurse educators and unit supervisors to be able to benefit from accompaniment in clinical settings. Student nurses could be active and creative persons who need the opportunity to determine objectives and strategies
for accomplishing objectives and the means of evaluating themselves. Student nurses could learn when they are involved in their own learning, especially if effective accompaniment takes place in clinical settings.

The recurring theme of development of students from a state of dependency to a state of independency through accompaniment has led to the researcher's adoption of Orem's theory of self-care and self-care deficit to conceptually ground the present research.
CHAPTER 3

Research methodology

3.1 INTRODUCTION

In this chapter the research design is discussed in terms of methods, population, sampling, instruments, data collection and analysis procedures as these pertain to the present research. The chosen research design enabled the researcher to achieve the purpose and the objectives of the study. The purpose of the study was to describe the perceptions/views of student nurses, nurse educators and unit supervisors of the accompaniment of student nurses in clinical settings.

The objectives of the study were to

- determine the perceptions/views of student nurses, nurse educators and unit supervisors regarding the accompaniment of student nurses in clinical settings
- establish the role of the nurse educators and unit supervisors during the accompaniment of student nurses in clinical settings
- obtain input from student nurses, nurse educators and unit supervisors concerning the improvement of the accompaniment of student nurses in clinical settings
- establish congruence or incongruence of perceptions/views among student nurses, nurse educators and unit supervisors of the accompaniment of student nurses in clinical settings
3.2 RESEARCH DESIGN

A quantitative descriptive cross-sectional survey was used to describe the perceptions/views of student nurses, nurse educators and unit supervisors of the accompaniment of student nurses in clinical settings. A brief clarification of these methodological concepts follows.

3.2.1 Quantitative

The design was quantitative in that the strategies the researcher planned to adopt to collect information were spelled out in advance, that is in numeric form. Burns and Grove (1993:26) described quantitative research as a formal, objective, systematic process to obtain information and to describe variables and their relationships.

3.2.2 Descriptive

The study was descriptive in that the researcher collected detailed descriptions of the perceptions/views of student nurses, nurse educators and unit supervisors of the accompaniment of student nurses in clinical settings. Burns and Grove (1993:293) define the purpose of a descriptive survey as providing the opinions of respondents regarding the phenomenon studied. Descriptive research provides an accurate portrayal or account of the characteristics of a particular individual, event, or group in real-life situations for the purpose of discovering new meaning, describing what exists, determining the frequency with which something occurs, and categorising information (Burns & Grove 2001:795). Naude, Meyer and Van Niekerk (2000:274) support these authors by maintaining that descriptive research determines what exists, the frequency at which something exists and categorises its various aspects.
Descriptive statistics were used to describe data on perceptions/views of respondents. Frequency tables were constructed for the responses to the questionnaire. Descriptive statistical techniques were used to reduce data to manageable proportions by means of summarising. Lobiondo-Wood and Haber (1990:386) maintain that descriptive statistics describe various characteristics of data under study.

3.2.3 Cross-sectional

This study was cross-sectional in that it involved selecting a sample from the population and collecting data at a specific point in time, to examine the perceptions/views of student nurses, nurse educators and unit supervisors with regard to the accompaniment of student nurses in clinical settings. Data were collected from student nurses at second, third and fourth-year level of training to obtain perceptions/views of accompaniment over a three-year period.

According to Polit and Hungler (1997:172), cross-sectional designs are practical, relatively economical and less time-consuming than longitudinal surveys. They are also more manageable for the researcher. The notion is supported by Lobiondo-Wood and Haber (1990:240) who maintain that cross-sectional studies look at a broader perspective of a cross-section of a population at a specific point in time. The data for this survey were collected by administering questionnaires to second, third and fourth-year students on the same occasion. The researcher did, therefore, not need to wait for three years to complete this study.
3.3 POPULATION AND SAMPLING METHODS

3.3.1 The study population

A population might be defined as the totality of all subjects that conform to a set of specifications (Polit & Hungler 1997:43; Thomas 1990:84). The population in this study comprised all second, third and fourth-year student nurses, all nurse educators from the university and colleges, and all unit supervisors from the health institutions within the NP of the RSA, where student nurses acquired clinical learning experiences. The student nurses followed a programme leading to registration as a nurse (general, psychiatry and community) and midwife in terms of the requirements of SANC Regulation R425, as amended.

3.3.2 Sampling method

The selection of the research sample was discussed with a statistician, Professor ME Nthangeni of the Department of Statistics, at the University of the North (see appendix E). He recommended that 50 percent of student nurses at college, all university student nurses, all nurse educators and all unit supervisors at selected institutions should participate in this study.

Simple random sampling was used to ensure that every respondent had an equal chance of being chosen. Three lists of student nurses' names at second, third and fourth year of training were obtained from the college involved. The researcher assigned a number to each name on the list. Using a table of random numbers from Polit and Hungler (1987:124), 50% of the students were selected from each of the second, third and fourth-year lists of names. With eyes closed, the researcher used a pencil to point to the numbers on the table of random numbers. The researcher
chose respondents whose numbers corresponded to the number hit on the table of random numbers and stopped when 50% of the respondents were randomly selected.

Table 3.1: Sampling of college student nurses

<table>
<thead>
<tr>
<th>LEVEL OF TRAINING</th>
<th>SAMPLE SIZE</th>
<th>50% PROPORTIONAL SAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second year</td>
<td>33</td>
<td>17</td>
</tr>
<tr>
<td>Third year</td>
<td>59</td>
<td>30</td>
</tr>
<tr>
<td>Fourth year</td>
<td>42</td>
<td>21</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>134</strong></td>
<td><strong>68</strong></td>
</tr>
</tbody>
</table>

Table 3.1 reveals proportional stratified random sampling done for college student nurses stratified according to second, third or fourth year of study respectively. No sampling procedures were applied to university student nurses, nurse educators or unit supervisors. The numbers of each group were relatively small, enabling these target populations, as a whole, to participate in this research. The number of nurse educators was 30 and the unit supervisors 42. The number of university student nurses is indicated in table 3.2.

Table 3.2: University student nurses per level of training

<table>
<thead>
<tr>
<th>LEVEL OF TRAINING</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second year</td>
<td>21</td>
</tr>
<tr>
<td>Third year</td>
<td>11</td>
</tr>
<tr>
<td>Fourth year</td>
<td>28</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

3.3.3 Criteria for the inclusion of respondents

To ensure inclusion in the sample, respondents were to meet the following criteria:
• Nurse educators and unit supervisors should have been actively involved in the accompaniment of student nurses registered as a nurse (general, psychiatric, community) and midwife in the 2nd, 3rd and 4th year level of study.

• Nurse educators should have been actively involved in classroom teaching of students registered as a nurse (general, psychiatric, community) and midwife that they accompany in the clinical setting.

• Student nurses should have been registered in accordance with Regulation R425, as amended, programme and should have been accompanied by nurse educators and unit supervisors in clinical settings for a period of at least one year. This criterion is supported by Kuen (1997:1253).

3.4 DATA COLLECTION

3.4.1 Data collection instrument

The researcher used a self-designed questionnaire for data collection with the purpose of collecting data regarding perceptions/views on the accompaniment of student nurses in clinical settings. After an in-depth literature review, the researcher designed the questionnaire with the guidance of the supervisor, joint supervisor, and the statistician. The final questionnaire was discussed with the supervisor, statistician and nursing education experts, and was accepted in terms of face and content validity.

According to Polit and Hungler (1997:466), a questionnaire is a method of gathering self-report information from respondents about attitudes, knowledge, beliefs and feelings.
3.4.1.1 Administration of the questionnaire

The researcher went to the selected institutions in person. The institutions provided the researcher with contact persons who assisted with the distribution of questionnaires to, and collection from the respondents. The researcher stayed at a distance to minimise response bias, but within reach to clarify problems when the need arose.

Student nurses were grouped at a common venue according to their year of training, and completed their questionnaires within thirty minutes. Nurse educators and unit supervisors completed questionnaires at convenient venues and returned the completed questionnaires to the contact person within five days of the questionnaires being distributed.

3.4.1.2 Advantages of using a questionnaire

The advantages of using a questionnaire in this study were as follows:

- Questionnaires were found to be less expensive to administer than conducting interviews, as interviews might have required the hiring and training of interviewers/field workers.
- As the researcher was not present during the completion of the questionnaires, there was no researcher bias, as could occur during interviews.
- A sense of anonymity was ensured during data collection as the findings could not be linked with the respondents, unlike with interviews.
- The questionnaire format was standardised for all respondents and was not dependent on the mood of the researcher, as supported by Brink (1996:153).
• Hand delivery of the questionnaire might have stimulated respondents' responses, as supported by Seaman (1987:285).

• A great amount of time was saved during data collection as the completion of each questionnaire required about 30 minutes, and all the student nurses could complete their questionnaires simultaneously.

• Respondents felt safe as they were not facing the researcher during completion of the questionnaire.

• It was relatively easy for respondents to complete the questionnaire, as supported by Naude et al (2000:314).

3.4.1.3 Disadvantages of using a questionnaire

The disadvantages of using a questionnaire in this study were identified as follows:

• Respondents failed to answer some questions. The reasons for nonresponses could not be established.

• Forced rating scales for certain questions might have led the respondents to punch a specific response as there was no space for other responses, such as neutral responses, on the questionnaire.

Some of the disadvantages arose from closed answers in the questionnaire. To overcome such disadvantages a number of open-ended questions were included in an attempt to enable respondents to portray their unique individual perceptions/views and/or experiences.
3.4.1.4 Format of the questionnaire

The questionnaire consisted of the following sections:

- **Section A**: Questions related to biographical data of student nurses, nurse educators and unit supervisors. Although the general information data might not be central to the study, it assisted the researcher to interpret the study findings.
- **Section B**: Questions related to the perceptions/views of respondents with regard to the accompaniment of student nurses in clinical settings.
- **Section C**: Questions related to the perceptions/views of respondents during actual accompaniment of student nurses in the clinical settings.
- **Section D**: Questions related to the role of student nurses, nurse educators and unit supervisors with regard to their teaching/learning role in the clinical setting.
- **Section E**: Questions related to the perceptions/views of respondents with regard to expectations of student nurses in the clinical settings.
- **Section F**: Questions related to perceptions/views concerning the integration of theory and practice during the accompaniment of student nurses.
- **Section G**: Open-ended questions related to the perceptions/views of student nurses, nurse educators and unit supervisors with regard to aspects of accompaniment in clinical settings.

3.4.2 Data collection

The researcher made appointments with managers of hospitals, clinics, colleges and university involved in the research. Each institution identified a contact person who assisted the researcher with the collection of completed questionnaires from nurse educators and unit supervisors. In the case of
student nurses, the researcher made appointments with the nurse educators responsible for teaching
student nurses in the classroom and the nurse educators accompanying student nurses in the clinical
settings. The student nurses were in groups either in classrooms or at clinical settings. The
researcher distributed the questionnaires and remained at a distance while student nurses completed
the questionnaires, in order to limit the possible influence of researcher bias. After completion of the
questionnaires, one student nurse from each group collected the questionnaires and handed them to
the researcher. Table 3.3 shows the number of questionnaires administered and returned.

| TABLE 3.3: Questionnaires administered and returned |
|---------------------------------|---------|---------|---------|
| **RESPONDENTS** | **ADMINISTERED** | **RETURNED** | **ACROSS %** |
| Student nurses | 128 | 118 | 92,0 |
| Nurse educators | 30 | 18 | 60,0 |
| Unit supervisors | 42 | 35 | 83,0 |
| **TOTAL:** | **200** | **171** | **85,5** |

Table 3.3 revealed that 85,5% of the questionnaires was returned. Nurse educators had the lowest
return of 60%. The high response rate might be attributed to the ease of completing the
questionnaire, as the respondents were requested to punch the appropriate response rather than write
long sentences. The ease of returning the completed questionnaire and the control of time for
completion at a common venue might also have contributed to the high return rate. Bailey
(1982:164) indicates that the ease with which the questionnaire can be returned affects the response
rate.
3.4.3 The research question

The following research question guided the study:

What are the perceptions/views of student nurses, nurse educators and unit supervisors regarding the accompaniment of student nurses in clinical settings?

3.4.4 Reliability and validity

3.4.4.1 Reliability

According to Polit and Hungler (1997:296), reliability of a tool is the consistency with which the tool measures the attribute. Another way of defining reliability might be in terms of accuracy when the tool’s measures accurately reflect the true measures of the attributes under investigation.

3.4.4.2 Validity

Notter and Holt (1994:119) cite that the validity of a research tool refers to its ability to obtain the needed data and tell the researcher whether the tool will measure what it is supposed to measure.

The researcher derived the questions from the literature review, from the researcher’s personal observations, and from consultation with nurse educators and unit supervisors who are experts on the content involved in the accompaniment of student nurses in clinical settings in the NP of the RSA.
The questionnaire was given to two independent experts at a university and a nursing college to evaluate the face and content validity as well as for conceptual clarity and identifying investigative bias. The experts supported the assertion that the components of the questionnaire accurately reflected perceptions/views on the accompaniment of student nurses in clinical settings. These experts were excluded from the study for the purpose of avoiding bias. The questionnaire was also discussed with the statistician, the language editor and the researcher's supervisors.

The use of experts is supported by Polit and Hungler (1997:300) who maintain that experts on the content should be called upon to analyse the adequacy of items in representing the topic under study.

3.5 ETHICAL CONSIDERATIONS

The researcher paid consideration to some ethical issues pertaining to the study.

3.5.1 Informed consent

Informed consent implies that the respondents agreed to participate in the study. The purpose of the study, data collection method and the participation needed from the respondents was explained to them. The respondents were informed in writing, that participation was voluntary, and that they could withdraw from the study without fear of being penalised by the researcher or the institution. Raeve (1996:23) maintains that participants have the option to decline to participate in a study.

3.5.2 Anonymity

Anonymity implies that the information reflected in the communication of research results cannot be
connected to a specific individual and/or institution, not even by the researcher. Neither respondents' names, nor institutions’ names were required on the questionnaire. In addition, contact persons were used to collect questionnaires from respondents.

3.5.3 Confidentiality

Raeve (1996:25) asserts that the importance of observing confidentiality is that the respondents cannot be linked with a particular report. The respondents were made aware that the information would be used for this research and that if they needed the information, it would be made available to them. Questionnaires were kept safe by being locked up as suggested by Naude et al (2000:302).

3.5.4 Permission to conduct the study

Permission for conducting this study was obtained from the NP’s Department of Health and Welfare (Research Section), regional directors of the Central and Southern Regions, and health institutions providing clinical learning experiences to student nurses in the NP.

3.5.5 Self-respect

The respondents’ rights to maintain self-respect and dignity were observed through protection from physical and psychological risks during the study. Neither participation in, nor withdrawal from the study was attached to any grade or promotion for student nurses, nurse educators or unit supervisors. Nobody could benefit from participation, nor be harmed by refusal to participate in this study.
3.5.6 Benefits

The respondents were informed that they would receive no monetary benefits from participating in the study. The research findings could benefit the institutions, in terms of providing inputs for improving the accompaniment of student nurses in clinical settings.

3.5.7 Collecting data

The managers of institutions were contacted telephonically to secure appointment dates for data collection at specific venues. This was followed up with a written confirmation. Contact persons were chosen by the institutions to assist the researcher with the distribution and collection of questionnaires to avoid researcher bias. Data was collected during February and March 2001.

3.5.8 Data processing

Ethical principles regarding data processing which the researcher adhered to include honesty with regard to data. No data were fabricated and data were keyed into the computer as presented by respondents. In addition, the researcher involved a qualified statistician to ascertain that statistical calculations done were applicable to the type of data, e.g. nominal, ordinal, interval or ratio.

3.6 PRETESTING THE RESEARCH INSTRUMENT

A pretest is a trial run to determine whether the instrument is clearly worded and free from major biases and whether it solicits the type of information envisioned (Polit & Hungler 1997:257). The only way to know whether the questions are understandable to the respondents is to pretest them in
a similar population as cited by Lobiondo-Wood and Haber (1990:353).

The questionnaire was administered to student nurses, nurse educators and unit supervisors who were not identified to form part of the research respondents. Table 3.4 shows the groups that participated in pretesting the questionnaire.

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>STUDENT NURSES</th>
<th>NURSE EDUCATORS</th>
<th>UNIT SUPERVISORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>University</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Hospital</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>College</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Clinic</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>4</strong></td>
<td><strong>4</strong></td>
<td><strong>4</strong></td>
</tr>
</tbody>
</table>

The following aspects of the questionnaire were corrected:

- The duration for completing the questionnaire was increased from twenty minutes to thirty minutes in the covering letter to respondents.
- Section G: the information regarding the attached paper for additional comments was moved from the end of the questionnaire to above question 4 on the nurse educators’ and unit supervisors’ questionnaires, and to above question 7 on the student nurses’ questionnaire.
- The word “role” in sections B and D was changed to “perceptions” which appeared to be clearer and more specific to the participants in the pretest.

65
3.7 ANALYSIS OF DATA

Data was analysed with the assistance of the statistician. Chapter 4 presents the data analysis of this study.

3.8 SUMMARY

This chapter discussed the methodology followed in conducting the study. The study design was also presented. The population and sampling procedures were described. The data collection instrument and collection of data were presented. Chapter 4 presents the analysis of data obtained from the questionnaires completed by student nurses, nurse educators and unit supervisors.
CHAPTER 4

Analysis and presentation of data

4.1 INTRODUCTION

This chapter deals with the analysis and presentation of the data collected as described in section 3.4 of this dissertation. The purpose of this study was to describe the perceptions/views of student nurses, nurse educators and unit supervisors of the accompaniment of student nurses in clinical settings in the NP. The objectives of this study were to

- determine the perceptions/views of student nurses, nurse educators and unit supervisors regarding the accompaniment of student nurses in clinical settings
- establish the role of the nurse educators and unit supervisors during the accompaniment of student nurses in clinical settings
- obtain input from student nurses, nurse educators and unit supervisors concerning the improvement of the accompaniment of student nurses in clinical settings
- establish congruence or incongruence of perceptions/views among student nurses, nurse educators and unit supervisors of the accompaniment of student nurses in clinical settings

Questionnaires with seven sections were administered to the respondents. The questionnaires were assigned numbers on return. The numbers did not identify respondents, but enabled the researcher to review the questionnaires if the need arose, such as errors in data entry. Data obtained from questionnaires in sections A, B, C, D, E and F were subjected to computer analysis. Respondents
were required to respond to questions in section A of the questionnaire by marking the appropriate number/box with an “X”. In sections B, C, D, E and F the respondents were required to indicate the extent to which they agreed or disagreed with statements, by marking their responses on a four-point scale using an “X”. The following key was used to guide the respondents:

SA = Strongly agree, A = Agree, D = Disagree, SD = Strongly disagree

Summation of responses was done where “agree” and “strongly agree” were summed as “agree” and indicated positive perceptions/views of the three groups namely student nurses, nurse educators and unit supervisors on the accompaniment of student nurses in clinical settings. “Disagree” and “strongly disagree” were summed as “disagree” and indicated negative perceptions/views of the three groups of the accompaniment of student nurses in clinical settings (Wilson 1993:151). Perceptions/views of 50% and more implied positive perceptions/views of respondents of aspects of accompaniment. Perceptions/views below 50% implied negative perceptions of respondents of aspects of accompaniment. The Chi-Square test was conducted to compare differences in the perceptions/views of the three groups in sections B, C, D, E and F.

Data from section G provided inputs on the role of nurse educators and unit supervisors during accompaniment in clinical settings. This section further indicated inputs from student nurses, nurse educators and unit supervisors on the improvement of accompaniment of student nurses in clinical settings. Data obtained from section G was not subjected to computer analysis. The researcher analysed the data by grouping common concepts together to obtain frequencies.

Tables were used in this study for data presentation. Knapp (1998:258) maintains that tables are generally more useful for summarising most of the data, as they can be more easily understood and
interpreted by the reader. Bar and pie diagrams were used specifically to illustrate the items where the three groups had incongruence of perceptions/views. Findings of this study are presented according to the sections of the questionnaire.

- *Section A*: biographical data of student nurses, nurse educators and unit supervisors.
- *Section B*: perceptions/views of respondents with regard to accompaniment of student nurses in clinical settings.
- *Section C*: perceptions/views of respondents during actual accompaniment in clinical settings.
- *Section D*: respondents' perceptions/views with regard to their teaching and learning role in clinical settings.
- *Section E*: perceptions/views of respondents with regard to the expectations of student nurses in clinical settings.
- *Section F*: perceptions/views of respondents with regard to the integration of theory and practice during accompaniment in clinical settings.
- *Section G*: perceptions/views of respondents with regard to some aspects of accompaniment in clinical settings.

**NB:** Where tables could not be fitted onto the page on which the applicable discussion commenced, tables were moved to the following pages, sometimes leaving the previous page with a blank space. This was preferred to interrupting the table.

### 4.2 ANALYSIS OF BIOGRAPHICAL DATA FROM SECTION A: AGE, WORK, TRAINING AND EXPERIENCE

Section A consisted of five biographic items, from items 1 to 5. Item 1 was similar in each of the
three groups, but items 2 to 5 were different. Nurse educators and unit supervisors were asked questions relating to their basic training programme, work experience, areas where they accompanied student nurses mostly, and their area of specialisation. Student nurses were asked questions relating to their level of training, year of commencement of training and the clinical area where they experienced most or least accompaniment by nurse educators and unit supervisors. The findings from items in section A were as follows:

4.2.1 Section A: Biographical data of student nurses, nurse educators and unit supervisors

Nieswiadomy (1993:220) cites that biographic questions gather data on the characteristics of the respondents. Although the biographic data might not be central to the study, it assisted the researcher to interpret the findings. The biographic items in this study included age, units of most and least accompaniment, level and year of commencement of training for student nurses. Nurse educators and unit supervisors were asked questions relating to the basic training programme that they had undergone, work experience and area of specialisation. Frequency tables were used to organise the data.
### Table 4.1: Age of student nurses, nurse educators and unit supervisors

<table>
<thead>
<tr>
<th>DATA FROM SECTION A: AGE</th>
<th>STUDENT NURSES (n = 117)</th>
<th>NURSE EDUCATORS (n = 18)</th>
<th>SUPERVISORS (n = 35)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>16-20</td>
<td>10</td>
<td>8.5</td>
<td>-</td>
</tr>
<tr>
<td>21-25</td>
<td>63</td>
<td>53.8</td>
<td>-</td>
</tr>
<tr>
<td>26-30</td>
<td>37</td>
<td>31.6</td>
<td>-</td>
</tr>
<tr>
<td>31-35</td>
<td>6</td>
<td>5.1</td>
<td>-</td>
</tr>
<tr>
<td>36-40</td>
<td>1</td>
<td>1.0</td>
<td>1</td>
</tr>
<tr>
<td>41-45</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>46-50</td>
<td>-</td>
<td>-</td>
<td>8</td>
</tr>
<tr>
<td>50+</td>
<td>-</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>117</td>
<td>100.0</td>
<td>18</td>
</tr>
</tbody>
</table>

Table 4.1 reveals that 53.8% of the student nurses were between 21 and 25 years of age. The student nurses were at late adolescent and early adulthood stage. Hamachek (1979:42) cited that at this developmental stage, student nurses might experience transitional psycho-social problems. Cognitive, psychomotor and affective skills development might be affected by the psycho-social problems related to this transitional period. The student nurses might perform poorly in the classroom and clinical settings due to lack of support and trust from nurse educators and unit supervisors. It is expected that nurse educators and unit supervisors should provide special support to student nurses during this transitional developmental period.
The youngest nurse educator was between 36 and 40 years old while 44.4% of the nurse educators were between 46 and 50 years of age. The age distribution of nurse educators, revealing that only one was younger than 41 years, could raise concerns regarding the lack of younger nurse educators to be empowered with expertise by older experienced nurse educators at the institutions involved in this study. Table 4.1 indicates that recruitment of nurse educators to these particular institutions might be limited to the higher age groups, between 46 and 50 years or older. The young nurse educators, with limited capacity in terms of nursing skills, might be employed in clinical settings. The expertise of nurse educators might disappear when the old, expert nurse educators retire within the next decade as 77.7% of them were 46 years of age or older. On the other hand, the relatively old nurse educators might encounter difficulties in communicating with, and in accompanying the much younger student nurses.

### 4.2.1.2 Student nurses' level of advancement

<table>
<thead>
<tr>
<th>LEVEL OF ADVANCEMENT</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second year</td>
<td>34</td>
<td>29.3</td>
</tr>
<tr>
<td>Third year</td>
<td>38</td>
<td>32.8</td>
</tr>
<tr>
<td>Fourth year</td>
<td>44</td>
<td>37.9</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td>116</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.2 reveals that 37.9% of the student nurses were fourth year students. These student nurses commenced training in 1997, which implies that they responded to the questionnaire with some experience of accompaniment. The first-year student nurses were excluded from this study, as data was collected during February and March 2001, two months after commencement of their training, implying that these newly appointed first-year students would not be able to evaluate clinical
accompaniment in a meaningful way.

4.2.1.3 Basic qualifications of nurse educators and unit supervisors

Table 4.3: Basic qualifications of nurse educators and unit supervisors

<table>
<thead>
<tr>
<th>BASIC PROGRAMME</th>
<th>NURSE EDUCATORS (n = 18)</th>
<th>UNIT SUPERVISORS (n = 35)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
</tr>
<tr>
<td>Four-year comprehensive</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Integrated general nursing and midwifery</td>
<td>2</td>
<td>11,1</td>
</tr>
<tr>
<td>General nursing</td>
<td>16</td>
<td>88,9</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>18</td>
<td>100,0</td>
</tr>
</tbody>
</table>

Table 4.3 reveals that 88,9% of nurse educators and 68,6% of unit supervisors followed the general basic nursing programme leading to registration as a general nurse, under Regulation R879. Nurse educators and unit supervisors in this study might have been treated as part of the workforce and been allocated to the units by the matron in charge of the health services, who assumed full responsibility for student nurses' clinical allocations at the time when they trained. At that time the nurse educators and unit supervisors might have experienced clinical learning as part of the workforce of the clinical setting. Nurse educators might also have studied nursing education with the purpose of teaching in the classroom only, and of being away from the clinical settings. The purpose of studying nursing education for classroom teaching only, might influence the attitudes of nurse educators towards the accompaniment of student nurses in clinical settings.

SANC (1985:4) explains accompaniment as the conscious and purposeful guidance and support of the student, based upon her own unique needs. During accompaniment learning opportunities are created that make it possible for student nurses to grow from passiveness to independent professional
practice.

4.2.1.4 Work experience of nurse educators and unit supervisors

Table 4.4: Work experience of nurse educators and unit supervisors

<table>
<thead>
<tr>
<th>WORK EXPERIENCE</th>
<th>NURSE EDUCATORS (n = 18)</th>
<th>UNIT SUPERVISORS (n = 35)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1-5 years</td>
<td>1</td>
<td>5,6</td>
</tr>
<tr>
<td>6-10 years</td>
<td>5</td>
<td>27,8</td>
</tr>
<tr>
<td>11-15 years</td>
<td>5</td>
<td>27,8</td>
</tr>
<tr>
<td>16-20 years</td>
<td>4</td>
<td>22,2</td>
</tr>
<tr>
<td>20 years and more</td>
<td>3</td>
<td>16,7</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>18</td>
<td>100,0</td>
</tr>
</tbody>
</table>

Table 4.4 reveals that 45,7% of unit supervisors had between one and five years’ work experience as compared to only 5,6% of nurse educators. It could be expected that the longer experience of nurse educators in this study would be coupled with expertise. The experienced nurse educators could be expected to empower the inexperienced nurse educators and unit supervisors in terms of providing meaningful accompaniment in clinical settings to student nurses.

4.2.1.5 Clinical areas and associated accompaniment

Eleven clinical areas where student nurses were placed for clinical learning experience were listed. Student nurses indicated the areas where they received adequate accompaniment. Nurse educators and unit supervisors indicated the areas where they accompanied student nurses adequately. The responses are indicated in table 4.5, arranged from areas where accompaniment was highest to areas
where the incidence of accompaniment was lowest.

<table>
<thead>
<tr>
<th>CLINICAL AREA</th>
<th>STUDENT NURSES (n = 105)</th>
<th>NURSE EDUCATORS (n = 10)</th>
<th>SUPERVISORS (n = 26)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>Medical</td>
<td>26</td>
<td>24,7</td>
<td>-</td>
</tr>
<tr>
<td>Clinics</td>
<td>22</td>
<td>21,0</td>
<td>4</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>17</td>
<td>16,2</td>
<td>3</td>
</tr>
<tr>
<td>Midwifery</td>
<td>8</td>
<td>7,6</td>
<td>3</td>
</tr>
<tr>
<td>Surgical</td>
<td>7</td>
<td>6,7</td>
<td>-</td>
</tr>
<tr>
<td>Paediatric</td>
<td>7</td>
<td>6,7</td>
<td>-</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>6</td>
<td>5,7</td>
<td>-</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>5</td>
<td>4,8</td>
<td>-</td>
</tr>
<tr>
<td>Casualty</td>
<td>4</td>
<td>3,8</td>
<td>-</td>
</tr>
<tr>
<td>Outpatients</td>
<td>3</td>
<td>2,8</td>
<td>-</td>
</tr>
<tr>
<td>Operating room</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>105</td>
<td>100,0</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 4.5 reveals differences of perceptions among student nurses, nurse educators and unit supervisors regarding the units where student nurses believed they were accompanied most, and the units where nurse educators and unit supervisors believed they accompanied student nurses most. The unit to which unit supervisors were allocated and nurse educators’ area of teaching might have influenced the responses to this question, as nurse educators and unit supervisors do not usually rotate from one unit to another. Although 24,7% of student nurses were reportedly accompanied mostly in medical units, 40% of nurse educators indicated that they accompanied students mostly in clinics, and 30,8% of unit supervisors indicated that they accompanied student nurse mostly in psychiatric units. This could imply that the accompaniment of student nurses might be inadequate in some clinical settings, and/or that student nurses’ perceptions of adequate accompaniment might
be different from those of nurse educators and/or unit supervisors. These findings support those of Khoza (1996:224) concerning inadequacies in the implementation of the clinical curriculum which should be further analysed, taking into consideration the accompaniment of student nurses by nurse educators in these clinical settings in the NP of the RSA.

4.2.1.6 Units with least accompaniment

Eleven clinical areas where student nurses were placed for clinical learning experiences were listed. Student nurses indicated the areas where they received inadequate accompaniment. The responses are indicated in table 4.6 arranged from the area in which most students indicated that the least accompaniment took place, to the area where the least number of students indicated inadequate accompaniment.

<table>
<thead>
<tr>
<th>UNITS OF LEAST ACCOMPANIMENT</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating room</td>
<td>32</td>
<td>29,2</td>
</tr>
<tr>
<td>Paediatric</td>
<td>30</td>
<td>27,3</td>
</tr>
<tr>
<td>Clinics</td>
<td>11</td>
<td>10,0</td>
</tr>
<tr>
<td>Midwifery</td>
<td>8</td>
<td>7,3</td>
</tr>
<tr>
<td>Surgical</td>
<td>7</td>
<td>6,4</td>
</tr>
<tr>
<td>Outpatients</td>
<td>5</td>
<td>4,5</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>5</td>
<td>4,5</td>
</tr>
<tr>
<td>Casualty</td>
<td>4</td>
<td>3,6</td>
</tr>
<tr>
<td>Medical</td>
<td>3</td>
<td>2,7</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>3</td>
<td>2,7</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>2</td>
<td>1,8</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>110</td>
<td>100,0</td>
</tr>
</tbody>
</table>

Table 4.6 reveals a diversity of perceptions/views regarding the units of least accompaniment as reported by student nurses. However, 29,2% of student nurses perceived that they were least
accompanied in the operating room, where activities are usually emergency and high risk oriented, usually carried out by experts. Student nurses are allocated to the operating room as from the second year of study, after mastering the basic aseptic principles. This environment affords limited interaction during operations, which might contribute to the low level of accompaniment portrayed in this clinical field in table 4.6. Furthermore, table 4.5 indicates that neither student nurses, nor nurse educators, nor unit supervisors perceived adequate accompaniment to take place in operating rooms. Thus the clinical learning which takes place in operating room could be questioned.

**Summary**

Section A revealed the age distribution of student nurses, nurse educators and unit supervisors in this study. The section further revealed the student nurses’ level of learning, the basic training programmes followed by nurse educators and unit supervisors, and their years of work experience. The units where most and least accompaniment were perceived, were also revealed. In the 11 units where student nurses were placed for clinical learning experiences, less than 50% accompaniment has been indicated by the respondents. Section B presents the perceptions of student nurses, nurse educators and unit supervisors during the accompaniment of student nurses in clinical settings.

4.3 ANALYSIS OF DATA FROM SECTIONS B, C, D, E AND F

Sections B, C, D, E and F consisted of 54 items, from items 6 to 60. The items were structured similarly for each of the three groups of respondents. Frequency tables were used to present data from these sections. In spite of the small numbers of respondents comprising the samples of nurse educators and unit supervisors, the frequencies in the tables have been converted to percentages. This was done to facilitate descriptions of the perceptions of three groups of respondents. (These small
numbers cannot be used for calculating any inferential statistics.)

4.3.1 Section B: Respondents' perceptions/views with regard to the accompaniment of student nurses in clinical settings

Section B consisted of 18 items, from items 6 to 23. The items aimed to find out about the respondents’ perceptions/views with regard to expectations from each other during accompaniment in clinical settings. Findings from section B are presented in table 4.7.
Table 4.7: Respondents' perceptions/views with regard to the accompaniment of student nurses in clinical settings

<table>
<thead>
<tr>
<th>ITEMS FROM THE QUESTIONNAIRE</th>
<th>STUDENT NURSES (n=118)*</th>
<th>NURSE EDUCATORS (n=18)*</th>
<th>UNIT SUPERVISORS (n=35)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Agree</td>
<td>Disagree</td>
<td>Agree</td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>6. Motivation to independency</td>
<td>103</td>
<td>87</td>
<td>13</td>
</tr>
<tr>
<td>7. Interpersonal relationships</td>
<td>99</td>
<td>86</td>
<td>16</td>
</tr>
<tr>
<td>8. Guidance to independency</td>
<td>100</td>
<td>86</td>
<td>16</td>
</tr>
<tr>
<td>9. Unfamiliar situations-coping</td>
<td>110</td>
<td>95</td>
<td>6</td>
</tr>
<tr>
<td>10. Adequate support</td>
<td>61</td>
<td>52</td>
<td>56</td>
</tr>
<tr>
<td>11. Few learning opportunities</td>
<td>62</td>
<td>53</td>
<td>55</td>
</tr>
<tr>
<td>12. Rational thinking</td>
<td>94</td>
<td>80</td>
<td>23</td>
</tr>
<tr>
<td>13. Achievement of new insight</td>
<td>113</td>
<td>96</td>
<td>5</td>
</tr>
<tr>
<td>14. Creation of atmosphere of trust</td>
<td>95</td>
<td>82</td>
<td>21</td>
</tr>
<tr>
<td>15. Mutual respect</td>
<td>98</td>
<td>84</td>
<td>19</td>
</tr>
<tr>
<td>16. Use learning opportunities</td>
<td>109</td>
<td>93</td>
<td>8</td>
</tr>
<tr>
<td>17. Psychomotor skills</td>
<td>92</td>
<td>79</td>
<td>25</td>
</tr>
<tr>
<td>18. Affective skills</td>
<td>71</td>
<td>63</td>
<td>42</td>
</tr>
<tr>
<td>19. Facilitation of learning</td>
<td>98</td>
<td>85</td>
<td>18</td>
</tr>
<tr>
<td>20. Freedom of discussion</td>
<td>90</td>
<td>78</td>
<td>26</td>
</tr>
<tr>
<td>21. Clinical learning objectives</td>
<td>95</td>
<td>82</td>
<td>21</td>
</tr>
<tr>
<td>22. Teaching strategies</td>
<td>66</td>
<td>56</td>
<td>31</td>
</tr>
<tr>
<td>23. Exploration of learning</td>
<td>92</td>
<td>81</td>
<td>22</td>
</tr>
</tbody>
</table>

*In each category “n” indicates the total number of respondents. However, all respondents did not answer each question. Consequently “n” could be fewer for any item than that indicated for the specific category of respondents. Percentages were calculated on the number of responses to the item and not on “n”.

Table 4.7 reveals the following responses from the three groups of respondents:
4.3.1.1 Item 6: Motivation of student nurses from dependency to independency

Most (87%) of the student nurses agreed that they were motivated by nurse educators and unit supervisors to move from dependency towards independency during accompaniment in clinical settings. Most nurse educators (72%) and unit supervisors (91%) also agreed that they motivated student nurses to move from dependency towards independency. These findings implied that during accompaniment student nurses could be motivated to develop from student-dependency towards professional independency.

4.3.1.2 Item 7: Exercising control of interpersonal relationships

Most (86%) of the student nurses agreed that they exercised control over their interpersonal relationships, assisted by nurse educators and unit supervisors. Nurse educators (94%) and unit supervisors (91%) agreed that they assisted student nurses to exercise such control. This congruence of perceptions/views indicated that good interpersonal relationships could enhance the adequacy of clinical accompaniment in the NP of the RSA.

4.3.1.3 Item 8: Guidance of student nurses to develop from dependency to independency

Most (86%) of the student nurses, all nurse educators (100%) and almost all unit supervisors (97%) agreed with the statement in item 8. The findings from this question seem to link with those from item 6, indicating that student nurses were motivated to move from dependency towards independency, they were also guided by nurse educators and unit supervisors to achieve such professional independence.
4.3.1.4 **Item 9: Student nurses coping with unfamiliar situations**

Almost all (95%) of the student nurses agreed that they learned to cope with unfamiliar situations in clinical settings. Most nurse educators (83%) and unit supervisors (89%) agreed that they enable student nurses to cope with unfamiliar situations during accompaniment in clinical settings in the NP.

4.3.1.5 **Item 10: Support in clinical settings**

More than half (52%) of the student nurses agreed that they received adequate support from nurse educators and unit supervisors during accompaniment. Nurse educators (89%) and unit supervisors (88%) agreed that they supported student nurses adequately in clinical settings. These findings linked with those of item 9, confirming that student nurses who received adequate support in clinical settings might have been able to cope better with unfamiliar situations.

4.3.1.6 **Item 11: Learning opportunities**

More than half (53%) of the student nurses agreed that they used few opportunities in clinical settings to gain nursing experience. Only a minority of nurse educators (39%) and unit supervisors (29%) agreed that they provided few such opportunities for student nurses to gain nursing experience, indicating that most nurse educators and unit supervisors provided learning opportunities for student nurses.

Thus the perceptions of the three categories of respondents appeared to indicate that learning opportunities in clinical settings were not utilised. This might indicate a serious lack of commitment to optimise clinical learning opportunities in the NP.
4.3.1.7 **Item 12: Encouragement to think rationally**

The majority (80%) of the student nurses agreed that they were encouraged by nurse educators and unit supervisors to think rationally and to develop ideas of their own about nursing practice in clinical settings. Most nurse educators (83%) and most unit supervisors (80%) also agreed that they encouraged student nurses to think rationally and develop ideas of their own about nursing practice during accompaniment in clinical settings.

4.3.1.8 **Item 13: Guidance of student nurses to achieve new insights**

Almost all (96%) of the student nurses agreed that they achieved new insights in clinical settings after guidance. Only a minority of both nurse educators (5.6%) and unit supervisors (9%) indicated that it was not necessary for them to guide student nurses to achieve new insights. Thus the majority of
nurse educators and unit supervisors considered it necessary to provide guidance to students for achieving new insights in clinical settings.

4.3.1.9 Item 14: Creation of an atmosphere of trust

Most (83%) of the student nurses agreed with the creation of an atmosphere of trust during accompaniment. Most nurse educators (83%) and all unit supervisors (100%) agreed that they created an atmosphere of trust in clinical settings to enable student nurses to learn. This congruence of perceptions/views indicated that an atmosphere of trust was reportedly created by nurse educators and unit supervisors while student nurses perceived this to be the case.

4.3.1.10 Item 15: Mutual respect among the three groups

Most (84%) of the student nurses agreed that mutual respect among themselves, nurse educators and unit supervisors was encouraged during clinical accompaniment. All nurse educators (100%) and all unit supervisors (100%) agreed that mutual respect was encouraged among the three groups during accompaniment in clinical settings.

4.3.1.11 Item 16: Creation and use of learning opportunities

Almost all (93%) of the student nurses agreed that they expected to use learning opportunities that made it possible for them to develop from dependency towards independency during accompaniment. Almost all nurse educators (95%) and unit supervisors (97%) agreed that they created learning opportunities making it possible for student nurses to develop from dependency towards independency during accompaniment. This congruence in perceptions/views implied that
opportunities were created which should enhance the adequacy of clinical accompaniment. These findings apparently contradicted those of item 11, where more than half of the students indicated that they used few opportunities to gain learning experience.

4.3.1.12 Item 17: Performance and supervision of psychomotor skills

Most (79%) of the student nurses agreed that during accompaniment in clinical settings they always performed psychomotor skills. Nurse educators (67%) and unit supervisors (82%) agreed that they always supervised psychomotor skills during accompaniment. These similar responses implied that during accompaniment, the three groups of respondents could be focusing on psychomotor skills.

4.3.1.13 Item 18: Performance and supervision of affective skills

More than half (63%) of the student nurses agreed that they seldomly perform affective skills in clinical settings. Fewer than half of nurse educators (22%) and unit supervisors (47%) agreed that they seldomly supervise affective skills. This apparent incongruence in perceptions/views implies that the performance of affective skills might not be communicated among the three groups during accompaniment. Student nurses in this study might have perceived the minimum of supervision of affective skills from nurse educators and unit supervisors during accompaniment in clinical settings. According to the SANC (1985:3), student nurses are expected to provide a scientific basis of care for the cognitive, psychomotor and affective skills required for providing comprehensive nursing care. This apparent incongruence between the perceptions of students nurses versus those of nurse educators and unit supervisors should be further explored.

84
Figure 4.2 indicates the perceptions/views of respondents of item 18 as described in subparagraph 4.3.1.13 of section B.

4.3.1.14 Item 19: Facilitation of students' learning

Most (85%) of the student nurses agreed that they facilitated their own learning in clinical settings. All nurse educators (100%) and almost all unit supervisors (94%) agreed that they facilitated the learning of student nurses during accompaniment in clinical settings. The apparent incongruence in perceptions/views might imply that student nurses’ learning might not be facilitated effectively by nurse educators and unit supervisors in clinical settings.
4.3.1.15 Item 20: Student nurses' freedom of discussion

Most (78%) of the student nurses agreed that they had freedom of discussion during accompaniment in clinical settings. Only 5.6% of nurse educators and none of the unit supervisors agreed that they allowed student nurses freedom of discussion in clinical settings. These perceptions/views could have impacted positively on the accompaniment of student nurses.

4.3.1.16 Item 21: Use of clinical learning objectives

Most (82%) of the student nurses agreed that they expected to follow clearly defined clinical learning objectives. Most nurse educators (78%) and unit supervisors (94%) agreed that during accompaniment they themselves should try to achieve clearly defined learning objectives. The congruence in perceptions/views implied that accompaniment of student nurses was apparently structured towards realising specific objectives.

4.3.1.17 Item 22: Following formal teaching strategies

Most (81%) of the student nurses agreed that they were seldomly exposed to formal teaching strategies during accompaniment. Nurse educators (61%) and unit supervisors (63%) agreed that they seldomly used formal teaching strategies during the accompaniment of student nurses in clinical settings. The congruence in perceptions/views could imply that during accompaniment teachable moments might have been used rather than structured teaching sessions.
4.3.1.18 Item 23: Student nurses' exploration of learning

Most (81%) of the student nurses agreed that they explored their own learning during accompaniment. Most nurse educators (94%) and unit supervisors (91%) agreed that they encouraged student nurses to explore their own learning during accompaniment in clinical settings. This congruence in perceptions/views implied that student nurses could develop from passiveness towards active involvement during accompaniment in clinical settings.

The Chi-Square test was used to determine the significance of the difference in the perceptions/views of the three groups of respondents in section B. No significant difference was found among the perceptions/views of the three categories of respondents.

• Summary

In section B the three groups of respondents were presented with 18 items, from item 6 to 23 to respond to. There was congruence in the perceptions/views of the three groups of respondents in 14 items, namely items 6 to 10, 12, 14 to 17, 19 and 21 to 23. More than half of the respondents agreed with the statements in these items. However, there were incongruent perceptions/views among the three groups of respondents in four items, namely items 11, 13, 18 and 20. The positive perceptions/views might enable nurse educators and unit supervisors to improve the accompaniment of student nurses in clinical settings. Section C presents the respondents’ perceptions/views during actual accompaniment of student nurses in clinical settings.
4.3.2 Section C: Respondents' perceptions/views with regard to the actual accompaniment of student nurses in clinical settings

Section C consisted of 12 items, from item 24 to 35. Data in section C yielded the following findings as indicated in table 4.8:

<table>
<thead>
<tr>
<th>ITEMS FROM THE QUESTIONNAIRE</th>
<th>STUDENT NURSES (n=118)*</th>
<th>NURSE EDUCATORS (n=18)*</th>
<th>UNIT SUPERVISORS (n=35)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Agree</td>
<td>Disagree</td>
<td>Agree</td>
</tr>
<tr>
<td>24. Discouraging independent actions</td>
<td>49</td>
<td>42</td>
<td>69</td>
</tr>
<tr>
<td>25. Exercising autonomy</td>
<td>61</td>
<td>54</td>
<td>51</td>
</tr>
<tr>
<td>26. Overprotecting students</td>
<td>20</td>
<td>17</td>
<td>98</td>
</tr>
<tr>
<td>27. Using teachable moments</td>
<td>98</td>
<td>84</td>
<td>19</td>
</tr>
<tr>
<td>28. Helping with unit workload</td>
<td>97</td>
<td>83</td>
<td>20</td>
</tr>
<tr>
<td>29. Insufficient skills</td>
<td>60</td>
<td>51</td>
<td>58</td>
</tr>
<tr>
<td>30. Making mistakes</td>
<td>67</td>
<td>57</td>
<td>50</td>
</tr>
<tr>
<td>31. Minimising risk-taking</td>
<td>103</td>
<td>87</td>
<td>15</td>
</tr>
<tr>
<td>32. Restricting goals</td>
<td>37</td>
<td>32</td>
<td>80</td>
</tr>
<tr>
<td>33. Identifying learning needs</td>
<td>104</td>
<td>89</td>
<td>13</td>
</tr>
<tr>
<td>34. Unskilled in clinical teaching plans</td>
<td>37</td>
<td>32</td>
<td>79</td>
</tr>
<tr>
<td>35. Controlling</td>
<td>106</td>
<td>90</td>
<td>12</td>
</tr>
</tbody>
</table>

*In each category “n” indicates the total number of respondents. However, all respondents did not answer each question. Consequently “n” could be fewer for any item than that indicated for the specific category of respondents. Percentages were calculated on the number of responses to the item and not on “n”.

Table 4.8 reveals the following findings:
4.3.2.1 Item 24: Discouraging independent actions

Less than half (42%) of the student nurses agreed that they were discouraged from taking independent actions during accompaniment in clinical settings. Only (6%) of the nurse educators and (29%) of the unit supervisors agreed that they discouraged student nurses from taking independent actions in clinical settings. These findings appeared to link with those of item number 6 where motivation of student nurses to move from dependency to independency was reportedly encouraged.

4.3.2.2 Item 25: Encouraging and exercising autonomy of student nurses

More than half (54%) of the student nurses agreed that they exercised autonomy in clinical settings. More than half (67%) of the nurse educators and unit supervisors (56%) agreed that they encouraged autonomy of student nurses during accompaniment in clinical settings. These findings apparently support Quinn's (1995:189) idea that nurse educators should encourage the autonomy of student nurses in clinical settings. The exercising of autonomy by student nurses might lead them to develop from passiveness to active involvement during accompaniment in clinical settings.

4.3.2.3 Item 26: Overprotection of student nurses

Very few (17%) of the student nurses, nurse educators (17%) and unit supervisors (3%) agreed that overprotection of student nurses occurred during accompaniment in clinical settings. These findings appeared to disagree with those of Goodchild-Brown (1996:7) who indicated that in clinical settings there might be a strong empathetic aura of overprotectiveness. Such overprotectiveness could impede the students' learning in clinical settings. This reported absence of overprotectiveness seemed to correspond with the reported encouragement of exercising autonomy by student nurses (in item

89
4.3.2.4 Item 27: Use of teachable moments

Most (84%) of the student nurses, nurse educators (89%) and unit supervisors (94%) agreed that they used teachable moments during accompaniment in clinical settings. These findings implied that the three groups of respondents might have been exercising their learning and teaching roles during accompaniment in clinical settings, in agreement with responses to item 22 which indicated that formal teaching sessions were hardly ever used in the clinical situation.

4.3.2.5 Item 28: Student nurses as some help with workload

Most (83%) of the student nurses agreed that they were perceived by staff in the clinical setting as just some help with the unit workload. Only 11% of nurse educators and 17% of unit supervisors agreed that they perceived student nurses to provide some help with the unit workload. These findings apparently disagreed with those of Paterson (1997:201) who reported that student nurses were usually viewed as just some help with the unit workload. The less than 50% accompaniment as revealed in table 4.5 of this study, support student nurses' perceptions/ views of some help with the unit workload. Nurse educators and unit supervisors in this study might be unaware that student nurses perceived themselves to be workers in clinical settings. The differences in perceptions implied that there might be no forum for discussion of aspects regarding accompaniment for the three groups. Possibly nurse educators and unit supervisors perceived student nurses to be learning while performing patient care tasks while students perceived themselves to be “working”. Such apparent discrepancy would need to be further investigated.
Figure 4.3 indicates the perceptions/views of respondents of item 28 as described in subparagraph 4.3.2.5 of section C.

4.3.2.6 Item 29: Viewing skills of student nurses as insufficient

More than half (51%) of the student nurses and nurse educators (53%) agreed with the statement that the skills of student nurses were insufficient, whereas less than half (43%) of the unit supervisors agreed. These findings appeared to link with those of item 11 in section B of this study, where student nurses responded that they were provided with few learning opportunities in clinical settings. Skills of student nurses might be perceived as being insufficient where there are few learning opportunities in clinical settings.
4.3.2.7 Item 30: Student nurses prevented from making mistakes

More than half (57%) of the student nurses agreed that they did not risk making mistakes in clinical settings. Less than half (29%) of the nurse educators and unit supervisors (49%) agreed that they prevented students from making mistakes. These findings apparently linked with those of item 29.

Figure 4.4

Respondents’ perceptions/views of item 30

Figure 4.4 indicates the perceptions/views of respondents of item 30 as described in subparagraph 4.3.2.7 of section C.

4.3.2.8 Item 31: Minimising risk-taking of student nurses

Most (87%) of the student nurses, nurse educators (83%) and unit supervisors (85%) agreed that they minimised risk-taking during accompaniment. These findings supported those of Paterson (1997:198) who asserts that nurse educators minimise risk-taking of student nurses in clinical settings as they fear liability and have no real position in clinical settings. This could imply that where risk-
taking is minimal, professional maturity of student nurses could be negatively affected.

4.3.2.9 **Item 32: Setting restricting goals**

Less than half (32%) of the student nurses, nurse educators (22%) and unit supervisors (9%) agreed that they set goals that are too restricting in clinical settings. The few responses in agreement implied that, during accompaniment, student nurses exercised autonomy as revealed in item 25. The student nurses might have opportunities of developing from dependency to independency during accompaniment in clinical settings.

4.3.2.10 **Item 33: Identification of teaching and learning needs**

Most (89%) of the student nurses, nurse educators (72%) and unit supervisors (86%) agreed that they always identified needs for learning and teaching in clinical settings. These findings appeared to link with those of item 36. The congruence in perceptions/views of the three groups of respondents implied that student nurses might be actively involved in their learning role during accompaniment.

4.3.2.11 **Item 34: Unskilled in clinical teaching plans**

Fewer than half (32%) of the student nurses, nurse educators (28%) and unit supervisors (17%) agreed that they were unskilled in the planning and execution of satisfactory clinical teaching plans. These findings implied that the three groups of respondents were skilled in clinical teaching plans. It was expected that there should be clinical teaching plans for the facilitation of accompaniment. These teaching plans could guide the integration of theory and practice during the accompaniment.
in clinical settings.

4.3.2.12 Item 35: Control of student nurses

The vast majority (90%) of the student nurses agreed that they are controlled by nurse educators and unit supervisors in clinical settings during accompaniment. Less than half (11%) of the nurse educators and unit supervisors (40%) agreed that they controlled student nurses during accompaniment. This dichotomy could imply that the three groups of respondents perceived control differently during accompaniment. These differences might influence accompaniment negatively.

Figure 4.5

Respondents' perceptions/views of item 35

Figure 4.5 indicates the perceptions/views of respondents of item 35 as described in subparagraph 4.3.2.12 of section C.
The Chi-Square test was used to determine significant difference in the perceptions/views of the three groups for section C. No significant difference in perceptions/views with regard to accompaniment was found among the three groups.

◆  Summary

In section C the three groups of respondents were presented with 12 items, from items 24 to 35, to respond to. More than 50% of the respondents agreed with items 25, 27, 31 and 33. Fewer than 50% of the respondents agreed with items 24, 26, 32 and 34. There appeared to be incongruence in items 28, 29, 30 and 35. The findings in this section implied that there could be no forum for the three groups to discuss issues related to accompaniment in clinical settings. Section D presents the respondents' perceptions with regard to their teaching and learning role in clinical settings.

4.3.3 Section D: Respondents' perceptions/views with regard to teaching and learning roles in the clinical settings

Section D consisted of 11 items, from items 36 to 46. A frequency table was done for section D data. The findings are as indicated in table 4.9.
Table 4.9: Respondents’ perceptions/views with regard to their learning and teaching roles during accompaniment

<table>
<thead>
<tr>
<th>ITEMS FROM THE QUESTIONNAIRE</th>
<th>STUDENT NURSES (n=118)*</th>
<th>NURSE EDUCATORS (n=18)*</th>
<th>UNIT SUPERVISORS (n=35)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Agree</td>
<td>Disagree</td>
<td>Agree</td>
</tr>
<tr>
<td>36. Learning needs</td>
<td>110</td>
<td>93</td>
<td>7</td>
</tr>
<tr>
<td>37. Learning climate</td>
<td>89</td>
<td>76</td>
<td>28</td>
</tr>
<tr>
<td>38. Availability</td>
<td>46</td>
<td>39</td>
<td>72</td>
</tr>
<tr>
<td>39. Learning resources</td>
<td>111</td>
<td>94</td>
<td>7</td>
</tr>
<tr>
<td>40. Responsibility</td>
<td>100</td>
<td>85</td>
<td>17</td>
</tr>
<tr>
<td>41. Interpersonal relations</td>
<td>103</td>
<td>87</td>
<td>15</td>
</tr>
<tr>
<td>42. Linking theory and practice</td>
<td>110</td>
<td>93</td>
<td>8</td>
</tr>
<tr>
<td>43. Continuous assessment</td>
<td>85</td>
<td>72</td>
<td>33</td>
</tr>
<tr>
<td>44. Skills and expertise</td>
<td>113</td>
<td>96</td>
<td>5</td>
</tr>
<tr>
<td>45. Developing competency</td>
<td>112</td>
<td>95</td>
<td>6</td>
</tr>
<tr>
<td>46. Personal growth</td>
<td>114</td>
<td>97</td>
<td>4</td>
</tr>
</tbody>
</table>

*In each category “n” indicates the total number of respondents. However, all respondents did not answer each question. Consequently “n” could be fewer for any item than that indicated for the specific category of respondents. Percentages were calculated on the number of responses to the item and not on “n”.

Table 4.9 reveals the following findings:

4.3.3.1 Item 36: Identification of learning needs

Most (93%) of the student nurses, nurse educators (94%) and unit supervisors (91%) agreed that they identify learning needs during accompaniment. These findings support White and Ewan (1995:112) who assert that facilitators should constantly challenge student nurses to identify their learning needs. These findings link with those of item 33. The congruence in perceptions/views
imply that the three groups of respondents might be actively involved in their teaching and learning roles.

4.3.3.2 Item 37: Setting of learning climate

Most (76%) of the student nurses, nurse educators (76%) and unit supervisors (77%) agreed that they set the learning climate in clinical settings. The congruence of perceptions/views in this item could imply that the three groups of respondents might be involved in the improvement of accompaniment.

4.3.3.3 Item 38: Availability of student nurses, nurse educators and unit supervisors

Less than half (39%) of the student nurses agreed that sometimes they were not available when needed by nurse educators and unit supervisors for accompaniment in clinical settings. More than half (56%) of the nurse educators and unit supervisors (57%) agreed that they were sometimes not available when needed by student nurses in clinical settings. The unavailability of nurse educators and unit supervisors might contribute to the inadequacy of accompaniment as appears in table 4.5 of this study. These findings also appeared to link with those of section G, table 4.21 where more than half (57,7%) of the student nurses indicated that for accompaniment to improve, nurse educators should be available in clinical settings.

4.3.3.4 Item 39: Use of learning resources

Most (94%) of student nurses, most nurse educators (88%) and all unit supervisors (100%) agreed that they used learning resources in clinical settings. It could be expected that learning resources
should be used during accompaniment. The congruence of perceptions/views of the three groups might contribute towards the improvement of accompaniment in clinical settings.

4.3.3.5 Item 40: Assumption of responsibility for own learning

The majority (85%) of the student nurses, nurse educators (94%) and unit supervisors (91%) agreed that students assumed responsibility for their own learning during accompaniment. The congruence in perceptions of the three groups implied that during accompaniment in clinical settings, student nurses developed from dependency to independency. These findings supported those of Hallett (1997:108) who asserts that facilitators encourage student nurses to assume responsibility for their own learning.

4.3.3.6 Item 41: Establishment of interpersonal relationships

Most (87%) of the student nurses, nurse educators (82%) and unit supervisors (91%) agreed that they established constructive interpersonal relationships among themselves in clinical settings. These congruent perceptions/views among the three groups implied positive influences on the improvement of accompaniment in clinical settings.

4.3.3.7 Item 42: Linking theory to practice

The majority (93%) of the student nurses, nurse educators (94%) and unit supervisors (97%) agreed that they linked theory to practice during accompaniment in clinical settings. In an environment with positive relationships, the linking of theory to practice could be facilitated. These findings apparently supported those of Brown (1981:13) who cites that nurse educators should apply theory to practice
in classrooms and in clinical settings.

4.3.3.8 Item 43: Continuous assessment of student nurses

More than half (72%) of the student nurses, nurse educators (61%) and unit supervisors (51%) agreed that continuous assessment is always done in clinical settings. The findings in this item linked with those of item 42. Continuous assessment might lead towards the development of student nurses from theory and practice separateness to theory and practice integration.

4.3.3.9 Item 44: Learning of nursing skills and expertise

The majority (96%) of the student nurses agreed that they learn the skills and nursing expertise in clinical settings. Most (72%) of the nurse educators and unit supervisors (91%) also agreed that they passed on skills and nursing expertise to student nurses during accompaniment in clinical settings. These findings linked with those of items 42 and 43. The congruence of perceptions/views among the three groups implied that through the guidance of nurse educators and unit supervisors, student nurses could attain professional maturity.

4.3.3.10 Item 45: Student nurses' development of competency

Almost all (95%) of the student nurses agreed that they developed competency during accompaniment. Most (83%) of the nurse educators and all unit supervisors (100%) also agreed that they assisted student nurses to develop competency accompaniment.
4.3.3.11 Item 46: Personal growth of student nurses

Almost all (97%) of the student nurses, most nurse educators (89%) and unit supervisors (94%) agreed that during accompaniment personal growth of student nurses was facilitated. These findings apparently supported Bond and Holland (1998:12) who maintain that the unit supervisors might be expected to facilitate the personal and professional growth of student nurses.

The Chi-Square test was used to determine the significant of differences in perceptions/views of the three groups in section D. There was a significant difference (p<0,05) in perceptions/views of the three groups as shown in table 4.10.

Table 4.10: Perceptions/views of the three groups of respondents in section D

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>DISAGREE</th>
<th>AGREE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student nurses</td>
<td>3 (2,6)</td>
<td>113 (97,4)</td>
<td>116</td>
</tr>
<tr>
<td>Nurse educators</td>
<td>0 (0)</td>
<td>17 (100)</td>
<td>17</td>
</tr>
<tr>
<td>Unit supervisors</td>
<td>0 (0)</td>
<td>33 (100)</td>
<td>33</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>3</td>
<td>163</td>
<td>166</td>
</tr>
</tbody>
</table>

Chi square =1075, df=2, p<0,030

Table 4.10 reveals that more than half (97,4%) of the student nurses, and 100% of the nurse educators and unit supervisors agreed with statements on section D.

* Summary

In section D the three groups of respondents were presented with 11 items, from items 36 to 46, to
respond to. More than 50% of the respondents agreed with the 10 items, namely items 36, 37 and 39 to 46. Incongruence of responses occurred only in item 38. The findings in this section imply that there could be active involvement of the three groups during accompaniment in clinical settings. The positive perceptions/views might contribute to the improvement of the accompaniment of student nurses in clinical settings by nurse educators and unit supervisors. Section E presents the perceptions/views of respondents with regard to the expectations of student nurses in clinical settings.

4.3.4 Section E: Perceptions/views of respondents with regard to expectations of student nurses in clinical settings

Section E consisted of nine items, from items 47 to 55. The frequencies were done for the three groups. The findings are as in table 4.11, as follows:

<table>
<thead>
<tr>
<th>ITEMS FROM THE QUESTIONNAIRE</th>
<th>STUDENT NURSES (n=118)*</th>
<th>NURSE EDUCATORS (n=18)*</th>
<th>UNIT SUPERVISORS (n=35)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Agree</td>
<td>Disagree</td>
<td>Agree</td>
</tr>
<tr>
<td>47. Emancipation</td>
<td>f %</td>
<td>f %</td>
<td>f %</td>
</tr>
<tr>
<td>48. Support</td>
<td>110   95 6 5</td>
<td>14 82 3 18</td>
<td>33 100 - -</td>
</tr>
<tr>
<td>49. Encouragement</td>
<td>113   96 5 4</td>
<td>18 100 - -</td>
<td>35 100 - -</td>
</tr>
<tr>
<td>50. Criticism</td>
<td>115   97 3 3</td>
<td>18 100 - -</td>
<td>34 97 1 3</td>
</tr>
<tr>
<td>51. Corrections</td>
<td>116   99 1 1</td>
<td>18 100 - -</td>
<td>31 89 4 11</td>
</tr>
<tr>
<td>52. Guidance</td>
<td>116   98 2 2</td>
<td>16 89 2 11</td>
<td>30 88 4 12</td>
</tr>
<tr>
<td>53. Decision-making</td>
<td>115   97 3 3</td>
<td>17 94 1 6</td>
<td>32 91 3 9</td>
</tr>
<tr>
<td>54. Limitations</td>
<td>111   94 7 6</td>
<td>17 94 1 6</td>
<td>30 86 5 14</td>
</tr>
<tr>
<td>55. Strengths</td>
<td>106   90 12 10</td>
<td>17 94 1 6</td>
<td>31 89 4 11</td>
</tr>
</tbody>
</table>

*In each category "n" indicates the total number of respondents. However, all respondents did not answer each question. Consequently "n" could be fewer for any item than that indicated for the
specific category of respondents. Percentages were calculated on the number of responses to the item and not on “n”.

Table 4.11 reveals the following findings:

4.3.4.1 Item 47: Student nurses gain emancipation through clinical experience

Most (95%) of the student nurses, nurse educators (82%) and all unit supervisors (100%) agreed that during accompaniment student nurses expect to gain emancipation through clinical experience. The congruence in these perceptions/views of the three groups implies that student nurses could be assisted to develop to independency during accompaniment in clinical settings.

4.3.4.2 Item 48: Student nurses’ support

Almost all (96%) of the student nurses, all nurse educators (100%) and all unit supervisors (100%) agreed that student nurses expect to be supported in clinical settings. These findings apparently support those of Schultz (1998:23) who cites that nurturing of student nurses should be done by supporting and guiding them towards holistic development. The congruence in the perceptions/views of the three groups implied that with support, student nurses’ learning might improve during accompaniment.

4.3.4.3 Item 49: Student nurses’ encouragement by nurse educators and unit supervisors

The majority (97%) of the student nurses, all nurse educators (100%) and almost all unit supervisors (97%) agreed that during accompaniment student nurses expect to be encouraged in clinical settings.
These findings linked with those of item 48. Support and encouragement could contribute towards improvement in the accompaniment of student nurses. The congruence of perceptions/views in this item implied that encouragement could influence accompaniment positively.

**4.3.4.4 Item 50: Criticism of student nurses by nurse educators and unit supervisors**

Fewer than half (40%) of the student nurses agreed that they expected to be criticised by nurse educators and unit supervisors in clinical settings. Fewer than half (39%) of the nurse educators and unit supervisors (43%) also agreed that student nurses expected to be criticised by them in clinical settings. Thus, these three groups agreed that criticism could impact negatively on accompaniment of student nurses. Kuen (1997:1257) cites that student nurses expect not to be criticised in front of others and to be corrected without being humiliated.

**4.3.4.5 Item 51: Correction of student nurses in clinical settings**

Almost all (99%) of the student nurses, all nurse educators (100%) and the majority of unit supervisors (89%) agreed that corrections were expected in clinical settings. These findings linked with those in item 50. The congruence of perceptions/views among the three groups implied that student nurses could accept corrections without humiliations during accompaniment in clinical settings, but that they, nevertheless, did not expect to be criticised by nurse educators or unit supervisors in the clinical situation.

**4.3.4.6 Item 52: Learning from problematic experiences**

Almost all (98%) of the student nurses, most nurse educators (89%) and unit supervisors (88%),
agreed that student nurses expected to be guided to learn from problematic experiences in clinical settings. The congruence of perceptions/views implied that for student nurses to develop professionally, guidance through problematic experiences in clinical settings could be essential.

4.3.4.7 Item 53: Opportunities for clinical decision-making

The majority (97%) of the student nurses, nurse educators (94%) and unit supervisors (91%) agreed that it was expected that opportunities for clinical decision-making during accompaniment should be provided. The congruence of perceptions/views in the three groups implied that the student nurses in this study could be developed through involvement in decision-making.

4.3.4.8 Item 54: Assistance in identifying limitations

Most (94%) of the student nurses, nurse educators (94%) and unit supervisors (86%) agreed that student nurses expected to be assisted to identify their limitations during accompaniment. The congruence of perceptions/views implied that it was expected that student nurses should be assisted in identifying their limitations during accompaniment in clinical settings.

4.3.4.9 Item 55: Assistance in identifying strengths

Most (90%) of the student nurses, nurse educators (94%) and unit supervisors (89%) agreed that it was expected that student nurses should be assisted to identify their strengths during accompaniment. These findings linked with those of item 55. The findings support those of Haffer and Raingruber (1998:68) who cited that nurse educators and unit supervisors should help student nurses to identify their strengths and limitations to learn from problematic experiences in clinical settings.
The Chi-Square test showed a significant difference ($p<0.01$) in the perceptions/views of the three groups, as in table 4.12.

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>DISAGREE</th>
<th>AGREE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student nurses</td>
<td>1 (0.9)</td>
<td>11.4 (99.1)</td>
<td>114</td>
</tr>
<tr>
<td>Nurse educators</td>
<td>0 (0)</td>
<td>17 (100)</td>
<td>17</td>
</tr>
<tr>
<td>Unit supervisors</td>
<td>1 (3.1)</td>
<td>31 (96.9)</td>
<td>32</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td>2</td>
<td>162</td>
<td>164</td>
</tr>
</tbody>
</table>

Chi square=$19.72$, df=2, $p<0.001$

Table 4.12 reveals that the majority (99.1%) of the student nurses, 100% of the nurse educators and 96.9% unit supervisors agreed with the statements in section E.

**Summary**

In section E the three groups of respondents were presented with nine items, from item 47 to 55, to respond to. All three groups of respondents agreed with the nine items. More than 50% of the respondents agreed with the eight items namely, items 47 to 49 and 51 to 55. Fewer than 50% of the respondents agreed with item 50 only. The findings in this section implied that there could be the possibility of improving accompaniment where the accompanists are aware of the expectations of student nurses. Section F presents the perceptions/views of respondents of the integration of theory and practice during the accompaniment of student nurses.
4.3.5 Section F: Perceptions/views of respondents concerning the integration of theory and practice during the accompaniment of student nurses in clinical settings

Section F consisted of five items, from 56 to 60. Data in section F was presented in table 4.13.

Table 4.13: Respondents' perceptions/views with regard to expectations of student nurses in clinical setting

<table>
<thead>
<tr>
<th>ITEMS FROM THE QUESTIONNAIRE</th>
<th>STUDENT NURSES (n=118)*</th>
<th>NURSE EDUCATORS (n=18)*</th>
<th>UNIT SUPERVISORS (n=35)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Agree</td>
<td>Disagree</td>
<td>Agree</td>
</tr>
<tr>
<td>56. Friction in clinical settings</td>
<td>58</td>
<td>50</td>
<td>58</td>
</tr>
<tr>
<td>57. Lack of theoretical base</td>
<td>36</td>
<td>31</td>
<td>81</td>
</tr>
<tr>
<td>58. Lack of competence</td>
<td>30</td>
<td>26</td>
<td>87</td>
</tr>
<tr>
<td>59. Competence in theory application</td>
<td>99</td>
<td>85</td>
<td>18</td>
</tr>
<tr>
<td>60. Emphasis on skills</td>
<td>60</td>
<td>52</td>
<td>56</td>
</tr>
</tbody>
</table>

*In each category “n” indicates the total number of respondents. However, all respondents did not answer each question. Consequently “n” could be fewer for any item than that indicated for the specific category of respondents. Percentages were calculated on the number of responses to the item and not on “n”.

Table 4.13 reveals the following findings:

4.3.5.1 Item 56: Sources of friction in clinical settings

Half (50%) of the student nurses agreed that their application of new knowledge to patient care was often a source of friction in clinical settings. More than half (61%) of the nurse educators, and fewer than half (47%) of the unit supervisors agreed that the application of new knowledge by student
nurses to patient care is often a source of friction in clinical settings. The apparent incongruence of perceptions/views in this item implied that student nurses and nurse educators could experience problems in applying the theory taught in the classroom to clinical settings. These findings supported those of Hicks (1997:8) who cites that when student nurses attempted to apply new knowledge about patient care management, their efforts were often misunderstood by unit supervisors, and friction resulted.

![Figure 4.6](image)

*Figure 4.6*

*Respondents' perceptions/views of item 56*

Figure 4.6 indicates the perceptions/views of respondents of item 58 as described in subparagraph 4.3.5.1 of section F.

4.3.5.2 *Item 57: Student nurses' lack of a theoretical base*

Fewer than half (31%) of the student nurses and the nurse educators (28%) agreed that student nurses lacked a well-developed theoretical base for the integration of theory and practice. Half (50%) of the unit supervisors agreed that student nurses lacked a well developed theoretical base for the integration of theory and practice in clinical settings. The apparent incongruence of perceptions/views in this item implied that unit supervisors might not be aware of the theoretical base
that student nurses receive in classrooms. This unawareness could influence accompaniment negatively, as unit supervisors spent more time with student nurses in clinical settings.

4.3.5.3 Item 58: Student nurses' lack of competence

Fewer than half (26%) of the student nurses agreed that they lacked competence in the application of theory to practice. More than half (67%) of the nurse educators and unit supervisors (64%) agreed that student nurses lacked competence in clinical settings. The nurse educators' and unit supervisors’ responses implied that these respondents did not expect students to be competent while they were still learning. The less than half agreement of student nurses implied that they could perceive competence in terms of their level of learning. These findings apparently supported those of Scheetz (1989:29) who cites that most graduates had adequate theoretical bases, but they lacked competence in clinical settings.

![Figure 4.7](image)

**Figure 4.7**

**Respondents' perceptions/views of item 58**

Figure 4.7 indicates the perceptions/views of respondents of item 58 as described in subparagraph
4.3.5.3 of section F.

4.3.5.4 Item 59: Competence in the application of theory to practice

Most (85%) of the student nurses, nurse educators (78%) and unit supervisors (73%) agreed that they were competent in the application of theory to practice in clinical settings. These findings linked with those in item 58. The congruence of perceptions/views in this item implied that student nurses could be developed from theory and practice separateness to theory and practice integration.

4.3.5.5 Item 60: Emphasis on skills rather than caring

More than half (52%) of the student nurses and nurse educators (56%) agreed that during accompaniment emphasis was placed on skills rather than on caring. Fewer than half (35%) of the unit supervisors agreed that during accompaniment emphasis was placed on skills rather than on caring. The more than half agreement of student nurses and nurse educators implies that these two groups emphasised clinical skills during accompaniment rather than patient care. The less than half agreement of the unit supervisors implied that this group emphasised patient care rather than clinical skills in clinical settings. The accountability for competency during accompaniment rested with student nurses and nurse educators. However, the accountability for patient care rested with unit supervisors rather than student nurses and nurse educators. These different emphasis might explain the apparent difference in perceptions among the three categories of respondents.
Figure 4.8

Respondents' perceptions/views of item 60

Figure 4.8 indicates the perceptions/views of respondents of item 60 as described in subparagraph 4.3.5.5 of section F.

The Chi-Square test was conducted for the data in section F. There was a significant difference (p<0.007) among the perceptions/views of the three groups with regard to the integration of theory and practice as shown in table 4.14.

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>DISAGREE</th>
<th>AGREE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student nurses</td>
<td>28</td>
<td>87</td>
<td>115</td>
</tr>
<tr>
<td></td>
<td>(24.4)</td>
<td>(75.6)</td>
<td></td>
</tr>
<tr>
<td>Nurse educators</td>
<td>10</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>(55.6)</td>
<td>(44.4)</td>
<td></td>
</tr>
<tr>
<td>Unit supervisors</td>
<td>8</td>
<td>12</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>(40)</td>
<td>(60)</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>46</td>
<td>107</td>
<td>153</td>
</tr>
</tbody>
</table>

Chi square=17.56, df=1, p<0.007
Table 4.14 reveals that more than half (75.6%) of the student nurses and 60% of the unit supervisors agreed with the statements in section F. Fewer than half (44.4%) of the nurse educators disagreed with the statements in section F.

**Summary**

In section F the three groups of respondents were presented with five items, items 56 to 60, to respond to. All three groups of respondents had incongruent responses for the four items, namely items 56 to 58 and 60. More than 50% of the respondents agreed with item 59 only. The findings in this section imply that the three groups of respondents might not be aware of their roles regarding the integration of theory and practice during the accompaniment of student nurses. The incongruent perceptions/views could impact negatively on accompaniment. Section G presents the perceptions/views of the respondents with regard to aspects of accompaniment.

### 4.4 ANALYSIS OF DATA FROM SECTION G

Section G consisted of nine questions for student nurses and six questions for nurse educators and unit supervisors. The questions were open-ended to allow respondents an opportunity to respond in their own words. The findings in this section were used to strengthen the findings of sections B, C, D, E and F.
4.4.1 Section G: Perceptions/views of the respondents with regard to aspects of accompaniment in clinical settings

The questions from this section and the findings are discussed per question.

4.4.1.1 What do you understand by "accompaniment"?

The three groups of respondents indicated their understanding of accompaniment, and the findings appear in table 4.15.

<table>
<thead>
<tr>
<th>ACCOMPANIMENT</th>
<th>STUDENT NURSES (n=109)</th>
<th>NURSE EDUCATORS (n=18)</th>
<th>UNIT SUPERVISORS (n=35)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>Availability of accompanists</td>
<td>63</td>
<td>57.8</td>
<td>3</td>
</tr>
<tr>
<td>Supporting students</td>
<td>28</td>
<td>25.7</td>
<td>6</td>
</tr>
<tr>
<td>Mentoring</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Using teachable moment</td>
<td>-</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Correlating theory and practice</td>
<td>18</td>
<td>16.5</td>
<td>-</td>
</tr>
<tr>
<td>Supervising</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Following students up</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>109</td>
<td>100.0</td>
<td>17</td>
</tr>
</tbody>
</table>

Table 4.15 reveals the following findings:

- More than half (57.8%) of the student nurses perceived accompaniment as the availability of nurse educators and unit supervisors in clinical settings. Fewer than half (17.6%) of the nurse educators and unit supervisors (8.6%) perceived accompaniment as their availability in
• Fewer than half (25.7%) of the student nurses, nurse educators (35.4%) and unit supervisors (17.1%) perceived accompaniment to be support provided to students in clinical settings.

• Only 29.4% of the nurse educators perceived accompaniment to include the use of teachable moments.

• Only 16.5% of the student nurses perceived accompaniment to be the correlation of theory and practice by accompanists in clinical settings. It could be questioned why a crucial aspect such as correlation of theory and practice was not perceived to be related to accompaniment by nurse educators and unit supervisors.

• Only 5% of unit supervisors perceived accompaniment as supervision.

• More than half (60%) of the unit supervisors perceived accompaniment to be the following up of student nurses in clinical settings. These findings apparently support Mashaba and Brink’s (1994:45) standpoint who maintain that during accompaniment nurse educators should actually go along with student nurses to clinical areas in order to illustrate and demonstrate to student nurses how to apply theory to practical situations.

These findings implied that there could be no common understanding of the concept “accompaniment” among the three groups of respondents.

4.4.1.2 Who should accompany student nurses?

The three groups of respondents indicated whom they perceived could accompany student nurses. The findings appear in table 4.16
### Table 4.16: Persons who should accompany student nurse in clinical settings

<table>
<thead>
<tr>
<th>ACCOMPANISTS</th>
<th>STUDENT NURSES (n=116)</th>
<th>NURSE EDUCATORS (n=18)</th>
<th>UNIT SUPERVISORS (n=31)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>Nurse educators</td>
<td>67</td>
<td>57.8</td>
<td>2</td>
</tr>
<tr>
<td>Nurse educators and unit supervisors</td>
<td>21</td>
<td>18.0</td>
<td>5</td>
</tr>
<tr>
<td>Nurse educators and clinical instructors</td>
<td>15</td>
<td>13.0</td>
<td>-</td>
</tr>
<tr>
<td>Clinical instructors</td>
<td>11</td>
<td>9.5</td>
<td>-</td>
</tr>
<tr>
<td>Nurse educators, unit supervisors and health team members</td>
<td>2</td>
<td>1.7</td>
<td>5</td>
</tr>
<tr>
<td>Unit supervisors</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Nurse educators and preceptors</td>
<td>-</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>116</td>
<td>100.0</td>
<td>18</td>
</tr>
</tbody>
</table>

Table 4.16 reveals the following findings:

- More than half (57.8%) of the student nurses indicated that accompaniment should be done by nurse educators. Only 11.1% of the nurse educators and unit supervisors (35.5%) indicated that accompaniment should be done by nurse educators.

- Only 18% of the student nurses, 27.8% of the nurse educators and 16.1% unit supervisors stated that nurse educators and unit supervisors should accompany student nurses in clinical settings.

- Only 13% of the student nurses indicated that they should be accompanied by nurse educators and clinical instructors.

- Only 9.5% of the student nurses and 9.7% of the unit supervisors stated that clinical instructors should accompany student nurses in clinical settings.

- Only 1.7% of the student nurses and 27.8% of the nurse educators stated that nurse educators, unit supervisors and health team members should accompany student nurses.
• Only 11.1% of the nurse educators and 35.5% of the unit supervisors indicated that unit supervisors should accompany student nurses in clinical settings.

• Only 22.2% of the nurse educators and 3.2% of the unit supervisors stated that accompaniment should be done by nurse educators and preceptors.

• Only 11.4% of the unit supervisors stated that nurse educators together with unit supervisors and clinical instructors should accompany student nurses in clinical settings.

In this item more than 50% of student nurses indicated that nurse educators should do accompaniment in clinical settings. The remaining two groups of respondents had different perceptions/views regarding who should accompany student nurses in clinical settings. It appeared that nurse educators preferred to be assisted by other professionals in the accompaniment of student nurses, while unit supervisors expected nurse educators to do such accompaniment.

4.4.1.3 By whom are student nurses actually accompanied?

The three groups of respondents indicated who they perceived actually accompanied student nurses. The findings appear in table 4.17.
Table 4.17: Persons who actually accompanied student nurses in clinical settings

<table>
<thead>
<tr>
<th>THOSE WHO DO ACCOMPANIMENT</th>
<th>STUDENT NURSES (n=102)</th>
<th>NURSE EDUCATORS (n=18)</th>
<th>UNIT SUPERVISORS (n=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>Nurse educators</td>
<td>57</td>
<td>55,9</td>
<td>11</td>
</tr>
<tr>
<td>Clinical instructors</td>
<td>14</td>
<td>13,7</td>
<td>-</td>
</tr>
<tr>
<td>Nurse educators and unit supervisors</td>
<td>12</td>
<td>11,8</td>
<td>2</td>
</tr>
<tr>
<td>Nurse educators and clinical instructors</td>
<td>11</td>
<td>10,8</td>
<td>1</td>
</tr>
<tr>
<td>Unit supervisors</td>
<td>6</td>
<td>5,9</td>
<td>-</td>
</tr>
<tr>
<td>Nurse educators and health team members</td>
<td>2</td>
<td>1,9</td>
<td>2</td>
</tr>
<tr>
<td>Nurse educators and preceptors</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>102</td>
<td>100,0</td>
<td>18</td>
</tr>
</tbody>
</table>

Table 4.17 reveal the following findings:

More than half (61,1%) of the nurse educators, student nurses (55,9%), and unit supervisors (56,7%) indicated that nurse educators actually accompanied student nurses in clinical settings. These findings appeared to contradict those of item 4.4.1.2 in this section, where only 11,1% of the nurse educators responded that they should accompany student nurses in clinical settings. Apparently nurse educators succeeded in accompanying student nurses in clinical settings despite their classroom teaching, administrative and research roles.

4.4.1.4 What is the role of the accompanists in the clinical settings?

The respondents indicated their perceptions/views regarding the role of accompanists in clinical settings. The findings appear in table 4.18.
Table 4.18: The role of the accompanists in clinical settings

<table>
<thead>
<tr>
<th>THE ROLE OF ACCOMPANISTS</th>
<th>STUDENT NURSES (n=112)</th>
<th>NURSE EDUCATORS (n=18)</th>
<th>UNIT SUPERVISORS (n=35)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>Demonstrating procedures</td>
<td>41</td>
<td>36,6</td>
<td>-</td>
</tr>
<tr>
<td>Evaluating student nurses</td>
<td>37</td>
<td>33,0</td>
<td>8</td>
</tr>
<tr>
<td>Teaching student nurses</td>
<td>17</td>
<td>15,2</td>
<td>3</td>
</tr>
<tr>
<td>Correlating theory and practice</td>
<td>17</td>
<td>15,2</td>
<td>4</td>
</tr>
<tr>
<td>Supporting student nurses</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Creating learning milieu</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>112</td>
<td>100,0</td>
<td>18</td>
</tr>
</tbody>
</table>

Table 4.18 reveals the following findings:

- Support was perceived by fewer than half (16,7%) of the nurse educators and unit supervisors (8,6%) as the role of accompanists in the learning milieu. Student nurses (36,6%) indicated the role of accompanists to be the demonstration of procedures. Fewer than half (33%) of the student nurses, nurse educators (44,4%) and unit supervisors (20%) perceived the role of the accompanist to include the evaluation of student nurses.
- Teaching was perceived by 15,2% of the student nurses, 16,7% of the nurse educators and 37,1% of the unit supervisors to be the role of accompanists.
- The correlation of theory and practice was perceived by student nurses (15,2%), nurse educators (22,2%) and unit supervisors (22,9%) to be the role of accompanists, whereas only 11,4% of the unit supervisors perceived creation of a learning milieu to be the role of accompanists.
4.4.1.5 *How can the accompaniment of student nurses in the clinical settings be improved?*

The responses to this question appear in table 4.19.

<table>
<thead>
<tr>
<th>Table 4.19: Improvement of accompaniment in clinical settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPROVEMENT OF ACCOMPANIMENT</td>
</tr>
<tr>
<td>Availability of nurse educators</td>
</tr>
<tr>
<td>Staffing</td>
</tr>
<tr>
<td>Student status</td>
</tr>
<tr>
<td>Interpersonal relations</td>
</tr>
<tr>
<td>In-service education</td>
</tr>
<tr>
<td>Appointment of preceptors</td>
</tr>
<tr>
<td>Communication</td>
</tr>
<tr>
<td>TOTAL:</td>
</tr>
</tbody>
</table>

Table 4.19 reveals the following findings:

- The availability of nurse educators was perceived by more than half (57,7%) of student nurses, fewer than half (5,6%) of nurse educators and 44,4% of unit supervisors as input for improvement of accompaniment in clinical settings.
- Interpersonal relations, student status, in-service education, appointment of preceptors and improvement in communication were mentioned by fewer than half of the three groups of respondents for the improvement of accompaniment.

The appointment of preceptors was indicated by student nurses (1,7%) and nurse educators (16,7%) to be important for the improvement of accompaniment of student nurses in clinical settings. These findings support those of Landers (2000:1551), who agree that preceptors have the potential to
promote clinical competency, as they work directly with student nurses. Preceptors might be used in the clinical settings to attempt to bridge the gap between theory and practice. If preceptors were perceived to be clinical experts, the involvement of student nurses in clinical settings might increase during accompaniment. Such increased involvement could enhance the development of both competency and independency among student nurses in clinical settings.

Other aspects mentioned included that accompaniment programmes should be compiled and followed. Student nurses further mentioned that they should always be supervised and called if anything interesting should occur, that there should be clinical classes, and that they should be given time to practise. Landers (2000: 1552) maintained that while students view theory as being complementary to practice, they expect more teaching to take place in the clinical settings. This implies that nurse educators and unit supervisors might be expected to render greater inputs towards the improvement of student teaching during accompaniment in clinical settings. These findings support those of Landers (2000: 1551) who emphasise that student nurses’ allocation should be for the purpose of learning rather than for service. Routine patient care in clinical settings might create a dichotomy between what care comprises in the units, and what is taught in classrooms. However, if student nurses concentrate on clinical learning objectives, they might perceive more direction, guidance and support from unit supervisors.

4.4.1.6 What is the role of the student nurses during accompaniment?

All three groups responded to the question, and the findings are captured in table 4.22.
Table 4.20: The role of student nurses during accompaniment in clinical settings

<table>
<thead>
<tr>
<th>THE ROLE OF ACCOMPANISTS</th>
<th>STUDENT NURSES (n=100)</th>
<th>NURSE EDUCATORS *(n=18)</th>
<th>UNIT SUPERVISORS (n=35)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>Responsible for learning</td>
<td>51</td>
<td>51,0</td>
<td>2</td>
</tr>
<tr>
<td>Participation</td>
<td>20</td>
<td>20,0</td>
<td>10</td>
</tr>
<tr>
<td>Integration of theory and practice</td>
<td>13</td>
<td>13,0</td>
<td>1</td>
</tr>
<tr>
<td>Movement from dependency to independency</td>
<td>10</td>
<td>10,0</td>
<td>-</td>
</tr>
<tr>
<td>Readiness to learn</td>
<td>4</td>
<td>4,0</td>
<td>1</td>
</tr>
<tr>
<td>Commitment to practice</td>
<td>2</td>
<td>2,0</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>100</td>
<td>100,0</td>
<td>17</td>
</tr>
</tbody>
</table>

*In each category “n” indicates the total number of respondents. However, all respondents did not answer each question. Consequently “n” could be fewer for any item than that indicated for the specific category of respondents. Percentages were calculated on the number of responses to the item and not on “n”.

Table 4.20 reveals the following findings:

- More than half (51%) of the student nurses, but fewer than half (11,8%) of the nurse educators and 11,3% unit supervisors indicated that student nurses should be responsible for their own learning.
- Participation was mentioned by more than half (58,8%) of the nurse educators, fewer than half (20%) of the student nurses and 45,7% of the unit supervisors.
- Other roles mentioned by fewer than half of the respondents were integration of theory with practice, commitment to practice, movement from dependency to independency and readiness to learn.
4.4.1.7 Which of your expectations have been met during accompaniment in clinical settings?

This question was asked of student nurses only, to find out about their perceptions/views with regard to their expectations that were met. Fewer than half of the respondents indicated being taught procedures (28%), caring for patients (4%), encouragement (6%), evaluation (13%) and being supervised (5%).

4.4.1.8 Which of your expectations were not met during accompaniment in clinical settings?

This question links with the question in item 4.4.8. Fewer than half of the student nurses mentioned guidance (3%), assistance (6%), not being treated as equals (2%) and poor relationships with unit supervisors (3%). During early adulthood, student nurses need to be treated as andragogues and not as pedagogues.

4.4.1.9 What are your perceptions/views regarding the deficit in accompaniment of student nurses in clinical settings?

Regarding perceptions/views of deficit, fewer than half (5%) of the student nurse mentioned incompetent practitioners, lack of experience, insufficient unit supervisors in clinical settings and increased workload for nurse educators.

4.5 SUMMARY

In this chapter, the findings of the study were presented and discussed. The accompaniment of student nurses in clinical settings by nurse educators and unit supervisors appeared to be inadequate.
The inadequacy appears in table 4.9, where student nurses perceived accompaniment differently from unit supervisors, especially as revealed in their responses to questions 28, 29 and 35. In the clinical settings, student nurses and nurse educators perceived accompaniment to be focused on educational outcomes. However, unit supervisors perceived accompaniment to be focused on patient care outcomes.

The findings also suggested that nurse educators required to be assisted by unit supervisors and health team members during accompaniment of student nurses in clinical settings. Nurse educators appeared to be actually accompanying student nurses in clinical settings. However, the role of nurse educators was perceived by student nurses as being the demonstration of procedures and the evaluation of student nurses.

Nurse educators mentioned diverse perceptions/views regarding the support of student nurses during accompaniment in clinical settings. However, student nurses appeared not to perceive the support provided by nurse educators. Nurse educators and unit supervisors were expected to support student nurses during accompaniment in clinical settings.

The findings further suggested that accompaniment of student nurses might be improved as in table 4.21. For improvement of accompaniment, nurse educators should be available in clinical settings. Interpersonal relationships and communication should also be improved. The appointment of preceptors might further improve the accompaniment of student nurses in clinical settings. The findings supported those of Landers (2000:1553) who indicated that, if preceptors were perceived to be clinical experts, then the involvement of student nurses in clinical settings would improve.
The perceptions/views of accompaniment further depended on how accompaniment was perceived by respondents. Student nurses (57.8%) perceived accompaniment to be the availability of nurse educators in clinical settings. However, nurse educators (35.3%) perceived accompaniment as support provided to student nurses, while unit supervisors (60%) perceived accompaniment as the follow-up of student nurses by nurse educators in clinical settings.

In chapter 5, the conclusions and limitations of the study are presented and recommendations are made for future research.
CHAPTER 5

Conclusions, limitations and recommendations

5.1 INTRODUCTION

The purpose of this study was to attempt to describe the perceptions/views of student nurses, nurse educators and unit supervisors of accompaniment of student nurses in clinical settings. The research question was as follows:

What are the perceptions/views of student nurses, nurse educators and unit supervisors regarding the accompaniment of student nurses in clinical settings?

5.1.1 Objectives

The objectives of the study are subsequently evaluated to determine whether they have been attained.

Objective #1

• To determine the perceptions/views of student nurses, nurse educators and unit supervisors regarding the accompaniment of student nurses in clinical settings.
In section B there was congruence in the perceptions/views of the three groups of respondents, namely, student nurses, nurse educators and unit supervisors. More than half of the respondents agreed with the statements. This implies positive perceptions/views with regard to accompaniment in clinical settings. These positive perceptions/views might enable nurse educators and unit supervisors to improve the accompaniment of student nurses in clinical settings.

The three groups of respondents concurred on significant aspects of accompaniment, such as motivation of student nurses to move from dependency to independency and the achievement of new insights in an environment of mutual respect. The use of clinical learning objectives and exploration of learning by student nurses was perceived to be the core emphasis of accompaniment in clinical settings. However, there were also diverse responses among the three groups with regard to the provision of learning opportunities as perceived by student nurses in this study. Student nurses perceived accompaniment to be the availability of nurse educators in clinical settings to demonstrate procedures and to provide guidance which might lead to their development towards professional independence and maturity. Nurse educators and unit supervisors perceived accompaniment to be the provision of support to student nurses in clinical settings. During accompaniment student nurses were encouraged to exercise autonomy and to take independent actions. Student nurses were also expected to take calculated risks relevant to their levels of competency to achieve professional maturity.

Objective #2

- To establish the role of the nurse educators and unit supervisors during the accompaniment of student nurses in clinical settings.
Student nurses in this study perceived their learning role in clinical settings as being the development of competency, linking theory with practice and using learning resources available in clinical settings. The students further mentioned that they assumed responsibility for their own learning. The findings supported those of Lofmark and Wikblad (2001:49) who found that when student nurses were allowed to take responsibility and initiatives for their own learning, their self-confidence increased. Student nurses should be guided towards responsibility through the use of learning contracts, recording of reflective journals and outcomes-based education. Nurse educators and unit supervisors indicated their teaching role as being the correlation of theory and practice, evaluation of student nurses and assisting student nurses to develop competencies. During accompaniment nurse educators and unit supervisors passed skills and expertise on to student nurses.

Objective #3

- To obtain input from student nurses, nurse educators and unit supervisors on improvement of accompaniment in clinical settings.

Student nurses and unit supervisors indicated that the availability of nurse educators in clinical settings contributed to the improvement of accompaniment. The availability of nurse educators in clinical settings was essential for the correlation of theory taught in the classroom and the practical situation in the clinical setting. Student nurses depend on nurse educators for guidance and development towards professional maturity. The application of scientific principles to patient care requires the guidance of the nurse educators. However, nurse educators are not always available in clinical settings due to the need to comply with academic responsibilities such as teaching, administration and research.
Nurse educators indicated that improvement in communication between the three groups, namely student nurses, nurse educators and unit supervisors, would contribute to the improvement of accompaniment of student nurses. In-service education was also mentioned by nurse educators and unit supervisors as leading to improvement in the accompaniment of student nurses. Nurse educators were responsible for the development of unit supervisors concerning innovations in nursing education based on research, which impacted on the accompaniment of student nurses. It was also the responsibility of nurse educators to update themselves regarding clinical and technological innovations. Some respondents mentioned the appointment of preceptors in clinical settings for the improvement of accompaniment. Usher et al (1999:50) maintained that after accompaniment by preceptors, student nurses become more confident and better prepared to serve as professional nurses. During accompaniment preceptors apply their clinical expertise in teaching and supervising students and being learning resources for them. Preceptors assist student nurses to refine aspects of professional nursing care and to develop from dependency of the student nurse role towards independency and professional maturity. This implies that preceptors have the potential to improve the accompaniment of student nurses in clinical settings, as they are clinical experts and are always available in clinical settings.

Further inputs mentioned by respondents include:

- Recognition of student status. Student nurses are allocated to the clinical settings for learning purposes, not as part of the workforce to assist with the unit workload.

- Student nurses need to be involved in the activities of clinical settings relevant to their learning objectives. Student nurses indicate a need to be called if something interesting and relevant to their learning needs should occur in the unit.
The roles of student nurses, nurse educators and unit supervisors during accompaniment of student nurses in clinical settings need to be established.

Objective #4

To establish congruence or incongruence of perceptions/views among student nurses, nurse educators and unit supervisors of the accompaniment of student nurses in clinical settings.

Incongruence of perceptions/views among student nurses, nurse educators and unit supervisors was revealed in sections B, C, and F. In section B the three groups differed in terms of the provision of learning opportunities and the supervision of students' affective skills. In section C the incongruence was revealed in items regarding the students' position and status in the clinical setting, their inadequate skills acquisition and the fact that they are not prepared to take risks so as to avoid making mistakes.

The items in section F revealed incongruence regarding the source of friction in clinical settings, students' lack of competence and emphasis being placed on skills rather than on caring during accompaniment.

5.2 CONCLUSIONS

The study revealed that student nurses need to be accompanied by nurse educators in clinical settings. Unit supervisors expect nurse educators to accompany student nurses in clinical settings. However, nurse educators are not always available in clinical settings to accompany student nurses. Nurse educators perceive accompaniment to be a collaborative activity with unit supervisors and other
health team members to facilitate the development of student nurses towards professional maturity. Mashaba and Brink (1994:51) maintain that nurse educators should be sensitive to the learning needs of student nurses within the parameters of the subjects they are teaching. These authors further indicate that it is the primary duty of nurse educators to accompany student nurses, and their secondary duty to assist unit supervisors.

Nurse educators and unit supervisors in this study perceived accompaniment as support, guidance and encouragement provided to student nurses during accompaniment in clinical settings. Student nurses perceived accompaniment as entailing the availability of nurse educators in clinical settings, towards the correlating of theory and practice and the demonstrating of procedures. Mellish and Brink (1990:226) indicate that in accompanying student nurses, nurse educators should ensure that the emphasis is on patient care and that it should not be procedure or skills oriented.

McCaugherty (1991:535) states that it is from clinical settings that student nurses find out about nursing and not from nurse educators or from classrooms. Nurse educators are expected to be available in clinical settings to accompany student nurses. Nurse educators are expected to support unit supervisors to accompany student nurses effectively.

5.3 LIMITATIONS IDENTIFIED DURING THE STUDY

Limitations were identified during the course of this study. The most significant limitations are:

- Limited responses from nurse educators despite follow up on questionnaires, thereby limiting the possibility of generalising the findings of this research.
• The exclusion of first-year student nurses from the study due to their limited exposure to accompaniment in clinical settings at the time of collecting data.

• The study was limited to student nurses who follow the programme leading to registration as a nurse (general, psychiatric and community) and midwife according to Regulation R425, as amended, and nurse educators who teach these student nurses in the classrooms and accompany them to clinical settings. This reduced the sample size as other nurse educators could not satisfy the criteria of inclusion.

• The study was limited to a particular college campus, a particular university and particular hospitals and clinics within the NP of the RSA where student nurses received clinical learning experiences.

• No questions about highest qualification of nurse educators were included in the questionnaire. This prevented the linking of findings to the qualifications.

5.4 RECOMMENDATIONS FOR IMPROVING STUDENTS' ACCOMPANIMENT

Accompaniment of student nurses requires collaborative efforts for it to be effective. In the light of the research findings it is recommended that:

• Nurse educators should move from the demonstration of procedures during accompaniment of student nurses towards comprehensive patient care skills. During accompaniment use should be made of teachable moments, ward rounds, case studies, and learning contracts.

• The employment of preceptors by nursing education institutions for the possible improved effectiveness of accompaniment of student nurses in clinical settings, should be pursued. Preceptors complement the nurse educators in clinical settings due to their clinical expertise.
and due to being unit-based.

- Improvement of accompaniment strategies would require nurse educators to draw up programmes of accompaniment and record evidence of what actually happened during the accompaniment of student nurses. The keeping of accompaniment records will facilitate evaluation of the effectiveness of accompaniment of student nurses.

- Nurse educators should observe their accompaniment role and increase their availability to student nurses in clinical settings.

- Forums for discussion of accompaniment should be established to form a basis for a common understanding of student nurses' accompaniment in clinical settings. Such forums may develop a policy on accompaniment to serve as guidelines for the groups involved in accompaniment of student nurses.

- In-service education programmes for nurse educators and unit supervisors should be drawn to enable specialists to update the groups on innovations in clinical settings.

- Student nurses should be guided about their role during accompaniment in clinical settings. These roles include active participation in clinical activities, assuming responsibility for own learning and developing a sense of commitment to professional maturity.

- Recruitment of younger nurse educators for maintaining nurse educators' capacity and expertise in nursing education institutions is essential, as more than half (77.7%) of the nurse educators who participated in this research were approaching retirement age.
5.5 RECOMMENDATIONS FOR FURTHER STUDIES

The implications of the findings of this study suggest that further studies should investigate the following issues:

- Factors which facilitate effective accompaniment of student nurses in clinical settings.
- The barriers to effective accompaniment of student nurses in clinical settings.
- Preceptorship and its effects on the accompaniment of student nurses in clinical settings.
- Perceptions/views of senior student nurses towards mentoring more junior student nurses.
- The barriers inhibiting the development of student nurses from dependency to independency during accompaniment in clinical settings.

5.6 ASSUMPTIONS

The assumptions underlying this study were as follows:

5.6.1 Assumptions regarding theoretic-conceptual commitments

With regard to theoretic-conceptual commitment it is assumed that:

- A reinterpretation and redefinition of Orem’s self-care theory and self-care deficit form an appropriate grounding for the present research.

More than 50% of the student nurses indicated that they needed assistance and guidance from nurse educators and unit supervisors during accompaniment to develop from dependency towards...
independency. Student nurses further indicated that nurse educators and unit supervisors motivated them to move from dependency towards independency during accompaniment in clinical settings.

5.6.2 Assumptions regarding methodological-technical commitments

In this regard it is assumed that:

- A questionnaire can be designed in such a way that the items included in it sufficiently define the phenomenon under investigation.
- Given specific statements, individual respondents can indicate the degree to which such statements apply to them.

The student nurses, nurse educators and unit supervisors indicated their perceptions/views towards accompaniment based on the given statements in the questionnaire.

5.6.3 Assumptions pertaining to ontological commitments

- All research respondents have an idea of accompaniment, and accompaniment does exist in the clinical settings in the NP of the RSA.

In this study student nurses, nurse educators and unit supervisors responded positively about the existence of accompaniment in clinical settings. Student nurses (48%), nurse educators (61%) and unit supervisors (49%) indicated that accompaniment existed as revealed in table 4.14 of this study.
In chapter 5 the evaluation of the study objectives, the conclusions, limitations of the study and recommendations arising from the study and for further research are presented. The chapter further presents the assumptions and the findings relevant to these assumptions. "Change in the future relates to where students will have their practice expertise and the knowledge and competence they will need to practice in the future. Constancy in the future rests with the extent of the preparation to provide humanistic nursing care to clients in order to facilitate optimum health. For the educators, the source of constancy remains in the purposes for the use of the clinical field in preparation of tomorrow's nurses, learning how to learn, dealing with ambiguity, thinking like professionals and developing personal causation" (Reilly & Oermann 1999:489).
BIBLIOGRAPHY


SANC - see South African Nursing Council.


South African Nursing Council. 1985. Minimum requirements for the education and guide concerning the teaching of students in the programme leading to registration as a nurse (general, psychiatric and community) and midwife. Regulation R425, as amended. Pretoria: SANC.


Wilson, HS. 1993. *Introducing research in nursing.* Redwood City, California: Addison-Wesley Nursing.


Appendix A

Questionnaires to student nurses, nurse educators and unit supervisors
TO BE COMPLETED BY STUDENT NURSES

1. Do not write your name or student number on this questionnaire
2. Your institution's name must not be written on this questionnaire

SECTION A: BIOGRAPHIC DATA

Please mark the appropriate number/ box with an "X".

1. Age in years at your last birthday

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Box</th>
</tr>
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<tbody>
<tr>
<td>4 years</td>
<td>1</td>
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<tr>
<td>16-20 years</td>
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<tr>
<td>21-25 years</td>
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<tr>
<td>26-30 years</td>
<td>4</td>
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<tr>
<td>31-35 years</td>
<td>5</td>
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<tr>
<td>36-40 years</td>
<td>6</td>
</tr>
<tr>
<td>40+ years</td>
<td></td>
</tr>
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</table>

2. Level of learning:

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<thead>
<tr>
<th>Level</th>
<th>Box</th>
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</thead>
<tbody>
<tr>
<td>First year</td>
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<tr>
<td>Second year</td>
<td>2</td>
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<tr>
<td>Third year</td>
<td>3</td>
</tr>
<tr>
<td>Fourth year</td>
<td>4</td>
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</table>

3. Commencement of nurse training: 

year: ""
4. In which unit did you experience the most accompaniment?

<table>
<thead>
<tr>
<th>Unit</th>
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<tbody>
<tr>
<td>Medical</td>
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<td>Surgical</td>
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<td>Paediatric</td>
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<td>Midwifery</td>
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<td>Psychiatry</td>
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<td>Clinics</td>
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<td>Outpatients</td>
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<td>Operating room</td>
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<td>Orthopaedics</td>
<td>10</td>
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<tr>
<td>Gynaecology</td>
<td>11</td>
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</table>

5. In which unit did you experience the least accompaniment?

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<tr>
<th>Unit</th>
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<tbody>
<tr>
<td>Medical</td>
<td>1</td>
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<tr>
<td>Surgical</td>
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<td>Paediatric</td>
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<td>Midwifery</td>
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<td>Psychiatry</td>
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<td>Orthopaedics</td>
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<tr>
<td>Gynaecology</td>
<td>11</td>
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</tbody>
</table>
SECTION B: THE PERCEPTIONS OF STUDENT NURSES WITH REGARD TO ACCOMPANIMENT IN CLINICAL SETTINGS

Please indicate the extent to which you agree or disagree with each of the following statements by making your responses on a 4-point scale using the following key:

SA=Strongly agree  A=Agree  D=Disagree  SD=Strongly disagree

During accompaniment in the clinical settings:

6. Student nurses are motivated to move from dependency to independency.
   [SA  A  D  SD]  9

7. Student nurses exercise control of their interpersonal relationships.
   [SA  A  D  SD]  10

8. Student nurses develop from dependency to independency.
   [SA  A  D  SD]  11

9. Student nurses learn to cope with unfamiliar situations.
   [SA  A  D  SD]  12

10. Student nurses are adequately supported.
    [SA  A  D  SD]  13

11. Student nurses use few opportunities to gain nursing experience.
    [SA  A  D  SD]  14

12. Student nurses think rationally and develop ideas of their own about nursing practice.
    [SA  A  D  SD]  15

13. Student nurses achieve new insights after guidance.
    [SA  A  D  SD]  16
14. Student nurses create an atmosphere of trust.

SA A D SD

15. Mutual respect among student nurses, unit supervisors and nurse educators is encouraged

SA A D SD

16. Student nurses use learning opportunities that make it possible for them to develop from dependency to independency.

SA A D SD

17. Student nurses always perform psychomotor skills.

SA A D SD

18. Student nurses seldom perform affective skills.

SA A D SD

19. Student nurses facilitate learning.

SA A D SD

20. Student nurses have freedom of discussion.

SA A D SD

The emphasis of accompaniment in the clinical settings includes that:

21. Student nurses follow clearly defined clinical learning objectives.

SA A D SD

22. Student nurses seldom follow formal teaching strategies in the unit.

SA A D SD
23. Student nurses explore their own learning.

SECTION C: PERCEPTIONS OF STUDENT NURSES DURING ACTUAL ACCOMPANIMENT OF STUDENT NURSES IN THE CLINICAL SETTINGS

24. Student nurses are discouraged from taking independent actions.

25. Student nurses exercise autonomy.

26. Student nurses display being overprotected.

27. Student nurses use teachable moments.

28. Student nurses are seen as just some help with the unit workload.

29. Skills of student nurses are viewed as insufficient.

30. Student nurses do not risk making mistakes.

31. Student nurses minimise risk-taking.
32. Student nurses set goals that are too restricting.

33. Student nurses always identify needs for learning.

34. Student nurses are unskilled in the planning and execution of satisfactory clinical teaching plans.

35. Student nurses are controlled by unit supervisors and nurse educators.

SECTION D: THE PERCEPTIONS OF STUDENT NURSES WITH REGARD TO THEIR LEARNING ROLE IN THE CLINICAL SETTINGS

36. Student nurses identify learning needs.

37. Student nurses set the learning climate.

38. Sometimes student nurses are not available when needed by unit supervisors and nurse educators.

39. Student nurses use learning resources.
40. Student nurses always assume responsibility for their own learning.

41. Student nurses establish constructive interpersonal relationships with unit supervisors and nurse educators.

42. Student nurses link theory and practice.

43. Continuous assessment of student nurses is always done.

44. Student nurses learn skills and expertise of nursing practice.

45. Student nurses develop competency.

46. Student nurses grow personally.

SECTION E: PERCEPTIONS OF STUDENT NURSES WITH REGARD TO THEIR EXPECTATIONS IN THE CLINICAL SETTINGS

In the clinical settings, student nurses expect:

47. To gain emancipation through clinical experience.
48. To be supported.

49. To be encouraged.

50. To be criticised.

51. To be corrected.

52. To be guided how to learn from problematic experiences.

53. To be provided with opportunities for clinical decision making.

54. To be assisted to identify their limitations.

55. To be assisted to identify their strengths.
SECTION F: PERCEPTIONS OF STUDENT NURSES WITH REGARD TO THE INTEGRATION OF THEORY AND PRACTICE DURING ACCOMPANIMENT IN CLINICAL SETTINGS

56. Application of new knowledge by student nurses to patient care is often a source of friction in clinical settings.  

57. Student nurses lack a well-developed theoretical base for clinical practice.  

58. Student nurses lack competence in clinical settings.  

59. Student nurses are competent in applying theory to clinical settings.  

60. During accompaniment emphasis is placed on skills rather than on caring.
SECTION G

Please indicate your viewpoint on accompaniment by responding to the following questions:

1. What do you understand by "accompaniment"?
2. Who should accompany student nurses in clinical settings?
3. By whom are student nurses actually accompanied?

NB: If the space provided for question 4, 5 and 6 is insufficient, please use the attached paper for additional comments.

4. What is the role of the accompanists in the clinical settings?
5. How can accompaniment of student nurses in the clinical setting be improved?
6. What is the role of the student nurses during accompaniment?
NB: If the space provided for question 7, 8 and 9 is insufficient, please use the attached paper for additional comments.

7. How can accompaniment of student nurses in the clinical setting be improved?

8. What are your perceptions/views regarding the deficits in accompaniment of student nurses in clinical settings?

9. What is your role during accompaniment?
### SECTION A: BIOGRAPHIC DATA

Please mark the appropriate number/ box with an “X”.

1. **Age in years at your last birthday**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Box</th>
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<tr>
<td>21-25</td>
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<td>36-40</td>
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<td>41-45</td>
<td>5</td>
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<td>46-50</td>
<td>6</td>
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<tr>
<td>50+</td>
<td>7</td>
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2. **From what type of basic nursing programme did you graduate?**

<table>
<thead>
<tr>
<th>Programme</th>
<th>Box</th>
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<tbody>
<tr>
<td>Four-year comprehensive course</td>
<td>1</td>
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<tr>
<td>Integrated general nursing and midwifery</td>
<td>2</td>
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<tr>
<td>General nursing</td>
<td>3</td>
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</table>
3. For how long have you worked as a nurse educator?

<table>
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<tr>
<th>Duration</th>
<th>Count</th>
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<tbody>
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<td>Less than 1 year</td>
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<tr>
<td>1-5 years</td>
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<td>6-10 years</td>
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<tr>
<td>11-15 years</td>
<td>4</td>
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<tr>
<td>16-20 years</td>
<td>5</td>
</tr>
<tr>
<td>20 years and more</td>
<td>6</td>
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</tbody>
</table>

4. In which unit do you accompany/have you accompanied student nurses mostly?

<table>
<thead>
<tr>
<th>Unit</th>
<th>Count</th>
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<tbody>
<tr>
<td>Medical</td>
<td>1</td>
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<tr>
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<tr>
<td>Gynaecology</td>
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</table>

5. Area of specialisation.
SECTION B: THE PERCEPTIONS OF NURSE EDUCATORS WITH REGARD TO ACCOMPANIMENT OF STUDENT NURSES IN CLINICAL SETTINGS.

Please indicate the extent to which you agree or disagree with each of the following statements by making your responses on a 4-point scale using the following key:

SA=Strongly agree  A=Agree  D=Disagree  SD=Strongly disagree

Office use

During accompaniment in the clinical settings:

6. Student nurses are definitely motivated to move from dependency to independency by nurse educators.

7. Student nurses are assisted by nurse educators to exercise control of their interpersonal relationships.

8. Nurse educators guide student nurses to develop from dependency to independency.

9. Nurse educators enable student nurses to cope with unfamiliar situations.

10. Student nurses receive adequate support from nurse educators.

11. Nurse educators provide few opportunities for student nurses to gain nursing experience.
12. Nurse educators encourage student nurses to think rationally and develop ideas of their own about nursing practice.  

<table>
<thead>
<tr>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
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13. It is not necessary for nurse educators to guide student nurses to achieve new insights.  

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15. Mutual respect between student nurses and unit supervisors is encouraged.  

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16. Nurse educators create learning opportunities that make it possible for student nurses to develop from dependency to independency.  

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17. Nurse educators always supervise student nurses’ psychomotor skills.  

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18. Nurse educators seldom supervise students’ affective skills.  

<table>
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<tr>
<th>SA</th>
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<th>D</th>
<th>SD</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>SA</th>
<th>A</th>
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<th>SD</th>
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</table>

20. Student nurses are not allowed freedom of discussion.  

<table>
<thead>
<tr>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
</table>
The emphasis of accompaniment in the clinical situation includes that:

21. Nurse educators should follow clearly defined clinical learning objectives. [SA A D SD]

22. Nurse educators seldom follow formal teaching strategies in the unit. [SA A D SD]

23. Student nurses should be encouraged by nurse educators to explore their own learning. [SA A D SD]

SECTION C: PERCEPTIONS OF NURSE EDUCATORS DURING ACTUAL ACCOMPANIMENT OF STUDENT NURSES IN THE CLINICAL SETTINGS

24. Nurse educators discourage independent actions from student nurses. [SA A D SD]

25. Nurse educators encourage autonomy of student nurses. [SA A D SD]

26. Nurse educators display overprotectiveness of student nurses. [SA A D SD]

27. Nurse educators use teachable moments. [SA A D SD]
28. Student nurses are seen by nurse educators as just some help with the unit workload.

29. Skills of student nurses are viewed as insufficient by nurse educators.

30. Nurse educators prevent student nurses from making mistakes.


32. Nurse educators set goals that are too restricting.

33. Nurse educators always identify needs for teaching.

34. Nurse educators are unskilled in the planning and execution of satisfactory clinical teaching plans.

35. Student nurses are controlled by nurse educators.
**SECTION D: THE PERCEPTIONS OF NURSE EDUCATORS WITH REGARD TO THEIR TEACHING ROLE OF STUDENT NURSES IN THE CLINICAL SETTINGS.**

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<tbody>
<tr>
<td>36. Nurse educators identify learning needs for student nurses.</td>
<td>SA A D SD</td>
<td></td>
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<tr>
<td>37. Nurse educators set the learning climate.</td>
<td>SA A D SD</td>
<td></td>
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<tr>
<td>38. Nurse educators are available when needed by student nurses.</td>
<td>SA A D SD</td>
<td></td>
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<td></td>
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<tr>
<td>39. Nurse educators assist student nurses to use learning resources.</td>
<td>SA A D SD</td>
<td></td>
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<tr>
<td>40. Student nurses are always encouraged by nurse educators to assume responsibility for their own learning.</td>
<td>SA A D SD</td>
<td></td>
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</tr>
<tr>
<td>41. Nurse educators establish constructive interpersonal relationships with student nurses.</td>
<td>SA A D SD</td>
<td></td>
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</tr>
<tr>
<td>42. Nurse educators link theory and practice.</td>
<td>SA A D SD</td>
<td></td>
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</tr>
<tr>
<td>43. Continuous assessment of student nurses is always done by nurse educators.</td>
<td>SA A D SD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
44. Nurse educators pass the skills and expertise of nursing practice on to student nurses. 47

45. Nurse educators assist student nurses in developing competency. 48

46. Nurse educators facilitate the personal growth of student nurses. 49

SECTION E: THE PERCEPTIONS OF NURSE EDUCATORS WITH REGARD TO EXPECTATIONS OF STUDENT NURSES IN CLINICAL SETTINGS:

In the clinical settings, student nurses expect:

47. To gain emancipation through clinical experience. 50

48. Nurse educators to support them. 51

49. Nurse educators to encourage them. 52

50. To be criticised by nurse educators. 53
51. To be corrected by nurse educators.

52. To be guided as to how to learn from problematic experiences.

53. Nurse educators to provide opportunities for clinical decision making.

54. To be assisted to identify their limitations.

55. To be assisted to identify their strengths.

SECTION F: PERCEPTIONS OF NURSE EDUCATORS WITH REGARD TO THE INTEGRATION OF THEORY AND PRACTICE DURING ACCOMPANIMENT OF STUDENT NURSES IN CLINICAL SETTINGS

56. Application of new knowledge by student nurses to patient care is often a source of friction in clinical settings.

57. Student nurses lack a well-developed theoretical base for clinical practice.

58. Student nurses lack competence in clinical settings.
59. Nurse educators are competent in applying theory to clinical settings.

SA  A  D  SD

60. During accompaniment emphasis is placed on skills rather than on caring.

SA  A  D  SD
SECTION G : ASPECTS OF ACCOMPANIMENT IN CLINICAL SETTINGS

Please indicate your viewpoint on accompaniment by responding to the following questions:

1. What do you understand by "accompaniment"?
   ...........................................................................................................................
   ...........................................................................................................................

2. Who should accompany student nurses in clinical settings?
   ...........................................................................................................................
   ...........................................................................................................................

3. By whom are student nurses actually accompanied?
   ...........................................................................................................................
   ...........................................................................................................................

4. What is the role of the accompanists in the clinical settings?
   ...........................................................................................................................
   ...........................................................................................................................
   ...........................................................................................................................
   ...........................................................................................................................

5. Which of your expectations have been met during accompaniment in clinical settings?
   ...........................................................................................................................
   ...........................................................................................................................
   ...........................................................................................................................

6. Which of your expectations were not met during accompaniment in clinical settings?
   ...........................................................................................................................
   ...........................................................................................................................
QUESTIONNAIRE NO.

TO BE COMPLETED BY UNIT SUPERVISORS

1. Do not write your name or employment number on this questionnaire
2. Your institution’s name must not be written on this questionnaire

SECTION A: BIOGRAPHIC DATA

Please mark the appropriate number/box with an “X”.

1. Age in years at your last birthday
   21-25 1
   26-30 2
   31-35 3
   36-40 4
   41-45 5
   46-50 6
   50+ 7

2. From what type of basic nursing programme did you graduate?
   Four-year comprehensive course
   Integrated general nursing and midwifery
   General nursing

3. For how long have you worked as a unit supervisor?
   Less than 1 year 1
   1-5 years 2
   6-10 years 3
   11-15 years 4
   16-20 years 5
   20 years and more 6
4. In which unit do you accompany/ have you accompanied student nurses mostly?

<table>
<thead>
<tr>
<th>Unit</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>1</td>
</tr>
<tr>
<td>Surgical</td>
<td>2</td>
</tr>
<tr>
<td>Paediatric</td>
<td>3</td>
</tr>
<tr>
<td>Midwifery</td>
<td>4</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>5</td>
</tr>
<tr>
<td>Clinics</td>
<td>6</td>
</tr>
<tr>
<td>Casualty</td>
<td>7</td>
</tr>
<tr>
<td>Outpatients</td>
<td>8</td>
</tr>
<tr>
<td>Operating room</td>
<td>9</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>10</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>11</td>
</tr>
</tbody>
</table>

5. Area of specialisation
SECTION B: THE PERCEPTIONS OF UNIT SUPERVISORS WITH REGARD TO ACCOMPANIMENT OF STUDENT NURSES IN CLINICAL SETTINGS

Please indicate the extent to which you agree or disagree with each of the following statements by making your responses on a 4-point scale using the following key:

SA=Strongly agree  A=Agree  D=Disagree  SD=Strongly disagree

Office use

During accompaniment in the clinical settings:

6. Student nurses are motivated to move from dependency to independency by unit supervisors. 9

7. Student nurses are assisted by unit supervisors to exercise control of their interpersonal relationship 10

8. Unit supervisors guide student nurses to develop from dependency to independency. 11

9. Unit supervisors enable student nurses to cope with unfamiliar situations. 12

10. Student nurses receive adequate support from unit supervisors. 13

11. Unit supervisors provide few opportunities for student nurses to gain nursing experience. 14

12. Unit supervisors encourage student nurses to think rationally and develop ideas of their own about nursing practice. 15
13. It is not necessary for unit supervisors to guide student nurses to achieve new insights.  

SA A D SD  

14. Unit supervisors create an atmosphere of trust.  

SA A D SD  

15. Mutual respect between student nurses and unit supervisors is encouraged.  

SA A D SD  

16. Unit supervisors create learning opportunities that make it possible for student nurses to develop from dependency to independency.  

SA A D SD  

17. Unit supervisors always supervise student nurses’ psychomotor skills.  

SA A D SD  

18. Unit supervisors seldom supervise students’ affective skills.  

SA A D SD  

19. Unit supervisors facilitate students’ learning.  

SA A D SD  

20. Student nurses are not allowed freedom of discussion.  

SA A D SD  

The emphasis of accompaniment in the clinical situation includes that:  

21. Unit supervisors should follow clearly defined clinical learning objectives.  

SA A D SD
22. Unit supervisors seldom follow formal teaching strategies in the unit.

23. Student nurses should be encouraged by unit supervisors to explore their own learning.

SECTION C: PERCEPTIONS OF UNIT SUPERVISORS DURING ACTUAL ACCOMPANIMENT OF STUDENT NURSES IN THE CLINICAL SETTINGS

24. Unit supervisors discourage independent actions from student nurses.

25. Unit supervisors encourage autonomy of student nurses.

26. Unit supervisors display overprotectiveness of student nurses.

27. Unit supervisors use teachable moments.

28. Student nurses are seen by unit supervisors as just some help with the unit workload.

29. Skills of student nurses are viewed as insufficient by unit supervisors.

30. Unit supervisors prevent student nurses from making mistakes.
31. Unit supervisors minimise risk-taking by student nurses.

32. Unit supervisors set goals that are too restricting.

33. Unit supervisors always identify needs for teaching.

34. Unit supervisors are unskilled in the planning and execution of satisfactory clinical teaching plans.

35. Student nurses are controlled by unit supervisors.

SECTION D: THE PERCEPTIONS OF UNIT SUPERVISORS WITH REGARD TO THEIR TEACHING ROLE OF STUDENT NURSES IN THE CLINICAL SETTINGS.

36. Unit supervisors identify learning needs of student nurses.

37. Unit supervisors set the learning climate.

38. Sometimes unit supervisors are not available when needed by student nurses.

39. Unit supervisors assist student nurses to use learning resources.
40. Student nurses are always encouraged by unit supervisors to assume responsibility for their own learning.

41. Unit supervisors establish genuine interpersonal relationships with student nurses.

42. Unit supervisors link theory to practice.

43. Continuous assessment of student nurses is always done by unit supervisors.

44. Unit supervisors pass skills and expertise of nursing practice to student nurses.

45. Unit supervisors assist student nurses to develop competency.

46. Unit supervisors facilitate personal growth of student nurses.

SECTION E: THE PERCEPTIONS OF UNIT SUPERVISORS WITH REGARD TO EXPECTATIONS OF STUDENT NURSES IN CLINICAL SETTINGS:

In the clinical settings, student nurses expect:

47. To gain emancipation through clinical experience.
48. Unit supervisors to support them.

51

49. Unit supervisors to encourage them.

52

50. To be criticised by unit supervisors.

53

51. To be corrected by unit supervisors.

54

52. To be guided how to learn from problematic experiences.

55

53. Unit supervisors to provide opportunities for clinical decision making.

56

54. To be assisted to identify their limitations.

57

55. To be assisted to identify their strengths.

58

SECTION F: PERCEPTIONS OF UNIT SUPERVISORS WITH REGARD TO THE INTEGRATION OF THEORY AND PRACTICE DURING ACCOMPANIMENT OF STUDENT NURSES IN CLINICAL SETTINGS
56. Application of new knowledge by student nurses to patient care is often a source of friction in clinical settings.

57. Student nurses lack a well-developed theoretical base for clinical practice.

58. Student nurses lack competence in clinical settings.

59. Unit supervisors are competent in applying theory to clinical settings.

60. During accompaniment emphasis is placed on skills rather than on caring.
SECTION G

Please indicate your viewpoint on accompaniment by responding to the following questions:

1. What do you understand by “accompaniment”?

2. Who should accompany student nurses in clinical settings?

3. By whom are student nurses actually accompanied?

NB: If the space provided for question 4, 5 and 6 is insufficient, please use the attached paper for additional comments.

4. What is the role of the accompanists in the clinical settings?

5. How can accompaniment of student nurses in the clinical setting be improved?

6. What is the role of the student nurses during accompaniment?
Appendix B

Covering letter for questionnaires
LETTER TO RESPONDENTS

Dear colleague/student

I am a UNISA student conducting a research study on the perception/views of student nurses, nurse educators and unit supervisors on the accompaniment of student nurses in clinical settings. I kindly request your participation in this study by completing the enclosed questionnaire. The completion of the questionnaire will need 30 minutes of your time.

Anonymity is guaranteed as neither your name nor the name of your institution will appear on the questionnaire. All the questionnaires will be kept safe for three years after the compilation of the final report. Your participation is voluntary and you may withdraw at any stage. The information that you provide will contribute to the results of this study. Such information will be used for improving future student nurses’ learning experiences. You will receive no payment for participating in this study. Data collected in this study will be disseminated through a research report.

Thank you

E M LEKHULENI
Appendix C

Letters requesting and granting permission to conduct the research
REQUEST FOR RESEARCH PERMISSION

Sir/Madam

I am a UNISA MA Cur student conducting research study on the topic “The perceptions/views of nursing students, nurse educators and unit supervisors on accompaniment of nursing students in the clinical setting”. Please find attached a letter of permission from the Northern Province, Department of Health and Welfare.

I hereby request permission to conduct research during the period from 19 February to 30 March 2001 at Doctor Machupe Mphahlele Memorial Hospital. During this period I will request the participation of student nurses, nurse educators and unit supervisors in completing a questionnaire that will require thirty (30) minutes of their time.

Yours faithfully

M E Lekhuleni
Northern Province
DEPARTMENT OF HEALTH & WELFARE
SOUTHERN REGION
(OFFICE OF THE REGIONAL DIRECTOR)

REF: LEKHULENI/ NURSING RESEARCH
ENQ: J LEDWABA
TEL: 015-6337116
FAX: 015-6337927 24 JANUARY 2001

MS LEKHULENI
UNIVERSITY OF THE NORTH
PRIVATE BAG X1106
SOVENGA
0727

Dear Ms Lekhuleni

PERMISSION TO DO RESEARCH AT DR M.M.M HOSPITAL

Your letter dated 24 January 2001 refers:

We acknowledge receipt of your letter and wish to respond as follows:

1. Permission is hereby granted that you can interview nurses at Dr M.M.M for purposes of fulfilling the requirements for your Research Project.

2. Please present this letter to the Medical Superintendent to identify yourself.

The Regional Management wishes you good luck in your studies.

Thanks

JIMMY LEDWABA
REGIONAL DIRECTOR: SOUTHERN REGION
To ALL CLINICS IN THE DEPARTMENT OF HEALTH & WELFARE

Northern Province

Permission has been given by the Department of Health & Welfare to conduct research in our clinics.

Enquiries: Sinah Mahlangu
Reference: Research & Quality Improvement

University of the North
Private Bag X1106
SOWELE
0727

To Lekhuleni

THE PERCEPTIONS/ VIEWS OF NURSING STUDENTS, NURSE EDUCATORS AND UNIT SUPERVISORS ON ACCOMPANIMENT OF NURSING STUDENTS IN THE CLINICAL SETTING.

1. Permission is hereby granted to conduct a study on the above topic in the Northern Province.

2. The Department of Health & Welfare needs a copy of the research findings for its own resource centre.

3. The researcher should be prepared to assist in interpretation and implementation of the recommendations where possible.

4. Implications: Permission should be requested from regional and institutional management to do research.

Sincerely,

SUPERINTENDENT - GENERAL
DEPARTMENT OF HEALTH & WELFARE
NORTHERN PROVINCE

TEL: 0162 - 201-0107
FAX 0162 - 201-5961
291-0007
291-0007
291-0148
36 MANL VAN RENSBERG STREET,
PETERSBURG
0100

OR JAN WOOLMAN BUILDING
PRIVATE BAG X3932

Enquiries: Sinah Mahlangu
Reference: Research & Quality Improvement
27 May 1999

University of the North
Private bag x1106
SOVenga
0727

Ms Lekhuleni

THE PERCEPTIONS/VIEWS OF NURSING STUDENTS, NURSE EDUCATORS AND UNIT SUPERVISORS ON ACCOMPANIMENT OF NURSING STUDENTS IN THE CLINICAL SETTING.

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3. The researcher should be prepared to assist in interpretation and implementation of the recommendations where possible.

4. Implications: Permission should be requested from regional and institutional management to do research.

Sincerely,

[Signature]

SUPERINTENDENT GENERAL
DEPARTMENT OF HEALTH & WELFARE
NORTHERN PROVINCE

TEL: 0152 - 291-2010/7
291-2637
295-2851/2
295-2897/8

FAX: 0152 - 291-5961
291-5146
34 HANS VAN RENSBURG STREET,
PIETERSBURG
0700
Appendix D

Student nurses’ experiences as recorded in reflective journals
STUDENT NURSES' EXPERIENCES RECORDED IN REFLECTIVE JOURNALS

The researcher obtained permission to use the information from reflective journals from the students.

"I was very glad and exited that I found the correct findings on pv., I was not influenced by the readings of the clinic nurse, I only found my own different findings which were also found by the sister and the doctor. This made me feel more competent with the determination of cervical dilatation because I was not confident with myself".

"I was happy because there were no commands in the ward, but working independently and be exposed even administering drugs to the patients. To me this shows that I'm getting mature, I need not be followed but I'm expected to consult the sisters wherever I come across with a problem".

"I realised that students are taken as gate-crushers in the unit. I have clearly indicated to one sister that I would like to be involved in drug-checking. She proudly answered that she did not decide to be a teacher but a nurse, that is why she is in the nursing field not in the teaching field".
Department of Advanced Nursing Sciences
Unisa

Dear Dr. van der Wal,

MASTERS DISSERTATION: MRS EM LEKHULENI

This serves to confirm that I assisted Mrs Lekhuleni with the design and data analysis for her Masters project. I also assisted her with the interpretation of the results.

I hope that the information provided is sufficient.

I thank you.

Sincerely,

Prof M.E Nthangeni