

**MIDWIFERY STUDENTS' EXPERIENCES OF CLINICAL TEACHING AT
SOVENGA CAMPUS (LIMPOPO COLLEGE OF NURSING), LIMPOPO PROVINCE**

By

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DEDICATION

I dedicate this thesis to the following people:

My husband, Kolobe Setumo, for his continuous support and encouragement to continue my studies, and for playing a motherly role to the children when I was attending lectures in Pretoria.

My two sons Matome and Ditsepu, and my daughter Morongoa for their patience and support during my studies.

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DECLARATION

I declare that **MIDWIFERY STUDENTS' EXPERIENCES OF CLINICAL TEACHING** has not been submitted before for any other degree at any other institution 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.

Signature.....

Date.....

(Setumo Lefoka Johanna)

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ABSTRACT

The purpose of midwifery nursing education is to prepare midwives who are fully qualified to provide high-quality, evidence-based mother and child health care services. A quantitative descriptive explorative design was used to identify and explore midwifery students' experiences of clinical teaching at Sovenga Campus, (Limpopo College of Nursing), Limpopo province. Structured questionnaires were used to collect data. The research sample consisted of fifty (50) midwifery students from Sovenga Campus. Ethical principles were adhered to. Validity and reliability were maintained. The findings showed that learning opportunities are being utilised and clinical accompaniment by tutors has improved. The findings indicated that clinical teaching in midwifery units does not include implementation of the maternity guidelines and protocols' being used .A recommendation was that tutors be included in student orientation and the planning of monthly unit in-service programmes.

Keywords: clinical accompaniment, clinical learning, clinical setting, clinical teaching, midwifery, midwifery students, midwifery tutors

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LIST OF ABBREVIATIONS

DOH	Department of Health
RN	Registered Nurse
SANC	South African Nursing Council
UKCC	United Kingdom Central Council
WHO	World Health Organization

CHAPTER 1

ORIENTATION OF THE STUDY

1.1 INTRODUCTION

The midwifery clinical setting is a significant environment for the integration of midwifery theory and practice for student midwives. Clinical teaching provided in this environment aims to produce a competent professional nurse and/or midwife who is capable of providing nursing care, based on sound knowledge and decisions, practiced skills and professional values (Bruce, Klopper & Mellish, 2011:254). The study focused on midwifery students' experiences of clinical teaching at one of the campuses of the Limpopo College of Nursing in Limpopo province. The research problem, theoretical framework, definition of concepts, operational definitions and research questions/hypothesis were derived from the current literature. The research methodology was based on background information obtained from the literature and the need to address the central research question. A quantitative approach, incorporating Hildegard Peplau's model, guided the study. The methodology section of the study addressed issues related to the study population, sampling, data collection, data quality, data analysis and ethical considerations. Finally, the research highlighted the scope, significance and limitations of the study.

Preparing student nurses to practice independently and provide safe and effective care has always been a priority for nurse leaders in the academic and service sectors, but is becoming more of a challenge as patients' acuity levels intensify and care systems become more complex (Glazer, Erickson, Mylott, Shick & Banister, 2011:401).

One of the findings of the study conducted by Mabuda, Potgieter and Alberts (2008:23) at one of the campuses of the Limpopo College of Nursing, revealed that student nurses spent most of their time in clinical practice doing menial tasks, as the registered nurses did not delegate tasks according to the student nurses' level of training or scope of practice.

According to Mabuda et al. (2008:19), a conducive and supportive environment for student nurses depends on the availability of placement support systems, such as supervision, mentorship, preceptorship and relationships between the faculty, student nurses and clinical staff members. The ability to provide care competently depends on the ability of the nurse to integrate theory and practice.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

1.2.1 Source of the research problem

A research problem is a troubling situation in need of a solution, improvement or alteration, a discrepancy between the way things are and the way they ought to be. It is an area of concern where there is a gap in the knowledge base required for effective nursing practice (Burns & Grove 2005:70; Polit & Beck 2008:81). The philosophy of the Limpopo College of Nursing is based on the following viewpoints: firstly, humankind, man as a unique being with physical, psychological, social, religious and cultural needs. Each human being is a person in his own right and responsible for his/her own choices. Secondly, the nurse practitioner as having the fundamental responsibility to conserve life, promote health and relieve suffering. "The product of the college should therefore be competent, caring, and compassionate and deliver a comprehensive service within the legal and ethical parameters of the society and the profession" (Northern Province College of Nursing Curriculum 1997:5).

The researcher is currently a tutor/lecturer at the Limpopo College of Nursing stationed at Sovenga Campus (Midwifery Department). The research problem was observed during midwifery clinical accompaniment in the Capricorn District hospitals where she realised that community service students needed the same or even more supervision as though they were still in training. These newly qualified nurses did not have the confidence to perform midwifery skills independently.

Three hospitals are being utilised to allocate midwifery students for clinical experience and practice. According to Moscaritolo (2009:17), high levels of anxiety can affect students' clinical performance and experience, which can present a clear

threat to success in clinical teaching and learning. It is significant for the clinical nursing faculty to be mindful of the challenges that students might encounter in their clinical learning environments.

Mogale (2011:88) revealed that students predominantly experienced lack of support in terms of accompaniment, as reflected in the many challenges they were faced with, and therefore the students acquired minimal clinical skills instead of maximum clinical skills as an outcome expected by the SANC regulation (regulation R425 of 1985,as amended) (SANC, 2006). Quinn and Hughes (2007:346) state that qualified staff should be encouraged to act as appropriate supervisors, mentors, preceptors and assessors. The registered nurses should adopt a humanistic approach towards students, treating them with kindness and understanding. Therefore the researcher considers that it is essential to identify and explore midwifery students' experiences of clinical teaching during their clinical placements in order to make recommendations to improve their clinical learning exposure.

The researcher observed that newly qualified community service students were not confident about working in maternity wards without supervision .The above statement was also supported by the Saving Babies report (2008-2010:68), where the committee made a recommendation that community service students should be placed in maternity wards for six months in order for them to become competent in midwifery procedures and protocols.

1.2.2 Background to the research problem

Integrating teaching and practice has two effects: it ensures that education is relevant, and it brings quality nursing practice to the health care system. Effective clinical teaching will develop students' critical thinking and problem-solving skills.

The clinical learning environment for nurses should enable midwifery students to acquire not only knowledge of the discipline but also methodologies that will aid their knowledge production and on-going lifelong learning (Bruce, Klopper & Mellish 2011:106). Anderson (2011:49) reminds one how adults learn, and states that adults

learn best when theory is combined with practice in an atmosphere which is conducive to learning and all parties have mutual respect and trust.

According to Quinn and Hughes (2007:346), an effective learning environment will encourage the students to take responsibility for their own learning and be active in identifying relevant opportunities. In midwifery, learning gained from clinical experience is more meaningful and relevant if it is well integrated with the theoretical knowledge. Clinical learning activities provide real-life experiences and opportunities for transfer of knowledge to practical situations. Clinical teaching must include skills such as identifying knowledge gaps, finding and utilising new information and initiating or managing change (Gaberson & Oermann, 2009:8).

In a study conducted by Lehasa (2008:67) in the Free State, the results indicated that the tutors were involved with clinical teaching, they were continuously teaching and evaluating the students' progress and giving them feedback, and this enhanced the students' performance and improved the quality of nursing care provided. Mkhwanazi (2007:85) emphasises that supervision in nursing is crucial, as students are dealing with real-life situations involving patients' lives.

In a study conducted in a rural hospital in Limpopo, the students stated that they expected to be in the clinical area for learning experiences based on specific objectives, but the registered nurses had different expectations. The student nurses wanted to observe registered nurses' work and follow them without participating, and sometimes the students refused to work with or assist the registered nurses because the procedures were not listed in their learning outcomes (Rikhotso, 2010:52).

A study conducted in Tanzania revealed that a conducive learning environment was an adequate physical environment where learning could take place with a humanistic approach and team work, an effective management style and student support (Ayo 2006:100). Preparing student nurses to practise independently and provide safe and effective care remains the cornerstone of nursing education programmes. Reports by the Carnegie Institute of Medicine in the United States of America (USA) called for nurse leaders to improve the way in which nurses were prepared and educated by reducing the gap between classroom and clinical teaching and making better use of

resources and partnerships available in the community (Glazer, Ericson, Mylott, Shick & Banister, 2011:401).

In a study conducted in Australia by Licqurish and Seibold (2008:480), the students identified midwifery preceptors as being either helpful or unhelpful, and indicated that they preferred to work with caring midwifery preceptors who enjoy teaching, answer questions fairly and have philosophical orientations that are similar to those of the students. The students also felt that they benefited from opportunities when they assumed responsibility for care under supportive supervision, hands-on learning and debriefing. Midwifery preceptors who were not providing hands-on practice were described as being “unhelpful” and were regarded as poor role models as they were unsupportive towards students. Hands-on learning was emphasised as being the most beneficial learning experience and the students sought opportunities to work with midwives who imbued the philosophy they admired rather than becoming desensitised or socialised into the midwifery culture that was at odds with the course’s philosophy (Licqurish & Seibold, 2008). According to the researcher, midwifery clinical exposure should be fully utilised for the student to practise all the skills.

1.3 RESEARCH PROBLEM

Research has been conducted in various campuses of the Limpopo College of Nursing on clinical teaching and clinical accompaniment of student nurses, e.g. Mabuda et al., 2008:23; Lekhuleni, Van der Wal & Ehlers, 2004:80; and Rikhotso 2010:52. Their findings were almost similar – they found that there were discrepancies between theory taught at college and the actual practices in the clinical setting and this confused the student nurses. The studies from those researchers also revealed that the tutors did not accompany the students; therefore the students relied on the information given by ward staff and nursing managers.

The researcher observed that during clinical accompaniment, some of the newly qualified professional nurses doing community service lacked confidence when performing routine ward activities without the supervision of the senior professional nurses.

In this study the focus is specifically on clinical teaching in midwifery. The researcher has attempted to identify how midwifery students are oriented in the midwifery units, especially with regard to new programmes and protocols. The learning objectives are supplied, but are they being utilised? Students are prepared to be future professionals, but are they being given the opportunities to prepare and present topics in the wards?

The researcher therefore became curious and attempted to identify whether the problem was due to lack of clinical exposure, lack of commitment to learning or the quality of the clinical teaching being offered to midwifery nursing students

1.4 AIM OF THE STUDY

1.4.1 Research purpose

The purpose of the study was to explore and describe the experiences of midwifery students in the clinical setting, and to make recommendations for improving clinical placements and teaching.

1.4.2 Research objectives

- To explore and describe the experiences of midwifery students in the clinical setting.
- To make recommendations to improve the clinical teaching and learning of midwifery students during clinical placements.

1.5 SIGNIFICANCE OF THE STUDY

The study will contribute relevant information in the following areas:

1.5.1 Learning of midwifery students

The research could answer the question as to whether student nurses experience learning or not in the clinical area.

1.5.2 Significance for the clinical learning environment

The findings of the study highlight the nature of the midwifery clinical environment in the three hospitals in the Capricorn district, and will assist in finding a way to address those challenges to improve the quality of clinical exposure.

1.5.3 Significance for nursing education

The study will assist the nursing education directorate to make recommendations for improving the effectiveness of integrating theory and practice.

1.5.4 Significance for the Department of Health

The findings may be used by policy makers in implementing changes in the clinical area, and as such facilitate the training of competent, confident midwifery students who will provide maternity care nationally and provincially.

1.6 DEFINITIONS OF KEY CONCEPTS

1.6.1 Midwifery student

Midwifery student refers to a student who is undergoing a four-year integrated programme leading to registration as a nurse (general, psychiatry, community) and midwifery as stipulated in SANC Regulation R425 of February 1995, as amended. In the study midwifery nursing student refers to the student undergoing the four-year basic course (R425) in level III and IV at Sovenga Campus (Limpopo College of Nursing) who acquires theory at college and is allocated for clinical experience in the midwifery wards and clinics (SANC: 1985).

1.6.2 Experience

Experience is learning by doing, rather than listening to other people or reading about it. Active involvement of the student is one of the key characteristics of this form of learning, together with student centeredness, a degree of interaction, some measure of autonomy and flexibility and a high degree of relevance (Quinn & Hughes, 2007:33). In this study experience means the knowledge and skills that the students accumulate during midwifery practice.

1.6.3 Clinical teaching

Clinical teaching aims to produce a competent professional nurse capable of providing nursing care based on sound knowledge and decisions, practiced skills and professional values (Bruce et al., 2011:254). In this study clinical teaching is assumed to be any context in which the tutor/registered midwife, client/patient and student have face-to-face contact, and focuses on learning and teaching in order to produce competent professional midwives capable of providing midwifery care based on sound knowledge and decisions, practiced skills and professional values.

1.6.4 Clinical learning practice

Clinical learning practice is the acquisition of knowledge, skills and values in the clinical practice setting or environments that stimulate clinical practice. The demonstration of clinical competence is integral to clinical learning (Bruce et al., 2011:254). Listening to students, it is clear that they struggle to retain their early motivation of caring in a helping profession and at the mounting of knowledge and skills expected of them as they progress towards becoming practising professionals (Ewan & White, 2002:15). Learning opportunities are those opportunities which the student utilises in the health service under the supervision of a registered nurse/midwife and other experts in the health service (SANC, 1992:7). In this study learning opportunities refer to learning activities utilised by midwifery students in maternity wards (antenatal, labour and puerperium) being supervised by registered midwives, tutors and doctors.

1.6.5 Registered nurse/midwife

According to South Africa Nursing Council Act no.R2598 (2005) "registered person" shall mean a person who is registered as a nurse or as a midwife in terms of the Nursing Act 33 of 2005 as amended.

A professional nurse is a person who is qualified and competent to independently practise comprehensive nursing/midwifery in the manner and to the level prescribed

and who is capable of assuming responsibility and accountability for such practice (South Africa, 2005:62).

The study refers to all registered nurses working in maternity wards in Capricorn district hospitals accredited by SANC for training of midwifery students and are responsible for the supervision of midwifery students' clinical practice.

1.7 THEORETICAL FOUNDATIONS OF THE STUDY

1.7.1 Research paradigm

Babbie (2007:31-32) describes a paradigm as a framework for organising our observations and reasoning; a filter through which one judges the world. A paradigm is a world view, a general perspective on the complexities of the real world (Polit & Beck, 2010:14). The researcher used the positivist approach and focused on the understanding of the study as it evolved during the investigation, and thus begins with an area of study and what is relevant to that area for a fuller understanding thereof. A precise question and hypothesis were thus not developed before the study was started (De Vos, Strydom, Fouche & Delpont, 2011:7).

1.7.2 Theoretical framework

The concept theoretical framework is described as an "explanation which is based on formulated propositions resulting from an existing theory which seeks to create a specific way at looking at a particular phenomenon." Nursing's philosophical position influences its knowledge. Perceptions are first influenced by philosophy then by knowledge. How nurses use science and theories to explain the empirical world depends on their philosophy (Burns & Groove 2005:12). According to Brink (2009:27), health sciences research and theory are interdependent and inseparable as theory guides and generates ideas for research.

1.7.2.1 Peplau's theory of interpersonal relations

Peplau's theory describes nursing as a healing art, assisting individuals who are sick or in need of health care. Nursing is viewed as interpersonal because it involves interactions between two or more individuals with a common goal. In this study

Peplau's theory is viewed as an educative instrument whereby the student is like a patient who enters the health system with his personal beliefs and in need of help to grow towards professional maturity. The theory is applied in the registered nurse-student relationship as clinical teaching is an interactive process aimed at the enhancement of learning and professional and personal development (Meyer, Naudé, Shangase & Van Niekerk, 2009:34)

The theory gives direction towards the development of self-actualisation and maturity through meeting a hierarchy of human needs. Interpersonal relationship takes place as the registered nurses utilise the opportunities that arise during patient care activities to teach the students, and the students act as active participants to achieve their outcomes.

Peplau's theory had four main concepts, namely interpersonal process, nurse, client/patient and anxiety (George, 2011:65). During clinical teaching and accompaniment, the concepts communication and anxiety are viewed as key elements towards an effective registered nurse/student interpersonal relationship.

1.7.2.2. Meta-paradigm of the theory

Regarding the meta-paradigm of the theory, which includes the four concepts of human beings, i.e. health, society, environment and nursing, the researcher decided to use the theory as there are interpersonal relations between midwifery students, tutors, registered nurses/midwives, patients and other multidisciplinary team members in the hospital. The maternity units constitute the clinical environment in this research, which plays an important role in the development of competent midwives. In this study only questions relating to students and registered nurses were explored, patients and other multidisciplinary team members were not included.

Knowledge of the dynamics underlying interpersonal relations is essential in educating nurses for all settings in which nurses and patients interact (Fitzpatrick & Whall, 2005:61). Research on nursing education indicates that effective clinical teachers are clinically competent, know how to teach, have collegial relationship with

students and staff and are friendly, supportive and patient (Billings & Halstead, 2005:331).

1.8 RESEARCH DESIGN AND METHODOLOGY

Research methodology refers to the steps, strategies and procedures used for data gathering and analysis in the study (Polit & Beck 2008:758). According to Burns and Groove (2005:23), research design is a blueprint for conducting a study that maximises control over the factors that could interfere with the validity of the findings.

The research design of the study spells out the basic strategies that researchers adopt to answer their questions and test their hypotheses (Polit & Beck 2010:222). In this study a quantitative, explorative and descriptive design was used to explore midwifery students' experiences of clinical teaching in one of the campuses of the Limpopo College of Nursing.

1.8.1 Quantitative research design

Quantitative research design is a formal, objective, systematic process in which numerical data are used to obtain information about the world (Burns & Groove 2005:23). According to De Vos et al. (2011:142), it is a systematic collection of numerical information often under conditions of considerable control and use of statistics to analyse data.

1.8.1.2 Exploratory research design

According to Polit and Beck (2008:20), exploratory research is described as a study which seeks to explore the nature of the phenomenon, the manner in which it is manifested and its underlying processes. The researcher explored the midwifery students' experiences with regard to clinical teaching.

1.8.1.3 Descriptive research design

Descriptive designs collect detailed descriptions of existing variables and use the data to justify and assess current condition and practices to make plans for improving health care practices (Wood & Harber 2010:198). The study describes the experiences of midwifery students in maternity units in the three Capricorn district hospitals to which they are assigned for clinical practice.

1.8.2 Methodology

1.8.2.1 Population

Population refers to the entire group of persons (n) who meet the criteria that the researcher is interested in studying (Brink et al., 2012:131). The target population for this study comprises one hundred and forty nine (149) midwifery students in level III and IV who were registered (R425) at Sovenga Campus.

1.8.2.2 Sampling and sampling procedure

Sampling refers to the researcher's process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink et al., 2012:132). According to Polit and Beck (2008:765), sampling is the process of selecting a portion of the population to represent the entire population.

A probability sampling technique was used to draw a sample of the population so that each member of the population had an equal chance of being selected. The sampling frame was drawn from the College's list of midwifery students in level III and IV. Systematic sampling was used as it can be used when an ordered list of all members of the population is available.

The process involves selecting every "kth" individual on the list, using a randomly selected starting point (Burns and Groove 2005:349). The sampling interval was determined using the following formula: $K = 149/3 = 50$.

1.8.3 Data collection

Data collection is a systematic way of gathering information relevant to the research purpose, questions, specific objectives or hypotheses of a study (Burns & Groove, 2005:733). The researcher used a structured questionnaire to collect data from midwifery students at Sovenga Campus.

1.8.4 Data analysis

Data analysis is the systematic organisation and synthesis of research data and the testing of hypotheses using those data (Polit & Beck, 2008:751).

According to Burns and Groove (2009:44), data analysis reduces, organises and gives meaning to the data and involves the use of descriptive and exploratory procedures to describe study variables and the sample. The data were analysed using Statistical Package for Social Sciences (SPSS) computer software version 21. The questionnaire consisted of close-ended questions and the questions were coded for easy analysis by computer.

1.8.5 Validity and reliability

Validity is the extent to which the instrument measures the attributes of a concept accurately. Reliability is the ability of the instrument (questionnaire) to measure the attributes of a concept or construct consistently (Woods & Harber, 2010:286). The questionnaire was reviewed by colleagues who were involved in midwifery clinical teaching. It was verified by the supervisor. A pilot study was conducted with six midwifery students who did not participate in the main study. The aim of the pilot study was to identify inconsistencies and lack of clarity in the questions. The problems identified were the phrasing of some questions and typing errors. The questionnaire was refined and typing errors corrected. This was done to ensure reliability.

The research design

- Internal validity refers to the extent to which the effects detected in the study are a true reflection of reality rather than the results of the extraneous variables (Burns and Groove, 2005:215). In the study there were no threats to external validity as no causality was examined.
- External validity refers to the ability to generalise the findings with respect to the setting or sample (Burns and Groove, 2005: 21). The researcher enhanced the external validity by means of random sampling and an adequate sample size (n=50) to obtain a representative sample.

Data gathering instrument

A pilot study was done to ensure reliability of the data collection instrument and to assess the feasibility of the study. The respondents in the pilot study were similar to those in the study and were done under similar settings, but they were not included in the final study.

1.8.6 Ethical considerations

Ethical considerations are expected moral principles regarding behaviour towards participants, employees, sponsors, other researchers, assistants and students (Moule and Goodman, 2009:56). The study is about the experiences of human beings, therefore the researcher had to adhere to the generally accepted principles for ethical behaviour during the research. The researcher committed herself to conducting the study in an honest and professional manner, and to be sensitive towards the participants' right to autonomy, privacy and intellectual property of other researchers (Babbie, 2007:62). Ethical approval for the study was obtained from the following authorities:

- The ethical committee of the University of South Africa (Unisa)
- The ethical committee of the Limpopo Department of Health
- The Principal of the Limpopo College of Nursing (Sovenga Campus)
- Participants were given informed consent forms prior to data collection and were informed that participation was voluntary.

1.9 SCOPE OF THE STUDY

Anonymous questionnaires were given to the students to reduce bias. No names of the students or their numbers appeared on the questionnaire. The researcher assured the students' decision making without controlling influence or limitations. The study was conducted at Sovenga Campus only, therefore the results were not generalised to the Limpopo College of nursing.

1.10 STRUCTURE OF THE DISSERTATION

Chapter 1: Orientation of the study

Chapter 2: Literature review

Chapter 3: Research design and methodology

Chapter 4: Analysis, presentation and description of research findings

Chapter 5: Conclusion and recommendations

1.11 CONCLUSION

Nursing and midwifery practice should be standardised in order to facilitate nursing care and clinical teaching. Midwifery students in clinical practice should be seen as future midwives and be given the opportunity to practice and learn midwifery skills under the supervision and guidance of registered midwives, midwifery tutors and preceptors.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Literature review is a systematic and explicit approach to the identification, retrieval and bibliographical management of independent studies for the purpose of locating information on a topic, synthesising conclusions, identifying areas for future studies and developing guidelines for clinical practice (Brink et al., 2012:71). Wood and Haber (2006:79) define literature review as an organised critique of the important scholarly literature that supports a study, and a key step in the research process. The researcher conducted the literature review to critically evaluate the current level of available knowledge about the student nurses' experiences of clinical teaching from relevant journals, books, articles, research reports and policy documents. The researcher conducted a literature search for previous studies using data bases in the library, such as the Google Scholar search engine, PubMed, BioMed, MEDLINE, ProQuest and Epsom, using key words such as clinical teaching, midwifery students' experiences, clinical learning, clinical learning environment and accompaniment. This chapter will deal with the following:

- Rationale for the literature review
- Background to midwifery training
- Factors that contribute towards effective theory and practice integration
- Teaching in the clinical setting
- The work place learning environment
- Clinical placement support systems
- Peplau's theory of interpersonal relations

2.2 RATIONALE FOR THE LITERATURE REVIEW

According to Brink et al. (2012:71) and Polit and Beck (2008:105), a literature search serves the following purposes:

- To assist the researcher to conduct a critical analytical appraisal of the recent scholarly work on the topic by determining what is already known about the topic so that the researcher can obtain a comprehensive picture of the state of knowledge.
- To identify the research problem and refine the research question.
- To provide the researcher with information on what has and has not been attempted with regard to approaches and methods, and on what types of data-collecting instruments exist and work or do not work.
- To prevent unintentional duplication by placing the study in the context of the general body of knowledge and enhance the probability that the new research will make a valuable contribution.
- Assist the researcher to study the conceptual and operational definitions used in previous research.

2.3 BACKGROUND TO MIDWIFERY TRAINING

The art of midwifery was initially learned from an experienced midwife or passed from mother to daughter. In as early as 1500, a number of books on obstetrics appeared, and during the seventeenth and eighteenth centuries various midwives published works.

During the Middle Ages, control of the training for and practice of midwifery was done by the church. During the second half of the nineteenth century the maternal and neonatal mortality rate was exceptionally high, between 150 in 1 000 and 162 in 1 000, and as a result repeated efforts were made to improve midwife training and to issue certificates of registration (Nolte, 2011:21). The following few examples indicate the development of midwifery training in other countries.

2.3.1 The United Kingdom

In Europe the researcher chose to study the history of midwifery training in the United Kingdom (UK) as most of the nursing literature is influenced by studies from the UK.

In times past, midwifery training was more practical than theoretical and was carried out in hospitals where student midwives were under the supervision of senior midwives (World Health Organisation, 1997:87). It was common practice that nurse/midwifery teachers were qualified health professionals with experience who held a teaching qualification (World Health Organisation, 1997:80). South African nursing education follows the UK trend.

In the 1900s the first supervisors were registered midwives, but later medical supervisors were employed to supervise midwives. In 1978 courses for supervisors of midwives were introduced, and later in 1994 the midwives code of practice was revised to include a section that demarcated the relationship between midwife and supervisor of midwives as a partnership (UKCC for Nursing and Midwifery Health Visiting, 1994:963). In 1998 the United Kingdom Central Council (UKCC) established a commission to examine the future direction of preregistration nursing and midwifery education. Its terms of reference were to prepare a way forward for preregistration nursing and midwifery education that would enable fitness to practice based on health care needs (Quinn & Hughes, 2007:3).

2.3.2 Tanzania

In Africa the researcher choose to review midwifery training in Tanzania as it is in more or less the same situation with regard to clinical teaching as South Africa (Ayo, 2006:21). In 1949, when formal midwifery training started in Tanzania, midwifery tutors taught student midwives in the classroom and accompanied them in the clinical setting. In 1952, the concept of clinical tutor was introduced. In 1965, the tutor-to-student ratio was 1:12. The integrated diploma for registered nurses and midwives in Tanzania is a four-year full-time training programme conducted at 14 schools, and midwifery training starts from the third year of the training programme, which is the same as in South Africa.

2.3.3 South Africa

In South Africa midwifery followed the trends emerging from Europe. Private nursing and midwifery were available from the time of the first European settlers.

In 1876 sister Henrietta Stockdale from Britain was trained as a midwife in Kimberley, and in 1887 Mary Hirst Watkins, a nurse/midwife became the founder of modern midwifery in South Africa.

Midwives in South Africa were registered on 18 August 1891 and the first seven midwives were registered on the 6 September 1892. At the end of the 19th century, midwifery education and registration were well established in South Africa (Searle, Human & Mogotlane 2009:345).

In 1968 the training of nurses and midwives became integrated into three-and-a-half year and later four-year degree or diploma. In 1972 direct entry to midwifery was ruled out by the SANC and only people with previous professional qualifications were admitted for a one-year midwifery diploma. The regulation governing the number of births to be attended was changed in 1969 from 30 to 15 as the SANC realised that there had been marked improvement midwifery training (Nolte, 2011:19).

In 1985 a comprehensive programme for the education and training of nurses (general, psychiatry and community) and midwives was introduced, leading to registration according to R425 of 1985 as amended (hereafter referred to as the four-year comprehensive programme or merely Regulation R424 (SANC, 1985). Under this regulation midwifery students have to complete one thousand (1 000) hours in midwifery clinical practice for them to be registered as midwives.

As part of the transformation of nursing education in the 21st century, research was introduced in midwifery education where the students would firstly learn the technique, research evidence and the areas of practice yet to be reached. Secondly, during clinical placement, they then observe the utilisation of research by the mentor, who acts as a role model, and thirdly the student may become involved in research and attend journal clubs organised by active researchers (Fraser, Cooper & Nolte, and 2010:64).

In modern midwifery practice the scope of the professional midwife extends beyond that required for assistance during childbirth. She is expected to give total care to the mother and baby during pregnancy, labour and the puerperium.

Later developments established preventive medicine as part of midwifery practice, with antenatal supervision as part of the midwives' normal work.

Midwifery practice changes with increased scientific knowledge and will continue to do so, hence midwifery tutors, preceptors, mentors and professional midwives have to keep themselves updated and demonstrate the standardised procedures to student midwives (Mellish, Oosthuizen & Paton, 2010:62).

2.4 FACTORS THAT CONTRIBUTE TOWARDS EFFECTIVE THEORY AND PRACTICE INTEGRATION

2.4.1 Clinical teaching

Clinical teaching involves the careful design of an environment in which students have the opportunities to foster mutual respect and support for each other while they are achieving identified learning outcomes (Billings & Halstead, 2012:317). Bruce, Klopper and Mellish (2011:254) state that clinical teaching aims to produce a competent professional nurse/midwife capable of providing nursing care based on sound knowledge and decision-making practiced skill and professional values.

Meyer and Van Niekerk (2008:168) state that clinical teaching and learning take place in the clinical setting, where students are in contact with patients and other health workers. In this setting, students are supported, learning is valued, a structure for exploration is provided, the freedom to ask questions is enhanced, different opinions are encouraged and accepted and the development of each student is fostered. In order to achieve this aim clinical teaching should be based on theory and be applied in practice. To support the above statement students need to be supervised, clinical assessments conducted and students be continuously evaluated on their overall clinical performance (Mellish, Brink & Paton, 2008:72).

The aims of clinical teaching are based on the minimum requirements and guidelines relating to clinical learning of the South African Nursing Council (SANC, 1992:9) as amended.

These state that the overall objective of clinical practice is to provide student nurses with meaningful learning opportunities in every area of placement according to the level of training so as to ensure that on completion of the programme the student nurse is able to nurse efficiently.

The aim of clinical teaching in midwifery is to produce a competent registered midwife capable of giving expert care based on sound knowledge and practiced skill. The care given involves interaction between two or more people, namely the recipients of care and their families on the other hand, and professional nurses/midwives and midwifery students on the other. The clinical nursing unit is the laboratory for translating theory into practice (Muller, 2009:330).

Clinical teaching must include teaching skills such as leadership and administration, teaching, organising and controlling staff, determination of work methods and procedures, economical use of equipment and materials, drawing up of appropriate nursing care plans, supervision and control of the unit as a whole (Ayo, 2006:31). The key role players who will facilitate both formal and informal clinical instruction are the professional nurses/midwives, clinical preceptors and midwifery tutors.

Clinical teaching also prepares the student midwives to be future leaders and teachers, therefore they should be given the opportunity to deal with the practical aspects of the methods of clinical teaching and become proficient in peer group teaching and later be ready to take their place as teachers of students in clinical areas. The above statements are further supported by the purposes of clinical teaching as cited by Meyer & van Niekerk (2008:171) as to apply theory in the clinical setting, and guide students to eventually nurse patients independently. Student midwives needs to be supported and guided in the planning and execution of nursing policies. When rendering routine patient care student nurses needs to be incorporated to function with the rest of the nursing team members. During clinical teaching students are empowered through accompaniment and development skills and are encouraged to accept responsibility for their own learning. Clinical teaching should enhance the development of students to become nurses who can render comprehensive nursing care in any given clinical situation, and who can effectively pass on their knowledge to patients and subordinates (Meyer & Van Niekerk 2008:171) .

2.4.2 Clinical teacher

A clinical teacher is someone who is knowledgeable and able to share knowledge with students in a clinical setting. Such knowledge includes clinical reasoning which will enable the individual to collect data, solve problems and make decisions and judgements to provide quality nursing care in the work place. Effective clinical teachers should be able to create an environment that is conducive to learning that requires knowledge of the practical area, clinical competence and the desire to teach. Clinical teachers should be supportive to the students, friendly, approachable, understanding, enthusiastic about teaching, confident and knowledgeable about the subject matter, and be able to convey that knowledge to students in the clinical practice. The clinical teacher must provide students with frequent feedback and have the ability to diagnose students' needs, learn about students as individuals, including their needs, personalities and capabilities. During clinical teaching the teacher should foster independence and accountability so that students learn how to learn, and be able to relate how clinical experiences facilitate the development of clinical competence (Billings & Halstead, 2012: 317).

Being an effective clinical teacher is important, no matter what type of midwife you are or where you practice. Clinical experience is the core of midwifery education. The following ways to incorporate constructivist learning principles in midwifery clinical education is very effective:

- Observe students teaching patients, as students learn better by doing and attempting to solve problems on their own. Involve the students at every opportunity and ask them how they would handle the situation, and listen to the response. If there are many students in the units allow them to work together.
- Students can practice clinical skills on each other and do group care studies. Use different teaching methods like role plays to practice complicated procedures like delivery of a breech and ask the student to continue with the delivery in your presence. Provide opportunities for hands-on involvement, early and often.

(Singtree, 2006:03)

2.4.3 Clinical learning

Clinical learning is the acquisition of knowledge, skills and values in the clinical practice setting or environments that stimulate clinical practice. The demonstration of clinical competence is integral to clinical learning (Bruce et al., 2011:254), and although the clinical environment is filled with many learning opportunities, students may experience feelings of uncertainty and anxiety (Meyer, Naudé, Shangase & Van Niekerk 2009:112).

According to Carlson, Kotze and Van Rooyen (2003:30), factors contributing to feelings of anxiety and uncertainty are unavailability and inaccessibility of staff due to time constraints; shortage and/or absence of equipment to carry out nursing duties and meet the needs of the patients; conflict between the expectations of nursing school personnel and clinical nursing personnel in hospitals as well as lack of awareness among senior professionals of the needs and problems of nursing students in the clinical health care environment.

According to Meyer et al. (2009:112), a clinical learning environment for students should be the one that offers guidance and support by all staff members. Students must be given feedback about their performance at regular intervals. Students observe the staff especially registered nurses as their role models. Involvement of nursing students as members of the team makes them feel welcomed and accepted, hence they can feel free to ask questions and utilise available learning opportunities and learning aids.

2.4.4 Clinical supervision

Clinical supervision is defined as “a formal process of professional support and learning which enables the individual practitioner to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations” (Quinn & Hughes 2007:359).

An important part of clinical supervision is that it allows midwifery students to develop their skills and knowledge and helps them to improve patient/client care.

According to Quinn & Hughes (2007:360), the purpose of clinical supervision is to offer professional support and learning while promoting the development of knowledge and competence. The author further states that clinical supervision encourages students to take responsibility for own practice to enhance consumer protection.

The role of the supervisor is to provide a safe environment in which the supervisee can work through the developmental issues or challenges in order to gain the necessary motivation, autonomy and self-awareness to successfully move to the next level of development. During supervision of student midwives the standards of clinical and managerial practice are upheld to improve quality patient care, improve staff performance and reduce stress and burnout (Jooste, 2009:26).

2.4.5 Clinical accompaniment

According to the South African Nursing Council (1992:8), clinical accompaniment is the conscious and purposeful guidance and support of students, based on their unique needs, by creating learning opportunities that make it possible for them to grow from passiveness to involvement in independent, critical practice. The process of accompaniment takes place with the direct involvement and physical presence of the tutor who supplements her work with guidelines and learning resources (Bruce, Klopper & Mellish, and 2011:254).

During clinical placement of students in maternity units, it is essential that midwifery tutors visit students and physically facilitate learning in the clinical area.

Lekhuleni et al. (2004:22) indicated in their study conducted at the Limpopo College of Nursing that both nursing students and professional nurses in the wards expect the tutors to accompany students in the clinical setting. In a study conducted by Mntambo (2009:126) the student nurses who were participants in the study needed to be supervised during their practice in clinical settings so that they would be able to acquire the necessary knowledge and competence to become competent professional nurses. But the participants claimed that they were insufficiently supervised during clinical supervision when they were required to perform procedures on patients.

The findings of the study conducted by Cassimjee and Bhengu (2006:48) showed that both third and fourth year students were visited more by the clinical instructor than by the tutor and most of those students reported that they use to have no visit from the tutors for three months and a less percentage stated that they had single visit in three months from their clinical instructor. It is not surprising; therefore, that the students in this study believed that the visits they had received from the tutor were inadequate. Fifty one percent of the students selected the ward sister as the ideal person for the role of clinical instruction. The above mentioned study highlighted the importance of consistent clinical instruction by the clinical instructor and the ward sister.

2.4.6 Clinical assessment

Bruce et al. (2011:273) define clinical assessment as the systematic process that a competent person uses to make a valid appraisal of students' knowledge, skills, values and attitude in terms of a described level of proficiency in the art and science of nursing.

The aim of clinical assessment is to monitor and improve students' clinical performance. Assessment includes cognitive, psychomotor and affective dimensions of student performance. According to Oermann and Gaberson (2006:1), evaluation is also used as a yardstick to measure the expected level of performance or competence and achievement of the learning outcomes in line with the approved curriculum and the level of study.

2.4.7 Clinical competence

Clinical competence consists of the knowledge, skills, values and attitude that students demonstrate in an authentic practice setting. Competency involves the behavioural aspects as well as integrative aspects (Bruce et al., 2011:263). Midwifery students should show the interrelationship between behavioural and interpretive competence. They should demonstrate application of critical thinking skills and interactive interpersonal skills when they exercise clinical judgment.

In a study conducted by Licqurish and Seibold (2008:480) on Bachelor of Midwifery students, they state that hands-on practice, reflecting on practice, building students' confidence, gaining knowledge and working with midwives helped the students to construct a sense of self as midwives.

The study conducted by Lekhuleni, Khosa and Amusa (2013:200) revealed that newly qualified registered nurses from the nursing college who had undergone the four-year comprehensive programme were not competent in applying their clinical knowledge and skills in practice. Recommendation No. 1 of the Saving Babies report of 2008–2009 (2011:68) states that the clinical skills of newly qualified midwives must be improved by placing them in maternity wards for six (6) months.

2.4.8 Midwifery practice

Midwifery is the art and science of caring for women undergoing normal pregnancy, labour and puerperium. The midwifery process involves a systematic, cyclical method of organising midwifery care and it is carried out by the assessment of actual and potential problems, planning, implementation and evaluation of care (Tiran, 2000:172). Midwifery simply means dealing with child birth (Adams, 1983:103).

2.4.9 The midwife

A midwife is a person who, having been regularly admitted to a midwifery education programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery, and has acquired the requisite qualifications to be registered or legally licensed to practice midwifery. She must be able to give the necessary supervision, care and advice to women during pregnancy, labour and the postpartum period, to conduct deliveries on her own responsibility and to care for the new-born and the infant (Nolte, 2011:3).

2.5 TEACHING IN THE CLINICAL SETTING

According to Quinn and Hughes (2007:341) pre-registration students are undertaking an educational programme in a higher education institution leading to an academic award and registration as a nurse or midwife.

Their presence in the work place is on the basis of placement, i.e. they spent a given amount of time in a range of work place settings but are not part of the workforce of those settings. The above statement is supported by the Standards of Proficiency for Pre-registration Midwifery Programmes of Education and the SANC Act no. R2488 (2005) which states that on completion of midwifery education the midwife should be able to:

- Provide sound family planning information and advice.
- Diagnose pregnancy and monitor normal pregnancies.
- Care for and assist the mother during labour and monitor the condition of the fetus in utero.
- Conduct spontaneous deliveries including episiotomies, and in urgent cases a breech delivery.
- Care for and monitor the progress of the mother in the postnatal period.
- Care for women with pathological conditions in the fields of gynaecology and obstetrics.
- Observe and care for the newborn requiring special care, including those born pre-term, post-term, underweight or ill.

2.6 THE WORKPLACE LEARNING ENVIRONMENT

2.6.1 Clinical practicum

The practicum, which is also known as the practice setting, is an environment where students can learn and develop clinical nursing skills in relative safety. It is a laboratory or simulated clinical learning area, which educators can create in a range of settings, depending on the skills students must learn (Bruce et al., 2011:255).

The clinical environment has been described as places where students synthesise the knowledge gained from the classroom and apply it to practical situations. In the clinical setting there is an interaction of a network of forces that influence the student's learning outcomes.

A number of forces affect expected outcomes, which include the increased complexity of care required by patients with higher acuity, nursing shortages, and the rapid pace and multiple activities of health care professionals. These forces, coupled with the need to adjust to an environment that requires the integration of thinking and performing skills, often result in increased anxiety among the students (Billings and Halstead, 2012:314). Moscaritolo (2009:17) states that clinical practice is the larger part of education of nursing students – given the time spent in the clinical area compared with the time spent in the classroom, is generally three times greater. The study further highlighted that high levels of stress and anxiety can affect students' clinical performance, presenting a clear threat to success in a clinical rotation. As stated in the study, the most common factors include the first clinical experience, fear of making mistakes, applying clinical skills, formative assessments, lack of support by nursing personnel and theory gap (Moscaritolo, 2009:17).

2.6.2 Determinants of learning

In the changing environment of learning both theory and clinical practice, the nurse educator must know how to meet the challenges of the new paradigm of teaching and learning. The learning needs of the students must be assessed; factors involved in a student's readiness to learn must be recognised and these must be correlated with the student's learning style in the establishment of a learning approach (Klopper, 2009:61). The five determinants of learning are as follows:

2.6.2.1 Learning needs

According to Bastable (1997:58) in Klopper (2009:61), learning needs are identified as gaps between what someone knows and what someone needs to know, and the reason for the existence of the gaps may be lack of knowledge or skills, or even attitude. It is therefore essential to determine the learning needs of students in order to establish an appropriate method of instruction. Tutors need to specify the outcomes to be achieved during clinical placement and communicate those outcomes with the students and clinical staff. According to Klopper (2009:63) and Muller (2009:331), the following steps in the learning needs assessment are important to improve clinical learning:

Identifying the student, that is the development of any programme should be based on the profile of the student. Who are the students? Are they basic or post-basic midwifery students? The level of the students will also determine the teaching methods and strategies to be used. Choosing the right setting for learning to take place should be in relation to the outcomes to be achieved. An environment characterised by mutual respect, trust and a sense of security will enhance the feeling of the students that their concerns are being taken seriously.

Students should be encouraged to participate actively in identifying their own needs, allowing them to learn in the process and motivating them. During ward rounds, nursing rounds and handing over, midwifery students should be encouraged to present patients and be guided during the process.

Members of the health care team should be involved in the planning process of clinical teaching. Lecturers must submit a year planner and accompaniment programmes so that the unit managers can plan their monthly in-service programmes bearing in mind that there will be midwifery students in the ward. Communication should be established between the campus and the unit managers as it creates a link between them. This statement is supported by the study of Murathi, Davhana-Maselesele and Netshandama (2005:16), where the participants stated during the interviews that there was poor communication with the teaching staff concerning the needs of students during their placement in the nursing unit, apart from providing them with the learning objectives after a struggle.

Prioritising students' needs during clinical placement should be considered to meet their basic needs first, that is needs that are mandatory, needs that are desirable and the need for information that is nice to know but not directly related to daily activities. When planning placement of students' midwives it is important to determine the availability of educational resources. Students need proper, realistic educational resources to continue with interventions in the clinical area. Students should be familiar with the standards and procedures in order to focus on them and assist the organisation to achieve its philosophy, mission, strategic plan and goals.

Students must be given time to express their own perceptions of the clinical practice and identify the strengths and weaknesses from their experiences and address them. Minimise interruptions and distractions that can occur during clinical teaching (Klopper 2009:64).

2.6.2.2 The learning contract

Stokes and Kost (2009:290) identify the negotiation of a contract that specifies the rights and responsibilities of both the academic institution and the clinical institution as an important aspect in clinical facilities for clinical exposure and learning.

The contract outlines considerations such as:

- The stakeholders' philosophies are compatible
- The patient population meets the learning needs of the students
- The patient population is congruent with the needs of the curriculum
- Physical resources are available and adequate
- Working relationships and communication regarding the nature of experiences, roles and responsibilities is effective.

2.6.2.3 Students' induction in the clinical setting

On commencement of the clinical placement, it is important to identify students' learning needs during the induction process and to discuss any concerns and anxieties that they may have (Quinn & Hughes 2007:355). The first step during the induction of student midwives in the unit is orientation in the department and introduction to staff members. Secondly the learning needs of the students and the learning outcomes have to be identified. The philosophy of care, safety issues, policies and procedures, sickness and absence, work hours, and lunch breaks should be explained to students. Moral and ethical issues related to midwifery have to be discussed with students on induction in the unit.

During induction and orientation students are given information and demonstrations on the use of equipment and other available learning resources. Establish lines of communication and emergency communication, for example who to contact if the patient is having cardiac arrest.

Discuss respect for the dignity and religious and cultural beliefs of the patients. Discuss the roles and responsibilities of the multi-professional team members in the unit (Quinn & Hughes 2007:356).

2.6.2.4 A positive learning climate in the midwifery unit

A conducive learning climate which is free from prejudice and threats can be achieved by maintaining a non-threatening learning atmosphere in the unit by promoting a questioning attitude on the part of the student. When midwifery students ask questions, expert practitioners (midwives) or tutors should display a positive and professional attitude and not humiliate the student. There should be open-mindedness and encouragement of questions and critical debate in the unit. The education times in the unit must be planned as a purposeful daily learning round which means education and learning in maternity units should be part of the daily function of the unit, which sometimes takes place automatically as learning opportunities arise. A positive team spirit in the unit, as well as the quality of work life should be established. All midwives in the unit should know the students as well as their expectations and include them in the delegation as part of the team (Muller 2009:334).

In support of the above statement, the findings of a study conducted by Mabuda et al. (2008:23) reveal that at times student nurses spent most of their time in the clinical practice doing routine and menial tasks, as the registered nurses do not delegate them according to their level of training and scope of practice. As far as possible contain or eliminate environmental disturbances, i.e. external factors that affect the students' attention. As stated by Murathi et al. (2005:18) in a study conducted in the hospitals in Limpopo province, unit managers acknowledged that staff shortages sometimes affected the teaching programme of the students and at times the students were seen as an extra pair of hands.

Midwifery tutors should establish the context in dynamic equilibrium that acknowledges the students' need for self-direction by explaining the aims clearly and providing intellectual challenges. The content should be well structured and the expectations and outcomes be clearly stated.

Encourage independence, control and active involvement. High-quality education implies the acknowledgement that students should have active dealings with the content of the learning task in such a way that comprehension is reached. Show care and respect for students and their learning to encourage them to be successful. Provide relevant assessment and feedback. Valuable feedback on the students' progress is essential for efficient and effective guidance (Muller 2009:334).

Knowledge without understanding serves no purpose when the nurse is expected to apply the scientific method of nursing. The psychomotor, cognitive and affective domain is intertwined in nursing science and cannot be evaluated separately (Klopper, 2009:97). Mulready-shick, Kafel, Banister and Mylott (2009:716) emphasised that the nursing unit can provide an ideal setting for integrating competencies in patient-centered care, quality improvement, safety, teamwork and collaboration, informatics and evidence-based practice into clinical teaching strategies.

2.6.2.5 Experiential learning

Experiential learning is learning by doing, rather than listening to other people or reading about it. Active involvement of the student is one of the key characteristics of this form of learning, together with student centeredness, a degree of interaction, some measure of autonomy and flexibility and a high degree of relevance (Quinn & Hughes, 2007:33). According to Mellish et al. (2008:98), experiential learning is being increasingly accepted as fundamental to professional development and work-based learning. Robert, Vignato, Moore and Madden (2009:460) stated that nursing students pass their clinical skills tests initially in the virtual campus laboratory setting but lose proficiency over time or from lack of opportunity to perform skills in an actual clinical setting.

According to Billings & Halstead (2005:330), although faculty schedule clinical experiences to promote learning, there is an on-going dialogue about the best way to schedule experiences, the length of experience, the timing of the experience in relation to the didactic course assignments and students' needs.

The above statement was supported by Ayo (2006:103), who conducted a study on the factors affecting clinical teaching of midwifery students in a selected clinical setting in Tanzania. The study explored the time allocated for midwifery practice with the focus on clinical practice in the postnatal ward. The study revealed that midwifery students did not meet the hours of experience as prescribed by the statutory body. In South Africa the statutory body prescribes a minimum of one thousand hours (1 000) of midwifery clinical practice for R425 students (SANC: 1985 as amended).

Reflective skills are part of the experiential learning process whereby self-awareness enables the student to analyse feelings. It involves an honest investigation of how the situation affects the individual and how the individual affects the situation. As part of the reflective skills description, is the ability to recognise, the accurate remembering of prominent events, key characteristics of the experience and giving an extensive account of the situation. Critical analysis includes investigating components of the situation, identifying existing knowledge, challenging suppositions and developing imaginative alternatives. Synthesis is the integration of new knowledge with previous knowledge and it also implies the creative use of knowledge to solve problems. (Klopper 2009:30).

2.7 CLINICAL PLACEMENT SUPPORT SYSTEMS

Clinical practice placements are a vital component of the midwifery student's experience and therefore it is important that they reflect both the nature of the provision of care to meet health care needs and the demands of the profession.

Students have the right to expect support from the key individuals within each placement to enable them to identify the learning opportunities (Quinn & Hughes, 2007:354). Midwifery students should be able to make sense of their practice through the application of theory, feedback and reflection on their clinical practice experience. A consistent teaching approach is critical to the successful learning outcomes in the beginning students and also helps students to have less anxiety (Robert, Vignato, Moore & Madden 2009:461).

As cited in Quinn and Hughes (2007:354), it is important that students should experience the positive culture of clinical governance where the evidence-based approach to practice is fundamental.

A conducive and supportive learning environment for student nurses depends on the availability of placement support systems, such as supervision, mentorship, preceptorship and relationships between the faculty, the student nurses and the clinical staff. A clinical setting rich in learning experiences but lacking a supportive environment discourages the students from seeking experiences and results in the loss of learning and growth opportunities (Mabuda et al., 2008:19).

Pillay and Mtshali (2009:56) recommended that there is a need for clear policies regarding clinical supervision, structured and well monitored processes of clinical supervision, building the capacity of clinical supervisors, and addressing the issues of use bridging programmes students as part of the workforce.

The following support structures are important during the placement of student midwives in the units:

2.7.1 Practice learning teams

According to Quinn and Hughes (2007:355), practice learning teams involve a group of nursing practice staff and lecturers who work collaboratively to make a significant contribution towards supporting students' learning and assessment within a designated clinical area or group of clinical areas. Practice learning teams encourage clinical staff to ensure that students are welcomed and made to feel part of the team. Strategies to ensure that students experience a positive clinical placement are as follows:

- Orientate the students to the ward, routine and staff that they are likely to encounter during placement. Orientation reduces anxiety and promotes effectiveness. In midwifery most of the equipment is different from that used in general wards, especially during monitoring of fetus in utero. Ensure that student midwives receive appropriate hand-over with other team members and are allocated tea breaks. Encourage students to be involved in every aspects of patient care.

According to Singingtree (2006:2), constructivism promotes student involvement as students are actively engaged in making meaning based on their prior knowledge and experiences.

- Teach with an approach that focuses on what students analyse, investigate, collaborate, share, build and generate, based on what they already know, rather than what facts, skills and processes they can memorise and regurgitate. Students' prior experience and learning are recognised and valued as new knowledge is constructed using the students' prior knowledge. Students should be encouraged to learn from each other as well as from the teacher. Midwifery is a hands-on practice therefore students learn by doing. Allowing and creating opportunities for all to have a voice promotes the construction of new ideas. Learning is particularly effective when constructing something for others to experience. Lecturers should collaborate with students and involve them in the decision-making and problem-solving processes and use a variety of teaching strategies within practice placements. (Quinn & Hughes 2007:355)

2.7.2 Mentorship

Quinn and Hughes (2007:356) describe a mentor as a qualified and experienced member of the practice placement staff who enters into a formal arrangement to provide education and personal support to a student throughout the period of placement. This support may involve a range of functions including teaching, supervision, guidance, counselling, assessment and evaluation. Andrews, Brodie, Andrews, Hillan, Thomas, Wong and Roxon (2005:861) indicate the role of mentor in the clinical area as one of supporter, supervisor and teacher of nursing students who work alongside practitioners so that they can learn from the experts in a safe, supportive environment in preparation for a professional role.

2.7.3 Clinical preceptor

The preceptor is someone who shows people how to behave in a particular context.

In midwifery a preceptor is an experienced professional nurse/midwife within a clinical setting, who follows strict rules and etiquette, and who acts as a role model and learning resource for students. The preceptor is there to ensure that students receive the maximum benefit from their clinical placement (Bruce et al., 2011:255).

In a study conducted by Licquirish and Seibold (2008:480), midwifery students indicated that they prefer to work with a caring midwife preceptor, who enjoys teaching, answers questions fairly and is philosophically similar to the students. The students further explained that a positive midwife preceptor-student relationship is an integral part of successful student midwife learning, and preceptors with helpful qualities enhance learning.

2.7.4 The unit professional nurse

According to Bruce et al. (2011:256), the main function of the unit professional nurse is to ensure that the patient or the client in her care receives the best possible health care, and therefore in order to achieve that the nurse must ensure that students are capable of providing such care. If students are unable to do so, the professional nurse has a moral duty to teach, mentor and supervise them. In maternity units the midwives are always with the students, therefore informal teaching occurs as teachable moments are presented during patient care.

The maternity unit professional nurse is responsible for the growth and development of the student midwives who have been assigned to the unit for specific clinical learning experience. In study conducted by Pillay and Mtshali (2009:54) findings revealed that clinical supervision contributes positively to the academic, professional and personal development of students. In the same study clinical supervision was viewed as time consuming and clinical learning emerged as secondary to ward routine.

2.8 CONCEPTUAL/ THEORETICAL FRAMEWORK

2.8.1 Peplau's theory of interpersonal relations

Overview of Peplau's theory

Peplau's theory of interpersonal relations in nursing was used to guide and generate ideas for this study. In her theory, Peplau identifies the phases through which partnership progresses in an interpersonal process. The movement through these phases follows a developmental pattern and leads to the growth of those concerned. The four major concepts of the meta-paradigm of nursing are nursing, the individual, the environment and health (Bruce et al., 2011:48).

In this theory Peplau views the person as a unique being who is capable of achieving new learning and making positive changes. Each person has needs which the nurse must meet, and by failing to meet those needs she indirectly inhibits the person's growth. Peplau describes the environment in terms of the extraneous ever-changing forces surrounding and in constant interaction with the person. Health is described as the process whereby the individual is capable of continuing to grow and develop expertise in areas that contribute to personal and community leaving. Nurses promote health through interpersonal processes. Lastly, Peplau suggests that nursing is a therapeutic interpersonal process involving professional closeness in human relationships between the individual who has a need for help and a nurse who is educated to recognise and respond to the need (Bruce et al., 2011:48).

The interpersonal process in this theory is also educative in nature. The therapeutic interactions between the nurse and the patients provide opportunities for both of them to learn and grow. Nursing offers the opportunity to learn and gain experience during the interpersonal processes. The goals of nursing teaching are to help an individual in a creative, productive and constructive way to develop skills to deal with problems and achieve health and influence social policies. Knowledge of the dynamics underlying interpersonal relations is essential in educating nurses for all settings in which nurses and patients interact (Fitzpatrick & Whall, 2005:61)

As discussed in George (2011:65), interpersonal processes in Peplau's theory have four phases:

- The orientation phase or the assessing phase, where the nurse and the patient come together as strangers in a meeting which the patient who has a felt need initiates. They work together to recognise, clarify and define facts related to the felt need, in light of which the nurse will form the diagnosis.
- The identification or planning phase, where the partners set goals together that evolve from the nursing diagnosis. The goals give direction to the plan and indicate the appropriate helping resources. During this phase the nurse must specifically formulate how the goals will be achieved. The patient must feel that she is an integrated part of the plan. This stage gives direction and meaning to the nursing actions that the nurse will take towards resolving the patient's problems
- The exploitation or implementation phase: at this stage of the patient's experience, she recognises and responds to the service offered. The nurse and the patient fully utilise the interpersonal process and move towards their mutually recognised goals.
- The resolution or evaluation phase: this is where the nurse and the patient have successfully accomplished all the other phases. Needs are met, and resolution and termination are the end results. Evaluation is an inherent factor in determining the readiness of the patient to proceed through the resolution phase. If there are unresolved issues the nurse and the patient cannot meet the goals, therefore they must reassess, establish new goals and a new plan, and implement and evaluate the new results.

2.8.2. The relevance of Peplau's Theory of Interpersonal Relations in Nursing Education

Clinical teaching and accompaniment are interpersonal processes aimed at teaching and learning; therefore Peplau's theory could be used during those processes. The theory emphasises the importance of interpersonal communication and interviewing skills that the registered nurses should utilise when they first meet the students to identify their learning needs.

The registered nurses should conduct an interview during the orientation phase of the interpersonal process as this will reveal the students' intellectual abilities, learning preferences and learning objectives. Although the clinical environment may be filled with many learning opportunities, students may experience feelings of uncertainty and anxiety if the welcome and orientation are not done effectively (Meyer et al., 2009: 112).

Midwifery nursing education, including clinical teaching, is aimed through interpersonal relationships at the personal and professional growth of those involved. Teaching in the health care environment can be structured or unstructured. Teachable moments occur during unstructured, real-life situations when the patient is receiving care, and it is important that those teachable moments are optimised by imposing some structure which will enhance effective learning within the context of the learning needs of the students.

Learning is regarded as an interpersonal process whereby a more mature person assists students to make sense of the stimuli from the environment (Wigens, 2006:8). As adopted from Peplau's theory, during the planning and implementation phases the registered nurse as a mature, knowledgeable person should guide the students towards achieving the learning objectives.

The South African Nursing Council (1992:9 as amended), under the minimum requirements and guidelines relating to clinical learning, states that the overall objective of clinical practice is to provide the student nurse with meaningful learning opportunities in every area of placement to ensure that on completion of the programme the student nurse is able to nurse effectively.

The above statement supports Peplau's idea that the goals of nursing are to help individuals in a creative, productive and constructive way to develop skills to deal with problems and achieve health and to influence social policy (Bruce et al., 2011:48).

Figure 2.1 illustrates the interpersonal relationships between the role players in the clinical environment and how they influence each other.

There is interdependence upon one another, and they are all focused on the one goal of quality patient care. Guidance and support are offered by unit staff, lecturers, registered nurses and preceptors of students in relation to patient care. Students are involved as members of the team and they observe their supervisors as role models (Meyer, Naudé, Shangase & Van Niekerk 2009:113).

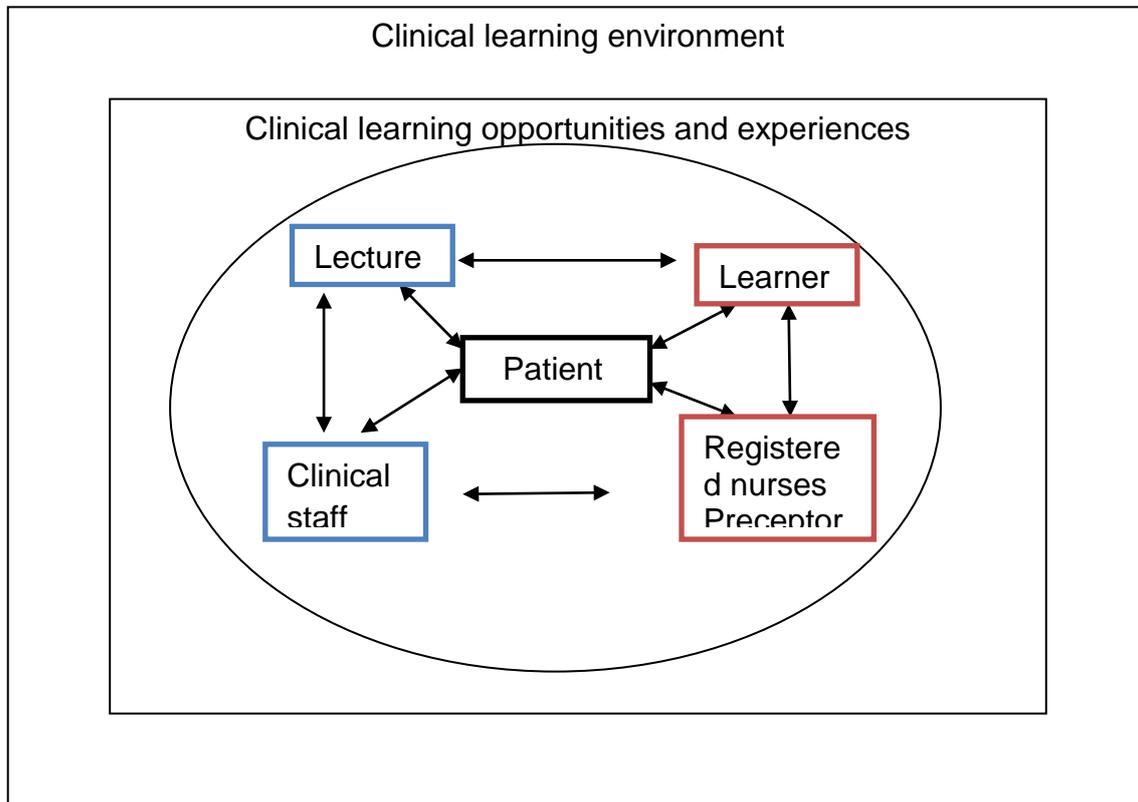


Figure 2.1: Model for interpersonal relationships in the clinical learning environment

Adapted from Meyer, Naudé, Shangase and Van Niekerk (2009:113).

2.9 CONCLUSION

The researcher reviewed the literature of the history of midwifery training, clinical learning and factors that can contribute towards effective theory and practice integration, workplace learning environment, clinical support systems and Peplau's theory of interpersonal relations. The researcher realised from the literature that students need to be supervised, supported and guided towards professional maturity. The next chapter will discuss the research design and methodology.

CHAPTER 3

RESEARCH DESIGN AND METHOD

3.1 INTRODUCTION

The research methodology refers to the steps, strategies and procedures used for data gathering and analysis in the study (Polit & Beck, 2008:758). Burns and Grove (2005:23) define methodology as the blueprint for conducting a study and that is necessary to maximise control over the factors that influence the validity of the findings. The aim of this research is to explore and describe midwifery student's experiences of clinical teaching at Sovenga Campus. This chapter describes the research design and methodology used in the study and the research processes, which include the data collection method and instrument, data analysis, target population and sample, pilot testing and methods to ensure validity, reliability and ethical considerations.

3.2 RESEARCH METHODOLOGY AND DESIGN

Research methodology refers to the entire strategy of the study, from identification of the problem to the final defined structures for data collection. Research methodology is all about the scientific method which includes steps, procedures and strategies for obtaining and analysing data (Burns & Groove, 2005:23). Polit and Beck (2008:765) describe the research design as the overall plan for addressing a research question, including a specification for enhancing the study's integrity. The research design spells out the basic strategies that the researchers adopt to answer their questions and test their hypothesis (Polit & Beck, 2010:222). A quantitative explorative and descriptive study was followed to describe and explore midwifery students' experiences of clinical teaching.

Quantitative research design is a formal, objective, systematic process in which numerical data are used to obtain information about the word (Burns & Groove, 2005:23). According to De Vos et al. (2011:142), it is a systematic collection of numerical information often under conditions of considerable control and use of statistics to analyse data.

According to Polit & Beck (2008:20), exploratory research is described as a study which seeks to explore the nature of the phenomenon, the manner in which it is manifested and its underlying processes. The researcher explored midwifery students' experiences of clinical teaching at Sovenga Campus. Descriptive designs collect detailed descriptions of existing variables and use the data to justify and assess current condition and practices to make plans for improving health care practices (Wood & Haber 2010:198). The study describes the experiences of midwifery students in maternity units in the three Capricorn district hospitals where they are allocated for clinical practice.

3.2.1 Research method

3.2.1.1 Population

Population refers to the entire group of persons (N) who meet the criteria that the researcher is interested in studying (Brink et al., 2012:131). The target population of this study comprises 149 midwifery students enrolled under the comprehensive programme for the education and training of a nurse (general, psychiatry, community) and midwifery leading to registration according to R425 of 1985, as amended at Sovenga Campus. Midwifery students were the appropriate population for participation as they had already been allocated or exposed to all midwifery clinical settings in different hospitals; they were therefore able to reflect easily on their experiences.

3.2.1.2 Sample

Polit & Beck (2008:765) define a sample as a subset of a population selected to participate in a study.

3.2.1.3 Sampling

Sampling refers to the researcher's process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink et al., 2012:132). According to Polit and Beck (2008:765), sampling is the process of selecting a portion of the population to represent the entire population.

A probability sampling technique was used to draw a sample of the population so that each member of the population had an equal chance of being selected. The sampling frame was drawn from the college list of midwifery students in level III and IV. A systematic sampling method was used as it can be used when an ordered list of all members of the population are available. The process involves selecting every “kth” individual on the list, using a randomly selected starting point (Burns & Groove, 2005:349). The sampling interval was determined using the following formula: $K = 149/3 = 50$.

3.2.1.4 Sampling procedure

Permission was obtained from the principal of Sovenga Campus to access the list of midwifery students. The researcher had a population list or sampling frame of 149 midwifery students which was first divided by the size of the desired sample (n) to obtain the sampling interval width (k). The sampling interval is the standard distance between the elements chosen for the sample (LoBiondo-Wood & Haber, 2006:274). Every third name on the list was chosen to form part of the sample.

The researcher used a table of random numbers to obtain the starting point for the selection of 50 (fifty) subjects. A list of those who agreed to participate was drafted in line with the eligibility criteria.

Eligibility criteria

Eligibility criteria define who is included in the population for which the study was designed (Polit & Beck 2008:338). Burns and Groove (2008:432) define eligibility criteria as a list of characteristics essential for membership of or eligibility in the target population.

Inclusion criteria

To be included in the study student nurses had to be registered as midwifery students (R425) at Sovenga Campus and they had to be willing to participate in the study.

Exclusion criteria

Brink et al. (2012:131) define exclusion criteria as the potential participants excluded from the study.

In this study all the students who were not registered as midwifery students under the R425 programme at Sovenga Campus were excluded. Midwifery students who participated in the pilot study were excluded.

3.2.1.5 Ethical issues related to the research

Ethics refers to the quality of research procedures with regard to their adherence to professional, legal and social obligations towards the research participants. It is a branch of philosophy that deals with morality (Polit & Beck, 2008:186). The following principles were adhered to as the research involves human participants:

Confidentiality and anonymity

Anonymity is provided when the participant's specific responses and information cannot be linked in any way to the participant (Burns & Groove, 2007:212). The anonymity of the participants was protected as they did not write their names or numbers on the questionnaire. Group analysis of the data collected was done to ensure that no individual could be identified by his or her response (Burns & Groove, 2005:189).

Confidentiality means that the information obtained from the research is not made available to other people. This was enhanced by keeping the information gathered confidential and the respondents did not write their names on the questionnaires and also no name was written in the report. The researcher assured the respondents that only she and the responsible authorities would have access to the results.

Privacy

Privacy is the freedom of the participants to determine the time, circumstances and extent to which private information will be shared (Burns & Groove, 2007:209).

To ensure privacy of the participants the researcher used the following guidelines from Meyer et al. (2009:393):

- The participants filled in the questionnaires as a group at one venue, but each participant had a chair and a table to work at.

- The survey questionnaires were not numbered and no names or numbers were required to be filled in on the questionnaires.
- The participants could provide answers without the possibility of those answers later being traced to them.
- No concealed video cameras were used, nor were tape recorders, other recording devices or one-way mirrors used.

Informed consent

Informing is the transforming of essential ideas and content from the investigator to the prospective subject. Consent is the prospective subject's agreement to participate in the study as a subject, which is reached after assimilation of essential information. Prospective subjects should have the opportunity to choose whether or not to participate in the research (Burns and Groove, 2005:193). The researcher gave the subjects information leaflets with all the information about the study and explained what was written in detail to the subjects before they agreed to participate. The subjects were informed that participation was voluntary and that they could withdraw at any time if they felt uncomfortable.

3.2.2 Data collection

Data collection is the process of selecting subjects and gathering information from them (Burns and Groove, 2009:441).

3.2.2.1 Data collection approach and method

The researcher used a structured questionnaire to collect data. A questionnaire is a self-report form designed to elicit information that can be obtained through the written responses of the subject (Burns & Groove, 2005:398). Brink et al. (2012:153) maintain that a questionnaire is the best method of collecting data, especially from a large group of people.

3.2.2.2 Development and testing of the data collection instrument

The researcher followed the guidelines in Polit and Beck (2008:426) and Brink et al. (2012:156) to develop the questionnaire which are as follows:

- Construct short and simple questions
- Avoid double-barrelled questions

- Avoid ambiguous questions that could be misleading.
- Avoid lengthy questions to facilitate understanding and clarity
- Do not use slang, jargon or acronyms, which could be misleading
- Avoid loaded language
- Use complete items
- State questions in the affirmative
- State a range of alternatives within the question itself, when possible
- Avoid leading questions because they could provide clues to the answers
- Avoid personal assumptions so as not to influence or interfere with the respondents' view.

In addition to the above guidelines, the researcher carried out the following process during the development of the questionnaire:

- A midwifery literature review textbooks and reports from the Department of Health were carried out.
- Midwifery protocols and guidelines were used.
- The researcher used her expertise as an advanced midwife.
- The researcher consulted other midwifery lecturers.
- The questionnaire was verified by the supervisor.

Testing of the instrument

Parahoo (2006:309) affirms that conducting a pilot study is the first and the most efficient way to find out about the quality of the questionnaire. A pilot study was conducted among six midwifery students. The researcher obtained consent and administered the questionnaire to six (6) midwifery students. The aim of the pilot study was to identify inconsistencies and lack of clarity in the questions. The problems identified were the phrasing of some questions and typing errors. The questionnaire was refined and typing errors corrected. This was done to ensure reliability.

3.2.2.3 Characteristics of the data collection instrument

Parahoo (2006:298) describes the following advantages of the data collection instrument:

- Questionnaires are a quick way of obtaining data from a large group of people, e.g. a group of students in a classroom.
- They are less costly in terms of time and money.
- They are one of the easiest research instruments to test for reliability and validity.
- Participants feel a greater sense of anonymity and are more likely to provide honest answers.
- The format is standard for all participants and is not dependent on the mood of the interviewer.

The questionnaire comprised the following sections:

Section A: Biographic data of respondents

Section B: Welcome and orientation of students in the clinical area

Section C: Utilising learning objectives

Section D: Clinical teaching

Section E: Working relationships in midwifery units

Section F: Students' experiences in midwifery units as clinical learning facilities

3.2.2.4 Data collection process

Data collection took place on 4 April 2013. Permission was obtained from the principal, level IV students were on block and level III students were still at college involved in orientation for community clinical practice. After permission was granted to access all midwifery students, the researcher requested them to assemble in the auditorium, and systematic sampling was used as the researcher had an ordered list of all members of the population available. The process involved selecting every "kth" individual on the list, using a randomly selected starting point. The sampling interval was determined using the formula $K = 149/3 = 50$ as explained above.

The researcher distributed the informed consent forms and the information leaflet with all the information about the title, the researcher, the supervisor, and the advantages and disadvantages (Annexure B) to the participants. After completion of the consent forms they were returned.

The data collection instrument enabled the researcher to present the questionnaire in exactly the same way so as to minimise the role and influence of the researcher. They were given time to complete the questionnaire and they were given a box to drop their completed questionnaires. The response rate was 100% that is fifty (50) questionnaires were distributed and all were returned.

3.2.2.5 Ethical considerations related to data collection

- **The participants' right to self-determination**

The right to self-determination was ensured through informed consent which was obtained in writing from the participants by the researcher. The participants were informed that they had the right to withdraw if they felt uncomfortable about participating in the study (LoBiondo-Wood & Haber, 2006:296)

- **Confidentiality and anonymity**

Confidentiality and anonymity were ensured through the following criteria:
The questionnaires were not numbered or coded ensure anonymity, and
The questionnaires were self-administered with no identity or personal information attached.

The researcher respected the participant's integrity by being honest and explaining to them the importance of the study and the value of their contribution.

- **Right to privacy**

Confidentiality and anonymity were maintained throughout the research.

Objectivity was maintained, and during data collection the questions were constructed in a way that avoids inquisitiveness and transgression of privacy (Burns and Groove, 2009:194). The respondents were not required to write their names on the questionnaire.

- **Justice**

Justice refers to the fair treatment of those involved in the study (Burns and Groove, 2009:198).

In this research the participants were treated fairly by giving them information prior to participation and they were allowed to withdraw from the research if they felt uncomfortable.

Ethical approval for the study was obtained from the following authorities:

- The ethical committee of the University of South Africa
- The ethical committee of the Limpopo Department of Health
- The Principal of the Limpopo College of Nursing (Sovenga Campus).

3.3 INTERNAL AND EXTERNAL VALIDITY OF THE STUDY

3.3.1 Internal validity

Internal validity refers to the extent to which the effects detected in the study are a true reflection of reality rather than the results of extraneous variables (Burns & Grove, 2005:215). There are no threats to internal validity as no causality was examined in this study.

3.3.2 External validity

External validity refers to the ability to generalise the findings with respect to the setting or the sample (Burns & Groove, 2005:218). In the study the researcher enhanced external validity by means of systematic sampling and ensuring an adequate sample size (n=50). An inclusion and an exclusion criterion was followed: see sampling procedure above.

3.3.3 Content validity

Content validity is concerned with the ability of the measure, i.e. the questions in the questionnaire, to collect data about the phenomena under study (Moule & Goodman, 2009:184).

Brink (2009:215) states that content validity is important to all instrumentation because it assesses whether the instrument adequately measures the domain of interest. In this study content validity was assessed, therefore the questionnaire focused on content validity, which was concerned with how accurately the questions tended to elicit the information sought.

The researcher gave the questionnaire to the supervisor and midwifery lecturers who were involved with clinical teaching and accompaniment of midwifery students to test the content validity. A pilot study was done with midwifery students to ensure validity.

3.3.4 Face validity

Face validity is a subjective assessment of whether the item in the scale appears to be relevant, clear and unambiguous (Polit & Beck, 2012:336). The questionnaire was developed by the researcher after an extensive literature review based on the objectives. The researcher is an expert in midwifery (advanced midwife). She used midwifery content to formulate the questions.

The questionnaire was reviewed by colleagues who were involved in midwifery clinical teaching. It was verified by the supervisor. A pilot study was conducted with six midwifery students who did not participate in the main study. It was tested again and later finalised before the actual data collection.

3.3.5 Reliability of the research instrument

Reliability refers to the degree to which the instrument can be depended on to yield consistent results if used repeatedly over time on the same person, or if used by two researchers (Brink et al., 2012:169). Polit & Beck (2010:373) describe reliability as the consistency with which an instrument measures the attribute. A pilot study was done with midwifery students before the actual data collection to test the reliability of the instrument.

3.4 DATA ANALYSIS

Data analysis is the systematic organisation and synthesis of research data and the testing of a hypothesis using those data (Polit & Beck, 2008:751). According to Burns and Groove (2009:44), data analysis reduces, organises and gives meaning to the data and involves the use of descriptive and exploratory procedures to describe study variables and the sample. Data were analysed in terms of frequency and graphs. The questionnaire consisted of close-ended questions and the questions were coded for easy analysis by SPSS computer software version 21.

3.5 CONCLUSION

This chapter discussed the research design and methodology that guided the study and justified why such a design was chosen. The quantitative research instrument was described, validity and reliability were discussed, the pilot study conducted prior to data collection was described as was the method of data analysis. The chapter concluded with a description of ethical considerations related to research and how the researcher ensured compliance with those ethical considerations. In the next chapter the data analysis is presented.

CHAPTER 4

ANALYSIS, PRESENTATION AND DESCRIPTION OF THE RESEARCH FINDINGS

4.1 INTRODUCTION

The focus of this chapter is on the presentation and description of the results. The purpose of the study was to explore and describe midwifery students' experiences of clinical teaching at Sovenga Campus. The researcher used a structured questionnaire to collect data from the respondents. The data were analysed with the assistance of the statistician using IBM SPSS statistics software version 21. Statistical analysis is the organisation and analysis of quantitative data using statistical procedures, including both descriptive and inferential statistics (Polit & Beck, 2010:569). The data are presented in the form of frequency tables and graphs.

Section A: Responses to demographic profile

Section B: Responses to welcome and orientation of students in midwifery units

Section C: Responses to utilisation of learning objectives

Section D: Responses to utilising learning opportunities

Section E: Responses to clinical teaching

Section F: Responses to the working relationships between the students and professionals in midwifery units.

4.2 DATA MANAGEMENT AND ANALYSIS

The population in this study consisted of midwifery students enrolled for the four-year comprehensive programme at Sovenga Campus, which is one of the campuses of the Limpopo College of Nursing. Target population was 149 midwifery students in level III and IV and a sample of fifty (n=50) midwifery students was selected and all participated in the study. The results were presented in frequencies, percentages, graphs and tables.

The conventions for Chapter 4 are as follows:

- N = total number of respondents
- n = total number of responses
- f = frequencies

4.3 RESEARCH RESULTS

4.3.1 Section A: student nurses – biographical information

4.3.1.1 Gender of midwifery students

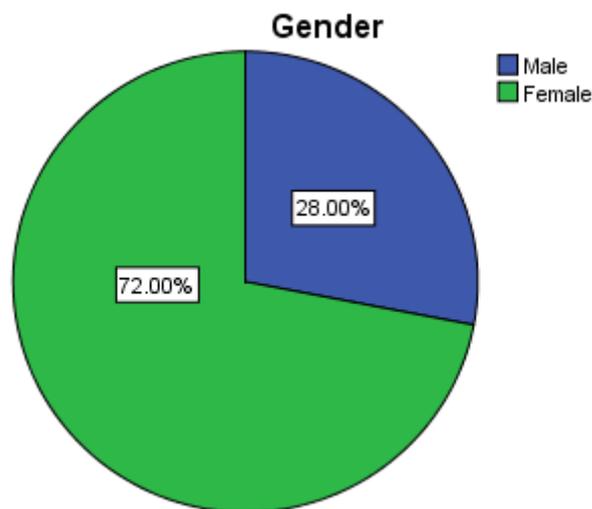


Figure 4.1: Gender of midwifery students (n=50)

The findings indicated that 28% (n=14) of midwifery students were males and 72% (n=46) were females. The majority of midwifery students were females. Ngidi (2007:721) also emphasises that nursing is a female-dominated profession. In a study conducted by Lehasa (2008:42) gender distribution confirmed the general profile in nursing as more females than males entering the nursing profession.

4.3.1.2 Age group of midwifery students

In this subsection, the ages of the respondents were indicated.

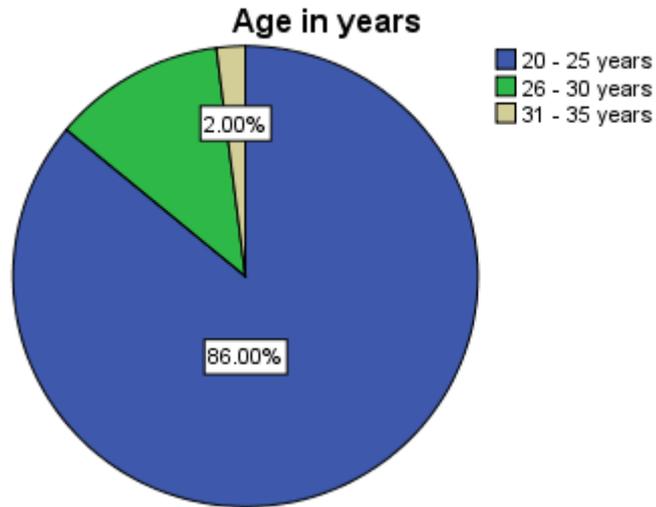


Figure 4.2: Age group of midwifery student nurses (n=50)

The findings revealed that majority of the students were between the ages of 20 and 25 years, which is the age between adolescence and early adulthood.

This is a critical age that can have an impact on learning. Mkhwanazi (2007:72) states that adolescents are faced with adjustment challenges; therefore they need support and guidance from both college and clinical staff. A study conducted by Nxumalo (2011:83) revealed that the average age of students who commenced their R425 training in 2009 was 26 years, with the minimum age being 17 years and the maximum 55 years. Nxumalo (2011:83) is of the opinion that age is one of the predictors of academic achievement.

4.3.2 Section B: Welcome and orientation of students in maternity units

In this section the study explored the experiences of the midwifery students with regard to welcome and orientation in midwifery units. The questionnaire comprised six (6) items pertaining to welcome and orientation.

Table 4.1: Welcome and orientation of students in maternity units (n=50)

ITEMS	SD		D		UN		AG		SA	
	freq	%	freq	%	freq	%	freq	%	freq	%
1. There is an orientation programme for students	8	16.0	7	14.0	8	16.0	22	44.0	5	10.0
2. Students are welcomed and orientated to nursing & support staff	3	6.0	9	18.0	6	12.0	25	50.0	7	14.0
3. Orientation includes daily programmes and all protocols	25	50.0	16	32.0	7	14.0	2	4.0	0	0.0
4. Students' names are entered in the duty roster for all staff	4	8.0	4	8.0	5	10.0	19	38.0	18	36.0
5. Students are viewed as part of the unit staff	18	36.0	16	32.6	4	8.0	6	12.0	5	10.0
6. Students are inspired to be part of the team	26	52.0	13	26.0	6	12	2	4.0	3	6.0

The results in Table 4.1 reflect that orientation of students was being done as the majority (54%, n=27) agreed that an orientation programme was available in the maternity units. Orientation is the core of an effective and efficient working relationship, and this result confirms that it was being implemented in the maternity units.

According to Peplau's theory that is where nurse and patient come together as strangers in a meeting which the patient, who expresses a felt need, initiates (George, 2011:67). It is at this stage that the students and the registered nurses become acquainted with each other, and clarify and define the facts related to their needs.

Although orientation was being carried out, the results 82% (n=41) indicated that it did not include the programmes and protocols used in the unit.

Most of the routine care activities in the maternity units are based on different programmes and protocols for saving mothers and babies (Department of Health, 2007:2).

The results show that the midwifery students were not fully engaged with those programmes and protocols.

Absenteeism of students is easily monitored as 74% (n=37) of the respondents agreed that students' names are included in the duty roster for the rest of the staff. Of the respondents 78% (n=39) indicated that clinical work inspired the students to want in midwifery. Beukes, Nolte and Arries (2010:4) reported that nursing students enjoy the opportunity to work closely with unit staff in a non-threatening environment and experience a sense of belonging.

Nxumalo (2011:289) states that nurse educators are responsible for theory, and the fact that they are not always responsible for orientation and clinical supervision may hamper integration of what is learned in the classroom and the realities of practice.

4.3.3 Section C: Utilisation of learning objectives

This section comprised six (6) items pertaining to utilisation of the learning objectives. The results and the frequencies under each item are discussed below (n=50).

Table 4.2: Utilisation of learning objectives (n=50)

ITEMS	SD		D		UN		AG		SA	
	freq	%	freq	%	freq	%	freq	%	freq	%
1. Midwifery learning objectives are available in maternity units	1	2.0	7	14.0	8	16.0	25	50.0	9	18.0
2. On arrival students submit specific learning objectives for that period	14	28.0	16	32.0	5	10.0	10	20.0	4	8.0

3. Delegation of duties to students is done according to their learning objectives	27	54.0	11	22.0	3	6.0	8	16.0	1	2.0
4. Monthly in-service training programmes in the unit cover the learning objectives	22	44.0	18	36.0	5	10.0	4	8.0	1	2.0
5. Students achieve their learning outcomes at the end of clinical placement	15	30.0	14	28.0	14	28.0	7	14.0	0	0.0
6. Midwifery procedure manuals are available and accessible to students	25	50	13	26.0	6	12.0	2	4.0	4	8.0

From Table 4.2 it can be seen that most respondents 46% (n=23) disagreed with the statement, which indicates that the learning needs of the midwifery students were partially considered as 40% (n=20) indicated that the objectives were being utilised. The second phase of Peplau's theory is the diagnosing phase, whereby the patient clarifies felt needs in the light of which the nurse forms the diagnosis (Bruce et al., 2011:48). The nurse and the patient plan to work constructively towards meeting the patient's needs, based on the above results. If the learning objectives are not utilised, it will be difficult for the registered nurses to identify the students' learning needs.

Of the respondents 68% (n=34) indicated that learning objectives were available in the units. The results confirm that the college does supply maternity units with learning objectives.

The South African Nursing Council's (SANC) policy regarding nursing education states that the learning process must be completed in respect of the cognitive, affective and psychomotor development of the student in order to achieve the prescribed programme objectives (SANC, 2006).

The results showed that students did not present their objectives to the unit staff as a way of showing eagerness to learn.

As emphasised by Peplau on the exploitation phase, the nurse and the patient fully utilise the interpersonal processes and move towards their mutually recognised goals (Bruce et al., 2011:49). The quality of the interaction between the registered nurses and the students is dependent upon the students showing eagerness to learn, thus presenting their objectives on arrival in the units. On the other hand, encouragement of active participation of students should form part of the monthly in-service training programme in the unit. From the table above most respondents (80%, n=40) indicated that the student's objectives were not included in the programme.

The findings of this study support those of Mabuda et al. (2008:23), which revealed that the students spent most the day doing menial tasks in the units as they were not delegated according to their objectives.

The overall objective of clinical practice is to provide student nurses with meaningful learning opportunities in every area of their placement according to their level of training to ensure that on completion of the programme they are able to nurse efficiently (SANC, 1992:9 as amended).

The majority of the responses 58% (n=29) indicated that outcomes were not achieved at the end of the clinical placement; therefore the purpose of clinical teaching cited by Meyer and Van Niekerk (2008:171) of preparing students to become future professional nurses, leaders and teachers is not achieved.

4.3.4 Section D: Utilising learning opportunities

This section of the questionnaire comprised seven (7) items pertaining to the utilisation of learning opportunities.

Table 4.3: Responses to utilisation of learning opportunities (n=50)

ITEM	SD		D		UN		AG		SA	
	freq	%	freq	%	freq	%	freq	%	freq	%
1. Students are encouraged to participate during ward rounds	6	12.0	7	14.0	7	14.0	15	30.0	15	30.0
2. Prioritising actions when making decisions is a challenge for students	3	6.0	12	24.0	4	8.0	22	44.0	9	18.0
3. Students join discussions during perinatal review meetings	23	46.0	7	14	3	6.0	16	32.0	1	2.0
4. Students present case studies during clinical placements	17	34.0	17	34.0	4	8.0	11	22.0	1	2.0
5. Students find it difficult to make critically important decisions during their clinical placements	7	14.0	6	12.0	11	22.0	17	34.0	9	18.0
6. Learning opportunities are discussed with students	13	26.5	11	22.4	9	18.4	11	22.4	5	10.2
7. There is a list of planned activities for students in maternity units	27	54.0	11	22.0	7	14.0	3	6.0	3	6.0

Table 4.3 indicates that of the fifty (100%) respondents, the majority (50%, n=25) indicated that learning opportunities were being utilised, which indicates that interesting situations that arise during routine patient care activities are used effectively to teach the students. The results further revealed that the students were encouraged to participate during ward rounds.

Most of the respondents 62% (n=31) agreed that it was a challenge for students to prioritise their actions when making decisions about patient care. The results indicate that there is a challenge in applying one of the midwifery objectives that is integrating content and concepts from other disciplines and applying the scientific approach to midwifery practice (Northern Province College of Nursing curriculum, 1997:76).

Of the responses 60% (n=30) indicated that students were not invited to join perinatal review meetings, and this is one of the programmes that is implemented for saving mothers and babies. The results indicate that students are left out when this important aspect of midwifery teaching is being carried out. Sellers, Dippenaar and Serra (2012:11) state that it is important to consider maternal and perinatal mortality together for the students to be able to identify referral problems during the antenatal period, to monitor fetal movements, to give intrapartum and postpartum care, to conduct skill drills and to address improvement plans.

Presentation of case studies is one of the teaching strategies that is effective during clinical teaching as students can identify the learning opportunities themselves and share them with the rest of the staff through presentations (Quinn & Hughes, 2007:355). In the study 68% (n=34) of the respondents indicated that they did not present case studies during clinical placements.

Muller (2009:334) states that a conducive learning environment which is free from prejudice and threats will encourage independence, control and critical thinking. Most responses 52% (n=26) showed that the students did not exercise their critical thinking skills.

4.3.5 Section E: Clinical teaching

Table 4.4: Responses to clinical teaching (n=50)

ITEMS	SD		D		UN		AG		SA	
	freq	%	freq	%	freq	%	freq	%	freq	%
Midwifery students get demonstrations of new skills once a week	37	74.0	0	0	1	2.0	12	24.0	0	0.0
Students are always supervised by registered nurses in routine procedures	11	22.0	15	30.0	9	18.0	10	20.0	5	10.0
A preceptor is allocated to accompany students	24	48.0	12	24.0	5	10.0	8	16.0	1	2.0
Tutors accompany students twice a week	5	10.2	15	28.6	8	16.3	10	20.4	12	24.5
Tutors only visit students during formative assessments	5	10.0	12	24.0	2	4.0	17	34.0	12	24.0
Students are given feedback immediately after assessment	2	4.0	0	0.0	1	2.0	19	38.0	28.5	56.0
Theoretical facilitation in midwifery prepares the students for what to expect in the clinical area	1	2.0	3	6.0	3	6.0	23	46.0	20	40.0
Students are informed about the ethical issues to be on the alert for in the clinical area	8	16.3	3	6.1	6	12.2	23	46.9	9	18.4
Tutors serve as role models for students	0	0.0	3	6.0	10	20.0	21	42.0	16	32.0
Clinical staff (RNs) serve as role models for students	21	42.9	19	38.8	5	10.2	2	4.1	2	4.1
Progress is discussed with individual midwifery students after clinical placement	28	56.0	16	32.0	3	6.0	3	6.0	0	0.0

Section E of the questionnaire comprised 11 items pertaining to clinical teaching in maternity units.

The results in this section indicate imprecise supervision as the responses indicate that 52% (n=26) of the respondents disagreed that students are always supervised by registered nurses in routine procedures, and only 30% (n=15) of the respondents indicated that students were always supervised when performing routine procedures in the maternity units. Referring to Peplau's theory, this is the exploitation phase (implementation phase) of patient care and the registered nurse serves as the resource person. The students and the registered nurses fully utilise their interpersonal processes and move towards their mutually recognised goals. Supervision will enable the students to fully utilise the registered nurses' expertise during everyday practice in the maternity units. Mills, Francis and Bonner (2005:4) emphasise that clinical supervision and accompaniment in nursing is the support mechanism for practising professionals within which they share clinical, organisational, development and emotional experience with another professional in a secure confidential environment in order to enhance knowledge and skills.

The majority of the participants indicated that daily accompaniment of students is not done, as a high percentage (76%, n=38) of the respondents agreed there no preceptors were allocated to supervise students. According to Licqurish and Seibold (2008:480), midwifery students indicated that they preferred to work with hands-on preceptors who are caring, enjoy teaching, answer questions fairly and are philosophically similar. The study revealed that accompaniment was only done by tutors. Most respondents (44%, n=22) agreed that the tutors visited the students twice a week.

On the other hand, there is a contradiction as the results indicate that the tutors did not visit the students regularly – most responses (60.4%, n=30) indicated that they mostly visited the students during formative assessment.

The results show that there was an improvement regarding theory and practice integration compared to the results of the study that was conducted by Lekhuleni et al. (2004:80) at the same campus, where the discrepancy was observed with regard to theory and practice integration because tutors were not accompanying students to the clinical area. According to the South African Nursing Council (SANC), tutors should accompany each student twice a month in the clinical area for thirty (30) minutes (SANC, 2006).

Most of the respondents (94%, n=47) indicated that feedback was given after assessment. Student feedback is essential especially to discuss marks and problem areas and the reasons for them, and also to pass on appropriate remarks to the students (Klopper, 2009:100). Klopper further states that the purpose of assessment is not to criticise, but to form, to correct wrong actions, to impart knowledge and to guide the student towards new skills and knowledge (Klopper, 2009:101).

Moscaritolo (2009:17) states that high levels of anxiety can affect students' clinical performance, presenting a clear threat to success in clinical practice. It is significant for the college lectures and the clinical nursing faculty to be mindful of the challenges the students might encounter in the clinical learning environment. The majority of the respondents (96%, n=48) indicated that they were being prepared to work in the clinical area. As part of the preparations to work in the clinical facilities, 64% (n=23) of the respondents agreed that they were made aware of the ethical issues to observe while in maternity units. SANC (R387 as amended) stipulates the acts and omissions that the midwife should observe during clinical practice to provide fair practice and prevent litigation against the employer.

The majority (74%, n=37) of the respondents viewed tutors as their role models, as compared to the registered nurses in the unit, where 81.7% (n=40) disagreed that clinical staff served as role models for students.

This is contrary to the statement by Meyer and Van Niekerk (2008:171) that clinical staff should guide the students and make them feel part of the clinical staff.

According to Oermann and Gaberson (2009:1,) at the end of placement students should be informed about their level of performance as this serves as a yardstick for measuring their expected level of performance and achievement of the outcomes. The results of this study do not support the above statement as the majority (88%, n=44) of the respondents disagreed that progress was discussed before they departed from the clinical area. The results indicate that the students were not informed about their progress at the end of clinical placement and this had a negative impact on their educational growth and development.

4.3.6 Section F: working relationship between the students and the registered nurses in the unit

Table 4.5: Working relationship between the students and the RNs in maternity units (n=50)

ITEMS	SD		D		UN		AG		SA	
	freq	%	freq	%	freq	%	freq	%	freq	%
1. Clinical staff gives moral support to students in their attempts to achieve the learning objectives.	25	50.0	16	32.0	5	10.0	3	6.0	1	2.0
2. Students are given an opportunity to express their feelings and experiences related to the clinical environment	14	28.0	13	26.0	6	12.0	10	20.0	7	14.0
3. Lecturers conduct an assessment interview to explore the students' perceptions, fears	10	20.0	10	20.0	15	30.0	10	20.0	5	10.0

and expectations										
4. Lectures are flexible, and accommodate the needs of midwifery students	4	8.0	6	12.0	11	22.0	24	48.0	5	10.0
5. Clinical teaching encourages students to be independent midwives	17	34.0	11	22.0	7	14.0	12	24.0	3	6.0

Of all the respondents, 50% (n=25) indicated that the students did not get support from the clinical staff, hence this supports the previous response in Table 4.4 that they did not regard them as their role models.

According to Mabuda et al. (2008:9), a conducive and supportive environment for students depends on the availability of placement support systems, such as supervision, mentorship, preceptorship and the relationship between the faculty, student's nurses and clinical staff members.

Of all the respondents, 28% (n=14) indicated that they were not given the opportunity to express their feelings and experiences about the clinical environment.

The results indicate that the students are fairly involved during the planning phase of their placement in the clinical area. According to Peplau's theory both the nurse and the patient should plan together and the patient be given a chance to express feelings and experiences related to the nursing care provided (Bruce et al., 2011:49).

58% (n=29) of the respondents agreed that lecturers were flexible and accommodated the individual needs of the students. The study revealed that most of the students (56%, n=28) did not feel confident that they would be ready to practice as independent midwives at the end of their training.

The study supports the Saving Babies report 2008-2009 (2011:68), which states that on completion of training, R425 students should be placed in maternity units for six months as part of their community service to improve their competency before they can be allocated to the clinics to work independently.

4.4 OVERVIEW OF THE RESEARCH FINDINGS

Figure 4.3 illustrates the overview of the research results based on the five main sections of the research questionnaire to address the researchers concern generated through frequencies. Each section on the graph is briefly explained underneath.

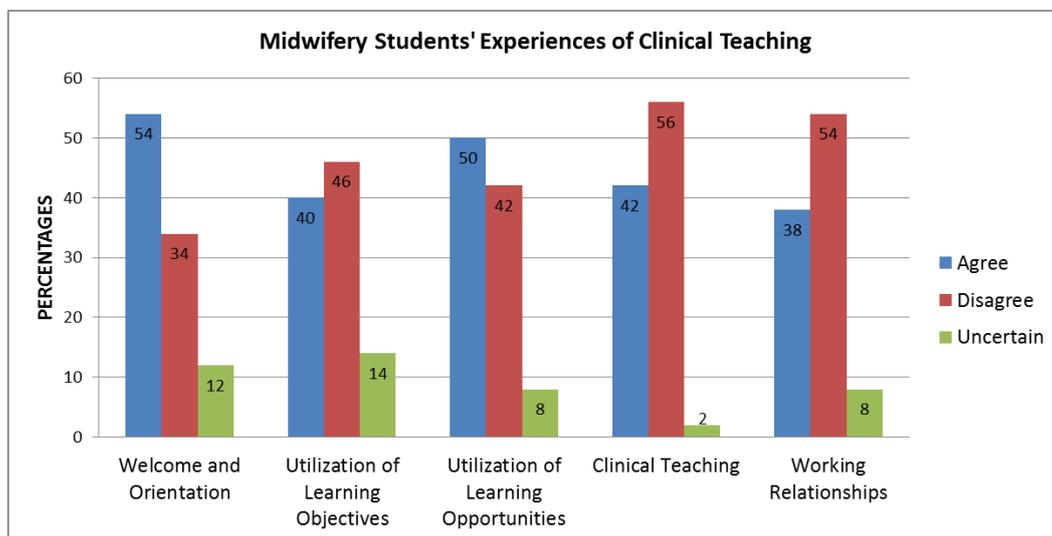


Figure 4.3: The overall responses of midwifery students' experiences of clinical clinic teaching

A. Compliance and biographical results

Compliance was 100% as all the questionnaires were returned and only three (3) missing items from the responses were reported. The findings of the study indicated that the majority of the participants were females (72%), and the highest age group was between 20 and 25 years (86%). Figure 4.3 illustrates the consolidated results of the study in relation to midwifery students' experiences of clinical teaching.

B. Welcome and orientation

As illustrated by the graph, the first phase of the clinical teaching, namely welcome and orientation, was done effectively, as 54% (n=27) of the respondents indicated that this was done. They agreed that the orientation programme was available in the units, but the key aspects of orientation in midwifery were omitted, that is the daily programmes and protocols among others.

C. Learning objectives

Learning objectives were available in the units but were not being effectively utilised as indicated by 46 % (n=23) respondents.

D. Learning opportunities

Learning opportunities were being utilised to teach the students as indicated by 50% (n=25) of the respondents. This is a positive aspect that shows that learning is taking place.

E. Clinical teaching

The overall results for clinical teaching show imprecise supervision during clinical teaching – this was supported by 56% (n=28) of the responses.

F. The working relationship between the students and the registered nurses

The working relationship between the students and the registered nurses in midwifery units is imprecise as 54% (n=27) disagreed that there was a good working relationship between the RN and the students. This supports the results in section E that clinical teaching of midwifery students is compromised.

There were mixed responses as students reported conflicting ideas, especially with regard to the clinical teaching and utilisation of learning opportunities. The report indicates that there is imprecise supervision, but on the other hand the positive aspect of the results was that learning opportunities arising from patient care were being utilised effectively. Although the results demonstrated that there were no planned activities or programmes for the students in the unit, they could still learn during ward rounds – 60% of the respondents indicated that they were part of the team during ward rounds and that midwifery was a hands-on practice.

4.5 CONCLUSION

This chapter presented the analysis, interpretation and description of the research findings. The demographic characteristics of the population were described, and the frequencies and responses of the midwifery students to clinical teaching were also shown. An overview of the research findings was included. In the next chapter the results of the research are discussed in the context of the existing literature.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This study was done on midwifery students' experiences of clinical teaching at one of the campuses of the Limpopo College of Nursing. Chapter 4 discussed the research results which were integrated with results from the literature. This chapter discusses the interpretation of the research findings, study limitations, proposed recommendations based on the themes discussed in Chapter 4 integrated with the literature, as well as proposed recommendations for management, education and further research.

5.2 RESEARCH DESIGN AND METHOD

A quantitative explorative and descriptive design was followed to describe and explore midwifery students' experiences of clinical teaching. Quantitative research design is a formal, objective, systematic process in which numerical data are used to obtain information about the world (Burns and Groove, 2005:23).

Exploratory research is described as a study which seeks to explore the nature of the phenomenon, the manner in which it is manifested and its underlying processes (Polit & Beck, 2008:20). The researcher explored the students' experiences of midwifery theory and practice integration at Sovenga Campus of the Limpopo College of Nursing.

Descriptive designs collect detailed descriptions of existing variables and use the data to justify and assess current conditions and practices to make plans for improving health care practises (Wood & Haber, 2010:198). The study described the clinical experiences of midwifery students in the three Capricorn district hospitals where they are allocated to practice midwifery.

The accessible population of the study comprised midwifery students registered for a comprehensive course (R425 of 1985, as amended) in their third and fourth level of study at Sovenga Campus of the Limpopo College of Nursing. A probability sampling technique was used to draw a sample of the population to ensure that each member of the population had an equal chance of being selected. A sampling frame was drawn from the college list of midwifery students and systematic sampling was done. Data were collected by means of a structured questionnaire containing questions that guided the researcher in the conduct of the research. The aim of the study was to explore and describe the experiences of midwifery students in the clinical setting and make recommendations to improve clinical placement with regard to the following:

- Clinical teaching
- Midwifery curriculum requirements
- Student support
- Supervision
- Accompaniment

5.3 SUMMARY AND INTERPRETATION OF THE RESEARCH FINDINGS

The results are summarised under each section with its items.

5.3.1 Biographic data

Section A was the respondents' gender. The study found that most of the midwifery students (72%) were female and males comprised only 28% of the sample population. This confirms the assumption that nursing is viewed as a female-dominated profession which Ngidi (2007:721) also emphasises. In a study conducted by Lehasa (2008:42), the gender distribution confirmed the general profile in nursing as more females than males entering the nursing profession. In a study conducted by Nxumalo (2011:82), the results indicated that in Limpopo province, of all the students who enrolled for R425, 1 232 were females and 480 were males.

The study revealed that 86% of the students were between 20 and 25 years of age, which is the age between adolescence and early adulthood. This is a critical stage of development which can impact on the students' learning. The above statement is supported by Mkhwanazi (2007:72), who says that adolescents are always faced with adjustments, and therefore need support and guidance from the teaching staff. A study conducted by Nxumalo (2011:83) revealed that the average age of the students who commenced their R425 training in 2009 was 26 years, where the minimum age was 17 years and maximum age was 55 years.

5.3.2 Welcome and orientation

The purpose of the section was to explore the experiences of midwifery students with regard to the initial phase of their working relationship in midwifery units. This consists of the welcome and the orientation to staff, the physical layout of the unit and the routine programmes and protocols that are used in patient care. The study indicated that welcome and orientation programmes were available in the unit, but the actual orientation was only partially done, as 34% of the respondents agreed that it was being done and 54% said it was not being done.

The findings demonstrated that orientation was done, but critical aspects were omitted, namely orienting the students on the implementation of maternity guidelines, such as routine programmes and protocols that are used to provide patient care. In a recent study conducted in the same province on newly qualified professional nurses, 56% indicated that they were not competent to perform resuscitation of a new-born baby, and this is one of the implementations of the guidelines (Lekhuleni, Khoza & Amusa, 2013:200).

The results were also supported by a study conducted by Murathi, Davhana-Maselesele and Netshandama (2005:15), in which unit managers agreed that there was poor orientation of students because of poor communication between the college and the clinical staff, and at times they found themselves not being able to meet the students' expectations.

Nxumalo (2011:289) states that nurse educators are responsible for theory, and the fact that they are not always responsible for orientation and clinical supervision may hamper the integration of what is learned in classroom and the realities of practice.

5.3.3 Utilisation of learning objectives

The study found that students agreed that the college did supply the clinical areas with learning objectives which were available in the units, but they were just not utilised when delegating the students and when planning the unit's in-service programme. This was further supported by the findings of Rikhotso (2010:52): the students expected to be placed in the clinical area for learning experiences based on the set objectives, but this was a different expectation from what the registered nurses had in mind. Sometimes the students refused to assist the staff because the procedure was not in their learning outcomes.

It is not just the professional nurses who should take the lead in clinical teaching, but the students in the clinical learning environment should also be active, committed, curious and self-directed. The respondents agreed with this statement (Mongwe, 2009:69). SANC policy regarding nursing education states that the learning process must be complete in respect of the cognitive, affective and psychomotor development of the student in order to achieve the prescribed programme objectives (SANC, 2006:6). The study revealed that the objectives were not being utilised to enhance the learning of student midwives.

According to Peplau's theory, the nurse and the patient should plan to work constructively towards meeting the patient's needs, based on the analysis of the situation and the identification of needs.

The results indicate that the registered nurses did not fully utilise the learning objectives to analyse the needs of the students, and this will lead to a gap in theory and practice integration (Bruce et al., 2011:48).

A study conducted by Lehasa (2008:92) revealed that the programme objectives were explained to the students, which means that they know exactly what is expected of them, but it showed that the gap resulted from the application of those objectives of the registered nurses in the units.

5.3.4 Utilising learning opportunities

The study indicated that learning opportunities were being effectively utilised. Midwifery care is based on the protocols and guidelines for saving mother and babies, and those activities can be taught to students during clinical placement as learning opportunities are presented, e.g. during ward rounds and perinatal review meetings (Department of Health, 2007:150).

The SANC (1994:9) states that the overall objective of clinical practice is to provide students with meaningful learning opportunities in every area of placement according to their level of training, to ensure that on completion of the programme the student nurses are able to function effectively. Mueller and Billings (2009:173) explain that the practice exposure for nursing students is aimed at in-service learning. This is a structured component of the curriculum in which students acquire social values through service and caring for others. In-service learning provides opportunities for students to connect theoretical learning with practice, to learn new skills, apply critical thinking skills and test new roles in an environment that encourages risk taking. In-service learning rewards competence enhances personal and professional development and assists the students to master the learning outcomes.

5.3.5 Clinical teaching

The results indicated that there is a need for supervision. Wiggins (2006:98) emphasises that supervision of students in the clinical area is crucial, as students are dealing with real-life situations that affect patients' lives. The description of teaching and learning as a leadership function for professional nurses is based on the belief that teaching and learning are a process, not a product; the process is implemented in a relationship between experts; and communication is the essential element of the process. Midwifery students know how much clinical teaching affects them and registered nurses have the information that helps the students to adjust to the learning environment (Hood, 2010:437).

The study revealed that the tutors visited the students in the clinical area mainly during formative assessment as compared to clinical accompaniment.

In a previous study done by Lekhuleni et al. (2004:80), a discrepancy was observed with regard to theory and practice integration – because the tutors were not doing accompaniment the situation appeared to be improved. In a study conducted by Thopola, Kgole & Mamogobo (2013:176), newly qualified community service students expressed their overall satisfaction with the basic midwifery training they received during their preparation for becoming professional nurses. They felt that they had been offered standard training that added value to their competence.

Giving feedback to the students is a way of indicating their progress to them and correcting any of their actions that were not carried out according to the expected standard (Klopper, 2009:101). The results showed that the students were given feedback immediately after carrying out the procedures.

5.3.6 Working relationship in midwifery units

The students reported poor working relationships between themselves and the staff in maternity units, and the study showed that clinical staff did not support the students in achieving their learning outcomes. The results of this study also support those of the study conducted by Mabuda (2006:65), which revealed poor interpersonal relationships between the student nurses and ward staff: the student nurses were called names, harassed and were in many cases used as scapegoats for wrongdoing in the wards.

Tang, Chou and Chiang (2005:190) found that the largest difference between effective and ineffective clinical teachers was caused by interpersonal relationships: the teacher's attitude rather than his or her professional ability is the crucial factor, and the opinion of these authors was that a friendly attitude, and understanding students' fears, stressors and frustrations should facilitate a more empathetic environment and allow a more tolerant attitude towards the students' inadequacies.

Stokes and Kost (2009:288) emphasised the importance of positive relationships for the clinical learning environment whereby the quality of the interaction between the students and the clinical accompanists affect learning outcomes. Sharif and Masoumi (2005:473) state that a professional nurse, as a role model for nursing students in the clinical area, must establish a sense of belonging, promote role socialisation, encourage independence leading to clinical competence, reduce anxiety and nurture the nursing student's self-esteem. Mntambo (2009:122) the participants being student nurses expressed their opinions that there were too few professionals who functioned as role models and Mentos in the wards and further explained that they treated them like non-human beings and some refused to teach them and even influenced others not to teach them saying they are waiting time by teaching students.

In this study it appears that although lectures were supportive and flexible to the individual needs of the students, they still did not conduct assessment interviews to explore the students' perceptions, fears and expectations in the clinical area. Andrews et al. (2005:861) indicate that the role of a mentor (tutor) in the clinical area is one of a supporter, supervisor and teacher, an expert practitioner whom the nursing students can work alongside to learn from in a safe, supportive environment in preparation for their professional role.

5.4 CONCLUSIONS

The results of the study indicate that there is partial compliance with regard to clinical teaching of midwifery nursing students at Sovenga Campus as compared to the minimum requirements for the education and guide for the teaching of students in the programme leading to registration as a nurse (General, Psychiatry and Community) and Midwife (SANC, 1985: R425). The regulation stipulates that clinical allocation in midwifery shall be so planned that the student is enabled not only to master the necessary midwifery skills, but also to be integrated into the midwifery and multi-disciplinary teams functioning in the area.

The initial steps of welcoming and introducing the students to midwifery practice is satisfactory as the majority of students reported that orientation in the most critical aspects of midwifery, such as introduction and orientation to the unit protocols that are routinely applied is carried out. The other positive aspect of the study was that learning opportunities were being effectively utilised. Midwifery care is based on the protocols and guidelines for saving mother and babies, and those activities can be taught to students during clinical placement as learning opportunities are presented, e.g. during ward rounds and perinatal review meetings .

The learning objectives were not fully utilised during delegation of duties and when planning unit in-service programmes. The students indicated that the working relationship with maternity unit staff was not allowing them to function effectively, which limits their chances of exploring the learning outcomes. The results showed that there were no planned activities or programmes for the students in the unit, the students were not involved during ward presentations as part of their development towards becoming professionals in the future.

5.5 RECOMMENDATIONS

Based on the findings of the study, the researcher has the following recommendations:

5.5.1 Nursing education

The researcher has the following recommendations to make for nursing education:

The primary aim of nursing education is to produce or to develop a competent, independent, caring professional nurse/midwife who is capable of providing quality care based on the needs of the patient, family, community and society. The findings revealed that there is a gap in the utilisation of the tools that guide clinical teaching, i.e. utilisation of the objectives and the procedure manual, thereby compromising the quality of midwifery clinical teaching. The students rely more on the tutors, but the tutors are not always with them in the clinical units. The researcher recommends that tutors should be part of the orientation of students at the beginning of every clinical placement to highlight the important aspects that need to be covered to bridge the gap between theory and practice.

The researcher further recommends that the college should have preceptors who are allocated to the clinical area to look into the interests of the students and ensure that they are not merely used as an extra pair of hands but are achieving the learning outcomes.

Midwifery nurse educators should accompany students during formative assessment as this can provide a valuable opportunity for them to apply various teaching strategies, observe teachable moments and use them effectively. During accompaniment tutors can reach each student and evaluate their competency levels.

5.5.2 Nursing management

Nursing management in those hospitals accredited for training of students should commit themselves to support nursing students as well as the professional nurses who supervise those students on a daily basis (SANC, 2006).

The above statement is supported by the SANC guidelines (R683, as amended). The unit managers, as registered nurses, should be expected to facilitate the learning of students, thus creating learning opportunities and directly assisting students to achieve their learning outcomes. Nursing managers should provide in-service education regarding the service level agreement between the college and the hospitals to those who are involved in the teaching of students so that they understand that it is their duty as well to teach students.

The researcher also recommends that the unit managers should delegate a registered nurse on a daily basis to supervise the students, i.e. to act as a preceptor for that day.

Nurse managers should draw up a plan that will allow registered nurses to supervise and teach the students. Students must be given the opportunity to participate during ward rounds and in-service training as a path towards professional maturity and independence.

Lectures and clinical staff should hold quarterly bilateral meetings to discuss problems affecting the clinical teaching of students.

5.5.3 Further research

The study found that there are aspects that affect the clinical placement of students that need to be investigated further, such as:

- The relationship between midwifery students and registered nurses.
- The utilisation of midwifery teaching tools (learning objectives and procedure manuals).
- The effectiveness of clinical accompaniment by midwifery tutors.
- The competency level of newly qualified midwifery students in midwifery practice.
- The development of a clinical teaching model

As the current study only applied to midwifery students at Sovenga Campus, the same study can be done at other campuses to identify the gaps and compare the differences in the various clinical areas in other districts.

5.6 CONTRIBUTIONS OF THE STUDY

The recommendations of the study will serve as guidelines to improve clinical teaching and accompaniment of students in midwifery units. The role players involved in clinical teaching were made aware of the gaps identified by the study so that they can make improvements. The knowledge gained is important for nursing education and the nursing profession, including nursing institutions (College and Capricorn district hospitals) which carry out clinical teaching and accompaniment of midwifery students.

5.7 LIMITATIONS OF THE STUDY

The study was confined to one campus, and therefore the findings cannot be generalised to the other campuses of the Limpopo College of Nursing. The study focused on the experiences of the students only.

The inclusion of tutors and registered nurses in midwifery could have enhanced the perspectives of the students' behaviour in the clinical setting.

A quantitative descriptive design was used and the questionnaire had only close-ended questions so the respondents could not elaborate or express more of their experiences. A phenomenological approach would allow in-depth description of their experiences.

5.8 CONCLUDING REMARKS

The study aimed at exploring and describing midwifery students' experiences of clinical teaching and making recommendations to improve clinical teaching. The findings revealed that midwifery students do receive welcome and orientation in midwifery units, learning opportunities are utilised effectively to promote learning, but students struggle to achieve their learning objectives as they are not fully utilised in the units. Clinical teaching and accompaniment of students is very important in midwifery to produce midwives who are confident and competent to provide maternity services independently. All the stakeholders involved need to play their roles in producing a competent, efficient and independent nurse midwife.

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**ANNEXURE A:
QUESTIONNAIRE FOR MIDWIFERY
STUDENTS**

QUESTIONNAIRE FOR MIDWIFERY STUDENTS

TITLE OF STUDY: MIDWIFERY STUDENTS' EXPERIENCES OF CLINICAL TEACHING AT SOVENGA CAMPUS (LIMPOPO COLLEGE OF NURSING) LIMPOPO PROVINCE

Please indicate your response by marking the appropriate area with an

x

Section A: Biographic data

1. Gender

Male	1
Female	2

2. Age in years

20 - 25 years	1
26 - 30 years	2
31 - 35 years	3
36 - 40 years	4

Experiences in midwifery units as clinical learning facilities

Indicate the latest experience you had in any of these midwifery units (antenatal, labour and postnatal). Tick the unit below

Antenatal		Labour		Postnatal	
------------------	--	---------------	--	------------------	--

STATEMENTS	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
Section B: Welcome and orientation					
1. There is an orientation programme for students in all maternity wards	1	2	3	4	5

2.Students are welcomed and introduced to staff members and support staff in the unit	1	2	3	4	5
3. Orientation includes daily programmes and all protocols utilised in the unit	1	2	3	4	5
4 .Students' names are entered in the duty rosters for all staff	1	2	3	4	5
5. Students are viewed as part of the unit staff	1	2	3	4	5
6. Clinical work in midwifery inspires students and makes them want to be part of the team	1	2	3	4	5

Section C:Utilising learning objectives

7. Midwifery I & II learning objectives are available in maternity wards	1	2	3	4	5
8. On arrival in the units students submit the specific objectives for that period	1	2	3	4	5
9. Delegation of duties to students is done according to the learning objectives	1	2	3	4	5
10. The monthly in-service training programme accommodates learning objectives of students	1	2	3	4	5
11. Midwifery nursing students achieve the learning outcomes at the end of clinical placement	1	2	3	4	5

12. Students are informed well in advance what to expect regarding continuous assessment	1	2	3	4	5
13. Midwifery procedure manuals are available and accessible in the units	1	2	3	4	5
14. Prioritising actions when making decisions about patient care is a challenge for students	1	2	3	4	5

Section D:Utilising learning opportunities

15. Students are encouraged to participate during ward rounds	1	2	3	4	5
16. Students are invited to join the discussions during perinatal review meetings	1	2	3	4	5
17. Students are given demonstrations of new skills twice a week	1	2	3	4	5
18. Students are given an opportunity to prepare and present case studies during clinical placements	1	2	3	4	5
19. Students are given topics to present during in-service training in the ward	1	2	3	4	5
20. Students are prepared to work hard to overcome obstacles during midwifery clinical practice	1	2	3	4	5

21 Students are encouraged to present case studies during perinatal review meetings.	1	2	3	4	5
22. Students find it difficult to make critically important decisions during their clinical practice	1	2	3	4	5
23. Learning opportunities arising from routine patient care are discussed with students	1	2	3	4	5
24. There is a list of planned activities for midwifery nursing students in the clinical area	1	2	3	4	5
25. Progress is discussed with individual students before the last day of clinical placements	1	2	3	4	5
Section E: Clinical teaching					
26. Students are always supervised by registered nurses working in maternity with routine procedures	1	2	3	4	5
27. There is a preceptor in the clinical area who is allocated to accompany the students daily	1	2	3	4	5
28. Tutors accompany students in the units twice a week	1	2	3	4	5
29. Tutors only visit students during formative assessments	1	2	3	4	5
30. Students are given feedback immediately after assessments	1	2	3	4	5

31. Clinical guidelines are available for each level of midwifery training	1	2	3	4	5
32. Students are encouraged to come up with their own ideas to solve clinical problems	1	2	3	4	5
33. During clinical assessment lecturers correct incorrect procedures immediately	1	2	3	4	5
34. Lecturers serve as role models for students	1	2	3	4	5
35. Clinical staff serve as role models for students					
36. The theoretical facilitation in midwifery prepares the student for what can be expected in the clinical area	1	2	3	4	5
37. Students are informed about ethical issues to be on the alert for in the clinical area	1	2	3	4	5
38. Lecturers often enquire about student's feelings and emotions about midwifery clinical experience	1	2	3	5	5
39. During orientation in the clinical area RNs and midwifery nursing students discuss their learning needs	1	2	3	4	5
40. Clinical staff give moral support to students in their attempts to achieve the learning objectives	1	2	3	4	5

Section F: Working relationships in the midwifery units

	Strongly disagree	Disagree	uncertain	Agree	Strongly agree
41. Students are given an opportunity to express their feelings and experiences related to the clinical learning environment	1	2	3	4	5
42. During clinical placement students and clinical staff continue to clarify their perceptions and expectations	1	2	3	4	5
43. Lecturers conduct an assessment interview to explore the students' perceptions, fears and expectations in the clinical area	1	2	3	4	5
44. Lecturers are flexible, individual needs of students are accommodated	1	2	3	4	5
45. The current clinical teaching environment encourages the students to see themselves as becoming independent professional midwives	1	2	3	4	5

ANNEXURE B:
INFORMATION LEAFLET FOR PARTICIPANTS

INFORMATION AND INFORMED AGREEMENT TO PARTICIPATE IN A RESEARCH PROJECT

TITLE OF THE STUDY: MIDWIFERY STUDENTS' EXPERIENCES OF CLINICAL TEACHING AT SOVENGA CAMPUS (LIMPOPO COLLEGE OF NURSING)

Dear Mr/Mrs/Ms

I would hereby like to request you to participate in this research study on: MIDWIFERY STUDENTS' EXPERIENCES OF CLINICAL TEACHING AT SOVENGA CAMPUS (LIMPOPO COLLEGE OF NURSING). I am a Master's student at the University of South Africa (Unisa). The purpose of this study is to identify the experiences encountered by midwifery students in the clinical areas and to make recommendations to improve students' midwifery clinical learning experiences.

Your participation will imply the completion of a self-administered questionnaire that will take about fifteen (15) minutes. No names will be used on the questionnaire and the data will be kept in a safe place by the researcher for confidentiality. Your participation in this study is totally voluntary, and you can withdraw your participation at any stage without incurring any consequences.

If you have any question concerning the study or your participation in the study, please feel free to contact the researcher, Ms LJ Setumo, on 073 342 6247, setumolefoka@yahoo.com or Prof. Z.Z. Nkosi, 012 429 67 58, nkosizz@unisa.ac.za I would appreciate your participation because your responses will be valuable to my research and will contribute towards addressing the challenges faced by midwifery nursing students in the clinical area.

You are kindly requested, if you agree to participate, to sign the consent form to confirm that you are willing to participate in this study.

**ANNEXURE C:
INFORMED CONSENT FORM**

INFORMED CONSENT FORM

RESEARCH TITLE: MIDWIFERY STUDENTS' EXPERIENCE OF CLINICAL TEACHING AT SOVENGA CAMPUS (LIMPOPO COLLEGE OF NURSING)

The researcher

I have discussed the risks, benefits and obligations involved in this research with the participants and in my opinion, the participants understand this information.

Researcher's signature

Date

The participant

I hereby give informed consent to voluntarily participate in the above research study. I agree to complete a self-administered questionnaire. I have read the information leaflet and understood that my participation is voluntary and that I may refuse to participate or withdraw from the study at any time.

Participant's signature

Date

**ANNEXURE D:
ETHICAL CLEARANCE CERTIFICATE FROM
UNISA**

<Insert Unisa certificate here>

**ANNEXURE E:
LETTER OF REQUEST TO THE DEPARTMENT
OF HEALTH**

P.O. Box 647
SESHEGO
0742

Enquiries: SETUMO LJ

Work Tel: 015 267 1114

Cell no: 073 342 6247

Fax: 015 267 1202

Date: 16 January 2013

To: The Head of Department
Department of Health and Social Development
P/Bag X9301
Polokwane
0700

Dear Sir/Madam

RE: REQUEST TO CONDUCT A RESEARCH STUDY IN YOUR COLLEGE

I am a student registered for a Master's Degree in Nursing Science at the University of South Africa (Unisa). Request is hereby made to conduct a study at your nursing college on: **MIDWIFERY STUDENTS' EXPERIENCES OF CLINICAL TEACHING AT SOVENGA CAMPUS (LIMPOPO COLLEGE OF NURSING)**

The college is in Capricorn District and is training R425 programme students and for this reason it has been identified as the appropriate setting for the study. The study will be conducted on level III and IV students. It is envisaged that the study will contribute towards improving clinical teaching of midwifery nursing students.

The researcher undertakes to observe all ethical principles for conducting the research. All information will be kept in confidence. A copy of the research will be made available to your office on request.

Attached find a copy of the research proposal approved by the university, together with the ethical clearance certificate.

Yours faithfully

Ms Setumo Lefoka Johanna

Signature

**ANNEXURE F:
LETTER OF REQUEST TO LIMPOPO COLLEGE
OF NURSING**

PO Box 647
Seshego
0742

Enquiries: Setumo LJ
Work Tel: 015 267 1114
Fax no: 015 267 9372
Cell no: 073 342 6247
Date: 26 February 2013

To: The College Principal
Limpopo College of Nursing
Private Bag X1122
Sovenga
0727

Dear Sir/Madam

RE: REQUEST TO CONDUCT A RESEARCH STUDY IN YOUR COLLEGE

I hereby submit a request to conduct a study at your college. I am a student registered for a Master's Degree in Nursing Science at the University of South Africa (Unisa). The topic is as follows: **MIDWIFERY STUDENTS' EXPERIENCES OF CLINICAL TEACHING AT SOVENGA CAMPUS (LIMPOPO COLLEGE OF NURSING).**

As Sovenga Campus is training R425 programme students, it has been identified as the appropriate setting for this study. The research will be conducted on midwifery levels I & II students.

It is envisaged that the study will contribute towards improving the clinical teaching in midwifery. The researcher undertakes to observe all the ethical principles for conducting the study. All information will be kept confidential. A copy of the research report will be submitted to your office on request.

Yours faithfully

Ms Setumo Lefoka Johanna

**ANNEXURE G:
PERMISSION LETTER FROM LIMPOPO
COLLEGE OF NURSING**



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
LIMPOPO COLLEGE OF NURSING
SOVENGA CAMPUS

Ref: Midwifery study

Enq: Mafalo E.P.

Date: 26/02/2013

To: Setumo L.J

P.O.Box 647

Seshego

From: The Vice-Principal

Re; Request to conduct a study at the Sovenga Campus

Dear Madam,

This acknowledges receipt of your letter requesting to conduct a study on Midwifery students' experiences of clinical teaching at Sovenga Campus.

The campus management agrees to your request and hope that your study will benefit the College. We wish you success.

Kind regard,

Mr E.P. Mafalo

Vice-Principal

**ANNEXURE H:
PERMISSION LETTER FROM THE
DEPARTMENT OF HEALTH**



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Selamolela Donald

Ref:4/2/2

Setumo L J
P O Box 647
Seshego
0742

Dear Ms Setumo

Re: Permission to conduct the study titled: Midwifery students' experiences of clinical teaching at Sovenga campus (Limpopo Province)

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
3. Kindly be informed that:-
 - Further arrangement should be made with the targeted institutions.
 - In the course of your study there should be no action that disrupts the services.
 - After completion of the study, a copy should be submitted to the Department to serve as a resource.
 - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.

Your cooperation will be highly appreciated.

General Manager: Strategic Planning, Policy and Monitoring

Date: 2013/01/22

**ANNEXURE I:
LETTER OF AGREEMENT FROM STATISTICIAN**

UNIVERSITY OF LIMPOPO



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2168

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2306

E-mail: Mmbengeni.netshidzivhani@ul.ac.za

STATISTICAL ANALYSES

Dear Sir/Madam

STATISTICAL ANALYSES

I have studied the research protocol of Ms Setumo Lefoka Johanna student number 32958293

Titled: MIDWIFERY STUDENTS' EXPERIENCES OF CLINICAL TEACHING AT SOVENGA CAMPUS
(LIMPOPO COLLEGE OF NURSING)

and I agree to assist with the statistical analyses.

I trust the above is in order; should you require any further assistance, please do not hesitate to contact me personally.

Yours sincerely,



Victor Netshidzivhani

Research Statistician: Research Development and Administration

Tel: 015 268 3702

Fax: 015 268 2306 / 086 696 0812

Cell: 072 246 4551

E-mail: mmbengeni.netshidzivhani@ul.ac.za

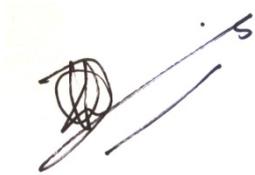
E-mail2: mnetshid23@gmail.com



**ANNEXURE J:
LETTER FROM THE EDITOR**

DECLARATION OF LANGUAGE EDITING

I, Linton Davies, Full Member of the Professional Editors' Group of South Africa, hereby declare that I have edited the language in the final version of the MA dissertation entitled *Midwifery Students' Experiences of Clinical Teaching at Sovenga Campus (Limpopo College of Nursing), Limpopo Province*, by Lefoka Johanna Setumo

A handwritten signature in black ink, appearing to be 'Linton Davies', written over a light yellow rectangular background.

October 2013

Stylus

[Linton and Beverlie Davies (Partners) – T/A Stylus]

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