

DEVELOPMENT OF INTERPERSONAL RELATIONSHIPS OF A  
STUDENT NURSE

by

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Submitted in accordance with the requirements for the degree of

DOCTOR OF LITERATURE AND PHILOSOPHY

in the

DEPARTMENT OF ADVANCED NURSING SCIENCE

at the

UNIVERSITY OF SOUTH AFRICA

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DECEMBER 1999

## ABSTRACT

This study sought to investigate:

- ❖ student nurses' perceived role of tutors, preceptors and professional nurses in fostering the development of interpersonal relationships of students nurses during training
- ❖ student nurses' espousal of positive interpersonal relationships with colleagues, patients, friends and relatives of patients
- ❖ Whether or not any significant differences existed between the first and fourth year students' **perceptions** and **espousal** of positive interpersonal relationships.

First and fourth year student nurses in the Eastern Cape Province were studied. More first, than fourth, year respondents contended that tutors, preceptors and professional nurses facilitated the development of student nurses' interpersonal relationships with colleagues, patients, friends and relatives of patients. On the espousal of positive interpersonal relationships *vis-à-vis* patients, friends and relatives of patients and amongst themselves as colleagues, both groups of respondents provided similar response profiles. *A posteriori* "t" comparisons revealed no statistically significant differences in the response profiles between the first and fourth year respondents in their espousal of positive interpersonal relationships with colleagues, patients, friends and relatives of patients. The major inference drawn from this was that the four-year comprehensive course should place greater emphasis on the development of interpersonal relationships of student nurses in the Republic of South Africa.

## KEY WORDS

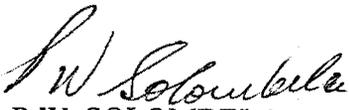
- ❖ **Caring in nursing**
- ❖ **Development of student nurses**
- ❖ **Espousal of interpersonal relationships**
- ❖ **Interpersonal relationships**
- ❖ **Northouse's model**
- ❖ **Nursing education**
- ❖ **Nurses' interpersonal relationships**
- ❖ **Peplau's nursing theory**
- ❖ **Positive interpersonal relationships**
- ❖ **Student nurses**
- ❖ **Therapeutic relationship**

## LIST OF ABBREVIATIONS

DENOSA	-	Democratic Nurses
RSA	-	Republic of South Africa
SANA	-	South African Nursing Association
SANC	-	South African Nursing Council
UK	-	United Kingdom
UNISA	-	University of South Africa
USA	-	United States of America

## DECLARATION

I, Phyllis Welekazi Solombela, do hereby declare that the **development of interpersonal relationships of a student nurse** is my own work. All sources used or quoted have been acknowledged by means of complete references. This work has not been submitted before for any other degree at any other institution.

  
P.W. SOLOMBELA

14 December 1999.

## DEDICATION

The realisation of this long cherished dream is dedicated with love and immense gratitude to my beloved parents: Felicia and Samson Solombela (late) for all the love and sacrifice they made to give me the background, which has made this dream, come true. My parents' love for education and support served as a source of endurance and inspiration during difficult times; a special word of appreciation goes to my brothers and sisters' children for their constant support and encouragement during my years of study. They provided me with the essential support and encouragement; it is to them that I dedicate this thesis.

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## ACKNOWLEDGEMENTS

First and foremost, I am grateful to the Almighty for ensuring that my endeavours, and the endeavours of those who have assisted me in carrying out this research, have been fruitful.

I would like to place on record my sincere appreciation and a deep sense of gratitude to all those individuals who contributed and assisted in different ways towards the completion of this study.

- The Department of Health - Eastern Cape Province, for granting me the permission to undertake this research
- The Eastern Cape Nursing Colleges Shirley Cribb, Charlotte Searle, Frere, Ciskei, All Saints and Umtata.
- All the authors quoted in my bibliography, from whom I have learnt and benefited significantly
- The staff of the Department of Advanced Nursing Sciences, Unisa, for their co-operation
- Mrs T Burger, Unisa library, for her untiring and continuous endeavours in getting the project completed, and her untiring willingness to help with literature searches
- Professor HIL Brink and Dr VJ Ehlers as my promoters, not only for painstakingly battling through the various versions of the manuscript, but quite importantly for their constructive criticisms and very useful comments and suggestions. I express my appreciation for their guidance, ready assistance and knowledge of the area in which this

research was based; they were, individually and collectively, an inspiration to me in many ways

- Professor Sitwala Imenda, formerly from the University of Transkei and now Executive Director: Academic, University of the North, Qwa-Qwa Campus, for editing this thesis.

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## CHAPTER 1 : INTRODUCTION

### 1.1 OVERVIEW

This chapter introduces and discusses the main focus of this study, namely: the development of **interpersonal relationships** during the training of student nurses. Some theoretical aspects of the study are also addressed, such as how **interpersonal relationships** and **caring** could enhance the quality of **nursing care**. Furthermore, the motivation for researching this problem, purpose of the study, research questions, significance of the study, and the definition of some key concepts, will be provided.

### 1.2 BACKGROUND

Henderson (1978:111) considers the unique functions of a nurse as being able to :

"assist the individual sick or well in the performance of those activities contributing to health, recovery or to a peaceful death. The nurse assists the patient to carry out those functions of his/her life which he/she could perform unaided if he/she had the necessary strength, will or knowledge."

Caring is seen by Boykin & Schoenhofer (1990:149) as the person's recognition of an intrinsic value and response to that value. Watson, as quoted in Boykin & Schoenhofer (1990:149), describes caring as the moral idea of nursing as it involves protection, enhancement and preservation of human dignity.

Nursing is described by Roach (as quoted by Boykin & Schoenhofer 1990:150) as the

professionalisation of caring. Roach further states that the affirmation of caring, as the human mode of being is a pre-supposition for all the activities designed to develop the capacity to care professionally. Caring teaches the student nurses how to be human in their interactions with other people, and how to identify with them. According to Roach, a caring nurse is the one who is a co-participant in the process and who engages fully in the relationship process.

Mellish (1992:24) builds upon Roach's perspective by construing nursing as a means of commitment to accept the concepts and responsibilities that include observations of ethical norms and standards for the person in need of care. Further to this, Peplau, as quoted by Belcher & Fish (1990:43), considers nursing as a major interpersonal process. To Peplau, nursing is an educational instrument and a nurturing force that promotes progressive movement of personality in the direction of creative, constructive, productive, personal and communal living.

Referring to Peplau's theory, Belcher & Fish (1990:44) view nursing as a healing art concerned with assisting individuals who are sick, as well as those needing health care. In this regard, nursing is seen as therapeutic and as an interpersonal process involving "interaction between two or more individuals with a common goal". Indeed, Peplau, in Belcher & Fish (1990:44), further contends that:

"in nursing, this common goal provides the incentive for the therapeutic process in which the nurse and patient. respect each other as individuals, both of them learning and growing as a result of the interaction ... As the relationship of the nurse to the

patient develops in these therapeutic patterns, there is flexibility in the way in which the nurse functions in practice by making judgments, by using skills founded in scientific knowledge, by using technical abilities, and by assuming roles."

Kagan, Evans & Kay (1990:20) also regard nursing as being "an interpersonal activity in so far as most of the things that nurses do involve at least one other person". They further observe that to do their job nurses need to "bring the interpersonal skills that work for them in their everyday lives and apply them at work..."

According to Bendile (1991:9) nursing in the Republic of South Africa (RSA) could be described as being a scientific, interpersonal and client-centred profession. This approach would emphasise the need for educational programmes which equip the students with communication and linguistic skills in order to bolster their interpersonal skills.

To Henderson (1978:111) a positive interpersonal relationship conveys a sense of understanding of the body, mind and spirit, and addresses the transcendent nature of a human being. Thus, effective nursing care requires interpersonal transactions to take place.

The ideal of fostering positive interpersonal relationships between the nurses and other persons with whom they interact is based on a belief that people learn from each other how to be human by demonstrating respect for human life and freedom of choice. Furthermore, nurses should be developed to understand patients' humanness and interpersonal relationships. Competence entails that the nurses develop enough knowledge, skill, energy, motivation and judgment by identifying themselves with others. Through positive inter-

personal relations, human care transactions can allow for unique and authentic quality of presence in the world of the others. Togetherness in caring facilitates spiritual growth, through being with another person, interpersonal relationships occur, and moments of joy are experienced by both the one caring and the one being cared for. Boykin & Schoenhofer (1990:149) view caring in nursing as a mutual interpersonal relationship which facilitates the mutual human process in which a nurse responds with authentic presence to a call from another.

Leininger, as quoted by Boykin & Schoenhofer (1990:151), states that the relationship between the caregiver and the recipient of care appears to be the heart of a positive interpersonal helping relationship. Caring enacts confidence and fosters a trusting relationship without dependence. It communicates truth without violence and respect without paternalism.

Roach, as quoted by Boykin and Schoenhofer (1990:149), supports Leininger's belief that a nurse needs to be a caring person. Roach sees a caring nurse as one who is able to enter into a positive interpersonal relationship with people with whom she interacts. This entails that nurses leave the meaning of their own lives to establish a sense of stability to take care of other persons. For nurses, this helps them to acquire openness, accessibility, belonging, living, as well as congruence between their beliefs and behaviours and expressing clarity of values.

According to Roach, as quoted in Boykin & Schoenhofer (1990:151), caring has certain attributes which include compassion, competence, confidence, conscience and commitment.

In displaying compassion, the nurses should be able to attend to the dignity of persons as an important experience, necessary to respond appropriately and responsibly during their interpersonal interactions with patients, relatives and friends of patients, as well as with other members of the health team.

### **1.3 THE IMPORTANCE OF THE DEVELOPMENT OF INTERPERSONAL RELATIONSHIPS BY STUDENT NURSES**

As discussed under section 1.2 of this chapter, interpersonal relationships in the nursing profession cover a wide range of social interactions between the student nurses, and a number of other people. This study focused on the development of interpersonal relationships between student nurses and:

- ❖ patients
- ❖ relatives and friends of patients
- ❖ colleagues, or fellow students nurses.

Furthermore the study also examined the specific role played by professional nurses, tutors and preceptors in assisting student nurses to develop interpersonal relationships required for the nursing profession.

To address these issues, this study makes use of Peplau's theory of interpersonal relationships which contends that each individual is a unique individual who "will not react the same as any other" (Belcher & Fish 1990:44). As such, Peplau regards nurse-patient relationships as being interpersonal processes, requiring nurses to contribute an understanding of developmental theories to the interaction. Peplau contends that nurses

need to recognise that all persons are influenced by what they have learned from the environment within which they grew up, as well as by the customs and beliefs of specific cultures (Belcher & Fish 1990:44). Hence, Peplau further envisages that in the nurse-patient interaction, both the nurse and patient work together (through the four phases of orientation, identification, exploration and resolution), resulting in both of them becoming more knowledgeable and mature in the process. A detailed account of Peplau's theory is presented in chapter two, section 2.2.1.

### **1.3.1 The Importance of Interpersonal Relationships Between Student Nurses and Patients/Clients**

The question of interpersonal relations is crucial for the effective provision of nursing care. The profession can, therefore, ill afford to have professionals who are not properly trained and orientated to cope with the social implications of their responsibilities.

Nurses' emotional responses to specific situations could affect their interpersonal relationships with patients. Kron & Gray (1987:67) report that nurses who suffer from stress tend to avoid personal involvement with other people. Anxiety and irritability might also affect nurses' ability to assess their patients accurately and to plan effective nursing interventions.

Within the contemporary literature and the practice of nursing, it is evident that nursing is not only a science but also an art (Mellish 1992:4). Consequently, in the practice of their profession, nurses should see patients within the context of the organic physiological, as well as psychological problems that have brought them into the sphere

of nursing care. Accordingly, the standards of nursing care should be both patient-centred and relevant to nursing practice.

Interpersonal relationships and caring emphasise mutual, reciprocal and interactive experiences directed towards the preservation of humanity (Lombard 1990:45). The patients' goals are paramount and nursing care and relationships aim at meeting these goals. Competent nursing practice demonstrates the belief that persons' total health needs must be met in a manner that shows concern for their uniqueness - which is achieved largely through effective interpersonal relationships (Lombard 1990:45).

### **1.3.2 The Importance of Interpersonal Relationships Between Student Nurses and Patients' Relatives and Friends**

Nursing is intimately concerned with human beings, and their cooperation in treatment is vitally important (Vlok 1988:6). According to Vlok, nurses are expected to be friendly and to show their patients and relatives that they care about their welfare. During hospitalisation, the patients are virtually isolated from the warm and intimate group relationships of their families and friends, and have a great need for such relationships during the period of physical and psychological crisis. For this reason visitors are a most important feature in the lives of patients. These relationships are very intimate and important for nurses to recognise as such because they contribute significantly towards the quality care of the patient. Furthermore, the public, relatives and friends - for their role in encouraging the processes of healing and recovery, need to be treated with courtesy.

Deprivation of primary group relationships could have detrimental effects on the healing and recovery processes of the patients. The nurses should support these interpersonal relationships and encourage relatives and friends to visit the patients. This will accord the patients opportunities to enjoy the emotional support needed urgently during times of difficulty. Nurses who frustrate these needs for love and support from the patients' own dear ones could cause friction in nurse-patient relationships.

Dugas & Dugas (1983:211) claim that nurses should help people to promote and maintain optimal health, to restore them to health through establishing helping relationships. This involves fostering mutual relationships of respect for patients and their relatives.

To maintain a relationship of worth and dignity with patients' relatives and families, nurses should observe the social courtesies that show or indicate respect. Effectively implemented, this approach will help foster a climate of trust which is a basic element of the helping relationship. The patients and relatives must first be able to trust the nurses as persons who are concerned first and foremost with the welfare of the patients, before they can accept them whole-heartedly as people working in the interest of the patients.

A relationship of trust between the nurses, on one hand, and the patients and relatives on the other, implies that individual patients can rely on nurses under all kinds of circumstances. In a relationship, trust is the mutual exchange of faith. It allows for the acceptance of another judgment as a possible means of attaining personal satisfaction

through goal attainment and interpersonal relationships. Thus, the nurse helps patients and their relatives to develop trust in themselves and others. This reduces the feelings of insecurity. Once patients and their relatives feel secure, then trust can develop. Kreigh & Perko (1983:272-273) also maintain that nurses must strive to maintain the level of anxiety at a manageable level through the relationship with the patient, as well as with the patient's relatives and friends.

Searle & Pera (1982:136) in the RSA, support the opinion that competency in communication is essential. This applies to interpersonal relationships such as :

- ❖ Careful listening
- ❖ Meticulous explanation to patients
- ❖ Consultation with patients
- ❖ Meaningful touch
- ❖ Consideration and courtesy
- ❖ Oral, written, mechanical means of communication
- ❖ Assisting patients to communicate their needs to others
- ❖ Communication with relatives and friends

### **1.3.3 The Importance of Interpersonal Relationships Between Student Nurses and their Colleagues**

Another important variable influencing the student nurses' process of socialisation into the profession is the peer group factor. According to Ammond & Shroll (1988:85-86) the peer group as a socialising process may:

- ❖ be significantly enriched or otherwise altered because nursing students can arrive at collective solutions to their problems;
- ❖ lead to collective actions that provide emotional support for nursing students when they are threatened or otherwise confronted with difficulty;
- ❖ encourage nursing students to learn as much as possible from each other;
- ❖ facilitate a collective consciousness of the social climate which sets the overall feeling and tone through which formal socialisation objectives are accomplished.
- ❖ bring about a source of support and comfort; and
- ❖ lead to peer group cohesiveness and closeness

The importance of positive interpersonal relationships amongst student nurses, in acquiring desired nursing education objectives can, therefore, not be over-emphasised.

#### **1.3.4 The Role of Professional Nurses in the Development of Interpersonal Relationships Amongst Student Nurses**

According to Dannenfeldt (1991:6-7) nursing in the RSA is perceived to be a service orientated discipline, yet students do not feel confident to render the basic nursing care during their clinical learning experience. Newly qualified professional nurses in the RSA often had negative feelings towards the training of student nurses (Van Zyl 1989:6). This researcher concludes that, because of these anxieties, many young nurses abandon training hospitals for the private sector, soon after completing their training. In this way, the newly qualified nurses can escape the frustrations and conflicts associated

with the added responsibilities of the training of students nurses, which does not take place in all private hospitals (Van Zyl 1989:6).

Fry, Karan & Tuckell (1982:22-24) report in their study, conducted in the RSA, that 40% of their respondents abandoned their training due to poor interpersonal relationships between students and professional nurses. In particular, the respondents complained about humiliation in the presence of patients, other stressful situations, including dying patients, as being beyond their personal coping strategies and mechanisms. Effective interpersonal relationships between student nurses and professional nurses could offer support and guidance to students through these stressful nursing situations, and help to keep newly qualified nurses in the professionally active ranks.

### **1.3.5 The Role Played by Tutors and Preceptors in the Development of Interpersonal Relationships amongst Student Nurses**

In the opinion of Van Zyl (1989:6), student nurses in the RSA feel unsure of themselves in the clinical situation, because they are expected to learn, and at the same time to work, in order to acquire clinical experience. Student nurses might find it difficult to integrate theory and practice, since within the clinical situation, the emphasis is placed more on work demands than on learning, *per se*.

Proper professional orientation, including the integration of theory and practice, can only happen when the tutors maintain a well integrated approach to the training of student nurses. The tutors should not merely foster good interpersonal relationships with their students but also assist students in promoting and developing their interpersonal skills.

#### 1.4 POSITIVE INTERPERSONAL RELATIONSHIPS

Roach, as quoted by Boykin & Schoenhofer (1990:152), contends that student nurses must have confidence and competence to establish and maintain positive interpersonal relationships in nursing in a meaningful way. She maintains that student nurses must have a commitment which will show willingness, devotion and conscious positive actions. For nursing practice to be humanistic, caring relationships, implying awareness of self and others, are essential. Knowing oneself helps one to know others and enhances the therapeutic use of self. The one who cares is willing to learn more about self and others. The establishment of trust is essential in an interpersonal relationship and requires courage. Self trust implies confidence and activates trust in others and the person cared for to justify the trust of others (Boykin & Schoenhofer 1990:152).

#### 1.5 NEGATIVE INTERPERSONAL RELATIONSHIPS

According to Biggers, Zimmerman & Alpert (1988: 412) student nurses in the United States of America (USA) do encounter stressful situations which may result in negative interpersonal relationships. For example, student nurses interacting with dying patients could experience feelings of guilt concerning these patients' deaths, resulting in feelings of insecurity about their competence and difficulty in interacting with more experienced nurses and other health care professionals. Mehrabian, as quoted by Biggers *et al* (1988:412), suggests that students who experience high levels of anxiety would find less pleasure in nursing than those who experience lower levels of anxiety.

Caring for ill people can be stressful and since student nurses have much direct contact with patients their experiences can be particularly stressful. Student nurses find themselves near

the bottom of the personnel hierarchy in nursing and are, consequently, poorly paid. According to Biggers et al (1988:411-422) this may affect their interpersonal relationships through a sense of insecurity and inferiority. It is, therefore, unlikely that student nurses who are under stress can foster positive interpersonal relationships with patients. This situation may lead to destructive consequences portrayed in negative social relationships.

Stewart & Roter (1989:22) observe that the significance of intimate personal relationships between student nurses and patients, in the United Kingdom (UK), cannot be over emphasised. The failure of the student nurses to establish these relationships accounts for ineffective patient care. This is so because a patient-centred approach demands a shift from thinking and responding in terms of disease, towards understanding and caring for patients as persons with health problems. This requires the cultivation of interpersonal relationships which are crucial for providing effective nursing care.

## **1.6 STATEMENT OF THE RESEARCH PROBLEM**

According to Jones, as quoted by Stephenson (1984:284), student nurses meet many situations which cause anxiety. He identified two main causes of anxiety in the clinical situation. The first one occurred when student nurses were requested to carry out complicated tasks for the first time. The second one related to the receiving of instructions which were contrary to what the student nurses had been taught. This is supported by Manzini (1988:25) who observed that "invariably the students are young emerging adults emotionally struggling with problems associated with establishing themselves as socially responsible independent adults". Adjusting themselves to the new environments with the responsibility of patient care can be very difficult for the student nurses. If not properly

orientated, the effects of maladjustment can be disastrous for the student nurses and their education. Adequate training in the social aspects of nursing might have an impact on the self-actualisation of student nurses. This could affect interpersonal relationships in the field of nursing. Heighway (1991:5) states that poor interpersonal relationships might be a common phenomenon amongst student nurses. She observes that in the RSA , a combination of poor relationships and the concept of student nurses as workers could create situations where the students are treated as pairs of hands. This effect can impede effective interpersonal relationships.

The aspects discussed emphasise the urgency of ensuring that nurses should acquire interpersonal skills. It is in this regard that this study hopes to make a significant contribution by focusing, in particular, on the development of interpersonal relationships by student nurses, which could play a pivotal role in fostering positive interpersonal relationships, and enhancing the quality of nursing care rendered.

## **1.7 ASSUMPTIONS OF THE STUDY**

Four major assumptions underlie this study, namely that:

- 1.7.1 the implementation of the nurse education curriculum does not place adequate emphasis on student nurses' development of interpersonal relationships with patients, colleagues as well as friends and relatives of patients;
- 1.7.2 interpersonal relationships play a pivotal role in the nurses' performance of their duties;
- 1.7.3 interpersonal relationships make a significant contribution towards the recovery of patients and towards the general maintenance of good health care.

- 1.7.4 clinical assignments do not lead to the adequate development of interpersonal communication competencies amongst student nurses.

## **1.8 STATEMENT OF THE PURPOSE OF THE STUDY**

This study seeks to explore the development of positive interpersonal relationships of student nurses, with patients, colleagues as well as relatives and friends of patients. In doing this the researcher examines the integration of theory and practice by tutors, preceptors and professional nurses and the fostering and development of interpersonal relationships amongst student nurses. Interpersonal relationships play a vital role in the nurses' performance of their duties in the clinical setting.

According to Dunn (1997:1302), in order to practise safe beginning level nursing care, the student nurses must have developed not only theoretical knowledge on which to base their care but also the practical applications of skills to implement that knowledge. The clinical learning environment has been defined as an interactive network of forces within the clinical setting which influences the student nurses' clinical learning outcomes. Jarrant, as quoted by Dunn (1997:1305), states that students often find themselves being the losers during student nursing trials and asserts that good working relationships between staff and student nurses are crucial for the development of good clinical learning environments.

This study attempts to ascertain whether student nurses master the interpersonal skills required in the nursing profession. The role currently played by tutors, preceptors and professional nurses in promoting the development of these attributes among student nurses

is, consequently, examined in order to establish a fuller picture. It is with this mind that a comparison is also made between first and fourth year students in order to ascertain to which extent student nurses develop these interpersonal relationships as they progress through the programme from first to fourth year students of the R425 nurse education curriculum. The researcher seeks to investigate student nurses' perceptions about the prominence given by tutors, preceptors and professional nurses to the development of interpersonal relationships necessary for the student nurses to foster positive interpersonal relationships with patients, colleagues as well as friends and relatives of patients. It is for this reason that a conceptual model is presented in chapter two which contextualises nurses' development of interpersonal relationships.

According to De Jager (1985:57-58) the nurse educators, as role models by virtue of their status as teachers, have special and privileged relationships with student nurses. They are counsellors and facilitators of learning and teaching; they create positive, creative and supportive environments to enable student nurses to become self directed learners; and they provide student nurses with learning opportunities and activities for creative and analytical thinking to exercise independent judgement and develop good interpersonal relationships and communication skills. Bester (1991:8) supports this view by advocating empathy in her observation that the nurse educator should be understanding, realising the strains and stresses of becoming a nurse. They must be sensitive to the needs of the students without compromising discipline. Bester (1991:8) believes that building self confidence in students nurses, to assure responsibility beyond their special interest, is what educational institutions need to achieve and promote.

Effective interpersonal relationships are the major tools the nurses should use to assist the patients in restoring or maintaining optimal levels of health and in preventing illness. The nurse-patient relationships are therapeutic alliances - educative events that should occur between the patients and the nurses. The specific purpose of these relationships is to foster gradual changes to help the patients to deal with current problems, needs and crises. This involves love, empathy, acceptance, listening - and it promotes the development of interpersonal skills necessary for successful nursing careers.

## **1.9 SCOPE OF THE STUDY**

This study hypothesised that as student nurses go through the implementation of theory to practice, their conceptual understanding of the espoused interpersonal relationships between nurses, on the one hand, and patients, family members and friends of patients, professional nurses, tutors and preceptors, as well as peers, on the other hand, develop to a level required for successful nursing careers. Accordingly, this study focused on the development of interpersonal relationships, as perceived and espoused by student nurses, emphasising the notion that effective interpersonal relationships make a significant contribution towards maintaining nursing standards and enhancing patient care.

However, this study was only based on student nurses of the R425 four-year comprehensive course, and not on other student nurses of other nurse education programmes. The study also focused only on first year and fourth year student nurses in the Eastern Cape Province of the RSA. In terms of the overall skills of the student nurses, this study merely dealt with a part which focuses on the development of interpersonal relationships.

## 1.10 RESEARCH QUESTIONS

In order to achieve the above, this study sought to address the following specific research questions:

- 1.10.1 Do student nurses perceive tutors, preceptors and professional nurses to promote the development of interpersonal relationships of student nurses in their implementation of the theory to practice of the R425 comprehensive course?
- 1.10.2 Do student nurses espouse positive interpersonal relationships with:
- ❖ patients
  - ❖ relatives and friends of patients
  - ❖ colleagues, in terms of Peplau's theory?
- 1.10.3 Are there any significant differences between first and fourth year student nurses of the R425 four-year comprehensive nursing course in their perceived interpersonal relationships with:
- ❖ patients
  - ❖ relatives and friends of patients
  - ❖ colleagues?
- 1.10.4 Are there any significant differences between first and fourth year student nurses of the R425 four-year comprehensive nursing course in their espousal of interpersonal relationships with:
- ❖ patients
  - ❖ friends and relatives of patients
  - ❖ colleagues?

### **1.11 SIGNIFICANCE OF THE STUDY**

The possible benefits of this study lie in its potential to contribute towards the enhancement of student nurses' development of interpersonal relationships. Brown & Jaros (1990:21) maintain that professional and life skills, including interpersonal skills as well as positive attitudes would - under the capable supervision of confident registered nurses, produce students with clearly defined purposes of clinical nursing. It is in this regard that this study hopes to make a significant contribution to nursing by ensuring that the development of interpersonal relationships becomes a more significant aspect of the course.

Furthermore, through improved interpersonal skills with the clients and colleagues, it is hoped that the student nurses will be enabled to cope with the fears, stresses and pressures under which decisions concerning life and death have to be made in the daily practice of nursing. In turn, it is envisaged that the development of more effective interpersonal skills in student nurses will contribute significantly to their effectiveness in their practice upon their graduation. This should enhance the quality of nursing care rendered to patients/clients.

### **1.12 LIMITATIONS OF THE RESEARCH**

This study was delimited by being a self-report study in which no direct observations of the participants, and in particular the tutors, preceptors and professional nurses, were made. A useful dimension would have been to compare and contrast actual direct observations of how tutors, preceptors and professional nurses implemented the programme – against the perceptions of the respondents (student nurses), on the extent to which the former endeavoured to promote the development of the latter's interpersonal relationships.

### 1.13 DEFINITION OF KEY CONCEPTS

- 1.13.1: **Development:** Accompaniment of student nurses to grow into professional adulthood. It is a human activity directed to fellow human beings who, with guidance, will meaningfully design their world in compliance with particular norms - and whose values would improve people's quality of life (Mellish 1992: 24).
- 1.13.2: **Interpersonal Relationships :** Social interactions of a person with another person (or other persons), involving some aspects of communication and social skills. In the case of nurses, these include social skills required to lead ordinary lives as well as interactions with patients, relatives of patients and colleagues (Kagan et al 1990: 2).
- 1.13.3 **Therapeutic Relationship :** Mutual willingness, acceptance and understanding of the individuality of another person, or of the participant's perception (Kreigh & Perko 1983: 270). The nurses use their knowledge and skills, including observation of the persons' condition, planning and commencing and supervising care programmes. The nurses must take active parts in the regimen plans, supporting the persons in need and their relatives and special friends (Mellish 1992: 4).
- 1.13.4 **Nursing:** Nursing as human phenomenon is a specific type of behaviour among human beings. It is interpersonal in nature, for it exists only through interactions between human beings. Machines and computers do not nurse, they assist the persons, the nurses who nurse by interacting with their patients, their nursing colleagues and other colleagues from the health care team. Nursing does not occur in isolation, there must be human beings, patients who have human needs

which are met by other human beings, the nurses, in human ways (Mellish 1992: 28).

## **1.14 ORGANISATION OF THE RESEARCH REPORT**

1.14.1 Chapter 1. Introduction and orientation to the study.

1.14.2 Chapter 2. Review of the Literature. In keeping with the research questions of this study, the review of the literature examines the development of interpersonal relationships of student nurses. Accordingly, the review covers the development of student nurses' interpersonal relationships in relation to :

- ❖ patients;
- ❖ patients' relatives and friends; and
- ❖ colleagues (peer group or fellow students)

The literature review also examines the role played by tutors, preceptors and professional nurses in student nurses' development of interpersonal relationships.

The review also discusses the development of the ethical values and morals needed by nurses for successful careers in the profession because these are intimately related to the maintenance of interpersonal relationships while performing nursing duties and responsibilities.

The acquisition of all the above attributes is discussed within the broader aegis of the prevailing nursing education curriculum implementation and how nurse educators endeavour to promote the development of these attributes in their

students. Peplau's theory is used as the main theoretical framework through which the development of interpersonal relationships is viewed.

- 1.14.3 **Chapter 3.** Describes the research methods of this study in detail, as well as the data collection and analysis procedures.
- 1.14.4 **Chapter 4.** Presents the results of this study, starting with the biographical information pertaining to the respondents, and then taking one research question at a time.
- 1.14.5 **Chapter 5.** Discusses the major findings of the study against the backdrop of the research questions and the literature reviewed in this study.
- 1.14.6 **Chapter 6.** Provides a summary of the study as a whole, and makes pertinent conclusions. Recommendations arising from the research findings are also presented, both as suggestions for future research and for possible actions which could enhance the acquisition of more effective interpersonal relationships by student nurses.

## CHAPTER 2: LITERATURE REVIEW

### 2.1 OVERVIEW

This chapter presents a review of selected literature relating to the role of interpersonal relationships. The purpose of the literature is to examine the extent to which the implementation of nursing theory to practice promotes student nurses' development of interpersonal relationships. The literature survey provides a wide range of information on interpersonal skills and interpersonal relationships, and indicates methodological approaches suitable for the actual conduct of the investigation. The list of sources related to the topic was obtained from UNISA through bibliographic and internet searches. In addition, reference lists and bibliography books were used to seek literature which focused on the areas of the problem of this study.

This chapter starts with a discussion of Peplau's theory and ends with a conceptual model, expressed in a diagrammatical form. In keeping with the research questions of this study, the theoretical framework and conceptual model are followed by an examination of the nurse education curriculum implementation in relation to the extent to which it facilitates the development of the nurses' effective delivery of nursing care through the establishment of positive interpersonal relationships.

## 2.2 THEORETICAL FRAMEWORK:INTRODUCTION

One of the most important attributes of nurses is the ability to foster good and effective interpersonal relationships, both with the client as well as with other health care professionals (Northouse 1991:192). This study is guided mainly by Peplau's theory of interpersonal relationships. Peplau's point of departure is that each individual is "a unique biological-psychological-spiritual sociological structure, one that will not react the same as any other" (Belcher & Fish 1990:44). Peplau sees nurse-patient relationships as interpersonal processes. Accordingly, Peplau contends that nurses need to recognise all individuals as being influenced by what they have learned from their distinct environments within which they grew up, as well as from the customs and beliefs of the specific cultures (Belcher & Fish 1990:44). Hence, Peplau further envisages that in the nurse-patient interactions, both the nurses and patients work together, resulting in both groups becoming more knowledgeable and mature in the process. Imbued in Peplau's theory, is the vital role played by communication in the promotion of interpersonal relationships. Within the context of interpersonal relationships, communication is seen as a process which is both transactional and multidimensional in terms of content and relationships (Northouse 1991:192).

This study also refers to Northouse's four developmental phases of nurse-client relationships, namely: preparation, initiation, exploration and termination (Northouse 1991:179-182). According to Northouse, various tasks need to occur within each phase in order to ensure the development of productive, therapeutic relationships. In particular, responding with empathy, providing confirmation, and sharing information are three critical variables which according to Northouse, enhance the effectiveness of nurse-client relationships. Northouse

further envisages that these factors also address both the content and relationship dimensions of interpersonal communication.

Cognisance will also be taken of some aspects of King's nursing theory which complements some of Peplau's ideas. King (1981) uses a systems perspective in looking at interrelationships amongst personal, interpersonal and social systems in the delivery of health care. More specifically, King emphasises interpersonal relationships - especially those between the nurses and the clients. Furthermore, King observes that both nurses and clients make judgments about each other and about the situation, depending on the unique perspective held by each of them. Such judgments, according to King, are influenced "by the needs, goals, expectations, and past experiences of both the patient and the nurse" (Northouse 1991:179). As such, King construes nurse-client communication as a transactional, ongoing process. In this regard, King's conceptual framework makes a significant contribution to nursing education, in particular, by focusing on the critical role played by the perceptions which both nurses and clients bring to any interaction. This framework also takes into account the need for mutual goal setting between the nurses and clients. In this regard, King's perspective complements Peplau's theory.

These theoretical perspectives, which collectively comprise the theoretical framework of this study, appear to be appropriate to this study in that they cover elements of clients' individuality as well as those relating to client-professional interactions. The integrated theoretical framework accommodates the types of interactions pursued in this study between student nurses and patients, as well as other persons with whom the nurses interact during the course of their duties. In particular, a position will be taken that student nurses should

consider demographical characteristics of the patients, the social influences, previous health care and environmental resources.

### **2.2.1 Peplau's Theory**

Peplau (in Belcher & Fish 1990:51) proposes four phases in establishing nurse-patient relationships, namely the **orientation, identification, exploration and resolution.**

#### **Orientation Phase**

According to Peplau's phases the relationship between a nurse and a patient begins when the two meet for the first time. One important aspect of this encounter is the search for a common ground about the problem to be addressed. Once the problem has been 'understood', the nurse may decide to work with the patient and/or family, or she may decide to refer the patient and/or family to another person, such as a medical officer, psychologist, psychiatrist or social worker. Hence, in this orientation phase, "the nurse, patient and family plan what type of services are needed" (Belcher & Fish 1990:46). The authors further state:

"The nurse, the patient, and the family work together to recognize, clarify, and define the existing problem ... Stressful situations are identified through therapeutic interaction ... Thus, in the beginning of the orientation phase, the nurse and the patient meet as strangers. At the end of the orientation phase, they are concurrently striving to identify the problem and are becoming more comfortable with one another, the patient is settling into the helping environment."

The effectiveness of this orientation phase is, however, influenced by the values, cultures, race, preconceived ideas, beliefs, past experiences and expectations which both the nurse and patient bring to the occasion. This situation is depicted in Figure 2.1.

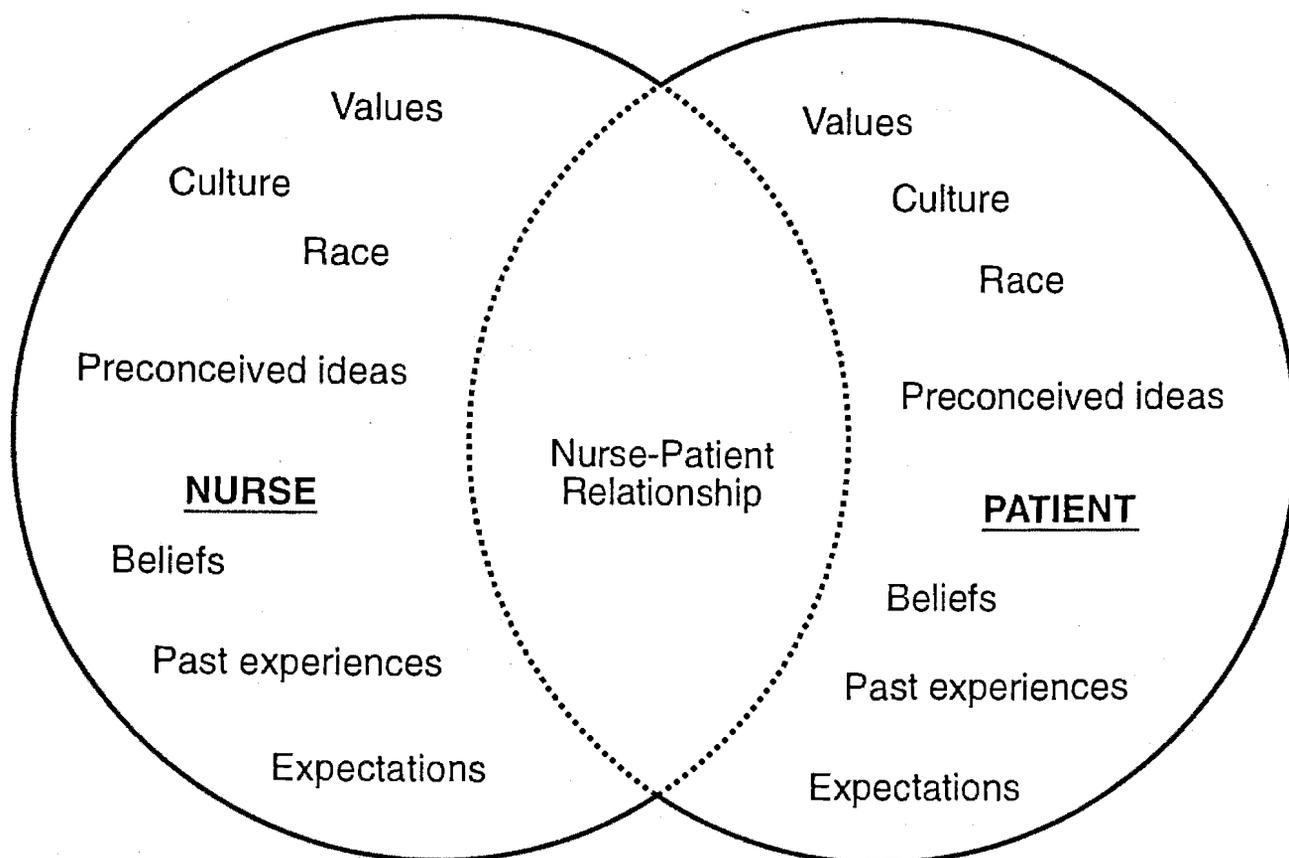


Figure 2.1 Factors influencing nurse-patient relationships (Adopted from Belcher & Fish 1990:46)

### **Identification Phase**

The identification phase focuses on the selection of appropriate professional assistance. Once the nurse has put together the professional help deemed necessary, it is now up to the patient to respond to such a plan. Belcher & Fish (1990:47) describe three ways in which

the patient may respond to the nurse. The patient may:

- participate and be interdependent with the nurse,
- be autonomous and independent from the nurse, or
- be passive and dependent on the nurse.

The particular response exhibited by the patient will, to a large extent, depend on the interpersonal relationship that was established during the orientation phase, and also how this relationship will continue to develop during the identification phase.

### **Exploration Phase**

In this phase, the patient takes advantage of all available services and begins to feel an integral part of the helping environment. Furthermore, the patient may even begin to make many requests and demands regarding the treatment - some of which the nurse may be unable to meet. Nevertheless, Belcher & Fish (1990:48) recommend that a:

"therapeutic relationship must be maintained by conveying an attitude of acceptance, concern, and trust. The nurse must encourage the patient to recognize and explore feelings, thoughts, emotions, and behaviours by providing a non-judgmental atmosphere and a therapeutic emotional climate, "

In some cases, some patients may take an active interest in self-care - thereby becoming more self-sufficient. Through self-determination, such patients could progressively develop responsibility for self belief in their own potentialities, and adjustment towards self-reliance and independence (Belcher & Fish 1990:40). As a result, the patient develops sources of

inner strength which may be used to face new problems or challenges.

However, some patients may vacillate between dependence and independence, In dealing with such patients, Belcher & Fish (1990:49) contend that:

"the nurse must deal with the particular behaviour presented rather than trying to handle the composite problem of inconsistency. The nurse should provide an atmosphere that carries no threat, one in which a person can face himself or herself, recognize his or her weaknesses, use his or her strengths without imposing them on others, and accept help from others. The nurse must also be fully aware of the various facets of communication including clarifying, listening, accepting, and interpreting. Correct use of all these factors will assist the patient to meet his or her challenges and will pave the way toward maximum wholesome adjustment."

### **Resolution Phase**

According to Belcher & Fish (1990:49), the last phase of Peplau's theory of interpersonal process is **resolution**. They state:

"The patient's needs have already been met by the collaborative effort of the nurse and patient. The patient and nurse now need to terminate their therapeutic relationship and dissolve the links between them."

The nurse, therefore, needs to make the patient feel independent and secure to continue with the patterns of care established in the preceding stages. During successful resolution, the patient drifts away from identifying with the nurse, resulting in the breaking of the bond

between them. Accordingly, the nurse must also establish independence from the patient.

As Belcher & Fish (1990:50) summarise:

"When the dissolving of the therapeutic interpersonal relationship is sequential to the previous phase, the patient and the nurse both become stronger maturing individuals.

The patient's needs are met, and movement can be made towards new goals. "

Although Peplau's theory compares closely with the nursing process as described by Northouse (1991:182; also section 1.7), it does not examine the broad environmental influences on the person, but rather focuses on the psychological state of the individual (Belcher & Fish 1990:51). Discussed below is a general perspective of interpersonal relationships, taking into account the influences of certain environmental factors.

### **2.2.2 Northouse's Model**

Northouse (1991:180) proposes a useful model for developing interpersonal relationships between nurses and patients. This model is strikingly similar to Peplau's. In her model, Northouse envisages four sequential, albeit overlapping, phases through which such a relationship may develop, namely:

- preparation
- initiation
- exploration
- termination

These are briefly described below:

### **Preparation Phase**

This occurs before the actual meeting between the nurse and her client. This is a very important phase because the planning, or lack thereof, can have a major influence on the development of the nurse-client relationship. In essence, the first meeting will be fruitful depending on, *inter alia*, the fulfilment of the following conditions: whether or not the meeting place engenders privacy; comfort, quietness - and also whether or not all the necessary materials (assessment forms and the relevant educational materials) are ready.

This stage achieves the same benefits as those described in Peplau's **orientation** phase.

### **Initiation Phase**

This occurs when the nurse and client meet for the first time - and this is where the nurse's skill of communication begins to manifest itself. What transpires during this phase determines the kind and nature of the nurse-client relationship which will develop. As Northouse (1991:180) observes, this is the time for the nurse to establish a therapeutic climate that will foster trust and understanding, and clarify the purpose of the initial meeting.

Northouse further advises that, at this stage, nurses need to formulate a contract with the client. She envisages a contract as "a mutual agreement or mutual expectation established between nurse and client" (Northouse 1991:180-181). In addition, Northouse observes that this first meeting should also be used for establishing mutual goals - arrived at through a mutual goal-setting exercise which fosters collaboration and provides a sense of direction for the relationship.

This Initiation Phase of Northouse matches Peplau's **identification** phase.

### **Exploration Phase**

This stage is similar to Peplau's third stage, both in name and intent. This is the stage during which the nurse and client actually work on the client's concerns. This should be done through a process which helps the client to build a favourable self-image, skill and confidence to cope with, or to deal with, the problems and stresses associated with the concerns which have been brought to the attention of the nurse.

Communication techniques play a very important role in this phase, and are applied more directly. In finding out more about the patient, the nurse may need to seek clarification about:

- ❖ the concerns of the client
- ❖ any inconsistencies in what the client may be saying.

In addition, the nurse may offer alternative explanations in order to have a further understanding of the client. The nurse's ability to establish a trusting and therapeutic relationship with the client, through utilising effective communication techniques, will determine the depth and breadth of the information collected from the client.

Another task which the nurse has to accomplish in this phase is to help the client manage his/her anxieties which may arise out of the patient's discussion of personal matters with the nurse. A positive interpersonal relationship is one which will play a supportive function to the client, by helping the expression of feelings without fear of rejection or losing favour with the nurse. Through such a relationship, the client will be enabled to develop coping skills. During this phase, a skilful nurse will know when to change the topic; when and what

kind of feedback should be provided to the client; what advice to give; and responding to clients in honest and professional ways which give the client a sense of self-worth and assurance.

It is during this phase that the factors of empathy, confirmation and information sharing, which Northouse (1991:185) sees as crucial factors in the nurse-client relationship, find the greatest expression. As Northouse (1991:182) explains, empathy "is an attempt by one person to feel with another person and to understand that person's point of view". Northouse (1991:183-4) sees confirmation as referring "to the verbal or nonverbal messages that one person sends to another person that acknowledge, accept, or endorse the receiver of the message". These messages may, in fact, be of a confirming or disconfirming nature - where the former refer to messages which acknowledge and validate the other person's perspective, and the latter exhibit indifference to and deny the experience of others - thereby making the recipient feel discounted and negated. Heineken and Roberts, as quoted in Northouse (1991:184) summarise confirming responses as those that include:

"responding directly to a person's statement; nodding one's head; asking questions related to the same topic; showing verbal and nonverbal interest and awareness of what is being said; expressing agreement, disagreement or neutrality; expanding or elaborating on content, expressing feelings about the content or requesting clarification of what the other said."

On the other hand, Heineken and Roberts (in Northouse 1991:184) see disconfirming responses as including:

"making irrelevant comments; responding ambiguously; interrupting; keeping silent when a response is indicated or failing to acknowledge an individual's communication; using impersonal language; introducing a different, unrelated topic; shifting the focus to a tangential subject; avoiding or shifting eye contact; turning away from the speaker; foot and finger tapping ... making demeaning or disparaging remarks; talking to another instead of referring to the person speaking."

Sharing information is another essential factor in the nurse-client relationship. Its importance stems from the fact that information is a very important tool in helping to reduce anxiety and uncertainties in the client, and providing a framework within which to understand and interpret events. It is, therefore, important that the nurse should be in a position to communicate effectively as an agent for information sharing.

### **Termination Phase**

This is the phase where the nurse and client come to some kind of conclusion regarding the problem(s) under discussion. This stage corresponds to Peplau's fourth and final stage. The termination phase involves summarising the main issues discussed and letting the client know what specific things need to be carried out, if any, following the conversation. This may also involve discussions regarding referral or planning for subsequent meetings. In the case of planning for subsequent meetings, they may discuss how they will use the remaining time. It is important, therefore, that the nurse should refrain from ending an interaction prematurely, leaving insufficient time to deal with termination issues, avoiding termination altogether, or bringing up new issues just as closure is about to occur.

## **2.3 THE DEVELOPMENT OF INTERPERSONAL RELATIONSHIPS**

### **2.3.1 Overview**

This section examines the arguments put forward by various authors concerning the importance of fostering the development of interpersonal relationships amongst students themselves, and between them and various other persons with whom they come into contact as they perform their duties as student nurses, and later as qualified nurses. In doing this, the section starts with a broad examination of the importance of interpersonal relationships in the day-to-day functioning of nurses. One of the major concerns of this study was to ascertain the extent to which the translation of theory to practice promotes the development of interpersonal relationships amongst student nurses. It is in this context that this section devotes considerable attention to the examination of the role played by the translation of theory into practice (as espoused). Indeed, the literature review reveals that tutors, preceptors and professional nurses play, or ought to play, very important roles in promoting the development of student nurses' interpersonal relationships.

This section also includes a discussion of various aspects of nurse education relating to the development of interpersonal relationships. In particular, this discussion highlights the cultural, environmental, social and personal contexts. All these factors can influence the student nurses' development of interpersonal relationships, and the integration of theory with practice - which, in turn, would promote the development of interpersonal relationships amongst student nurses.

The broader framework for developing interpersonal relationships leads to a further elaboration in subsequent sections. Literature related to the specific and crucial roles of

tutors, preceptors and professional nurses in helping student nurses to develop the skills necessary for fostering interpersonal relationships, with various people in the course of their duties, is presented.

### **2.3.2 A Broad Framework for Developing Interpersonal Relationships**

According to Kagan *et al* (1990:13) the learning of interpersonal skills is an on-going activity in the lives of nurses. They state:

"Interpersonal skills learning ... is a process and not an outcome ... Students should not be expected to have sophisticated insight into their own interpersonal behaviour, but rather to think about what interpersonal skills in nursing means to them."

Accordingly, planning courses or programmes of study for student nurses require considerable effort and due care. As Kagan *et al* (1990:13) observe:

"Interpersonal skills courses require careful and extensive preparation and should be modified according to resources, student needs and tutor expertise."

In addition, courses in interpersonal skills will succeed in widening the participation of other professionals in the design and preparation of such courses. Kagan *et al* (1990: 9) emphasise this point in remarking that:

"It is often extremely useful to involve colleagues from other areas and from the clinical field in the planning of the interpersonal skills courses, both in order to enlist their co-operation and to ensure the practical utility of the material to be covered. "

This corroborative approach should cover both the planning and implementation phases. In this respect, Kagan *et al* (1990:10) recommend that:

"The links ... with practical nursing will need to be clarified ... clinical staff coopted onto the planning team. Individual sessions need careful training to allow space for consideration and discussion, and some thought should be given as to how students' homework and other experiences should be integrated in the classroom. Interpersonal skills teaching cannot take place in isolation from the rest of the students' lives."

Kagan *et al* (1990: 222) discuss constraints on the effective use of interpersonal skills. In doing this, they present a model which, in effect, shows the extent of interpersonal relationships which are possible between individual nurses and various aspects of the environment. This model is shown in Figure 2.2.

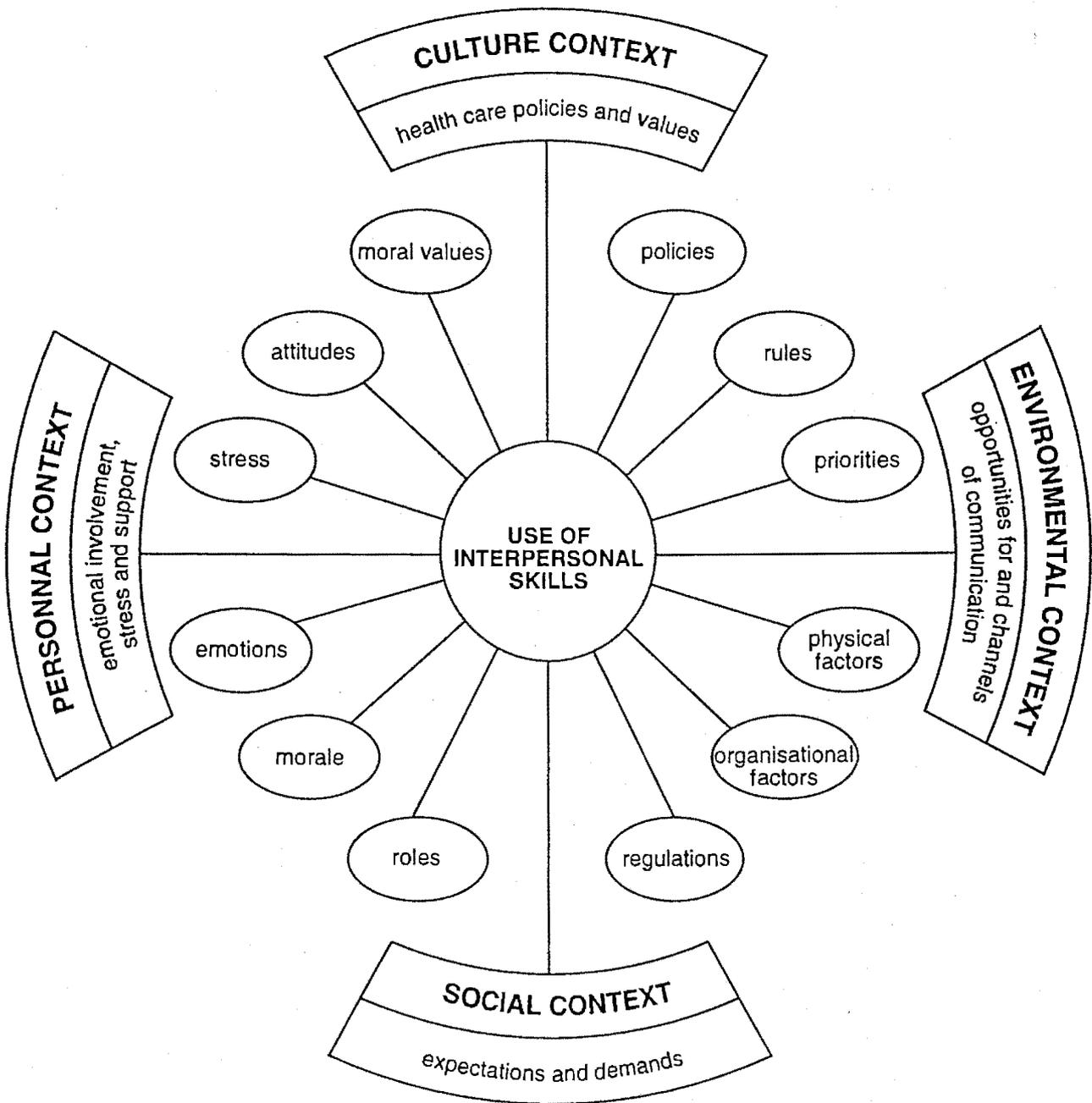


Figure 2.2 Aspects of an individual nurse's interpersonal relationships (Kagan *et al* 1990: 222).

According to Figure 2.2 the appropriate use of interpersonal skills is central to the effective functioning of nurses. This figure outlines the broader context within which these interpersonal skills need to be applied. This encompasses cultural, environmental, social contexts and personal aspects of interpersonal relationships. Examples of the various attributes comprising each one of these elements are:

- ❖ **cultural**:- health care policies and values;
- ❖ **environmental**:- opportunities for, and channels of communication;
- ❖ **social**:- expectations and demands; and
- ❖ **personal**:- emotional involvement, stress and support.

Imbued within these four levels of interpersonal relationships are a number of specific attributes of social interaction. These are given in Figure 2.2 as policies, rules, priorities, physical factors, organisational factors, regulations, roles, morale, emotions, stress, attitudes and moral values. All these are important considerations in the development of interpersonal relationships. However, for the purpose of this study, the development of such relationships will be considered principally within the aegis of the four phases of Peplau's theory discussed under Section 2.1.2 namely: orientation, identification, exploration and resolution (Belcher & Fish 1990:51).

If the development of interpersonal relationships amongst student nurses is an important aspect of their training, it is imperative that this takes place within the aegis of the espoused theory. Accordingly, the espoused theory should set out the framework for the development of the necessary skills for fostering positive interpersonal relationships - in the same way as

it does for other intended educational outcomes. It is for this reason, therefore, that a study of the development of interpersonal relationships amongst student nurses has been conceptualised and addressed within the espoused nurse education curriculum.

Within the context of nurse education, therefore, the model in Figure 2.2 has been modified and simplified for the purposes of providing a framework for this study, making interpersonal relationships assume a central position in the training of nurses but being subsumed under the espoused R425 nurse education curriculum. This simplified model is presented as Figure 2.3, and constitutes the conceptual model which will guide this study. The model places interpersonal relationships, in terms of the attributes outlined in Figure 2.2, at the centre of all the activities of the translation of theory into practice.

The conceptual model in Figure 2.3 shows that there are three major components of the implementation of the curriculum where the student nurses should be assisted to develop interpersonal relationships in their professional interactions at various levels. The three major role-players in developing student nurses' skills fostering these relationships are tutors, preceptors and professional nurses. As a result of the deliberate inputs of the three categories of nurse educators, the student nurses should be enabled to exhibit capabilities and competencies in cultivating and fostering interpersonal relationships with patients, patients' relatives and friends, and colleagues (peer group).

The position taken in this study is that central to the development of the student nurses in the above five aspects of the nurse education curriculum (Figure 2.3 below) is the parallel (albeit integrated) development of interpersonal skills – to bolster the student nurses'

development of the attendant interpersonal relationships at the various levels.

In the sections which follow, the training of student nurses within the context that would enable them to develop interpersonal relationships will be discussed. In doing this, some essential aspects of the translation of theory into practice will be presented, first in order to contextualise the development of interpersonal relationships within nursing education as a whole. Subsequently, this is followed by a discussion of how nursing education may facilitate the development of student nurses' ability to foster interpersonal relationships at the various levels outlined in Figure 2.3.

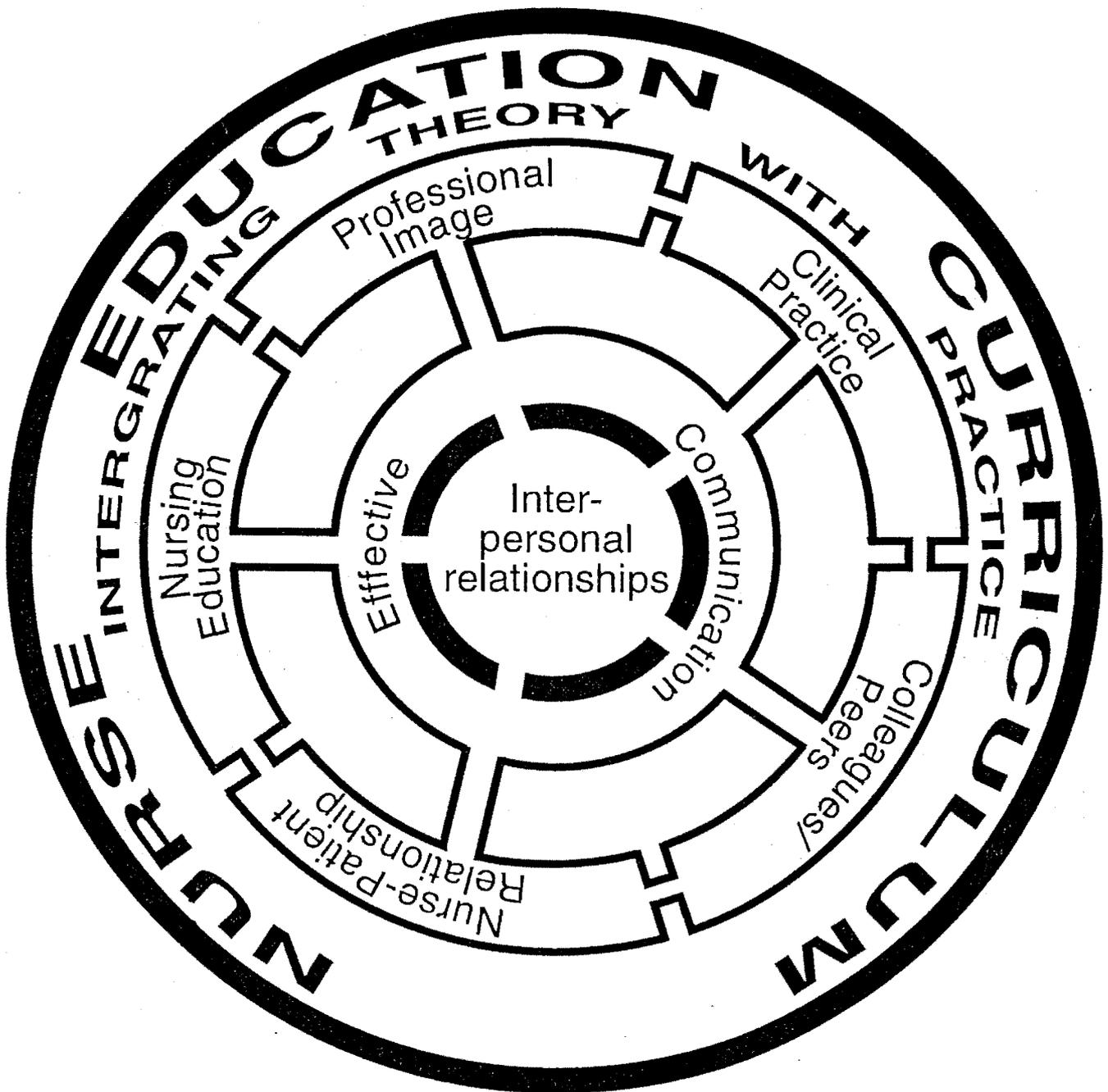


Figure 2.3 A model of nursing education for the development of interpersonal relationships  
(derived from the literature review)

## **2.4 LITERATURE REVIEW PERTAINING TO THE RESEARCH QUESTIONS**

The first research question of this study concerns the extent to which student nurses perceive tutors, preceptors and professional nurses as promoting the development of interpersonal relationships of student nurses during their training. This section reviews literature on the role played by these nurse educators, perceived or otherwise, in encouraging the development of espoused interpersonal relationships during the course of the implementation of the nursing education curriculum.

### **2.4.1 The Tutor and the Development of Interpersonal Relationships**

The translation of theory into practice depends to a large extent on how the nurse educator sets up the learning process. According to Dannenfeldt (1991:15) effective nursing care leads to good learning experiences - and effective education leads to effective nursing care. However, the notion of feedback is very crucial for effective education to take place. The need for providing feedback to students in a variety of methods, that is: to be able to design teaching activities to stimulate, guide and support student nurses in the learning process, implies that nurse educators know the strengths and weaknesses of each teaching method in relation to educational objectives.

Dannenfeldt (1991:15) further envisages that tutors should enhance their own professionalism through effective teaching and course design, as well as by allowing for open discussion in the implementation of lessons and the development of teaching materials. Furthermore, the tutor must allow innovation in teaching; assess what students really need to know to be competent nurses - not just to pass examinations. Participation of the learners

in establishing learning goals increases the incidence of learning activities which are meaningful, purposeful and useful.

The more congruent and relevant the goals are to the life needs of learners, the more likely these goals are to be achieved. Accountability for learning that rests with the learners enables the learners to meet their own learning needs and goals, and enables the nurse educators to act as resource persons, facilitators, validators and consultants.

As such, Dannenfeldt (1991:5) contends that the contribution of emotional support in the learning process monitors the level and sources of anxiety and excitement in the learners - thereby enabling the tutors to adapt learning plans to learners' needs. A reciprocal relationship of trust and security facilitates teachers-learners communication and allows accurate assessment and learners' participation in selecting goals and better utilisation of resources.

Furthermore, tutors must be external motivators to enable the emergence of internal motivations so that obvious relationships between learning activities and stated goals should increase the motivation value of accomplished objectives (Dannenfeldt 1991:9). This will re-enforce student nurses' belief in their ability to communicate effectively and motivate greater efforts for greater accomplishments.

It is also held that tutors should be committed to developing student nurses in ways which put the wellbeing of those to be served first and foremost (Beukes 1991:9). As such, tutors require special skills and unique dispositions to cope with diverse academic questions and

challenges. In addition, Beukes contends that the future of any country depends on affordable, accessible, equitable, life long learning and training opportunities which should be created for student nurses if they are to remain abreast of developments and changes in the health care field (Beukes 1991:11).

According to Dannenfeldt (1991:5) good teachers require knowledge about educational theories and research, and must be willing to acquire new roles, new styles of interaction and new teaching methods and have the ability to analyse and criticise their own performance. The tutors must be student orientated and have empathy and positive regard; they must be honest, increase the students' self esteem and identify the students' responsibilities in the learning process; they must demonstrate an interest in the students and convey respect while being sensitive to students' feelings and problems; and they must allow students to express different views as well as conveying a sense of warmth. As Kagan *et al* (1990: 9) observe, "tutors may have to ensure that they are readily available for students to discuss any issues of personal concern."

Bester (1991:2) advances personal qualities which she believes contribute to effective teaching. These include: flexibility, cheerfulness, honesty, calmness, warmth, understanding, friendliness, responsibility, imaginativeness, enthusiasm, expertise in their field, accessibility, and the ability to integrate theory and practice. These qualities should find their expression in the tutors' planning and implementation strategies. One way to achieve this is if the tutors themselves possess the necessary interpersonal skills and, through their own interactions with students, are able to positively influence them and pass on these skills.

Coetzee, Van Aarde & Venter (1985:30) see tutors as professional nurses with knowledge and expertise. According to these authors, tutors serve as facilitators of learning and teaching - who help student nurses to become self actualised, demonstrating a genuine interest in them as individuals. They create positive, creative and supportive climates enabling student nurses to become self directed learners.

Consequently, tutors are expected to:

- involve students in planning their instruction;
- accept students' ideas and opinions;
- design and plan learning activities in liaison with students, and with a view to achieving the goals of professional socialisation;
- provide students with learning opportunities and activities for creative and analytical thinking - and exercise independent judgment; and
- plan their teaching in consultation with educational theories and the educational programme in order to meet the objectives of various aspects of student nurses' professional development.

The influence of the environment on learning enables tutors to mobilise environmental factors for the re-enforcement of content based on positive interpersonal relationships. The environment should promote security and trust. The flexibility and adaptability of the tutors to use appropriate teaching strategies increase the opportunities for learning. Effective teaching strategies would normally be characterised by input, operation and feedback. This increases retention and utility of learned information and skills (Dannenfeldt 1991:7).

The tutors plan learning opportunities during which students can apply acquired knowledge. They provide students with opportunities to present arguments supporting the students' knowledge. Their accompaniment is directed towards leading the students towards freedom. This freedom enables the students to observe, plan, implement, think logically, test and evaluate their own actions.

Realising the students' need for teacher support, the tutors must be navigators showing the way, but constantly being available for the students. Building self confidence in individuals to assure responsibility beyond their special interests, is what educational institutions need to achieve and promote.

Beukes (1991:4) envisages that the provision of knowledgeable, responsible, accountable, creative and thinking practitioners must be the focus of all efforts tutors make to meet the health needs of the RSA. The future lies in the hands of the nurse educators of today who will have to break with the customs of the past. This cannot only be in the way they approach their subject content, but in their approach to the system of nursing education as a whole, for, in their hands lies the production of persons who have to lead the profession and provide nursing services in future.

Stewart & Roter (1989:22) maintain that students in the USA are usually abruptly placed in clinical situations where learning is primarily experimental and where the students are responsible, not only for most of their own learning, but also for patient care. They are expected to work long hours and frequently perform more than their share of skilled work. Despite these difficult conditions, student nurses are expected to work and display a pleasant

appearance, and to perform their tasks efficiently, skilfully and without complaints. They are further expected to take charge of their own learning, although they may have very little time or opportunity to develop effective self directed learning strategies. They are also expected to relate their basic training to the clinical problems of their patients, but with little guidance about clinical relevance, limited skills of interacting with empathy, positive regard and genuineness are still rudimentary. These skills, together with learning about healing, must be experienced and integrated into students' professional identity through professional accompaniment rendered by tutors.

Socialisation into nursing roles includes the process of acquisition of attitudes, values, skills and behaviour patterns that satisfy the role expectations and role behaviours of professional nurses. Role models who maintain professional standards, such as tutors, and who are able to operationalise those standards in the work setting are crucial to nursing.

Some of the key elements of tutors' duties which could promote the development of interpersonal relationships are discussed in sections 2.3.1.1 to 2.3.1.7.

#### 2.4.1.1 *Communication skills*

As the conceptual model in Figure 2.3 shows, nurse educators must be able to promote the development of communicative skills as an integral part of the enhancement of student nurses' interpersonal relationships. For student nurses, learning to communicate effectively with patients is a challenge, and demands more than simply learning interviewing techniques. Students must be prepared to commit themselves to relationships with patients; they must learn to tolerate the difficulties, confusion and uncertainties inherent in the

closeness to, and management of sick people and to use these relationships effectively (Stewart & Roter 1989:22).

Uys (1989:3) supports this position and further believes that the nurse educators must help student nurses to become responsible practitioners, since nurses work with life and death situations. In this regard, student nurses must develop positive relationships and a keen sense of responsibility. This, however, does not mean that there must be a rigid adherence to rules, but rather an intelligent application of principles. Student nurses must be taught to supervise themselves and support their awareness of, and adherence to, professional discipline. Professional accountability and positive interpersonal skills are two key guiding factors for developing the students' interpersonal relationships, demanding that student nurses:

- become caring nurses who see themselves as carers for their patients;
- show and foster good relations, care and respect in all situations, and with all patients;
- demonstrate therapeutic relationships, caring and respect towards colleagues – including junior colleagues;
- do not shout at people, nor humiliate patients, as this creates conflict and results in poor interpersonal relationships;
- do approach patients as people and get to know them as well as possible; and
- have a predisposition to want to nurse.

Clinical nursing care (rendering direct care to patients) may not be valued sufficiently by nurses. As soon as nurses qualify, they want to manage and supervise - because they feel

that is where the status is. Student nurses should, therefore, be socialised to work as nurses, learn to think as professional nurses, to adapt to innovations, and to create positive interpersonal relationships. They must be encouraged to read about their fields of employment to acquire adequate knowledge, and to remain well informed (Uys 1989:4).

#### 2.4.1.2 *Empathy*

Nurse educators must be understanding towards student nurses. Realising the strain and stress of becoming nurses, they must be sensitive to student nurses' needs, without abandoning the discipline and responsibility required in the nursing profession (Beukes 1991: 8). Through maintaining empathetic interpersonal relationships with student nurses, the nurse educators help their students to develop their own professional sense of how they should interact with their superiors and subordinates. The nurse educators could also discuss interpersonal relationships in the classrooms, allowing for open dialogues of general as well as specific issues pertaining to interpersonal issues.

#### 2.4.1.3 *Role model*

Student nurses passed the stage of identifying with their parents, and school teachers. They now seek other role models with whom to identify. The most important models in their career life are their tutors and their seniors within the hospital situation. Both these role models are important and without them student nurses cannot identify meaningfully with the nursing profession (Bester 1991:8).

In a study conducted in the RSA, student nurses were given a choice between identifying with the models in the training school and in the hospital (Setsoa 1992:15). In this study,

68% of the respondents chose both; 12% regarded all their tutors as good identification models; 60% regarded most of their tutors as identification models; and only 3% regarded some tutors as identification models (Setsoa 1992:15).

Nevertheless, it should always be remembered that some students can be dependent upon their tutors, especially in nursing schools where teacher-centred teaching approaches predominate. Such dependency may interfere with the formation of a strong sense of independence or self-identity, especially where young students are still struggling with developing communication skills - and possibly encountering difficulties with their professional lives.

#### 2.4.1.4 *Openness and the development of interpersonal relationships*

Openness to individuals' abilities to communicate what they think and feel, without fear of ridicule or retaliation is an essential aspect of student nurses' training. Honesty and openness contribute to, and enhance, individuals' relationships with others. Interpersonal relationships are ends by themselves as well as means towards achieving maturity. They enhance perceptions of the self; they contribute towards modification of self - resulting in dynamic selves. Nurses must be trustworthy, understanding and helpful in giving support to their patients (Kreigh & Perko 1983:152).

Interpersonal relationships are learned experiences. In developing interpersonal relationships, there are needs for clarity and directed views (Kreigh & Perko 1983:151). Student nurses generally experience anxiety in making professional judgments. They may even feel threatened by certain pathological conditions and subsequently by patients who

suffer from those conditions. To prevent this, good interpersonal relationships should exist among ward sisters, educators and student nurses as keys to successful achievements of intended goals, such as rendering quality care to patients. Bureaucratic administrative approaches must be avoided because they impede individuals' personal and professional growth. Professionals should make student nurses feel secure and should provide them with rewarding learning experiences and supervision. The professionals should recognise contributions and efforts of student nurses - and make them feel accepted and needed for rendering better quality nursing care.

#### 2.4.1.5 *Utilisation of learning*

Henderson (1982:45) defines socialisation as the process whereby the values, norms and attitudes inherent to the group are transmitted to and adopted by novices joining the group. The main objective is the achievement of the best possible role performance by those joining the group. This involves constructive interactions among group members through good human relations. Undesirable outcomes can derive from socialisation received by nurses in environments where unhealthy interpersonal relationships predominate. Nurses copy various types of behaviours in their immediate environments. Some behaviours expose students to states of confusion in stress-laden environments. Yet, the same students are expected to attain their professional growth during this period of training. Nursing must institute means to ensure that in all interactions, and in all relationships, student nurses are treated according to their backgrounds, values, desires and expectations - and that all students will view their learning experiences as being supportive, enhancing their sense of personal worth and importance.

#### 2.4.1.6 *The student nurses in the RSA during the late 1990's*

Maamogwa (1991:7) contends that today's students are different from students of yesteryear and operate in a completely changed society. The students of today do not easily submit to instructions. Nonetheless, in the socialisation process, the students need to be assisted to integrate theory and practice. From this purposeful integration, a competent self reliant practitioner must be developed. Nurse educators should provide opportunities for students to become active partners in the learning/teaching process. It is envisaged, therefore, that the findings of this study will go a long way towards addressing possible negative tendencies and perceptions which may inhibit current student nurses from effectively developing positive interpersonal relationships pertinent to their future duties as qualified professional nurses. In terms of this study, the extent to which interpersonal relationships are being promoted by nurse educators is of central interest. The perceptions of student nurses about the various nurse educators' roles in facilitating the development of interpersonal skills, as a precursor to their ability to foster positive interpersonal relationships on the part of student nurses, will tell the story as to whether or not the nurse educators are successful in achieving this vital goal.

Learning experiences should be arranged which will allow students to build on their previous lives and educational experiences, and integrate insights. Wherever possible, students should be helped to learn at a time, place and pace that will be of greatest benefit to them.

However, educationally sound as this approach may be, it may nevertheless be a threatening process for students who have never assumed responsibility for their own learning. It is up

to the tutors to provide supportive environments for these students which will facilitate the students' learning process.

Heighway (1991:20-21) observes that many student nurses in the RSA discover that nursing consists of tasks which are revolting, embarrassing or repetitive. Their feeling is that when nurses get into higher positions they forget about nursing. Students perceive themselves as being outsiders, which changes once they are qualified. They expect to become committed to a particular organisation and to be seen as 'real' nurses or as insiders. This reluctance to be committed to either organisational or professional goals is re-enforced by their interpretations of their reception and treatment by insiders within the organisation and profession. The students are powerless to effect any changes. They feel barely tolerated - useful only for repetitive menial work; they feel rejected, humiliated and unstimulated. The work to them is often confusing and disconnected; their efforts to learn are usually unnoticed - suggesting failure on the part of the profession and organisation to make the students feel provided for, in terms of appropriate rewarding learning environments.

Many student nurses experience psychological problems and have not yet established their own identities as professional nurses. In addition to this, there are also demands on them by the educational processes and the environments in which they have to gain practical experience and recognition. In their difficult adolescent and post adolescent years, the students might be struggling to establish themselves as being fully grown up. They might sometimes be negative towards everything, everybody and towards themselves in that they are constantly questioning other people's motives. They work long demanding hours without receiving recognition - causing a lack of enthusiasm and a lot of aggression amongst the

young nurses (Bezuidenhout 1986:11). It is therefore necessary that these beliefs, expectations and ideas must be integrated into the students' professional identities, if they are to be internalised in the professional role. Internalisation implies that the nurses have accepted the influence of the profession because they believe in it and are thus willing to perform their roles according to the professional role expectations.

#### **2.4.1.7 Societal expectations**

"Tomorrow is already here, and today is not yet finished" (Beukes 1991:3). This phrase illustrates the urgency with which changes occur and issues develop within the health services. Nursing education looks upon nursing as a clinical health science within the parameters of nursing philosophy and ethos. The nurse educators should therefore be committed to work in such ways as to put the well-being of those served by the nurses first and foremost. The planning of future teaching must be based on what was learnt in the past. Therefore, the direction of professional growth must be guided by the moral and ethical codes of the nursing profession.

According to Wong (1978), as quoted by Wannenburg (1989:33), all educational and training programmes are built upon the assumptions that human beings have abilities to transfer what they have learned in one situation to other situations. Thus once the content to be covered has been finalised, the school must decide how it will be offered. According to Wannenberg, the SANC stipulates that this must be done by means of an integrated curriculum organised in such a manner that concepts taught in the classroom can be transferred to the clinical setting. The schools using this approach are preparing generalists capable of functioning in a variety of settings.

Alexander, as quoted by Wannenberg (1989:34) recognises that although it is the learners who ultimately integrate the information in their own heads by means of intellectual processes, the tutors are instrumental in organising subject content in such ways as to facilitate this integration.

In the quest for answers, the largest task falls on the nurse educators as promoters of professional growth. They must never lose sight of the fact that they are preparing nurses in the art of caring for people, with love and integrity, so that the nurses may fulfil their calling. The challenges are great. The choices which need to be made are far reaching and will determine the future of nursing education in the RSA. The obligation, therefore, is to strive towards excellence in teaching so that excellent nursing services can be rendered.

#### **2.4.2 Preceptors and the Development of Interpersonal Relationships**

The periods during which student nurses are placed in clinical areas to gain clinical experience are important, in so far as the development of interpersonal relationships is concerned. During this time, they are expected to:

- ❖ manage a myriad of interactions between students, qualified nurses, doctors, paramedical staff, patients and community
- ❖ take personal stands on professional issues
- ❖ assume particular roles and status in the health care team
- ❖ develop points of view about nursing, and adopt particular philosophies which influence them, and the way they deal with patients, personnel and the public.

During this time, the student nurses also become absorbed into distinct subcultures of

nursing, cultures where members have common status, educational and social experiences, identities, problems, are subjected to the same rules, joys and frustrations. Interpersonal relationships and mutual support become the natural outcomes; sharing becomes necessary (Mashaba 1989:2).

Ideally, preceptors are experienced, scientific, professional nurses. They possess clinical competence and expertise in their areas of practice; they are especially prepared and trained to work with student nurses - they are expected to prepare well for teaching and show interest in their students; they are instructors of practical and theoretical aspects; and they are committed to practical demonstrations and supervision.

During the education and training of student nurses, the preceptors, as role models, create learning opportunities for student nurses in order to meet their specific needs. They guide and support student nurses in the clinical nursing situations.

In the RSA, Wong (1987:369) identified student perceptions of teacher behaviour in the clinical fields which facilitated or hindered their learning. A descriptive survey was employed, and the incidents noted included interpersonal relationships, professional competency and personal attributes. The findings revealed some teachers' behaviours as hindering learning and posing as threats. Examples of these behaviours included statements such as:

- ❖ "you will be reported to the matron"
- ❖ acting in a superior manner
- ❖ belittling students

- ❖ correcting students in the presence of others
- ❖ supervising students too closely and a tendency to emphasise students' mistakes and/or weaknesses.

When analysed, these incidents showed negative outcomes regarding the development of interpersonal relationships and learning. It would appear that students are looking for instructors who are assertive, self assured, empathetic, accepting of students, non-judgmental, trustworthy, sincere, knowledgeable, honest, democratic, supportive and resourceful.

Wong (1987:369) further indicated that student learning was facilitated by certain clinical instructors' behaviours. Behaviours which were identified as helpful to student learning included:

- demonstrating willingness to answer questions and offer further explanations;
- being interested in students, and being respectful towards them;
- giving students encouragement and praise;
- informing students of their progress;
- having a pleasant voice and a sense of humour; and
- being approachable and exhibiting good human relations.

All these attributes undergird the importance of developing interpersonal relationships. However, according to Wong (1987:369) there is less emphasis placed on the development of interpersonal skills and attitudes in the training of student nurses within the USA. Wong contends that interpersonal skills cannot be overlooked as they form the core of every

communication taking place in the clinical situation.

Durrheim (1993:1) contends that learning situations in the RSA may be unique and incapable of providing repetitive learning opportunities. Thus, the clinical instructor must be able to identify suitable learning opportunities for student nurses to encourage the development of interpersonal relationships amongst all those involved in the care of patients. In support of this, Bergman (1990:30) found that students regarded the relationships between clinical instructors and students as being more important than acquiring clinical skills.

Dannenfeldt (1991:7) contends that basic nursing education in the RSA is not stimulating, but exhausting; areas of responsibility are not clearly defined and ward staff are not motivated to change and handle emotional reactions of students in a professional manner. The clinical instructors should be student-orientated in order to increase students' self-esteem. If the clinical instructors fail to demonstrate an interest in the students and fail to convey respect, this will result in poor interpersonal relationships. Personal participation of the nurses in interaction processes is essential as they can use these relationships to adjust and usefully integrate health problems into their own systems of self-conceptualisation.

Thompson (1986:2) supports De Jager in her view that in the RSA, clinical instructors are the persons upon whom nursing students model their image of professional practice. In this respect, Thompson contends that the clinical instructors should:

- be actively involved in continuous learning to inspire student nurses;

- display professional competence and knowledge based on practice and continuous learning;
- possess professional and personal integrity, and show fairness in all their dealings;
- demonstrate respect for human dignity, human life and the worth of all people;
- be sympathetic and have empathy in their dealings with patients and patients' relatives, colleagues and the community; and
- have the ability to guide, teach, communicate, and encourage the development of interpersonal relationships between their students and patients.

Chao (1991:6), writing about the RSA, contends that in-so-far-as the inductive approach is a student-centred approach, it can be useful in clinical teaching, particularly where the students are involved in direct patient care. In this respect, nursing will be seen as involving caring, assisting and helping individuals to find meaning in their interpersonal relationships with patients. Therefore, personal participation of nurses in interaction processes is essential.

The essence of the inductive approach in clinical teaching is to guide students to gain insight in understanding patients by constant self analysis and by means of a self de-centring process based on student-patient interpersonal relationships and interactions. In this approach, the significance of trust and its development start in the early stages to be developed by students. The concept of a trusting relationship and the condition of being trustworthy are crucial for the clinical instructors to produce stimulation and guidance which will enable the students to rediscover their inner selves. From this experience, the nurses will then be able to learn

how to respect patients' subjective feelings and experiences, while performing hospital routine work. Understanding and listening, as relationship skills, will encourage patients to realise that they are fully accepted by the nurses.

In supporting the above contentions, Dannenfeldt (1991:7) considers the fact that the clinical instructors are the strongest link between classroom education and the clinical setting in the RSA. Where there are clinical instructors, the ward sisters often feel relieved of their duties to teach student nurses. On the other hand, the clinical instructors are often frustrated because of their lack of power and authority to change things in the wards which could better integrate classroom education and service realities.

The aims of teaching and learning must be clearly spelled out, explained to the students and discussed amongst tutors, clinical instructors, students and ward sisters, to encourage the development of interpersonal relationships. In order to achieve this, it is necessary to:

- create joint clinical teaching;
- learn in the clinical situation under supervision;
- use preceptors or mentors in the clinical situation;
- encourage positive attitudes towards students; and
- exercise some control over the students in the clinical situations.

Some of the aspects which would improve ward teaching and learning include teamwork, negotiations, communications and the cultivation of educationally responsive environments which are conducive to learning.

### 2.4.3 Professional Nurses and the Development of Interpersonal Relationships

According to Bergman (1982:9) clinical professional nurses are accountable to:

- the patients and their families needing care;
- fellow members and other health care professionals by creating opportunities and keeping up to date with clinical knowledge and skills - and therapeutic environments for positive interpersonal working relationships;
- the nursing profession through nursing associations. They accomplish this by contributing to the setting of ethical and professional standards of quality patient care in nursing practice - and also to the body of scientific knowledge through analysis and reporting experiences of nursing practice and administration, and cooperation in nursing research; and
- the employing body and society - by being professionally competent, responsible nurse practitioners, through meeting the needs of the communities.

Mellish (1988:40) speculates that nurses within the RSA, as professionals, are required to assume responsibility for their professional acts or omissions in the performance of their professional assignments - and are obliged to give accounts of service for their professional actions. The control of professional behaviour and of professional ethical conduct rest within the nursing profession itself. Professional nurses have a dual responsibility – those of professional nurses and of responsible citizens. They are, therefore, legally independent, accountable and proficient practitioners who are subject to disciplinary control by the SANC, which is a statutory governing body responsible for laying down broad ethical codes of professional conduct, professional standards, values, norms and laws that constitute a professional culture for nursing in the RSA. The SANC also ensures that those who violate

the professional culture, or are charged with doing so, are subjected to enquiry and trial by their professional colleagues through disciplinary hearings held by the SANC.

The potential for learning in the clinical situation is directly proportional to the degree with which the nursing staff in the area accept student nurses and understand the entire educational process. The nurse practitioners must become aware of the effects of their influence and teaching on their students - and be sensitive to these factors which inhibit personal relationships with the student nurses. The nurse practitioners must be committed to becoming professional teachers in the wards. They should work hand in hand with tutors, clinical instructors and preceptors by:

- acknowledging the level of knowledge and skills of each student nurse in their wards,
- demonstrating recent methods and procedures used in clinical practice, and
- supervising, spot-checking and correcting mistakes of the student nurses.

The key in all this is a positive interpersonal relationship between the professional nurses and student nurses.

The nurse practitioners should impart to the student nurses not only competencies pertaining to nursing procedures but also show how theory integrates with practice. This integration must be whole - in terms of nursing skills, values, attitudes, professional ethos and the cultivation of positive interpersonal relationships.

Kommorita, Doehring & Hirst (1991:23) suggest that nurse practitioners must observe the principle of freedom in their development of positive interpersonal relationships when caring for the sick, well or dying - since all persons have the right and must accept responsibility for their lives. Accordingly, Kommorita *et al* contend that there is a need for social solidarity and interpersonal relationships - meaning that community spirit and a sense of social justice are necessary in taking care of nurses' welfare and safety. This implies that during the professional socialisation process, interpersonal relationships should be inculcated in student nurses in order to meet the needs of the community. In principle, the student nurses belong to the profession which determines ethical standards - which in turn are sanctioned by the community for their welfare. Therefore, nurse practitioners need to play significant roles in cultivating student nurses' interpersonal skills.

In supporting Kommorita *et al*, Van Hoozer (1987:23-4) points out that the educational process centres on disseminating scientific knowledge that leads nurse practitioners to care. This knowledge is derived from clinical techniques, counselling, listening skills and interpersonal techniques, with values already built into them. These skills are significant as they are communication skills demanding active participation and interaction of both nurses and the patients - thus, promoting nurse-patient effectiveness as evidenced by the achievement of the mutually established goals of the interpersonal relationships.

Bergman (1982:8) suggests that in the ward, the professional nurses, in whom great trust has been placed, must be accountable for their performance over those whom they supervise by possessing the necessary knowledge, skill and values, based on sound moral judgments. They must assume responsibility or delegate the responsibility to carry out professional

actions with authority as formal and legal rights. In carrying out these responsibilities, the environment should be therapeutic, that is: it must be comfortable - physically and socially, conducive for learning to occur. This necessitates that the professional nurses should play active parts in clinical teaching. As such, the ward teaching programmes ought to equip the students with social communication skills and the effectiveness of the programme will have to be measured against the extent to which practising nurses are able to teach the patients about health promotion and self care skills.

Callery (1990:324) supports the above view in his assertion that the nurse practitioners must ensure that students become accountable practitioners in the ward - capable of exercising ethical decisions in any situation. An ethical action is considered by Van Hoozer (1987:56) as a source of internal personal strength. She considers the fact that the preparation of the student nurses for positive interpersonal relationships and ethically sound practices are crucial elements of clinical teaching.

## **2.5 STUDENT NURSES' DEVELOPMENT OF ESPOUSED INTERPERSONAL RELATIONSHIPS WITH OTHER PERSONS**

The second research question deals with student nurses' demonstration of positive interpersonal relationships with patients, patients' relatives and friends, as well as their colleagues (peer group). This section deals with a review of the literature pertaining to this research question.

### **2.5.1 Interpersonal Relationships Between Student Nurses and Patients/ Clients**

Patients in hospitals are subjected to many stresses, such as fears of their survival; sights of physical suffering of others; strange smells and sleepless nights. Their privacy is compromised as they are separated from their loved ones. Accordingly, staying in hospital, for most people, could be traumatic experiences.

The above, notwithstanding, the student nurses must, in their approach to individual patients entrusted to their care, build worlds in which the patients not only have faith in their nursing capabilities but also establish and maintain mutual respect, trust and understanding. Such approaches will enable the patients to communicate their needs, hopes and fears to the nurses in the knowledge that they will be empathetically received and treated confidentially.

According to Vlok (1988:64), the ability of nurses to get on with their patients does not mean domination. The patients who follow nurses' instructions because they are too afraid to protest may be harmed by the fear and resentment hidden from their persecutors. The patients may willingly submit to insults to their bodies because they respect the wisdom and integrity of the persons to whom they must temporarily entrust their lives. Good interpersonal relationships, buttressed by effective communication techniques, can go a long way towards eliminating such situations of human degradation.

Kreigh & Perko (1983:35) contend that the nurse-patient relationship entails a therapeutic process, involving nursing care. According to these authors, all nurses need to engage in this therapeutic process with every patient in order to achieve the maximum nursing care. Indeed, Kreigh & Perko claim trusting nurse-patient relationships, with good communication

lines, lead to significant pain relief for patients. This point illustrates the importance of good nurse-patient relationships - as well as the importance of approaches to medical care which encourage good communication between patients and nurses.

In terms of the theoretical framework of this study, such an approach concurs with the views articulated in Northouse's model, comprising the preparation, initiation, exploration and termination phases. As discussed earlier, Northouse's phases parallel the four phases espoused in Peplau's theory, namely: orientation, identification, exploration and resolution.

A number of factors need to be considered in the discussion of interpersonal relationships of student nurses *vis-a-vis* their patients. These are briefly presented in sections 2.5.1.1 – 2.5.1.7.

#### 2.5.1.1 *Importance of patients' beliefs*

According to Stewart & Roter (1989:13) patients' beliefs influence their perceptions of health and illness. Beliefs dictate which symptoms will be considered as being appropriate to nurses or doctors; how patients will understand the causes and treatments of their illnesses; what patients expect of nurses; and what personal and moral meanings patients will ascribe to their illnesses. Unless properly orientated, student nurses may ignore these dimensions of sickness and thus, overlook a powerful source of information which they could acquire through social therapeutic relationships. These beliefs include thoughts, ideas, convictions, opinions and values about illness and health care. These beliefs are often more difficult to predict as they are learned from cultures, groups and social classes - through interpersonal relationships.

The spoken word, as part of one's heritage, is a vital link in nurse-patient relationships. In the social agogic situation, this is irreplaceable. It is also vital for student nurses in their dealings with human beings to realise that it is often not so much what they say, but rather how they say it, that can improve or hinder the development of meaningful nurse-patient relationships.

#### 2.5.1.2 *Patients' emotional and physical needs*

According to Vlok (1988:54), patients sometimes suffer as a result of routine ward work which does not necessarily comfort and offer security to patients. Additionally, where good interpersonal relationships and team spirits do not prevail in the wards, ridicule, negligence, group disapproval and abstinence might be by-products. In such ward environments, nurses become so rigid that they consider themselves to be infallible and their patients to be unreasonable. Their assertive behaviours may become aggressive, resulting in poor interpersonal relationships with patients.

According to Dugas & Dugas (1983:231) there are certain basic needs that are common to all human beings, and these needs must be fulfilled if individuals are to attain their optimal levels of well-being. Through poor orientation of student nurses, nursing care may result in poor satisfaction of the physical needs of the patients - mainly as a result of poor interpersonal relationships.

Involved in agogic social situations, nurses must be human, able to communicate properly with people and maintain their humanity at all times. They must be dedicated to their tasks

with responsibility; they must remain human beings amongst other human beings; and they must possess the ability to listen and have love and feelings for their fellow human beings.

In their interactions with others, student nurses must help people towards achieving self actualisation, enabling them to live in healthy states. This includes showing interest and being willing to help patients - enabling them to ask questions freely, expressing their doubts and fears and availing themselves of the guidance offered by qualified professional nurses.

This is very important - considering the frequency of contact patients have with the student nurses and the trusting relationships which could be built up during these interactions.

#### 2.5.1.3 *Transformation*

According to Stewart & Roter (1989:19) nurses need transformation, that is: change in the persons; in perceptions of tasks - understanding the inner lives of other persons. This involves excluding prejudice and temporarily setting aside personal, explanatory frames of reference. Only in this way can student nurses' perceptions be 'without' prejudice. The student nurses who fail to learn to tolerate the difficulties and uncertainties inherent in caring for patients and sharing their burdens of grief and suffering, also fail to foster good interpersonal relationships with their patients. Student nurses, therefore, need to realise that the challenges of mastering the art of healing are not only intellectual but also emotional, physical and social.

The most common forms of student-patient relationships exist on a spectrum varying from high to low control. If there is high student control and low patient control in a given relationship, the students will make decisions according to what they perceive to be in the

patients' best interest, even when the patients' own interests may not actually be served by such decisions. Considering that these decisions entail success, access to information and services, it is unjustifiable that nurses could make such unilateral decisions. According to such students, the patients' duties are to cooperate with medical advice, that is: to do what they are told (Stewart & Roter, 1989:20).

Stewart & Roter (1989:20) found out from a nation-wide survey in the USA that older, less educated, patients were more accepting of authority and more likely to accept this type of relationship. On the other hand, younger and better educated patients, were more sceptical - and were much more likely to be assertive and demanding. However, Stewart & Roter (1989:20) further report that patients who were demanding more information and technical services were labelled "graduates" and avoided by nurses. Patients comprise a complex web of personalities, cultures, living situations and relationships that define their illness. The meaning of illness to patients reflects their unique situations and experiences of life.

A warm hearted, welcoming look (showing acceptance of them as persons) when the nurses meet the patients for the first time, can do a great deal to allay fears and start to establish interpersonal relationships of mutual trust, which are necessary for successful student-patient interactions.

#### 2.5.1.4 *The need to preserve patients' status and prestige*

Reorganisation and a new definition of the status of the patient in society, and the establishment of a certain relationship between help and knowledge, are necessary for holistic nursing care. Failure of the nurses to recognise the status of the patients by

according them the civilities to which they are accustomed in their daily lives, may lead to the patients' perceived loss of status or identity. When student nurses interact with patients, it is not only the verbal content of the communication between them that is important but also their attitudes towards each other. The way each one listens to the other and communicates by means of eye contact and body language, and the way the student nurses act towards patients, influence the nature of the interpersonal relationships which develop because it is through such interactions that relationships are formed. A good interpersonal relationship and good lines of communication provide the basis for the restoration of the social, physical and emotional life of the patient. Such examples include, for instance, introducing patients to each other, asking patients' permission when treatment necessitates violation of their bodies, dealing with the embarrassment which may result from exposure to the gaze of others, avoiding humiliations which could be caused by publicly reprimanding patients, and showing due respect to elderly patients. Consideration of all these factors in maintaining the nurses' interpersonal relationships with patients is a fundamental requisite for a successful nursing career.

The clumsiness of senility which could be seen by nurses as annoying, and the failure to address patients properly by their names and titles show absence of respect. Student nurses are dealing with individual persons in totality within the social context in which patients are situated. Their interests must be directed towards the patients. Accordingly, communication is necessary when physical (tactile) contact is envisioned. By touching patients, nurses are communicating with the patients. A soothing effect on restless patients occasioned by establishing physical contact with them may bring surprisingly good results. Sure, capable hands carrying out treatment give confidence to patients (Stewart & Roter, 1989:108).

The nurses, using patient-centred methods, would invite and encourage the patients' openness in all situations – enhancing the understanding of the patients' expectations, feelings and fears.

#### 2.5.1.5 *Ability to control or display emotions*

Kron & Gray (1987:56) state that the ability to control and display emotions entails that nurses look beyond the outward similarities and dissimilarities of people and try to recognise the needs, attitudes and abilities of all individuals. These authors further observe that nurses apparently believe that there is only one way to think about a situation, and that is: the way the nurses themselves think; one best way of doing things - the way they do things themselves; one way of feeling - the way nurses feel; and one best way to react – the nurses' way of reacting. Yet, to become effective leaders, nurses must realise that people are unique individuals. Accordingly, understanding people is very important in nursing - together with the fundamentals of communication, to ensure satisfactory, quality patient care.

Nurses have confidential access to extraordinary intimacies of their patients: social, physical and emotional. Explicitly or implicitly, the patients give the nurse almost unlimited access to their being. Nurses are expected to keep their feelings out of the treatment process as much as possible. This disposition is often described as affective neutrality (Helen 1986: 106).

The sick are exempted from normal social role behaviours and responsibilities, implying that patients are not responsible for their illnesses, and cannot help the situations - and,

accordingly, need to be cared for. Nonetheless, patients have the right to expect competent persons who are knowledgeable and use scientific positions with positive approaches through appropriate interpersonal relationships and communication techniques (Helen 1986:3).

#### 2.5.1.6 *Development of interpersonal relationships with patients through a therapeutic environments*

According to Dunn (1997:305) interpersonal relationships play an important role in the students' perceptions of the clinical learning environments. Registered staff and patients are major figures in the development of students' interpersonal relationships. Effective collaboration between health care and tertiary education sectors is crucial if students are to achieve optimum learning outcomes.

In support of the above Manzini (1988:29) considers the fact that nursing entails not only rendering of health care to the clients but also the professional responsibilities attached to nursing practice. When educating and training student nurses this professional responsibility is instilled into professional neophytes by registered nurses in the clinical areas.

Khoza (1996:57) emphasised that the scope of practice (R2598) prescribes that a newly qualified nurse in the RSA should be competent in the facilitation of communication by and with patients in the execution of the nursing regimes. The use of appropriate communication competencies facilitates the development of caring and therapeutic relationships with patients and their families.

Kreigh & Perko (1983:224) consider love as the basis of a positive interpersonal relationship, for, without love meaningful relationships cannot be formed. They contend that love should go hand in hand with empathy which permits nurses to increase their understanding of patient behaviours by allowing them to identify the feeling state of the patients. In this respect, Kreigh & Perko (1983:224) agree with the model of this study which places effective communication at the centre of the integration of theory and practice. Before nurses can begin to implement positive interpersonal nurse-patient relationships effectively, they must be aware of the verbal, nonverbal or symbolic communication opportunities which exist in particular situations. They must be aware also that what patients are attempting to communicate is crucial in their relationships with their patients. Good nurse-patient interpersonal relationships are essential to good nursing care. Without such relationships, all knowledge and skills have limited value. The crux of positive interpersonal relationships is the systematic building of rapport. Good rapport involves a mutual sharing of the participants' humanness and willingness to become involved with other persons. This leads nurses to grow towards mutual acceptance and understanding of their patients.

Copeland (1988), as quoted by Tharrat (1993 :14-15), stated that the diagnosis of chronic illness in a family member represents one of the most stressful situations encountered by the family. Each member of the family is affected by the individual's illness in some way. Families showing positive adjustment display open patterns of communication, act as a cohesive unit, yet demonstrate flexibility of roles, display commitment and affection, make use of available resources, take a solution orientated approach to problems, identify specific stressors, accept them and cope with them. These characteristics form part of the families'

customary manners of dealing with stress.

Tharrat is supported by Sherman (1990:18-19) who stated that active participation of patients in every aspect of therapeutic communities should be encouraged. The patients and staff meetings should be held simultaneously to achieve an atmosphere of collaboration and mutual help. There should be concentration upon increasing the communication between patients and staff to create therapeutic teams who share responsibility for treatment and transformation of hospitals to decentralised structures with various treatment units serving various specific geographical areas. Millieu therapy construes therapy as a total situation dependant on everything contained in the environment - from staff attitudes to creating human working systems.

#### 2.5.1.7 *Overall remarks on nurse-patient interpersonal relationship*

In a study by Vachan, as quoted by Kreigh & Perko (1983:223), nurse respondents reported that they found it stressful when they were required to deal with patients' and their families' complaints. These difficulties were all compounded because nurses felt they had limited time to spend with patients and their families.

In her study, Setsoa (1992:4) observed the negative effects of poor interpersonal relationships between student nurses and patients in the RSA. She noted that some students were neither responsive nor warm hearted professionals. They did not feel comfortable when dealing with people. Some did not react appropriately to conflicts. Setsoa (1992: 4) further stressed that some students who resigned were emotionally unstable, and lacked high tolerance for emotionally demanding situations. Others lacked good control

over anxieties. Most of the younger students who resigned appeared to lack a sense of responsibility or were committed to their own wellbeing, rather than the wellbeing of their patients. These were the students who were not mature enough to cope with irritations in the situations and felt overwhelmed thereby.

These observations are supported by Stewart & Roter (1989:86) who observe that despite technological advances many patients are dissatisfied with the health care they receive. This dissatisfaction manifests itself, *inter alia*, in non-compliance with treatment recommendations, malpractice litigations due to frustrations with interpersonal relationships and poor quality interactions with the nurses.

Many patients come to the hospital with hidden agendas, hidden to the nurses and also hidden to themselves. Accordingly, fostering good nurse-patient relationships takes into account the patients' expectations which entail that nurses know what they are doing; takes interest in the patients; behave in thoughtful, empathetic ways and are reliable. Failure of the nurses to meet these expectations may lead to poor compliance, hence, the patients may feel rejected. Such nurses' negative attitudes could have detrimental effects on nursing services - resulting in improper care of patients (Rose 1983).

According to Bendile (1991:7) nursing is caring; is interaction - and interaction is communication, which can only be effective and productive in developing positive interpersonal relationships. As such, communication seeks to promote explanations and models of nurse-patient relationships - and, this is crucial to the nursing process. Consequently, ward-teaching programmes ought to equip students with sound

communicative skills. The effectiveness of programmes will have to be measured against the extent to which practising nurses are able to teach health promotion and self care skills to their patients.

Meetings between nurses and patients should take place, as articulated in the conceptual framework of this study (see Figure 2.3). These meetings should lead to the development of positive interpersonal relationships through goal directed interactions and objectives, appropriately formulated for nurse-patient interactions. The energy that is needed to motivate the development of positive interpersonal relationships should come from the patients' quest for wholeness, and the nurses' ability to assist the patients. It is envisaged that this would promote healing (Poggenpoel 1994:54).

### **2.5.2 Developing Interpersonal Relationships with Relatives and Friends of Patients**

The second research question further seeks to investigate student nurses' espoused relationships with relatives and friends of their patients. This section looks at the literature on this sub-question.

The fundamental care of nursing is the relationship that is established between nurses and patients, as well as between nurses and patients' relatives and friends (Dugas & Dugas 1983:170). This relationship is based on mutual trust and respect. In order to develop this relationship, nurses need to have good interpersonal and communication skills. In particular, communication is the tool that provides a means for one person to understand another, leading to a free exchange of ideas and feelings between nurses and patients - and between

nurses, on one hand, and relatives and friends of patients, on another. This results in a helping relationship which becomes an integral part of nursing practice.

According to Dugas & Dugas (1983:172) genuineness or authenticity is another characteristic of the interpersonal relationship that is helpful in creating a climate of trust. Empathy and mutual respect contribute to fostering a climate of trust, which is a basic element in nurse-patient relationships. Accordingly, in their relationships, nurses and the patients' relatives and friends are able to freely discuss their respective expectations and arrive at good understandings of the patients' conditions and prospects for optimum care.

Dugas & Dugas (1983:174) point out that family and friends, who are often concerned about the patients' health, can provide support in motivating patients to work towards the establishment and attainment of goals. They further observe:

"If the nurse recognizes the needs of the family members and solicits their help in appropriate areas of patient care such as assisting the patient to eat, the family will feel more comfortable and will be better able to assist in the patient's recovery".

Dugas & Dugas (1983:172) also point out that since people are social beings, contact with other human beings is essential for their wellbeing. People are constantly interacting with their family members, friends and neighbours with whom they have achieved a balance in their interactions with their psycho-social environments. This equilibrium needs to be maintained. As such, Dugas & Dugas (1983:172) recommend that nurses ought to recognise the need for patients to stay in contact with family members and friends because of the

invaluable contributions such contacts may render towards the healing process.

This means that nurses' abilities to foster positive interpersonal relationships with patients' relatives and friends is a very important aspect of their work. Part of these abilities involves displaying respect for patients' family members and friends, leading to the establishment of interpersonal relationships which are imbued in genuineness and authenticity, engendering a climate of trust.

Stevenson (1988:98) supports Dugas & Dugas by stating that lasting impressions are created by the way patients and their families are received by members of the personnel whom they meet initially. A favourable reception will contribute towards peace of mind and cooperation of the patients and their families. Stevenson (1988: 99) further observes that, in particular, first impressions persist for some time. As such, during the patients' admissions, nurses should be friendly, and should pay attention to their use of language and behave in ways which they will expect of others. The nurses' abilities to foster positive interpersonal relationships with their patients' families and friends is important for the total care of the patient.

On their part, family members can speak to the caring team in order to acquaint themselves with the unknown and fearful situations faced by their loved ones. One essential aspect of this positive interpersonal relationship is to acknowledge that patients and their families often have the need for privacy. Nurses who are able to create conditions for the families and patients to enjoy the privacy they need, will ensure that the patients get the all-important physical and psychological care from the caring team, including family members and friends.

Stevenson's views agree with those of Fisher (1987:188) who contends that warm hearted welcoming looks from nurses as they meet patients' relatives for the first time show acceptance of them as human beings. Fisher further contends that this can do a great deal to allay fears and start the trust relationships which are necessary for successful nurse-patient interactions.

Mellish (1992:97) contends that nurses should be able to maintain good interpersonal relationships with patients' relatives and friends. One fundamental function of the nurse is to educate patients' relatives and friends, where necessary, so that suitable home care can be provided. In effect, this could also be extended to the community - whereby community resources could be harnessed and utilised effectively. Indeed, any community's positive rapport with patients could be used as an effective tool in patient care. This could help to maintain the respect and dignity of the patients since in most cases, the commitment of relatives and friends of patients to the care of the patients could not be doubted.

Patients may belong to different ethnic groups, or may have different religious and cultural backgrounds. Medical treatment and nursing care, ever changing technology, staff shortages - can all generate moral dilemmas for the nurses in terms of how best to foster positive interpersonal relationships with specific patients. Nevertheless, nurses aspire to be professionals in their actions and interactions with other people - hence, the importance of developing nursing interpersonal skills which will facilitate positive interpersonal relationships. Indeed, according to Mellish (1988:178), when nurses smile at patients, as well as their relatives and friends, their whole worlds brighten up. In the process, trust,

communication and positive interactions are encouraged, as genuine smiles bring hope, a feeling of closeness and human warmth comfort the recipients. Mellish (1988:181) further states in this regard:

"It is vital in the nurse's dealings with human beings that she is aware that it is often not so much what she says but how she says it that can improve or hinder meaningful nurse patient relationships. The nurse must in her approach to each individual, entrusted to her care, build a world in which a patient not only has faith in her nursing capabilities but also one where there is mutual respect, trust and understanding so that the patient and his relatives can communicate their needs, hopes and fears to her in the knowledge that they will be sympathetically received and treated with confidence."

Fisher (1987:173) posits that since nurses deal with 'man' in totality within the social context, their interest must be directed to the persons themselves and to those with whom they interact (in this particular case, family members and friends). In this regard, the nurses' interest and relationships must be sincere and spontaneous, and not a matter of idle curiosity. Fisher further states that because nurses' work is in interaction with other people, they have guiding roles to play in their assistance rendered to those who require help and teaching functions. Fisher sees this as truly a social agogic role the nurses must play, given that in every community, there are innumerable families and individuals who need help - either medically or socially. In this regard, the nurses must remain human beings among other human beings, and must exercise love and show their feelings for others in their relationships. They need knowledge and understanding of people, enabling them to generate

friendliness, warmth and a sense of security. Above all, they must have respect for the innate worth and human dignity of others.

Chilma & Thomas (1981:189) also contend that nurses need to foster good interpersonal relationships with family members of patients. They further state that nurses should be able to identify the stress of the families. Through positive interpersonal relationships, skills, knowledge and attitudes effectively imparted to parents, relatives and friends - nurses can act to the benefit of their patients. Accordingly, it is the contention of Chilma & Thomas (1981:189) that mutual participation of relatives and friends is typical of preventive medicine. The management of chronic illness requires patients' relatives and friends to extend major responsibilities for the care of these patients in their homes. As such, the nurses' roles are to monitor progress and help patients and relatives to help themselves by providing appropriate professional guidance and support.

It is rooted in the needs of humanity to maintain a network of interpersonal relationships with other people, particularly friends and relatives. Accordingly, inclusion of learning objectives which promote interpersonal relationships, as an important curricular thread will send a clear and consistent message to student nurses of the importance of this aspect of training. Planning and providing experiential learning opportunities for the students to make nursing care decisions fostering interpersonal relationships consistent with the principles and expectations of the profession is, therefore, crucial.

Kohlberg, as quoted by Mustapha & Seybert (1989:108), maintains that decisions of moral issues could be an effective part of any curriculum. On the basis of these findings, the

suggestion was made that an integrated liberal arts curriculum, such as a foundation programme, may be more successful in facilitating higher levels of moral reasoning than traditional curricula. The need for such a far-reaching curriculum is crucial, particularly in the face of many conflicting cultural expectations and modes of care for patients. For instance, friends and relatives may, in good faith, bring to hospitalised patients prohibited items (according to European-based modes of health care), such as African foods and medicines to supplement those provided by the hospital. These actions may result in situations of conflict between the relatives/friends and nurses who are usually the first point of contact. Furthermore, visiting relatives and friends may feel perfectly justified to scrutinise patients' medical charts, x-rays and other results found at the bedside. Relatives and friends may telephone and demand to be told about the progress of patients. Depending on the condition of the patients, or if the patients have already passed away, handling such telephone conversations with the friends/relatives of patients may prove to be tricky and difficult for nurses. However, all these situations demand that nurses exhibit very positive interpersonal relationships and good communication skills so that their professionalism is not compromised in any way.

There are many other circumstances where good communication, as well as good interpersonal skills, are required between nurses and patients' relatives and friends. Such circumstances include:

- requirements for admissions of minors to wards;
- requirements of consent for emergency operations;
- seeing relatives and friends of patients during doctors' rounds;
- going to doctors to seek information concerning patients' conditions;

- walking into wards to see sick relatives or friends without permission from ward nurses;
- asking close relatives to come to hospital when patients' conditions deteriorate rapidly; and
- shouting at patients' relatives and friends who do not want to obey hospital rules and regulations.

Nurses also need to be sure of their roles *vis-a-vis* friends and relatives of patients who have already passed away. There may be a sense in which nurses might feel that their services to relatives and friends of patients have come to an end, and are no longer required, after patients have died.

### **2.5.3 Student Nurses' Development of Interpersonal Relationships with Nursing Colleagues**

Another aspect of the second research question of this study pertains to the richness of interpersonal relationships prevailing within student nurses' work environments - as created and cultivated by the nurses and student nurses for themselves. In particular, the peer group is an important variable influencing student nurses' processes of socialisation into the nursing profession.

According to Ammond & Shroll (1988:85-86) the peer group, as a socialising agent, influences the socialisation system. In this regard, the socialisation process may:

- be significantly enriched or otherwise altered because student nurses can arrive

at collective solutions to their problems;

- lead to collective actions that provide emotional support for student nurses when they are threatened or otherwise confronted by difficult situations;
- encourage student nurses to learn as much as possible from each other;
- facilitate collective consciousness of social climate which sets the overall feeling and tone through which formal socialisation objectives are accomplished;
- bring about a source of support and comfort; and
- lead to peer group cohesiveness and closeness.

In addition to the above viewpoints, Lovell (1980:162-163) states that a member of the peer group, identifies with the group, and the group in turn forms a reference point in terms of the member's conduct. The individual wholly identifies with the goals and norms of the group and adopts the values and attitudes of its members.

Mellish & Brink (1986:194-195) state that through peer group teaching nursing students:

- learn to pay particular attention to observation;
- learn to assess and exercise judgement;
- become independent and learn the need for thoroughness;
- lay their own foundation for further teaching by professional nurses in the nursing practice;
- learn to accept constructive criticism and to evaluate their own performance and that of others; and
- develop good communication skills.

The importance of positive interpersonal relationships amongst student nurses, in acquiring desired nurse education objectives can, therefore, not be over-emphasised.

According to Kreigh & Perko (1983:225) stress due to lack of co-ordinated effort in team work results in high staff turnover among student nurses. Insufficient time for team discussions, and conflicts between team members, endanger the development of positive interpersonal relationships between nurses and patients. This may result in stress on the part of student nurses. Hence, team communication problems could result in stress for student nurses in their dealings with patients and their families - particularly in carrying out such tasks as communicating bad news to the patients. It would therefore, appear that the psychological aspects of nursing practice are often more stressful than even the most difficult nursing procedures.

Melhuish, Macguire & Grant (1993: 330) state that student nurses would like to be involved in decision making and be given the opportunities to assume leadership roles. Students would like to be active participants when important decisions about patients are made so that they can have opportunities to provide total patient care. They are keen to perform the type of work they do to fulfil their range of skills which are so crucial in building interpersonal relationships.

According to Mustapha & Seybert (1989:108), regardless of their area of clinical practice, student nurses are increasingly confronted by ethical dilemmas and are often required to make moral and ethical decisions. Some of these dilemmas have to do with making appropriate decisions as a team member. Such dilemmas could be quite prominent if

tensions exist within a team.

Mellish (1992:97) also contends that nurses have obligations to exhibit good working relationships with colleagues for the benefit of patients. Colleagues of student nurses in the health care delivery system are many and varied. In effect, student nurses owe positive working environments to their colleagues - giving them loyalty and cooperation, as well as accurate reports about patients. In wards, where team spirit and cooperation with colleagues exist, there will be good therapeutic environments. Indeed, modern health care is a team effort.

Working amicably with colleagues does not mean lowering of standards but could, instead lead to harmonious relationships and high productivity as well as efficiency and professional competence. Following proper channels of communication is one way of maintaining good working relationships. Tolerance may also enable student nurses to accept colleagues without prejudice, leading to self respect, respect for others and an acknowledgement of limitations. This also leads to establishing faith and confidence in colleagues. The nurses need to act as coordinators of all services rendered to patients through positive interpersonal relationships.

According to Boykin & Schoenhofer (1990:150), caring is the moral ideal which unites all members of the health delivery team. Specifically, this ideal is undergirded by good interpersonal relationships amongst nurses, and is based on the belief and realisation that persons learn how to be human from one another. Hence, as nurses and care-givers, togetherness with each other in caring, facilitates team spirit and creates fundamental

meaning for their experiences and professional interactions. Consequently, through being with colleagues, interpersonal relationships occur and moments of joy are experienced by patients.

Nurses who reason at high moral or ethical levels are assumed to practise their interpersonal relationships by codes of moral principles and thus are more likely to make decisions which value others and respect their rights and dignity. As such, student nurses need to be prepared to identify moral dilemmas and make prudent decisions if they are to contribute to the nursing profession and to the society at large. Nursing educators, on their part, need to profess the need to prepare students for such decisions (Stanley, as quoted by Mustapha & Seybert 1989:108). In particular, a number of practical decisions arise in the work situations where nurses are required to make professional decisions which are in the best interest of their patients. For instance, what should be done if:

- colleagues do not arrive on time to give them hand-over reports, due to personal obligations to be met at home?
- in terms of interpersonal relationships, indifference occurs in the working habits of colleagues?
- hostilities and irritations in interpersonal relationships exist amongst colleagues?
- colleagues take advantage of certain personalities for no apparent reasons?
- colleagues take pride in low productivity for reasons pertaining to self-interest? or
- student nurses get ridiculed by their colleagues for standing up for their patients' rights?

Indeed, Hussey (1990:1378) believes that interpersonal relationships are crucial in dealing

with others and in decision making about patients. In the nature of their work, nurses face numerous and difficult problems in their every day lives which could cause tension amongst them. Imbedded in this, is how nurses need to function amongst colleagues in serving the interests of their patients, individually and collectively.

Field (1991:2) states that apathy is another commonly observed attribute of student nurses, which could often lead to loss of enthusiasm in different ways - such as delays when answering patients' call bells. Fear might be exhibited in attitudes of boredom, indifference and irritation. This could result in being perceived as having lost the essential human qualities required for nursing and for being perceived as negligent and insensitive.

## **2.6 THE ESPOUSED CURRICULUM AND THE DEVELOPMENT OF INTERPERSONAL SKILLS**

The third research question of this study centres on whether or not there are significant differences between first and fourth year nursing students of the four-year (R425) comprehensive nursing course in their espousal of interpersonal relationships with tutors, preceptors, professional nurse, patients; relatives and friends of patients; as well as their colleagues (peer group). This section looks at the literature relating to this problem. Specifically, the main aim of the nurse education curriculum in the RSA (Mellish & Brink 1990:70) is to provide for the personal development of student nurses so that, on completing the course they:

- show respect for the dignity and uniqueness of sick persons in their social-cultural and religious contexts and approach and understand them as psychological, physical and social beings within these contexts;

- are skilled in diagnosing individuals, families, groups and community health problems, and in planning and implementing therapeutic actions and nursing care for the health service consumers at any point along the healthy-illness continuum in all stages of the life cycle (including care of the dying), and evaluation thereof;
- are able to direct and control the interactions with health service consumers in such ways that sympathetic and empathic interactions take place;
- are able to maintain the ethical and moral codes of the profession and practise within the prescriptions of the relevant laws;
- endorse the principle that a comprehensive health service is essential to raise the standard of health of the total population and in practice contribute to the promotion of such a service, bearing in mind factors from within and outside the borders of the country which pose a threat to health;
- are able to collaborate harmoniously within the nursing and multi-disciplinary team in terms of the principle of interdependence and co-operation in attaining common goals;
- are able to delineate personal practice according to personal knowledge and skill, practise it independently and accept responsibility therefore;
- are able to evaluate personal practice continuously and accept responsibility for continuing professional and personal development;
- evidence enquiring and scientific approaches to the problems of practice and is prepared to initiate and/or accept change;
- are able to manage health service units effectively;
- are able to provide effective clinical training within health service units;
- are able to provide effective clinical training within health service units;

- are acquainted with the extent and importance of the environmental health services and know the professional roles and responsibilities in respect of the services and in respect of personal professional actions where the services are not available;
- are able to promote community involvement at any point along the healthy-illness continuum at all stages of the life cycle; and
- have the cognitive, psychomotor and affective skills to serve as a basis for effective practice and for continuing education.

These objectives are the ones which provide the framework for nurse education in the RSA. It is quite clear from these objectives that their fulfilment depends heavily on nurses' possession of positive interpersonal skills. Although these may be perfected in the actual work environment, a solid foundation for their development needs to be established during training. This is why this study is important and necessary. It is crucial to examine the extent to which the development of these skills is given due importance and coverage, in the present curriculum - and, therefore, during the training of nurses.

As stated earlier, the third research question focuses on student nurses' comparative conceptions and their acquisitions of interpersonal relationships imbued within the nursing profession. Accordingly, a satisfactory answer to this research question entails that the researcher examines the impact of the curriculum on student nurses' development of interpersonal relationships with various groups of persons. The researcher envisages that if the nurse education curriculum is adequately and properly implemented, there should be a significant difference in student nurses' espousal of interpersonal relationships, at different

levels of the curriculum implementation. In particular, it is envisaged that student nurses at the point of entry into the programme (first year ) should be qualitatively different in their conception of the espoused interpersonal relationships than those who are at the exit point (fourth year).

The literature search has revealed a dearth of research on the comparative possession of espoused interpersonal relationships at various levels of nurses' training. This supports the need to carry out such an investigation, in order to ascertain the impact of the implementation of the curriculum in fostering the development of interpersonal relationships amongst student nurses. The present study makes a pioneering attempt in this regard in the RSA.

## **2.6 SUMMARY**

In summary, sections 2.1.2 to 2.1.3 have presented the theoretical perspectives of Peplau (Belcher & Fish 1990:51) and Northhouse (1991:80) concerning the development of interpersonal relationships between nurses and other persons with whom nurses come into contact during the performance of their duties. Overall, there is a high level of agreement between these two perspectives. The content of these two perspectives will form the main point of reference for examining the development of interpersonal relationships in this study as depicted in Figure 2.2.

Secondly, the chapter presented an argument which placed nurse education in the broader context of curriculum development and implementation. The point is made that the development of interpersonal relationships on the part of student nurses, needs to be

considered within the context of the overall implementation of the nurse education curriculum. Thirdly, the chapter also presented literature pertaining specifically to the research questions of this study. In this regard, the chapter placed significant emphasis on the roles played by various nurse educators in the development of student nurses' interpersonal skills.

The following chapter addresses the research methodology adopted to obtain data about the development of interpersonal relations of student nurses.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.1 OVERVIEW AND RESEARCH APPROACH

In the first chapter of this study, the problem for investigation was introduced and briefly described as exploring the development of positive interpersonal relationships of student nurses, *vis-a-vis* patients, patients' relatives and friends; and the student nurses' colleagues. Furthermore, the study attempted to ascertain the extent to which student nurses espoused positive interpersonal relationships pertinent to the nursing profession.

The problem for investigation in this study was further articulated in the second chapter whereby detailed theoretical perspectives underpinning this study were presented. This was done so as to contextualise the problem within a number of perspectives and theories related to the development of interpersonal relationships. In this regard, relevant previous research was also examined.

In this chapter, the methodologies adopted in addressing the problem of this study are presented. This entails the description of the research design, target populations, research samples and sampling procedures, instrumentation, pilot study, data collection, and data analysis techniques.

This study employed a survey research design (Polit & Hungler 1987:145) involving the construction of a questionnaire to ascertain whether or not, during training, student nurses are enabled to develop aspects that promote interpersonal relationships related to the nurses' responsibilities, accountability and professional development during the course of their training.

LeCompte & Preissle (1993:162) present three types of surveys, namely, participant-construct, confirmation and projective surveys. Participant-construct surveys are used to measure the strength of feelings respondents have about given constructs, or to elicit the categories into which people classify items in their social and physical environments. This approach facilitates the development of common understandings between the researcher and those being studied. In

using this approach, LeCompte & Preissle (1993:105), for instance, asked preschool children to tell them all the things which they thought they and their teachers could do as part of their preschool work. From the childrens' responses, lists of activities which the children perceived as constituting preschool work - both on their part and that of their teachers, were constructed. Fetterman (1979:2) used photographs of familiar neighbourhood sites and settings to determine how adolescents categorised their own communities.

Confirmation surveys are the most commonly used approach. These involve structured interviews or questionnaires intended to verify information, perceptions, opinions or views. The purpose of confirmation surveys is to assess the extent to which participants hold similar benefits, share specific constructs, possess certain skills, or exhibit comparable behaviours (LeCompte & Preissle 1993:164-165).

In projective surveys, photographs, drawings or games could be used to elicit people's opinions or reactions which may enable the researcher to determine patterns of social interactions ordinarily unobservable in the natural setting. For example, LeCompte & Preissle (1993:164-165) report that clinicians use doll play with children to elicit descriptions of events taking place in the home.

One common way of using projective surveys is to use vague or indirect stimuli to elicit statements about people's values or images of themselves. For example, Spindler & Spindler are reported by LeCompte & Preissle (1993:165) as having used the Rorschach technique to develop hypotheses about the relationships between personality types and acculturation to white societies amongst the Wisconsin Menominee. LeCompte & Preissle (1993:165) further report that Hostetler & Huntington used the projective survey approach to examine subcultural differences in the influence of curriculum in Amish and mainstream schools. LeCompte & Preissle (1993:165) also cite Minuchin, Biber, Shapiro & Zimiles as having earlier used the same approach to assess differences in the effect of classroom environment and authority structure on the self-concept and level of social and emotional maturity of elementary school children in New York City.

An important technique associated with projective surveys is one involving the elicitation of narratives from respondents. These narratives are allowed by the researcher to flow unstructured or uninterrupted. For this technique to produce maximum results, the researcher must relinquish control over the direction of the interview and ensure that the power relations are still in favour of the interviewee. This, almost therapeutic, approach affords the respondents an opportunity to tell their stories in their own vocabulary, defining their own high and low points - as well as where they choose to begin their stories and end them, without cues or directive questions from the interviewer (LeCompte & Preissle 1993:165).

Within the context of the above, therefore a survey research, generally, is appropriate for an exploratory study such as this one, where:

“the investigator gathers data from a portion of a population for the purpose of examining the characteristics, opinions or intentions of that population. Surveys also collect information on people’s knowledge, opinions, attitudes and values” (Polit & Hungler 1987:156).

In particular, a confirmation survey research design was adopted for this study. This design enabled the researcher to explore and describe opinions of the respondents. Hence, the design was chosen for its appropriateness in confirming information of the kind being sought after in this study, namely the development of interpersonal relationships of student nurses.

### **3.2 RESEARCH QUESTIONS**

This study revolves around several research questions. These are re-stated here for ease of reference :

- 3.2.1. Do student nurses perceive tutors, preceptors and professional nurses to promote the development of interpersonal relationships of student nurse during training?
- 3.2.2. Do student nurses espouse positive interpersonal relationships with patients; relatives and friends of patients; as well as their colleagues (peer group) in terms of Peplau’s four phases of orientation, identification, exploration and resolution?

- 3.2.3 Are there any significant differences between first and fourth year nursing students of the four-year (R425) comprehensive nursing course in their espoused interpersonal relationships with patients, relatives and friends of patients as well as colleagues (peer group)?

### **3.3 TARGET AND ACCESSIBLE POPULATIONS**

The target population of this study were all student nurses enrolled in the four year comprehensive nursing education programme, across the nursing colleges in the RSA. The accessible population consisted of all student nurses registered in nursing colleges, across the Eastern Cape Province, in 1997.

### **3.4 RESEARCH SAMPLE AND SAMPLING PROCEDURES**

The research sample for this study comprised first and fourth year students of the four-year comprehensive course registered in 1997 in the Eastern Cape Province. In so far as nurse education was concerned, there were four administrative regions in the Eastern Cape Province. These were referred to as Regions A to D. Within these regions, the distribution of nursing colleges offering the four-year comprehensive course at the time of the study was as follows.

#### **3.4.1 Region A**

In Region A there was an Eastern Cape College of Nursing based in Port Elizabeth, which evolved out of an amalgamation of two former colleges of nursing in the city, namely, Charlotte Searle and Sharley Cribb. Both campuses served the urban and rural communities around Port Elizabeth and Uitenhage. The merger of Charlotte Searle and Sharley Cribb greatly enhanced utilisation and sharing of resources and experiences. They use the Livingstone and Sharley Cribb hospitals for the clinical learning experiences of the nursing students of the two campuses. At the time of this study, Livingstone hospital had 793 beds and 590 professional nurses; Sharley Cribb had 722 beds and 276

professional nurses. Both were servicing 33 clinics and 1 health centre.

The college offered the following nurse training programmes :

#### BASIC TRAINING

- Four-year Comprehensive Nursing Course (R425)
- Bridging Course for enrolled nurses (R683)
- Diploma in Midwifery (R254)

#### POST BASIC TRAINING

- Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care (R48)
- Diploma in Intensive Nursing Care (R85)
- Diploma in Theatre Technique (R47)
- Diploma in Paediatrics (R1669)

The college had 33 tutors and 20 clinical instructors (preceptors) for all its programmes.

#### **3.4.2 Region B**

At the time of this study, there was no nursing college in Region B.

#### **3.4.3 Region C**

Region C consisted of two formerly independent nursing colleges, namely Ciskei and Frere Nursing Colleges, which were subsequently amalgamated to form the Central College of Nursing. In addition, one campus which formerly belonged to the Transkei Nursing College at Butterworth was also, at the time of the study, in the process of finding a home within Region C. Frere College and Cecilia Makiwane were selected for participation in this study for being

the largest and still having an intake of first year students.

### *Cecilia Makiwane*

Cecilia Makiwane was originally a nursing college of the former Ciskei homeland, based in Mdantsane, the second largest Black township in the RSA. Since its inception, Cecilia Makiwane College of Nursing was a semi-autonomous institution, based at the Cecilia Makiwane Hospital. The hospital itself, and hence the college, was named after the first South African Black professional nurse who qualified after passing the final examinations of the Cape Medical Colonial Council in 1903. The hospital is situated just outside the city of East London.

This college is semi-autonomous in that it has no separate budget from that of the hospital at which it is located; it has no establishment of its own and is wholly serviced by Cecilia Makiwane Hospital.

In 1984, the University of Fort Hare opened a Department of Nursing Science at Cecilia Makiwane Hospital, enabling prospective and qualified nurses to study locally. This, amongst other factors, led to rapid developments in nurse training - accelerated by a rising demand for Black nurses to meet the requirements for staff in Black nursing services.

This study was conducted during the transitional period (1996-1998) in which nurse training was still undergoing restructuring in terms of both location and function. The hospital and college were in Region C, and the hospital served as a referral and specialist hospital. The hospital catered for urban and rural communities around the former Ciskei. As a referral and specialist hospital it served a total of 29 urban and rural clinics, as well as 4 health centres. It has 1072 beds and 560 professional nurses.

The college offered training in the following areas:

#### BASIC TRAINING

- Four year Basic Course (R425)

## POST BASIC TRAINING

- Diploma in Theatre (R47)
- Diploma in Community Health Nursing Science (R276)
- Diploma in Paediatrics (R1669)
- Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care (R48)

### *Frere College*

The background and historical information given in this sub-section was abstracted from different hospital records and unreferenced documents supplied to the researcher by Mrs. L. Maqaqa, the then Nursing Service Manager for Frere Hospital, and presently the Deputy President of the SANC.

At the time of this study, Frere was a semi-autonomous college situated at the Frere Hospital within the city of East London. The college's semi-autonomous status is based on the fact that, although it has its own separate establishment from that of the hospital, and it also has its own separate budget, the college does not have a separate administrative infrastructure. The college utilises the finance and personnel staff of the hospital for administration related to these functions.

Frere Hospital was built in 1918 by John Tremble, the first superintendent of the hospital. The hospital serves mostly the urban and semi-urban areas around the city, all the primary health care clinics, municipal clinics and local authority private hospitals around the city. Overall, it services 28 clinics and 1 health centre. Frere Hospital is a referral and specialist facility, and has 895 beds and 560 professional nurses.

## BASIC TRAINING

- Four Year Basic Course (R425)
- Bridging Course for Enrolled Nurses (R683)
- Diploma in Midwifery (R254)

- Diploma in Psychiatry (R880)

#### **3.4.4 Region D**

There was one college of nursing in Region D, situated in Umtata, the Transkei Nursing College. Within the college were three campuses which offered the four-year comprehensive basic course (R425), namely, Umtata, All Saints and Ntlaza. From these three campuses, Umtata and All Saints were selected for participation in this study for being the largest and having an intake of first year students.

##### *Umtata Campus*

The background and historical information given in this sub-section was abstracted from different hospital records and unreferenced documents supplied to the researcher by Ms. K. Nonxuba, the then Nursing Service Manager - Umtata Nursing College.

The Umtata Campus is located at Umtata General Hospital. Umtata General Hospital was the first hospital to be built in Africa, South of the Equator, by Dr Henry Callaway of the Diocese of St. John's. On its completion, Dr Robert Welsh became the doctor in charge of the hospital. At the time, Major Elliot was the Chief magistrate who was able to arrange for the British Colonial Administration to take over the financing of the hospital. The first nurses' home built at the time was called Welsh House. The name given to the hospital was Sir Henry Elliot (1949). Bedford Orthopaedic hospital (1970) was built later after further expansion. A new name - Umtata General Hospital, was agreed upon to amalgamate the two hospitals.

At the time of the study, the hospital had 1059 beds and 558 professional nurses.

The Transkei Nursing College is also semi-autonomous, offering the following programmes of study:

### BASIC TRAINING

- Four-Year Comprehensive Basic Course (R425)
- Diploma in Midwifery (R254)

### POST BASIC TRAINING

- Diploma in Orthopaedic Nursing (R1658)
- Diploma in Primary Health Care (IR4)

Umtata General Hospital was a referral and specialist hospital, servicing 16 clinics and 4 health centres. The hospital was also used as a teaching hospital for the medical students training under the Faculty of Medicine and Health Sciences, University of Transkei.

The campus had 19 tutors and 24 clinical instructors (preceptors).

### *All Saints*

The background and historical information given in this sub-section was abstracted from different hospital records and unreferenced documents supplied to the researcher by Mr D. Hardy, the then Nursing Service Manager for All Saints.

All Saints Campus is located in the Engcobo district, and was opened on the 7th November, 1927, as All Saints Medical Mission under Dr Quelch as the Superintendent.

In 1929 Miss Joana Elder was the Principal of St Augustas Training College for a period of 16 years. By 1946 the hospital received assistance from the Cape Provincial Administration and the then Union Health Department. Dr Quelch was followed by Dr Stanley Vincent as Medical Superintendent. During this time there were rapid developments such as increases in the number of wards, equipment, electric cables at Engcobo. Training of enrolled nurses started in 1954.

Dr Paulini followed Dr Vincent and got married to Dr Ingle who was the superintendent.

In 1975 midwifery training commenced. In 1977 the training of registered nurses commenced in the form of a three-year course - which has since been phased out by the SANC in favour of the four- year comprehensive (R425) course which started in 1990.

The hospital caters for rural and urban communities around Engcobo. It serves a total of 17 clinics as well as 2 health centres. It has 335 beds and 250 professional nurses. The campus offers the following nurse training programmes.

#### BASIC TRAINING

- Diploma in Midwifery (R254)
- Four Year Comprehensive Course (R425)

#### POST BASIC TRAINING

- Diploma in Clinical Nursing Science; Health Assessment, Treatment and Care course (R48)

The hospital had a 100% pass in this post basic course with a number of distinctions. The hospital was honoured by the African Medical Mission, sponsoring it for the Primary Health Care course.

The campus had 12 tutors and 18 clinical instructors (preceptors).

### **3.5 STAFF AND STUDENT ENROLMENT PROFILE**

Table 3.1 gives a breakdown of the professional nurses, tutors and preceptors - as well as the enrolment profile of student nurses, in the participating colleges.

Table 3.1: Staff and student enrolment profile: Eastern Cape Province: 1997

REGION	COLLEGES	PROFESSIONAL NURSES	TUTORS	PRECEPTORS	STUDENTS	
					1 <sup>st</sup>	4 <sup>th</sup>
A	Livingstone	590	33	20	45	65
	Sharley Cribb	276				
B	No 1 <sup>st</sup> year students	-	-	-	-	-
C	C. Makiwane	560	12	13	40	38
	Frere	524	14	11	40	34
D	All Saints	250	12	18	31	25
	Umtata	558	19	24	40	45
	<b>TOTAL</b>	<b>2756</b>	<b>87</b>	<b>80</b>	<b>196</b>	<b>207</b>

A total number of 403 student nurses in both first (196) and fourth (207) years of study were registered at colleges of nursing in the Eastern Cape Province during 1997. Furthermore, there were major variations in the numbers of students registered across the four regions, ranging from no first year students in Region B to 80 first year students in Region C. Given that student nurses were the target population for this study, the researcher sought to involve all registered students at first and fourth year levels, respectively.

### 3.6 RESEARCH INSTRUMENT

#### 3.6.1 Questionnaire Construction

A questionnaire designed by the researcher was developed for data collection. The questionnaire comprised the following sections.

##### *Section A*

Covered biographical information of the respondents : to include, *inter alia*, **age, gender, marital status, year of study and college attended**. It was envisaged that this

background information would be useful in contextualising the findings themselves.

### ***Section B***

Comprised items which sought to elicit answers to the first research question concerning student nurses' perceptions about the role played by tutors, preceptors and professional nurses in the development and promotion of interpersonal relationships of student nurses.

In this regard, this section comprised three parts:

- Part I -** dealt with the perceived role of tutors in the development of student nurses' interpersonal relationships. This part consisted of 18 items.
- Part II -** focussed on the role of preceptors in the development of student nurses' interpersonal relationships, and consisted of 10 items.
- Part III -** comprised 19 items focussing on the role of professional nurses in fostering the development of interpersonal relationships amongst student nurses.

### **Section C**

Consisted of statements aimed at finding out whether or not student nurses espoused positive interpersonal relationships with patients, relatives of patients and colleagues. This section was aimed at eliciting answers, from the respondents, to the second research question. As in the case of Section B, there were also three Parts comprising this section. Parts I, II and III focussed on the student nurses' espousal of interpersonal relationships with patients, relatives and friends of patients and colleagues, respectively. The first two Parts consisted of 13 items each, whereas the third Part comprised 10 items.

The third research question (that is, determining whether or not there were any significant differences between first and fourth year nursing students of the four-year (425) comprehensive nursing course in their espoused interpersonal relationships with patients, relatives and friends of patients as well as colleagues) was addressed by comparing the responses of first and fourth year students on the items in Sections B and C of the questionnaire. This comparison was carried out using both descriptive and inferential statistics. The descriptive part involved the use of frequency tables, pie charts and bar

graphs; whereas the inferential part made use of "t"-tests for the comparison of the means of the first versus fourth year students.

### 3.6.2 Validity of the Questionnaire

Instrument validity refers to the extent to which a research instrument measures what it purports to measure (Cronbach 1970:122-123, LeCompte & Preissle 1993:341, Stanley & Hopkins 1972:101). The instrument constructed for this study was given to the researcher's promoters, and one other staff member in the department at Unisa for validation. A copy of this instrument was earlier given to a **senior researcher** at the Human Sciences Research Council (HSRC), Dr R. Mugisha, for comment. Comments received from him on this instrument have already been integrated into the revisions. Comments from the researcher's two promoters were also incorporated into the revision of the questionnaire.

Furthermore, an important part of the validation process of this instrument involved administering a near-final version of it to 38 second and fourth year students from Region B. This phase of the instrument development was aimed at sensitising the researcher to the demands of the main study, as well as offer her the opportunity to further improve and refine the instrument before the main study was undertaken. Region B did not ultimately participate in the main study. Second year students were used because there were no first year students in Region B. The 38 students, 19 of each second and fourth years, were randomly selected and all agreed to participate in this phase of the study. The findings indicated no major problems with the reading level demanded by the questionnaire. It was apparent from the findings that both second and fourth year students gave largely similar results. Some of the items which needed rephrasing were rephrased for clarity. Overall, 8 items were altogether eliminated.

## 3.7 COLLECTING THE DATA

At all the stages of the questionnaire administration and analysis, confidentiality was assured as a fundamental right of the individuals participating in this study by ensuring that only the

researcher had access to the raw data. The right of the participants to express themselves freely, without any danger of retribution or reprisal, was also guaranteed as a fundamental right. In this regard, sealed envelopes were used by the respondents after filling in the questionnaires. Respondents were given as much time as they needed to fill in the questionnaire taking, on average, fifty minutes to complete the task.

In all the participating colleges, the researcher asked for permission from the relevant authorities, and all student nurses in the two cohorts - first and fourth year groups, were given the questionnaire to complete. Hence, all members of the target population were requested to participate, but were given the option of withdrawing from the study should they feel that they did not wish to continue participating any further - for personal or any other reasons. Overall, 257 fully completed questionnaires were returned - giving a response rate of 64%. Table 3.2 gives a breakdown of the distribution of the respondents, hereinafter, referred to as the research sample.

Table 3.2: Research sample profile of participating students by region: Eastern Cape Province (1997)

REGION	COLLEGES	STUDENTS	
		<u>1<sup>st</sup></u>	<u>4<sup>th</sup></u>
A	Livingstone	45	47
	Sharley Cribb		
B	No 1 <sup>st</sup> year students	-	-
C	C. Makiwane	40	24
	Frere	40	23
D	All Saints	31	17
	Umtata	40	29
	<b>TOTAL</b>	<b>117</b>	<b>140</b>

### **3.8 DATA ANALYSIS**

The data collected were coded and analysed using the Statistical Analysis System (SAS) computer package on the University of Transkei mainframe computer system. The SAS package also generated bar and pie charts to illustrate the data. However, these were regenerated using the Excel programme on the Microsoft software for better presentation. Furthermore, various statistics were computed and displayed in tabular format, by the SAS computer programme. The data were organised in terms of response types and general trends constructed in ways that enabled the researcher to address the research questions of this study.

The findings were presented as numbers and percentages of types of responses in the appropriate categories, descriptive statistics in the form of frequency distributions, means, pie charts and histograms.

### **3.9 ETHICAL CONSIDERATIONS**

Permission to conduct this study was sought and obtained from authorities controlling the nursing colleges and the participating campuses. The purpose of this study was explained to the respondents. In particular, it was made clear to the respondents that this project did not constitute part of their course and that there would be, as it were, no right or wrong answers. In addition, the subjects were informed that anonymity of their responses was guaranteed. Accordingly, confidentiality of the information collected was assured by the use of sealed envelopes. The subjects were also informed that, although their involvement in the study was crucial to its success, their participation was voluntary. As such, they were not subjected to any form of compulsion to complete the questionnaire. However, their co-operation in doing so was requested and greatly appreciated. Such co-operation could be helpful for identifying ways in which the nurse education programme could be improved and consolidated - thereby benefiting both student nurses and patients.

### 3.10 LIMITATIONS

The findings of this study were limited because:

- It was difficult to ascertain that all forms of interpersonal relationships had been identified and covered within the study. Accordingly, the researcher could not be in a position to know whether or not the aspects of interpersonal relationships dealt with in this study were the only ones, or even whether or not they were the major ones - notwithstanding the comprehensive review of literature undertaken, and presented in chapter two, on which the research questions were based.
- By and large, the measurement of abstract concepts and psycho-social factors, such as interpersonal relationships, can only be inferred. Consequently, this may have caused a quantity of measurement error difficult to ascertain.
- Given the large geographical size of the Eastern Cape Province and the large number of hospitals, some potential respondents did not return the questionnaires. This might have introduced a certain element of measurement error into the study. The findings of this investigation might therefore also be affected by these uncollected responses. It is difficult to ascertain the extent to which the 64% response rate, as the research sample, was a fair representation of the target population, or even of the total sample.

### 3.11 CONCLUSION

This chapter has presented the methodologies adopted in addressing the problem of this study. In doing this the chapter covered the descriptions of the research design chosen for the study, the target population, research sample, instrumentation, data collection procedures, and data analysis techniques. The chapter also reflected on the ethical considerations pertaining to the study, as well as some limitations of the study.

In the next chapter, the data arising out of the administration of the instrument are presented. The major findings are subsequently discussed in chapter 5.

## CHAPTER 4

### ANALYSIS OF RESEARCH RESULTS

#### 4.1 INTRODUCTION, BACKGROUND AND BIOGRAPHICAL INFORMATION

This chapter presents the major findings of this study. The results presented are those obtained from administering the researcher-designed questionnaire to the defined research sample of 257 respondents from colleges and campuses training student nurses according to the four-year comprehensive course (R425) in the Eastern Cape. The respondents comprised 117 first year and 140 fourth year students.

The first section of this chapter presents the background and biographical information of the two respective groups of respondents. This is followed by a presentation of the major findings of the study in terms of the research questions of the study. More specifically, the various sub-sections will focus on:

- the respondents' perceived role of tutors, preceptors and professional nurses in fostering the development of interpersonal relationships of students nurses;
- student nurses' espousal of positive interpersonal relationships with patients, friends and relatives of patients as well as colleagues;
- whether or not any significant differences existed between the first and fourth year students' **perceptions** and **espousal** of positive interpersonal relationships.

In the last section, these findings are discussed within the context of the literature presented in the second chapter.

The researcher now presents the background and biographical information emanating from the questionnaire administered to the respondents. This analysis is made in order to contextualise the findings of the study. It is envisaged that the knowledge of certain fundamental characteristics of the sample presented in this section will assist the reader to better understand the findings themselves.

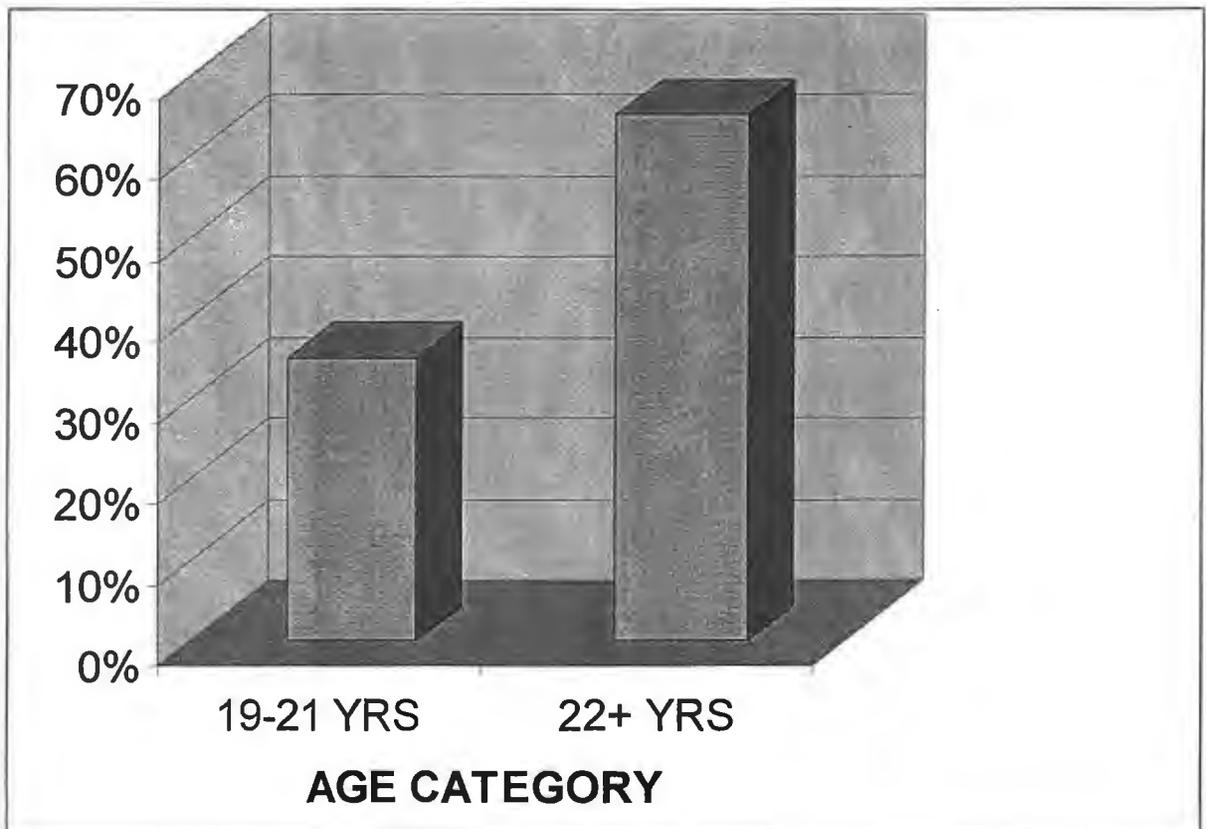
#### **4.1.1 Age Distribution of First Year Respondents**

The age distribution of the first year respondents is reflected in Table 4.1.

**Table 4.1** Age distribution of first year respondents (n=117)

AGE (In Years)	NUMBER	PERCENTAGE
19-21	41	35
22+	76	65
<b>TOTAL:</b>	<b>117</b>	<b>100</b>

According to Table 4.1, 35% of the first year respondents were aged between 19 and 21 years while 65% were 22 years of age and older. This information is illustrated in Figure 4.1.



**Figure 4.1:** Age distribution of first year respondents (n=117)

#### 4.1.2 The Gender Distribution of First Year Students

Table 4.2 summarises the gender distribution of the first year respondents.

Table 4.2: Gender distribution of first year respondents (n=117)

GENDER	NUMBER	PERCENTAGE
Male	19	16
Female	98	84
<b>TOTAL:</b>	<b>117</b>	<b>100</b>

Table 4.2 shows that 84% of the respondents were females as compared to 16% male. This skewed distribution in favour of females may be due to the generally held perception that **nursing** is a woman's profession in the RSA. The findings in Table 4.2 are presented in Figure 4.2 to offer a visual impact.

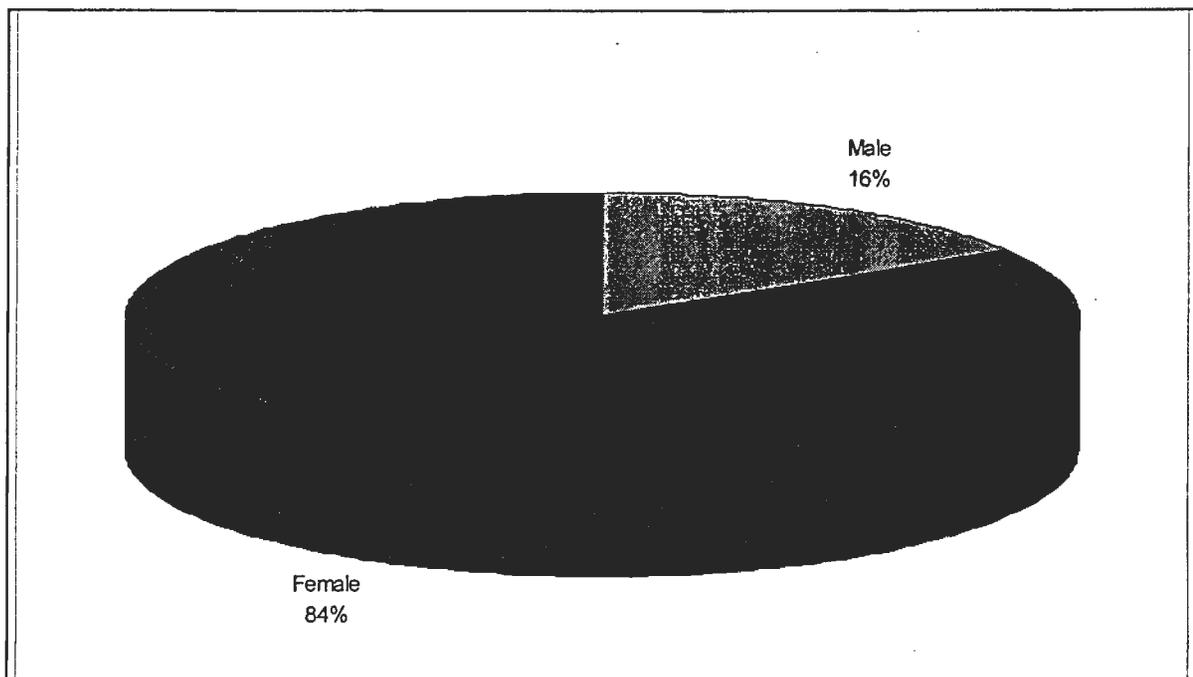


Figure 4.2: Gender distribution of first year respondents (n=117)

### 4.1.3 Marital Status

The marital status of the first year respondents who participated in this study is given in Table 4.3.

Table 4.3: Marital status of first year respondents (n=117)

MARITAL STATUS	NUMBER	PERCENTAGE
Married	15	13
Single	101	86
Divorced	01	01
<b>TOTAL:</b>	<b>117</b>	<b>100</b>

This table shows that most of the first year respondents (86%) were single. Figure 4.3 illustrates these findings.

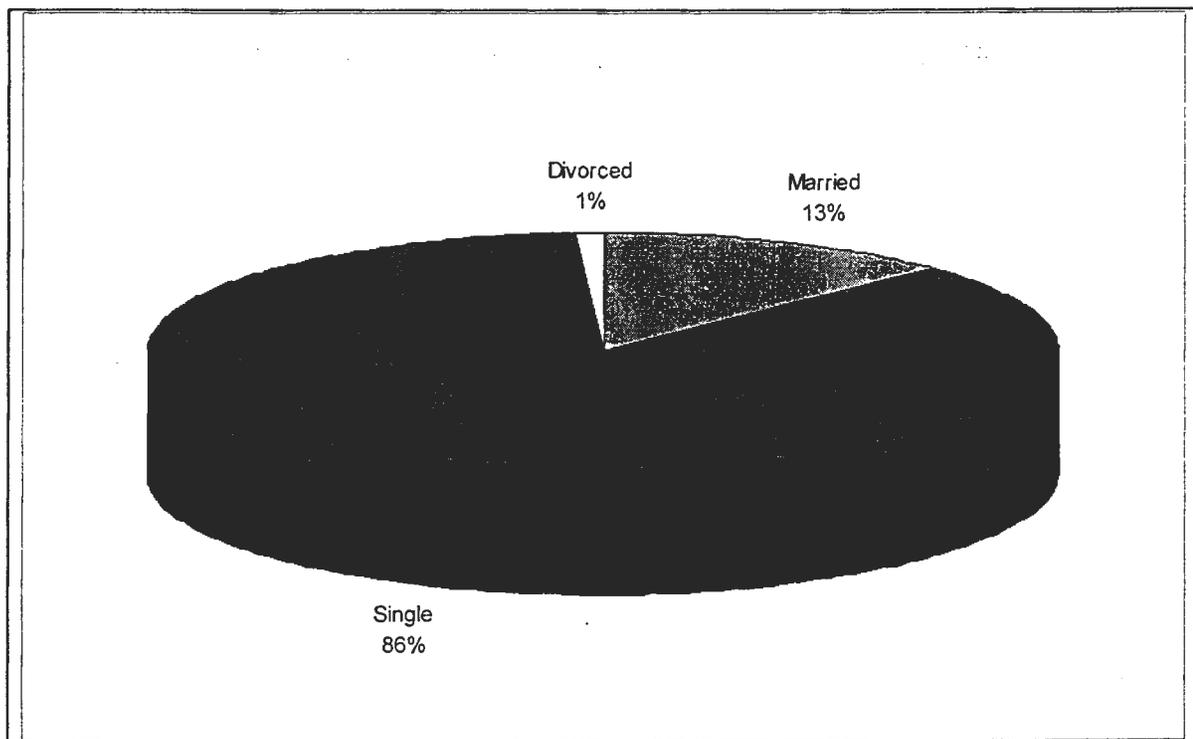


Figure 4.3: Marital status of first year respondents (n=117)

#### 4.1.4 The Main Providers for the Family

The main providers for the families of the first year respondents are given in Table 4.4

Table 4.4: Main providers of the families of first year respondents (n=117)

MAIN PROVIDER	NUMBER	PERCENTAGE
Father	31	26
Mother	23	20
Both Mother & Father	12	10
Spouse	09	08
Self	29	25
Guardian	07	06
No Response	06	05
<b>TOTAL:</b>	<b>117</b>	<b>100</b>

Table 4.4 shows that the respondents' fathers were largely rated as being family providers (26%); followed by the respondents themselves at 25%, and then the respondents' mothers at 20%. It is envisaged that **father** played a dominant role as the heads of households and bread-winners, but that the first year student nurses played almost an equally important role as being bread-winners for their families. This finding might reveal how much these first year student nurses needed their salaries to support themselves and their families. The information in Table 4.4 is illustrated in Figure 4.4.

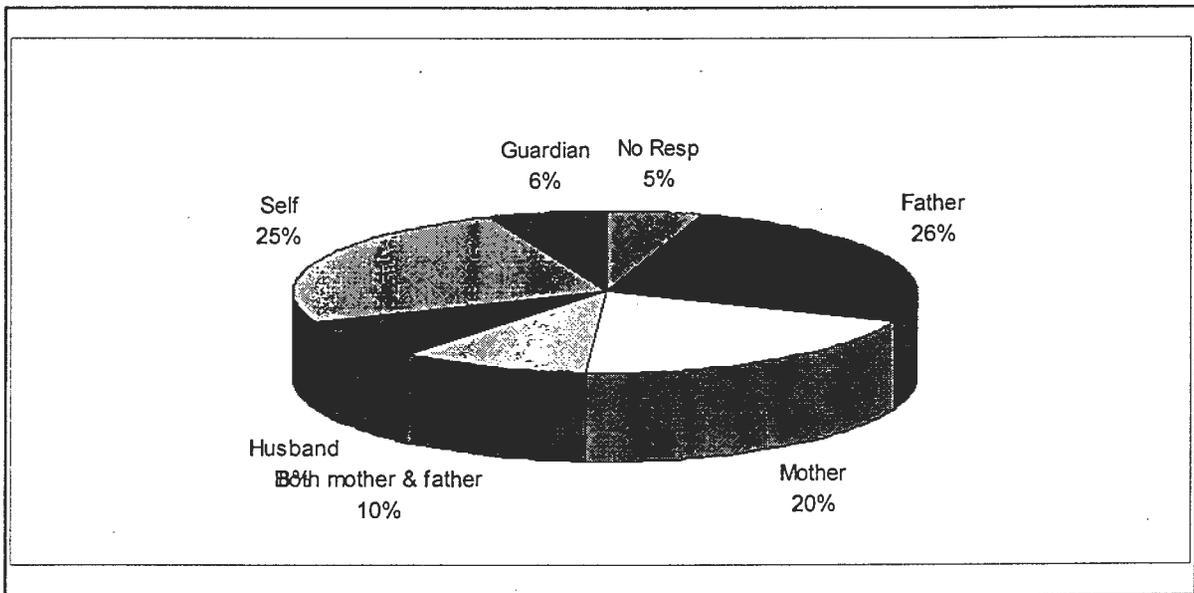


Figure 4.4: Main provider(s) of the families of first year respondents (n=117)

#### 4.1.5 Person Liked to Emulate as a Child

The role models of the first year respondents, that is, the persons whom the first year respondents liked to emulate when they were children, are given in Table 4.5

Table 4.5: Persons emulated by first year respondents when they were children (n=117)

ROLE MODEL	NUMBER	PERCENTAGE
Father	22	19
Mother	70	60
Close Relative	10	08
Other	01	01
No Response	14	12
<b>TOTAL:</b>	<b>117</b>	<b>100</b>

The data reflected in Table 4.5 shows the **mother** as the role model for a substantial percentage (70%) of the first year respondents. It is possible that this distribution is influenced by the gender profile shown in Figure 4.2 whereby 16% of the respondents were male and 84% were

female. It is reasonable to expect that male children would emulate their fathers, whereas female children would emulate their mothers. Figure 4.5 illustrates this information.

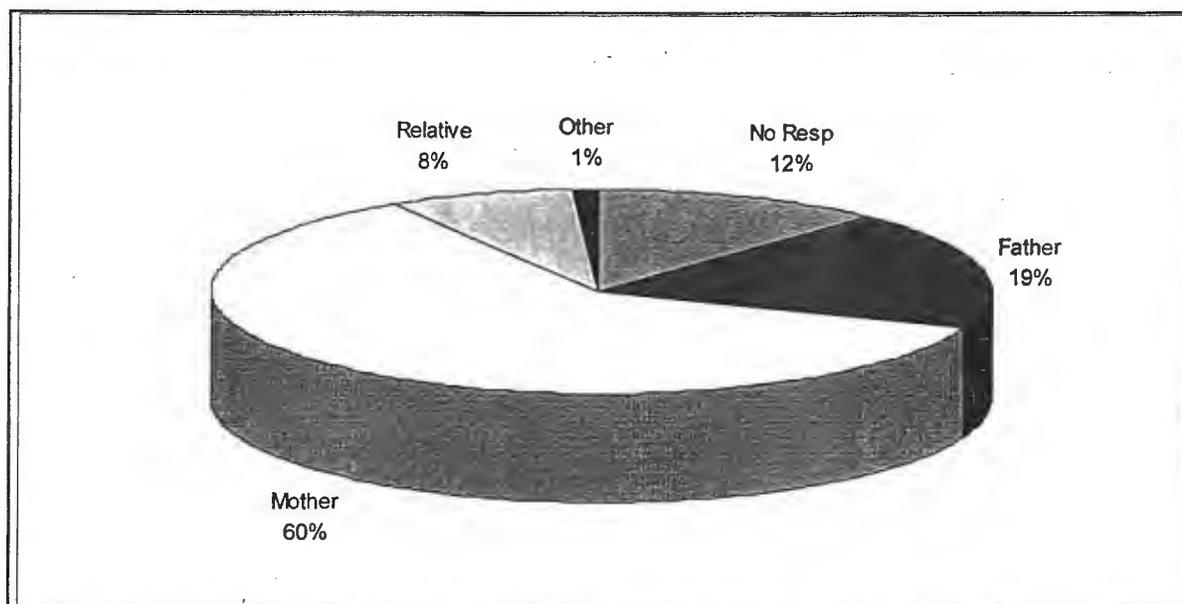


Figure 4.5: Role model of respondent as a child (n=117)

#### 4.1.6 Employment prior to taking-up Nursing

This sub-section presents information as to whether or not the first year respondents who participated in this study were employed before taking up nursing as a career. This information is summarised in Table 4.6.

Table 4.6: Employment prior to taking-up nursing (n=117)

PREVIOUS EMPLOYMENT	NUMBER	PERCENTAGE
Yes	33	28
No	79	68
No Response	05	04
<b>TOTAL:</b>	<b>117</b>	<b>100</b>

The information in Table 4.6 shows that 68% of the first year students were not employed prior to embarking on a nursing career; 28% had earlier been employed. The employment or non-employment profile of the respondents shown in Table 4.6 above is illustrated in Figure 4.6.

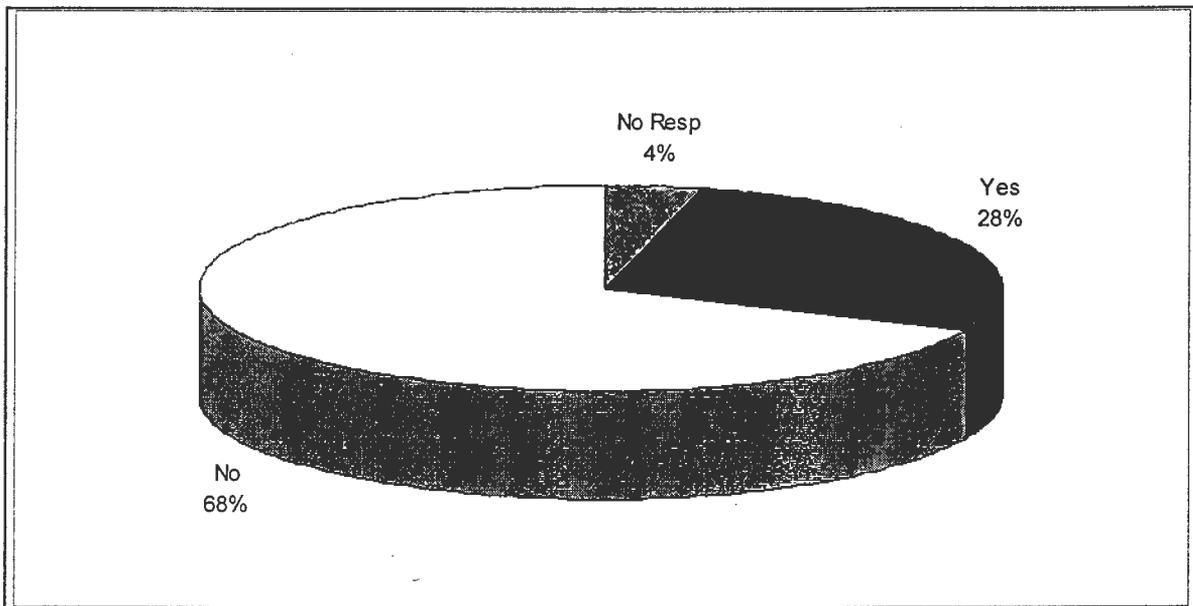


Figure 4.6: Employment status prior to present course of study (n=117)

#### 4.1.7 Number of People Living in a Home

The number of people living in each home of the first year respondents is given in Table 4.7.

Table 4.7: Number of people living in one home (n=117)

NUMBER OF PEOPLE IN ONE HOME	NUMBER OF RESPONDENTS	PERCENT RESPONDENTS
1 to 5	40	34
6 to 10	64	55
11 to 15	11	09
16 to 20	01	01
22+	01	01
<b>TOTAL:</b>	<b>117</b>	<b>100</b>

The information reflected in Table 4.7 shows that 55% of the respondents came from a family size of 6 to 10 people; followed by a family size of 1 to 5 people (34%). The entire distribution is illustrated in Figure 4.7.

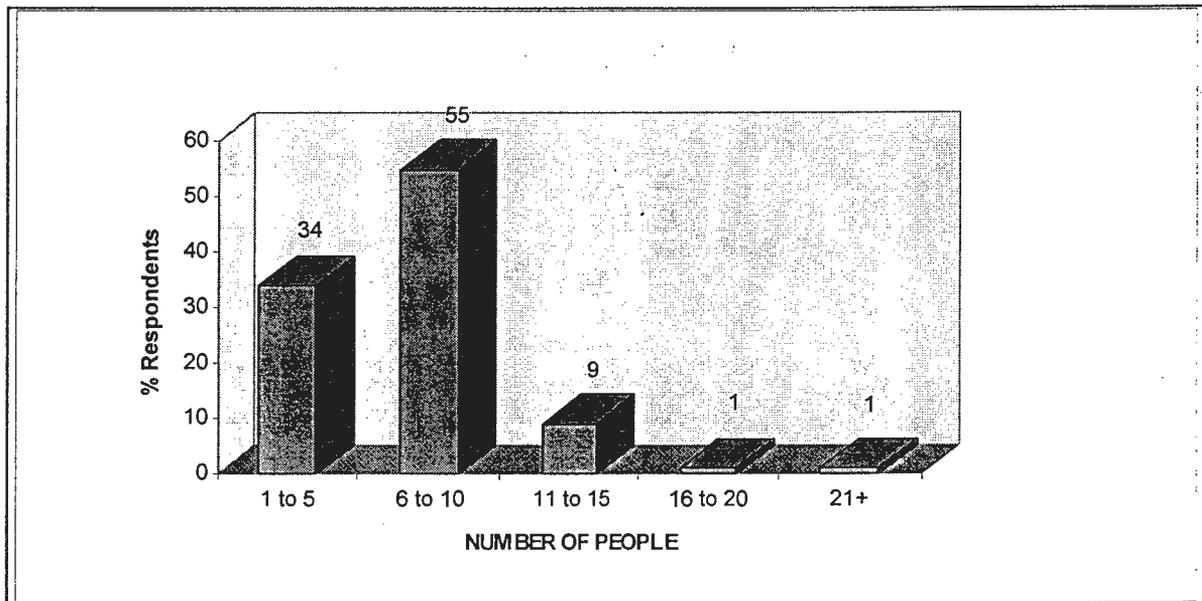


Figure 4.7: Number of persons living in the same home (n=117)

#### 4.1.8 Age Distribution of Fourth Year Respondents

The age distribution of the fourth year students who participated in this study is given in Table 4.8.

Table 4.8 Age distribution of fourth year respondents (n=140)

AGE (In Years)	NUMBER	PERCENTAGE
19-21	16	12
22+	122	87
No Response	02	01
<b>TOTAL:</b>	<b>140</b>	<b>100</b>

According to Table 4.8 and Figure 4.8 below, 12% of the fourth year respondents were aged between 19 and 21, as compared to the first year respondents - 35% in this age category; 87% were 22 years old and above, as compared to first years who gave a 63% distribution in the same category. Indeed, one would have expected the first year students to show a somewhat lower age profile in comparison to fourth year students. This information is illustrated in Figure 4.8.

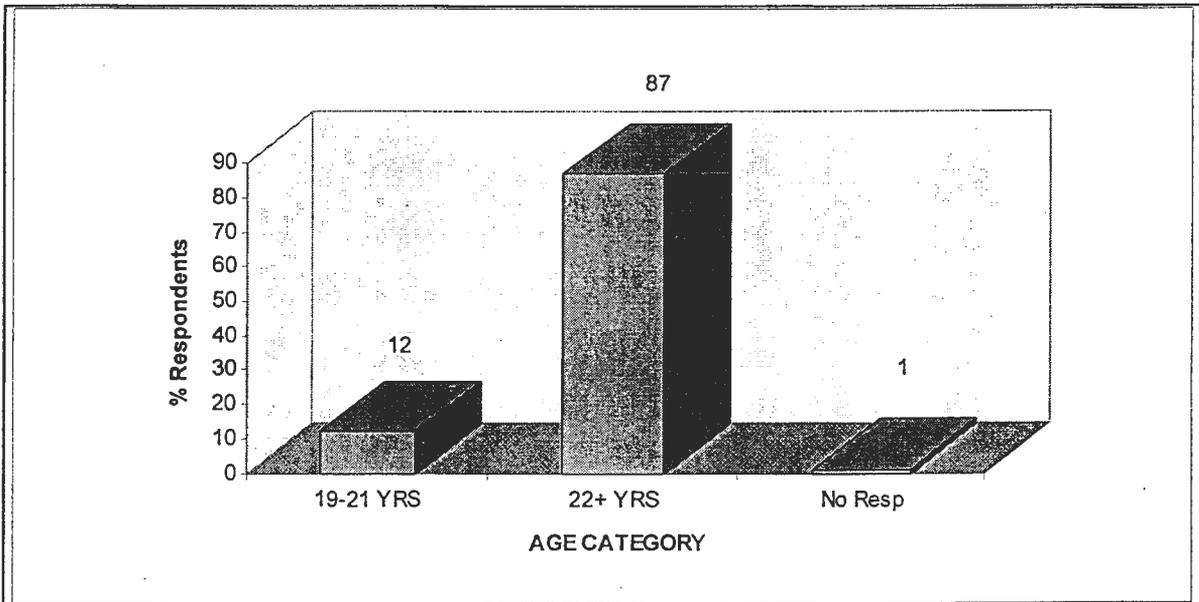


Figure 4.8: Age distribution of fourth year respondents (n=140)

#### 4.1.9 The Gender Distribution of Fourth Year Students

Table 4.9 summarises the gender distribution of the fourth year respondents.

Table 4.9: Gender distribution of fourth year respondents (n=140)

GENDER	NUMBER	PERCENTAGE
Males	17	12
Female	123	88
<b>TOTAL:</b>	<b>140</b>	<b>100</b>

The data in Table 4.9 shows that 88% of the respondents were females, as against 12% male students. As noted in the case of first year students, the over-representation of females is probably due to the perception that nursing is a profession for women in the RSA. Figure 4.9 illustrates the above information.

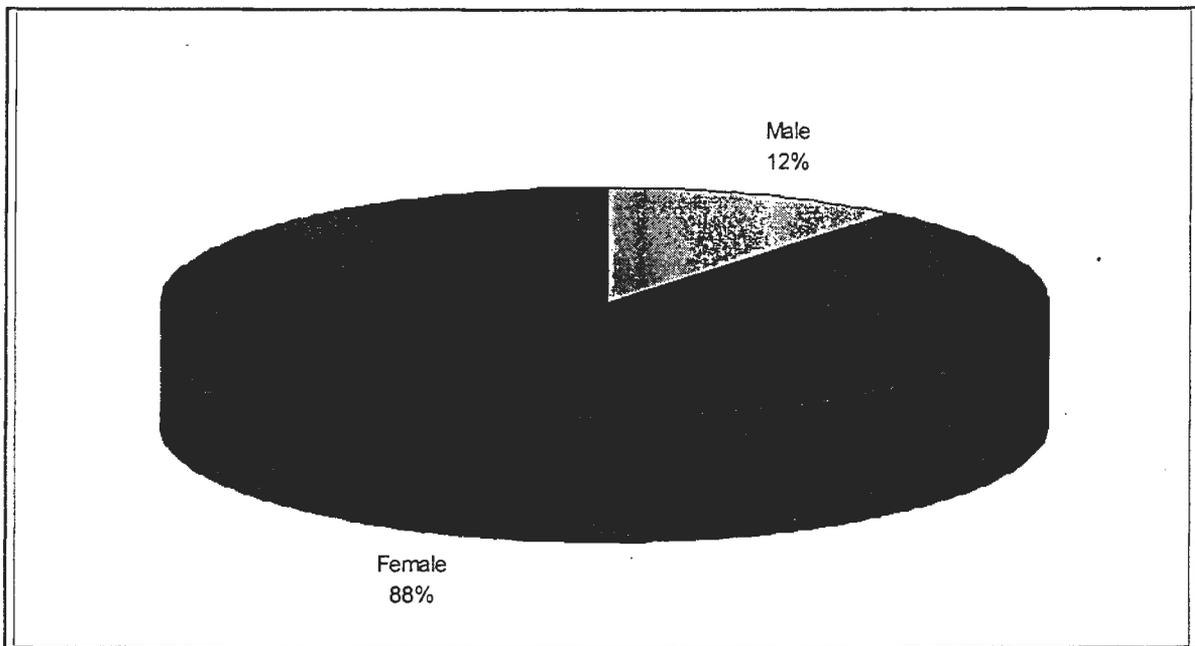


Figure 4.9: Gender distribution of fourth year respondents (n=140)

#### 4.1.10 Marital Status

The marital status of the fourth year respondents who participated in this study is given in Table 4.10.

Table 4.10: Marital status of fourth year respondents (n=140)

MARITAL STATUS	NUMBER	PERCENTAGE
Married	18	15
Single	93	79
Divorced	01	01
Widowed	02	02
No Response	03	03
<b>TOTAL:</b>	<b>117</b>	<b>100</b>

Table 4.10 and Figure 4.10 show that most of the fourth year respondents (83%) were single. This distribution is similar to the one for first year students. The information in Table 4.10 is illustrated in Figure 4.10.

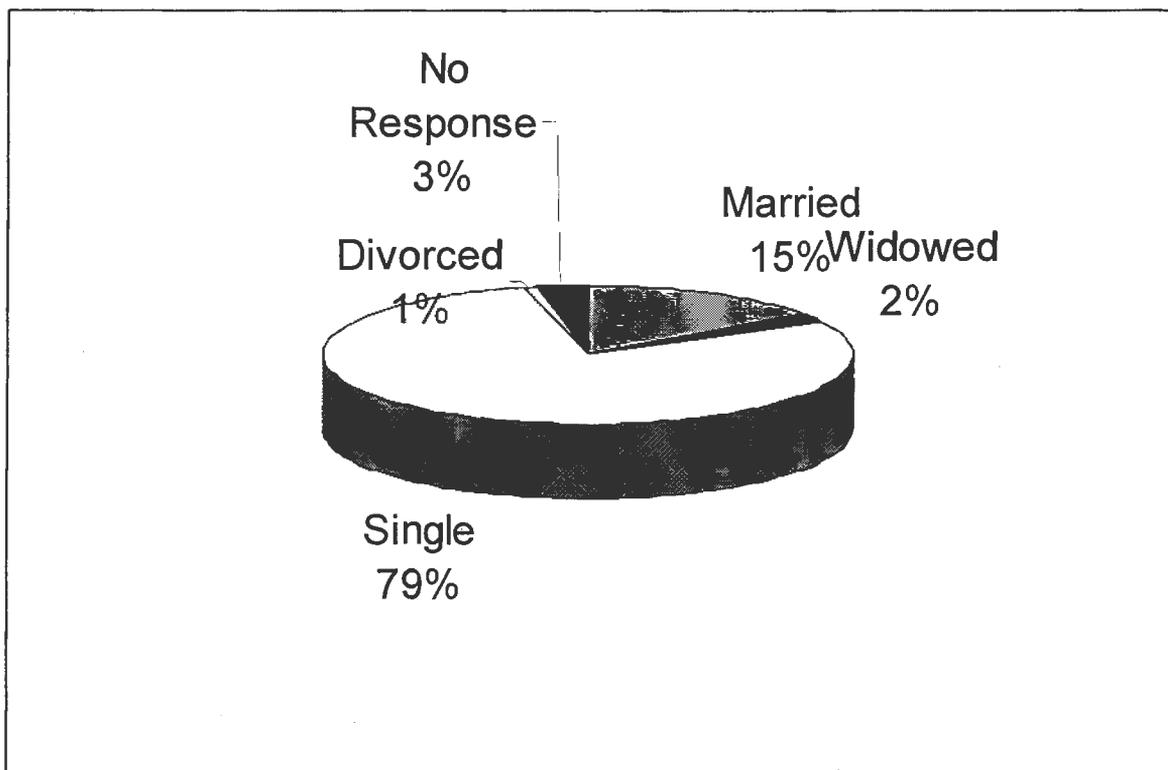


Figure 4.10: Marital status of fourth year student respondents (n=140)

#### 4.1.11 The Main Providers for the Family

The main providers for the families of the fourth year respondents are given in Table 4.11.

Table 4.11: Main providers of the families of fourth year respondents (n=140)

MAIN PROVIDER	NUMBER	PERCENTAGE
Father	29	21
Mother	19	14
Both Mother & Father	13	09
Spouse	05	04
Self	55	39
Guardian	02	01
No Response	17	12
<b>TOTAL:</b>	<b>140</b>	<b>100</b>

The data reflected in Table 4.11 and Figure 4.11 show that the highest rated provider with a 39% is **self** for this group of fourth year respondents. This may be due to the fact that students on training receive a stipulated stipend in the RSA which enables them to provide for themselves. However, in the case of first year students, the father was the highest rated provider, almost equally by the student nurses. Figure 4.11 presents the reader with a pictorial representation of the above data.

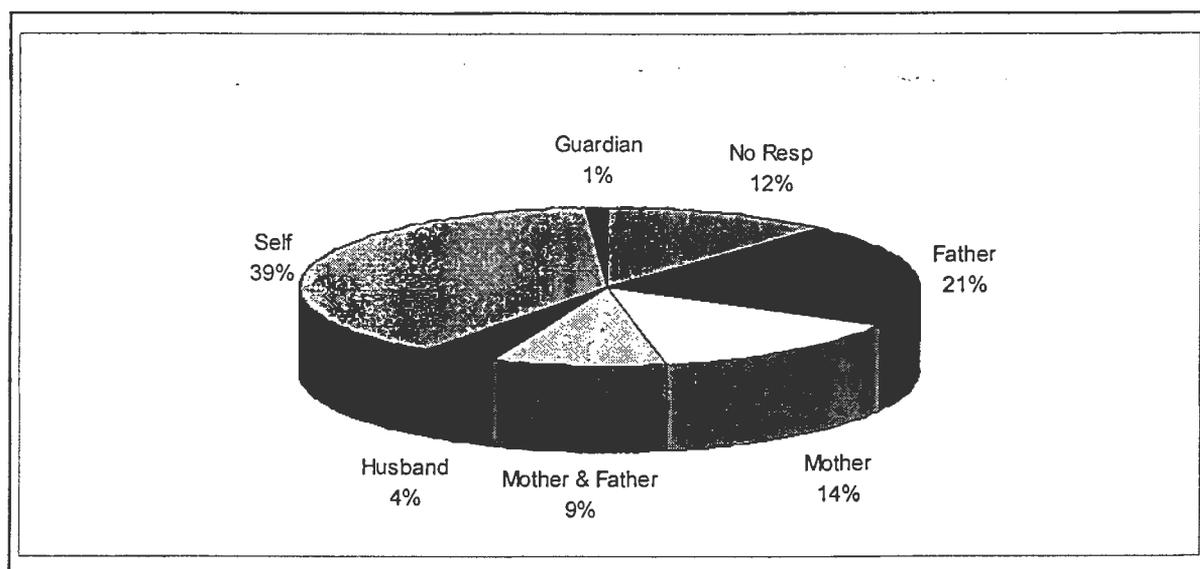


Figure 4.11: Main provider at home for fourth year student respondents (n=140)

#### 4.1.12 Person Liked to Emulate as a Child

The role models of the fourth year respondents, that is, the persons whom the fourth year respondents liked to emulate when they were children, are given in Table 4.12.

Table 4.12: Persons emulated by fourth year respondents when they were children (n=140)

ROLE MODEL	NUMBER	PERCENTAGE
Father	27	19
Mother	70	50
Close Relative	10	07
Other	10	07
No Response	23	17
<b>TOTAL:</b>	<b>140</b>	<b>100</b>

The data reflected in Table 4.12 show that 50% of the respondents rated their mothers as their role models as they grew up as children. The entire response profile is presented in Figure 4.12.

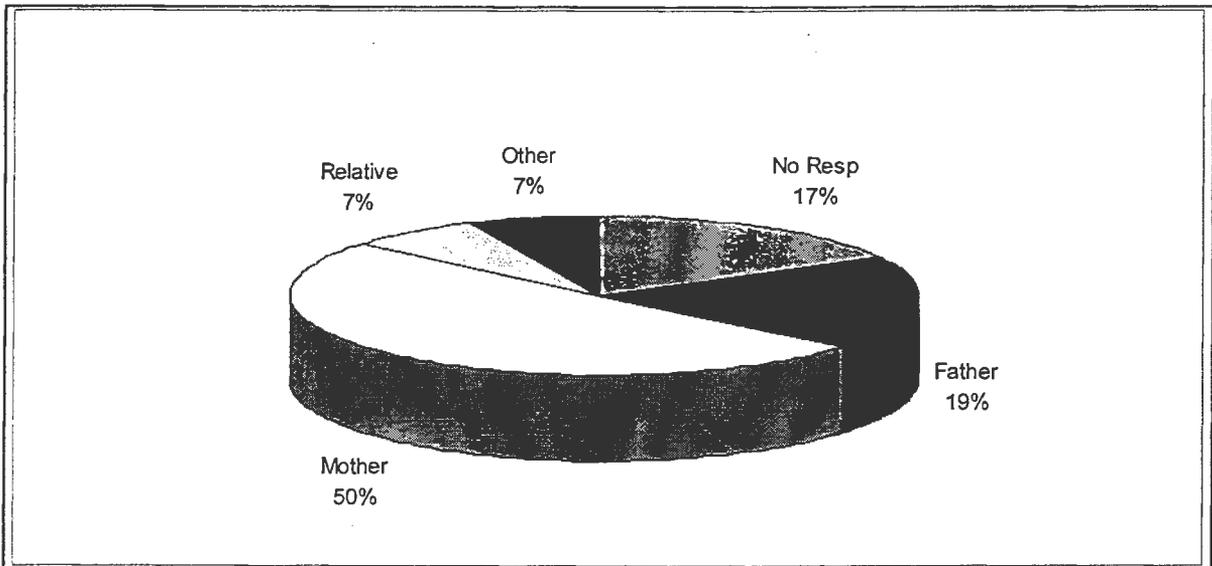


Figure 4.12: Role model as a child for fourth year student respondents (n=140)

#### 4.1.13 Employment Prior to Taking-Up Nursing

This sub-section presents information as to whether or not the fourth year respondents who participated in this study were employed before taking up nursing as a possible career. This information is summarised in Table 4.13.

Table 4.13: Employment prior to taking-up nursing (n=140)

WHETHER EMPLOYED	NUMBER	PERCENTAGE
Yes	30	21
No	108	77
No Response	02	02
<b>TOTAL:</b>	<b>140</b>	<b>100</b>

The information presented in Table 4.13 and Figure 4.13, shows that 77% of the students were not employed prior their taking up nursing as a career. This compares with 68% for first year respondents who were not employed before taking up nursing. Probably this may be due to the fact that most respondents only hold matric qualifications with no further qualifications. The

above information is illustrated in Figure 4.13.

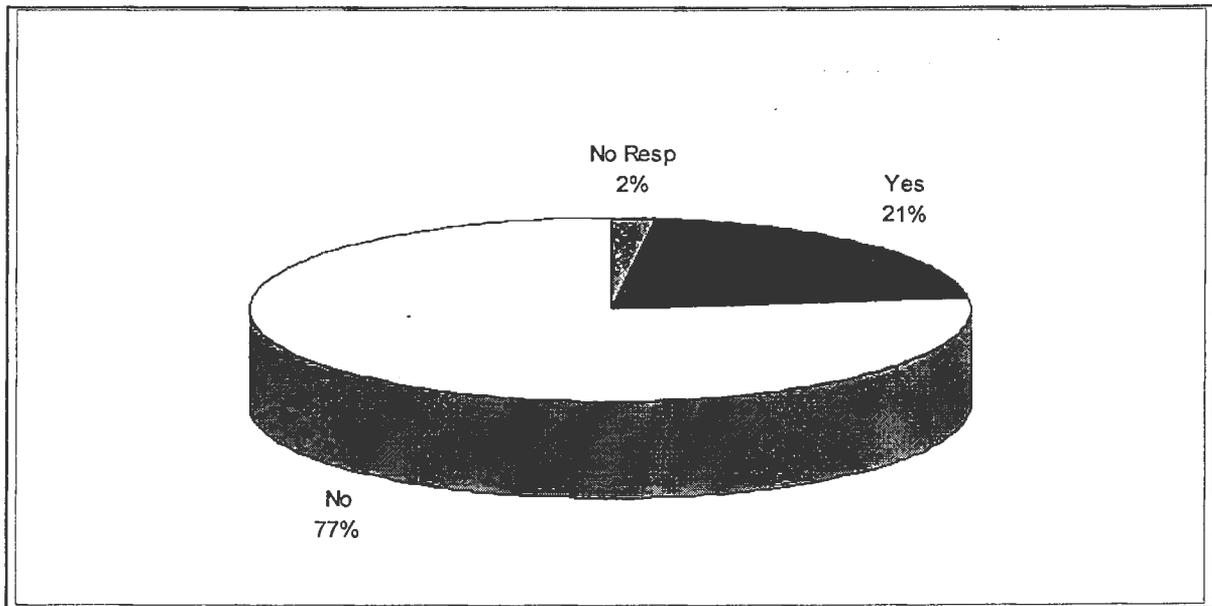


Figure 4.13: Employment prior to present course for fourth year student respondents (n=140)

#### 4.1.14 Number of People Living in a Home

The number of people living in each home of the fourth year respondents is given in Table 4.14.

Table 4.14: Number of people living in one home (n=140)

NUMBER OF PEOPLE IN ONE HOME	NUMBER OF RESPONDENTS	PERCENT RESPONDENTS
1 to 5	69	49
6 to 10	57	41
11 to 15	09	06
16 to 20	01	01
22+	04	03
<b>TOTAL:</b>	<b>140</b>	<b>100</b>

The information presented in Table 4.14 and Figure 4.14 shows that 49% of the respondents reported that they came from a family size of 1 to 5 people; followed by a family size of 6 to 10 (41%). The other family sizes were relatively smaller in representation. The full illustration of the above information is given in Figure 4.14 below.

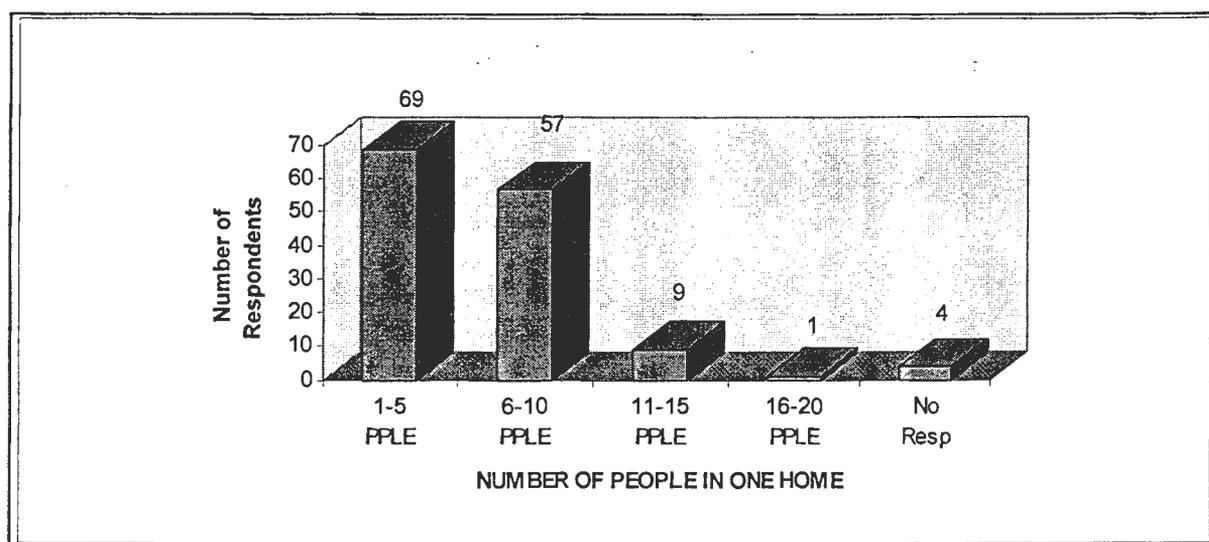


Figure 4.14: Number of people living in the same home (n=140)

The background and biographical information of the two groups (first and fourth year student nurses) was largely similar. This information is important in contextualising the findings and making appropriate interpretations and inferences. The respondents' answers provided to the specific research questions are presented in section 4.3.

### 4.3 RESPONSES TO SPECIFIC RESEARCH QUESTIONS

The first research question sought to identify the respondents' perceptions regarding the respective roles played by tutors, preceptors and professional nurses in promoting the development of student nurses' interpersonal relationships. In essence, therefore, this research question has three aspects to it, namely, the respective roles played by tutors, preceptors and professional nurses. Accordingly, the answers to this research question are given in three respective sub-sections.

### **4.3.1 Tutors as Facilitators of the Development of Interpersonal Relationships of Student Nurses**

The first research question concerned the perceptions of student nurses regarding the role played by tutors in promoting the development of interpersonal relationships of student nurses. The responses to this research question are divided into two sections, on the basis of the two research samples used in this study, namely, first and fourth year students. Lumping the two groups into one group in analysing the responses might have masked some distinct response profiles characteristic of each group. Accordingly, the findings are presented group by group before overall answers to the stated research questions are provided.

#### **4.3.1.1 Responses of first year students**

Table 4.15 summarises the overall responses of the first year students regarding the perceived role of tutors in promoting the development of interpersonal relationships of student nurses.

The following abbreviations are used:

- SA: Strongly Agree
- AG: Agree
- NR: No Response
- DA: Disagree
- SD: Strongly Disagree

**Table 4.15: First Year Student Nurses' Perceptions about Tutors as Facilitators of the Development of Interpersonal Relationships of Students Nurses (n=117)**

ITEM DESCRIPTION		SA	AG	NR	DA	SD
1.	There is a very good relationship of trust which makes it very easy for me to talk to my tutors and discuss a variety of issues concerning the course	20	45	04	22	09
2.	I feel relaxed talking to my tutors	20	41	00	24	13
3.	The tutors assess students in a manner which encourages the development of trust with students	21	59	00	12	08
4.	The tutors employ teaching methods which empower students to develop interpersonal relationships necessary for nursing	35	53	00	10	02
5.	The tutors encourage open discussions with students	38	52	00	08	02
6.	The learning objectives set for lessons encourage the development of interpersonal relationships amongst student nurses	28	52	01	18	01
7.	The variety of methods used by tutors help to cultivate an environment of trust with students	13	56	00	21	10
8.	The marks and other types of information received from tutors on learning outcomes help build students' self confidence	31	47	00	13	09
9.	The tutors promote the development of communication skills as a very important part of promoting the development of students' interpersonal relationships	32	58	03	04	03
10.	The tutors help students to see the development of interpersonal relationships with patients as an important part of training	58	39	00	00	03
11.	As students, we are enabled by tutors to learn to tolerate difficult circumstances in the management of the sick and use these relationships for the healing process	45	44	00	04	07
12.	Our tutors help us to look and display a pleasant attitude towards patients regardless of whatever adverse conditions we may be working under	46	42	00	09	03

13.	Overall, our tutors foster good interpersonal relationships with students	25	55	00	12	08
14.	Our tutors support and guide students in the learning process, leading to better understanding	37	56	01	03	03
15.	The tutors are willing to learn new roles	15	50	04	21	10
16.	The tutors are willing to learn new styles of interaction	13	52	02	21	12
17.	The tutors are willing to learn and have an ability to criticise their own performance	13	41	02	23	21
18.	The tutors serve as facilitators of learning and teaching in helping students to realise their dreams	29	55	00	09	07
<b>AVERAGE:</b>		<b>29</b>	<b>50</b>	<b>01</b>	<b>13</b>	<b>07</b>

Figure 4.15 gives a summary of the average holdings in Table 4.15.

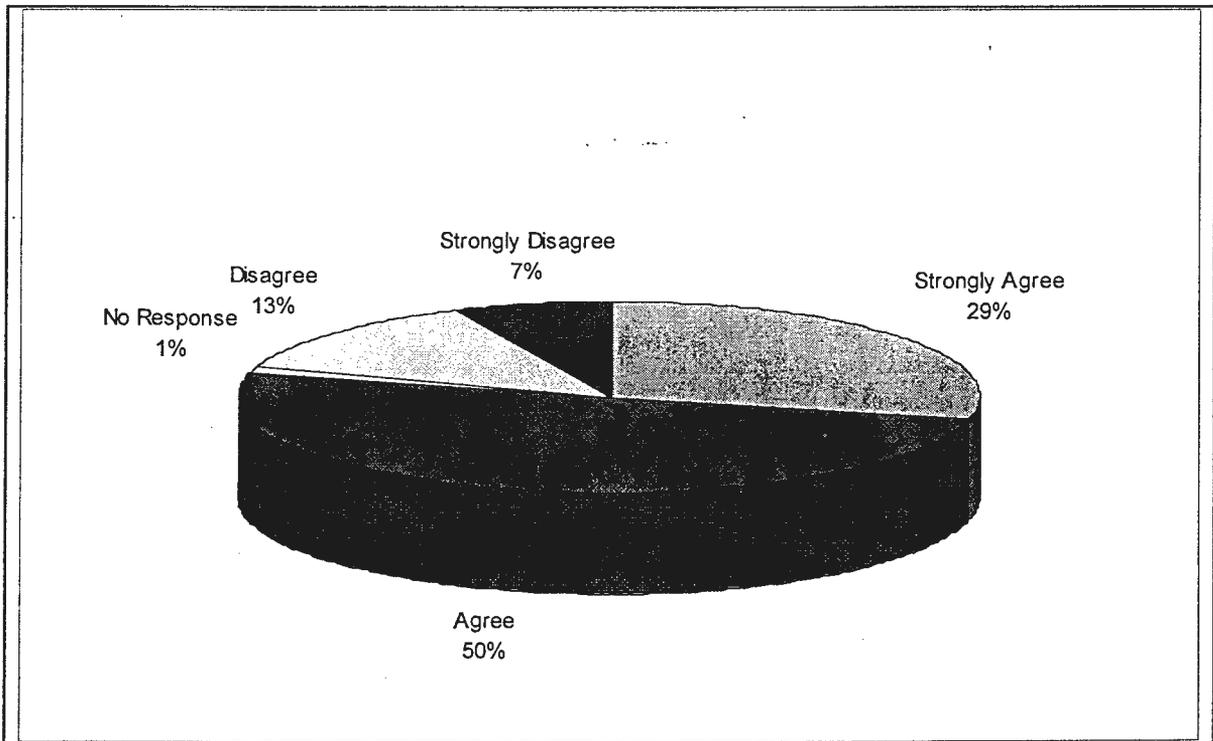


Figure 4.15: First year students' perceptions of the role played by tutors in promoting the development of student nurses' interpersonal relationships (n=117)

According to Figure 4.15, the first year respondents **strongly agreed** (29%), **agreed** (50%), **did not respond** (1%), **disagreed** (13%) and **strongly disagreed** (7%) that tutors promoted the development of interpersonal relationships of student nurses.

On their part, the fourth year respondents gave the response profile reflected in Table 4.16.

**Table 4.16: Fourth Year Student Nurses' Perceptions about Tutors as Facilitators of the Development of Interpersonal Relationships of Students Nurses (n=140)**

ITEM DESCRIPTION	SA	AG	NR	DA	SD
1. There is a very good relationship of trust which makes it very easy for me to talk to my tutors and discuss a variety of issues concerning the course	08	39	00	39	14
2. I feel relaxed talking to my tutors	07	39	01	44	09
3. The tutors assess students in a manner which encourages the development of trust with students	07	45	03	36	09
4. The tutors employ teaching methods which empower students to develop interpersonal relationships necessary for nursing	12	65	04	17	02
5. The tutors encourage open discussions with students	15	66	04	12	03
6. The learning objectives set for lessons encourage the development of interpersonal relationships amongst student nurses	14	58	05	22	01
7. The variety of methods used by tutors help to cultivate an environment of trust with students	05	41	06	39	09
8. The marks and other types of information received from tutors on learning outcomes help build students' self confidence	19	45	05	22	09
9. The tutors promote the development of communication skills as a very important part of promoting the development of students' interpersonal relationships	21	59	03	13	04

10.	The tutors help students to see the development of interpersonal relationships with patients as an important part of training	32	52	04	10	02
11.	As students, we are enabled by tutors to learn to tolerate difficult circumstances in the management of the sick and use these relationships for the healing process	21	54	04	17	04
12.	Our tutors help us to look and display a pleasant attitude towards patients regardless of whatever adverse conditions we may be working under	19	56	02	20	03
13.	Overall, our tutors foster good interpersonal relationships with students	07	43	06	31	13
14.	Our tutors support and guide students in the learning process, leading to better understanding	16	58	04	18	04
15.	The tutors are willing to learn new roles	11	38	04	34	13
16.	The tutors are willing to learn new styles of interaction	07	38	07	35	13
17.	The tutors are willing to learn and have an ability to criticise their own performance	03	40	05	32	20
18.	The tutors serve as facilitators of learning and teaching in helping students to realise their dreams	16	45	05	37	07
<b>AVERAGE:</b>		<b>13</b>	<b>49</b>	<b>04</b>	<b>26</b>	<b>08</b>

Figure 4.16 gives a summary of the information in Table 4.16.

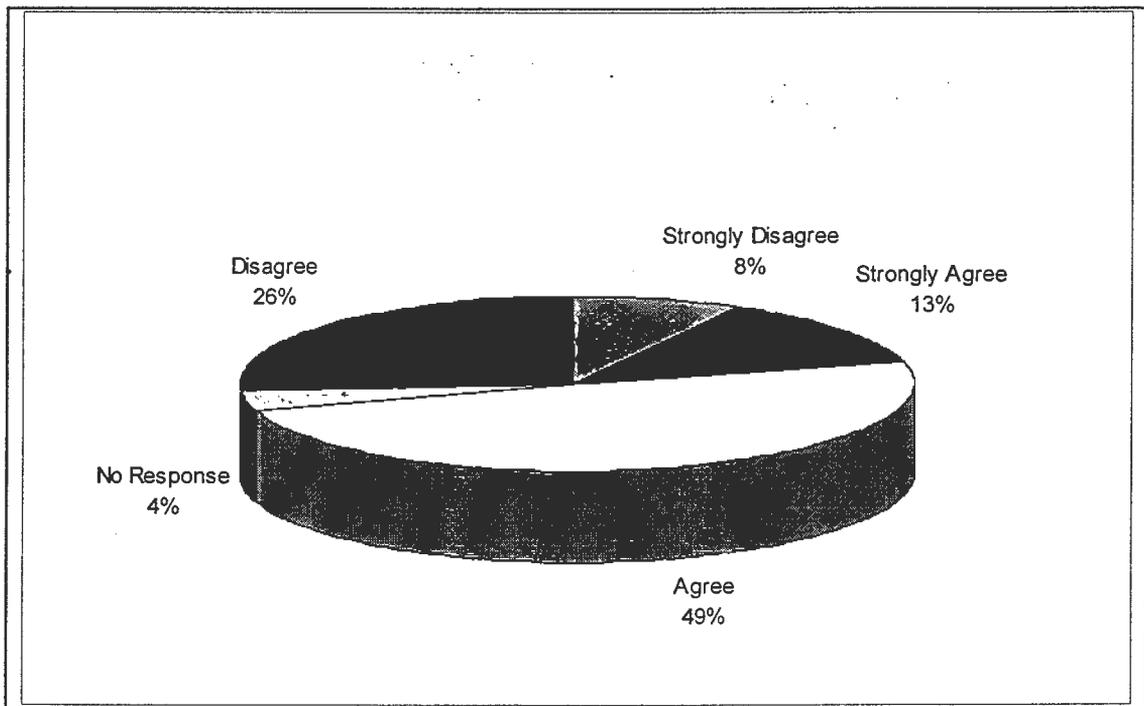


Figure 4.16: Fourth year students' perceptions of the role played by tutors in promoting the development of student nurses' interpersonal relationships (n=140)

According to Figure 4.16, the fourth year respondents **strongly agreed** (13%), **agreed** (49%), **did not respond** (4%), **disagreed** (26%) and **strongly disagreed** (8%) that tutors promoted the development of interpersonal relationships of student nurses.

Table 4.17 presents first year students' perceptions about tutors as facilitators of the development of interpersonal relationships of student nurses. In this table, the **agree** and **disagree** categories have been combined to form one affirmative category; the same has been done with the negating categories of responses. This is referred to as the Reduced Table.

Table 4.17: First Year Student Nurses' Perceptions about Tutors as Facilitators of theDevelopment of Interpersonal Relationships of Students Nurses (Reduced Table) (n=117)

ITEM DESCRIPTION	AG	NR	DA
1. There is a very good relationship of trust which makes it very easy for me to talk to my tutors and discuss a variety of issues concerning the course	65	04	31
2. I feel relaxed talking to my tutors	61	00	39
3. The tutors assess students in a manner which encourages the development of trust with students	80	00	20
4. The tutors employ teaching methods which empower students to develop interpersonal relationships necessary for nursing	88	00	12
5. The tutors encourage open discussions with students	90	00	10
6. The learning objectives set for lessons encourage the development of interpersonal relationships amongst student nurses	80	01	19
7. The variety of methods used by tutors help to cultivate an environment of trust with students	69	00	31
8. The marks and other types of information received from tutors on learning outcomes help build students' self confidence	78	00	22
9. The tutors promote the development of communication skills as a very important part of promoting the development of students' interpersonal relationships	90	03	07
10. The tutors help students to see the development of interpersonal relationships with patients as an important part of training	97	00	03
11. As students, we are enabled by tutors to learn to tolerate difficult circumstances in the management of the sick and use these relationships for the healing process	89	00	11
12. Our tutors help us to look and display a pleasant attitude towards patients regardless of whatever adverse conditions we may be working under	88	00	12

13.	Overall, our tutors foster good interpersonal relationships with students	80	00	20
14.	Our tutors support and guide students in the learning process, leading to better understanding	93	01	06
15.	The tutors are willing to learn new roles	65	04	31
16.	The tutors are willing to learn new styles of interaction	65	02	33
17.	The tutors are willing to learn and have an ability to criticise their own performance	54	02	44
18.	The tutors serve as facilitators of learning and teaching in helping students to realise their dreams	84	00	16
<b>AVERAGE:</b>		<b>79</b>	<b>01</b>	<b>20</b>

The above information is illustrated in Figure 4.17 to facilitate comparison across items.

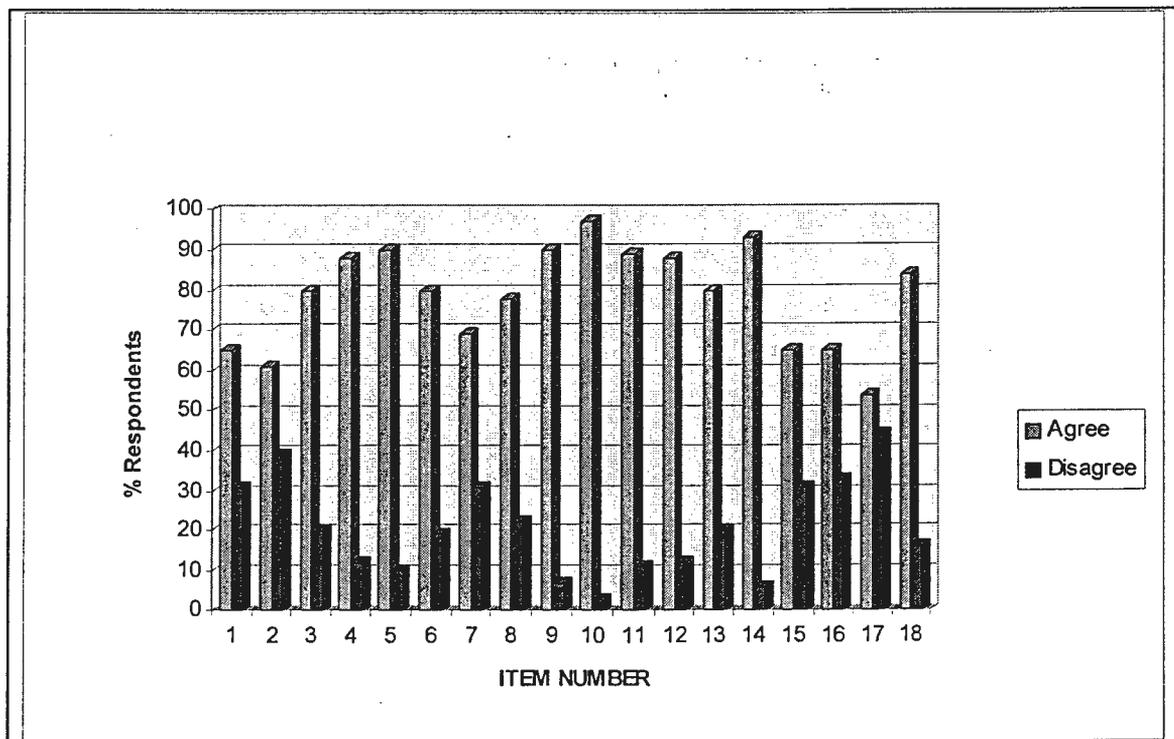


Figure 4.17: First year respondents' perceptions about tutors as facilitators of student nurses' development of interpersonal relationships (n=117)

Figure 4.17 shows that:

Item 1: 65% of the respondents agreed that there was a very good relationship of trust which made it easy for the students to talk to their tutors and discuss a variety of issues concerning the course. However, 31% disagreed on this same item.

Item 2: 61% of the respondents agreed that they felt relaxed talking to their tutors, while 39% disagreed.

Item 3: 80% of the respondents agreed that tutors assessed students in a manner which encouraged the development of trust; 20% disagreed.

Item 4: 88% of the respondents agreed that tutors employed teaching methods which empowered students to develop interpersonal relationships, while 12% disagreed.

Item 5: 90% of the respondents agreed that tutors encouraged open discussions with students; 10% disagreed with respect to this item.

Item 6: 80% of the respondents agreed that the objectives set for lessons encouraged the development of interpersonal relationships amongst students; 19% disagreed.

Item 7: 69% of the respondents agreed that a variety of methods used by tutors helped in cultivating an environment of trust; 19% disagreed on this item.

Item 8: The majority of respondents (78%) agreed on this item that marks and other types of

feedback information received from tutors helped to build students' self confidence; 31% disagreed.

Item 9: An even larger percentage (90%) of the respondents agreed that tutors promoted the development of communication skills as an important part of promoting the development of interpersonal relationships; only 7% disagreed on this item.

Item 10: It was worthwhile to note that as many as 97% of the respondents agreed that tutors helped students to see the development of interpersonal relationships with patients as an important part of their training; only 3% disagreed.

Item 11: Another large percentage (89%) of the respondents agreed that they, as students, were enabled by tutors to learn to tolerate difficult circumstances in the management of the sick; 11% did not agree with the statement.

Item 12: A similar response profile was noted with respect of this item on which 88% of the respondents agreed that tutors helped them to look and display a pleasant attitude towards patients; 12% disagreed.

Item 13: 80% of the respondents agreed that, overall, tutors fostered good interpersonal relationships with students - as opposed to 20% who disagreed on this item.

Item 14: On this item 93% of the respondents agreed that tutors supported and guided students in the learning process, leading to better understanding; 6% disagreed. However, there was a

somewhat lower level of agreement on item 15 where 65% of the respondents agreed that tutors were willing to learn new roles; 31% disagreed with this statement.

Item 16: An equal level of agreement was also recorded by the respondents on this item whereas 65% agreed that tutors were willing to learn new styles of interaction, 33% disagreed.

Item 17: 54% of the respondents agreed that tutors were willing to learn and have an ability to criticise their own performance; 41% disagreed with the statement.

Item 18: The last item sought to find out whether or not tutors were perceived as serving as facilitators of learning and teaching in helping students to realise their dreams; 84% of the respondents agreed on this item as against 16% who disagreed.

**Table 4.18: Fourth Year Student Nurses' Perceptions about Tutors as Facilitators of the Development of Interpersonal Relationships of Students Nurses (n=140)**

ITEM DESCRIPTION	AG	NR	DA
1. There is a very good relationship of trust which makes it very easy for me to talk to my tutors and discuss a variety of issues concerning the course	47	00	53
2. I feel relaxed talking to my tutors	46	01	53
3. The tutors assess students in a manner which encourages the development of trust with students	52	03	45
4. The tutors employ teaching methods which empower students to develop interpersonal relationships necessary for nursing	77	04	19
5. The tutors encourage open discussions with students	81	04	15
6. The learning objectives set for lessons encourage the development of interpersonal relationships amongst student nurses	72	05	23
7. The variety of methods used by tutors help to cultivate an environment of trust with students	46	06	48
8. The marks and other types of information received from tutors on learning outcomes help build students' self confidence	64	05	31
9. The tutors promote the development of communication skills as a very important part of promoting the development of students' interpersonal relationships	80	03	17
10. The tutors help students to see the development of interpersonal relationships with patients as an important part of training	84	04	12
11. As students, we are enabled by tutors to learn to tolerate difficult circumstances in the management of the sick and use these relationships for the healing process	75	04	21
12. Our tutors help us to look and display a pleasant attitude towards patients regardless of whatever adverse conditions we may be working under	75	02	23

13.	Overall, out tutors foster good interpersonal relationships with students	50	06	44
14.	Our tutors support and guide students in the learning process, leading to better understanding	74	04	22
15.	The tutors are willing to learn new roles	49	04	47
16.	The tutors are willing to learn new styles of interaction	45	07	48
17.	The tutors are willing to learn and have an ability to criticise their own performance	43	05	52
18.	The tutors serve as facilitators of learning and teaching in helping students to realise their dreams	61	05	34
<b>AVERAGE:</b>		<b>62</b>	<b>04</b>	<b>34</b>

The findings in Table 4.18 are summarised in Figure 4.18 for ease of comparison.

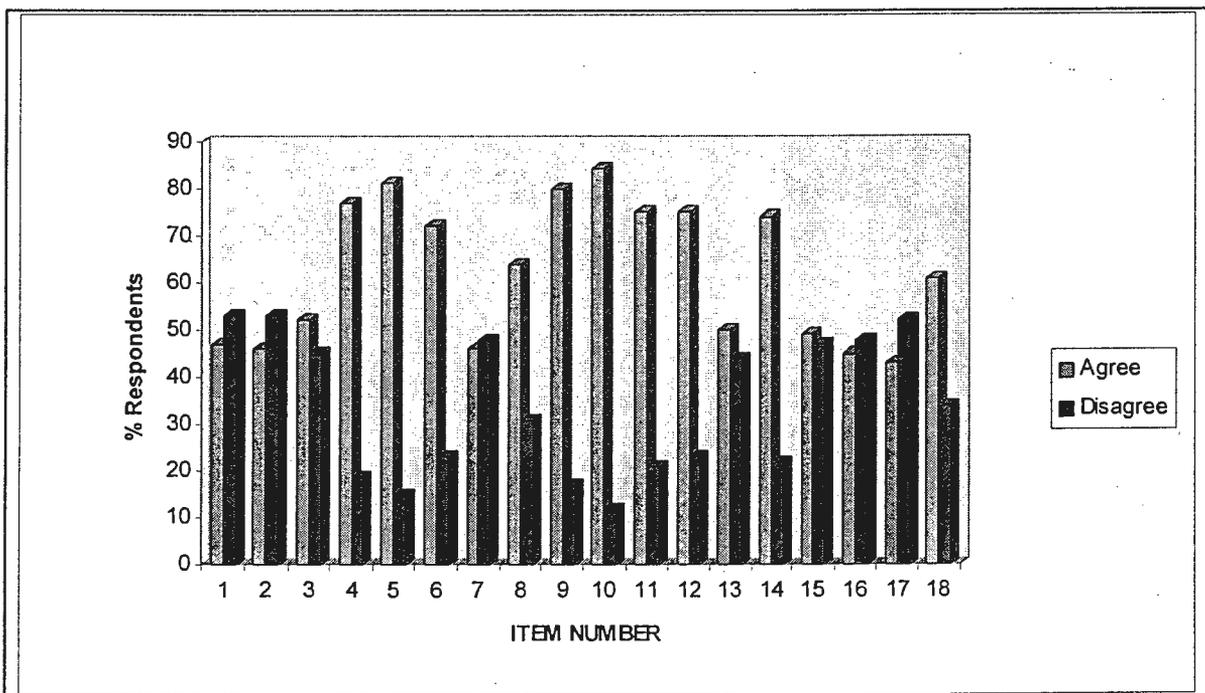


Figure 4.18: Fourth year respondents' perceptions about tutors (n=140)

Item 1: 47% of the fourth year respondents agreed that there was a very good relationship of trust which made it very easy for them to talk to their tutors and discuss a variety of issues concerning the course, 53% disagreed on this item. More students disagreed on this item than those who agreed.

Item 2: 46% of the respondents felt that they were relaxed talking to their tutors while more than half (53%) of the respondents disagreed. The response pattern is similar to the one for Item 1.

Item 3: 52% of the respondents agreed, while 45% disagreed, that tutors assessed them in a manner which encouraged the development of trust.

Item 4: This item gave a high level of agreement amongst the fourth year students (i.e. 77%) to the effect that tutors employ teaching methods which empowered students to develop interpersonal relationship; 19% of the respondents disagreed.

Item 5: 81% of the respondents agreed that tutors encouraged open discussion with students, 15% disagreed. Again, this item gave a high level of agreement - thereby comparing favourably with that observed with respect to first year students (90%).

Item 6: Concerning whether or not the learning objectives set for the lesson encouraged the development of interpersonal relationships amongst students, 72% of the respondents agreed; 23% disagreed. This also compared favourably with first year students (80%).

Item 7: On this item, 47% of the fourth year respondents agreed that a variety of methods used

by tutors helped in cultivating an environment of trust, a more or less equal number (48%) disagreed.

Item 8: On this item, 64% of the fourth year respondents agreed that marks and other types of information received from tutors helped to build students' confidence; 31% disagreed.

Item 9: On this item, 80% of the fourth year respondents agreed that tutors promote the development of communication skills as an important part of enhancing the development of interpersonal relationships; 17% of the respondents disagreed. This is the second highest percentage although it fell below the first year respondents' response rate of 90%, so one can safely say that there is a high level of agreement between the two groups on this item.

Item 10: On this item, 84% of the fourth year respondents agreed that tutors helped students to see the development of interpersonal relationships with patients as an important part of training; only 12% disagreed. For both groups this aspect gave a good response rate, the first year students having positively rated the tutors at 97% on the same item.

Item 11: On the eleventh item 75% of the fourth year respondents agreed that they as students were enabled by tutors to learn to tolerate difficult circumstances and the management thereof; 21% disagreed. The affirmative percentage is lower than the one given by first year respondents (89%). For the fourth year this was probably due to their level of understanding difficult circumstances that they had previously encountered in the clinical setting. A similar response pattern was noted in item 12, where 75% of the fourth year respondents agreed that tutors helped them to look and display a pleasant attitude towards patients; 23% disagreed.

Item 13: On this item, 50% of the fourth year respondents agreed that, overall, tutors fostered good interpersonal relationships with students, as opposed to 46% who disagreed. This gives an almost equal rating on either side, showing lack of consensus on the item.

Item 14: This is one of the items with a high percentage recorded for first year respondents (93%). For fourth year students, only 50% gave a favourable rating to this item. This yielded a 74% affirmative response from the fourth year respondents. This means that 75% agreed that tutors supported and guided students in the learning process; 12% disagreed. Compared with the first year respondents, the affirmative scores are relatively lower. The first year students rated tutors at 93% on this item.

Item 15: On this item 49% of the fourth year respondents agreed that tutors were willing to learn new roles. As many as 47% disagreed with this statement. This is one of the priorities that tutors need to pay attention to.

Item 16: A more or less equal level of agreement, as for Item 7, was observed where 45% of the fourth year respondents agreed that tutors were willing to learn new styles of interaction with their students; 48% disagreed. In comparison, the first year students gave a 65% affirmative response, which is also low in comparison to how they rated the tutors on other items. It is evident that this particular item needs some attention.

Item 17: 43% of the fourth year respondents agreed that tutors were willing to learn and exhibited an ability to criticise their own performance; more than half (52%) disagreed. This compared favourably with the 54% affirmative response given by first year respondents.

Item 18: On this last item, 61% of the fourth year respondents agreed that tutors served as facilitators of learning and teaching in helping students to realise their dreams; while 34% disagreed. On the same item as compared to first year respondents the affirmative percentage of fourth years respondents was substantially lower.

Figure 4.19 below summarises the affirmative response profiles and trends of the two groups:

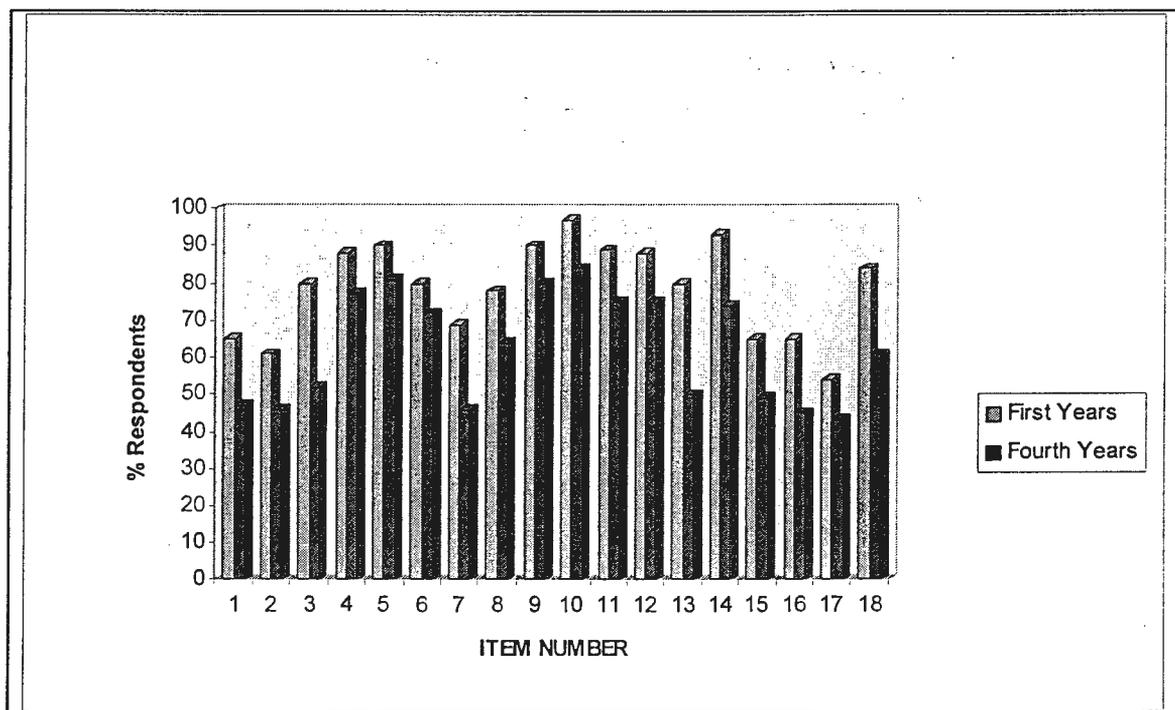


Figure 4.19: Comparative first and fourth year students' perceptions about tutors' role in promoting the development of interpersonal relationships of student nurses

Figure 4.19 shows that the first year students respondents constantly over rated their tutors, in comparison to fourth year students, in terms of their role in promoting the development of interpersonal relationships of student nurses.

The information in Tables 4.17 and 4.18 is illustrated in Figure 4.19 as summary of the first and fourth year respondents on their perceptions concerning the role played by tutors in promoting the development of interpersonal relationships of student nurses

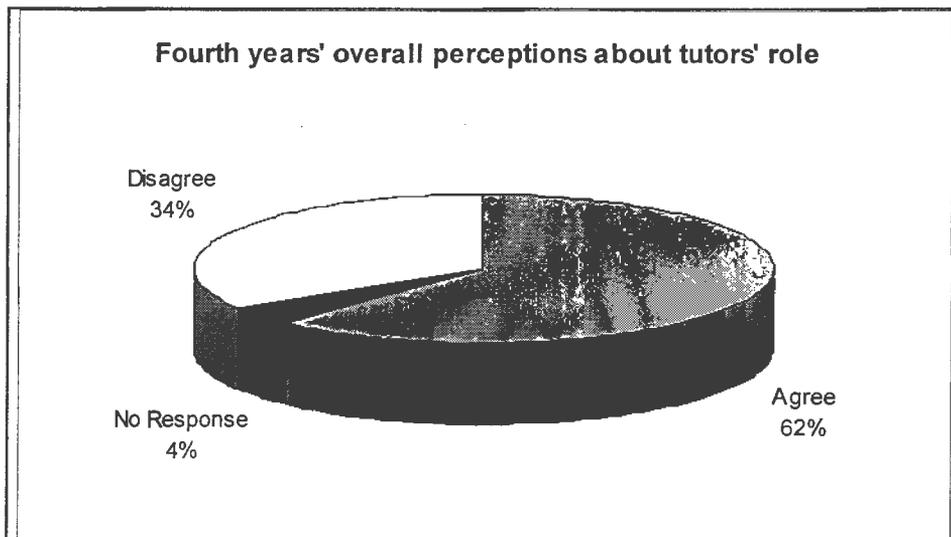
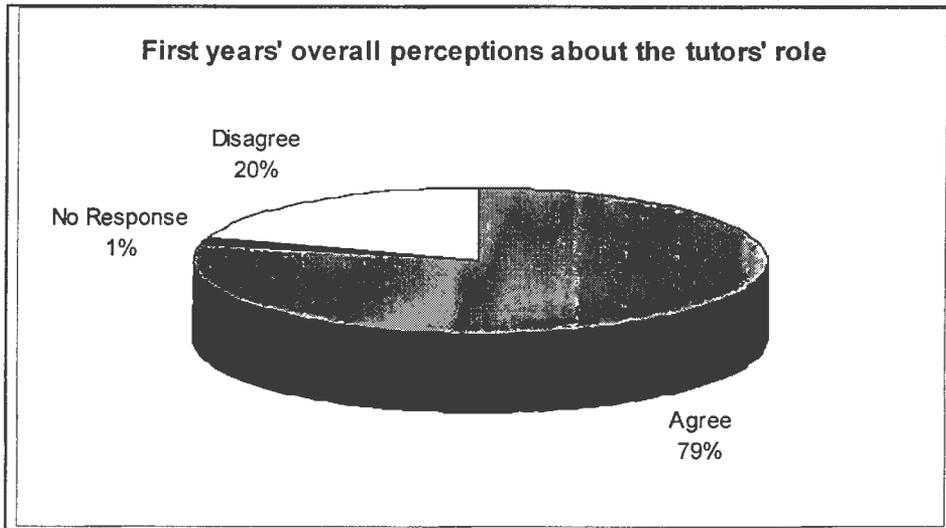


Figure 4.20 : Comparative profile of first and fourth year student respondents on tutors as facilitators of the development of interpersonal relationships of student nurses.

Caudin (1992:445-451) in Australia, as quoted by Khoza (1990:48) argues that a sophisticated communication process at which individuals must be competent is not automatic. It must be wished and developed if the nurse is to be truly committed to the healing process. It is the responsibility of the tutors to facilitate the growth and development of good interpersonal relationships in the students today if they are to be nurses of tomorrow meeting new challenges.

#### **4.3.2 Student Nurses' Perceptions about Preceptors in Promoting the Development of Interpersonal Relationships of Student Nurses**

This sub-section presents information concerning the perceptions of student nurses about the role played by Preceptors in promoting the development of interpersonal relationships of student nurses.

This is the second aspect of information collected to address the first research question. As was the case with the above sub-section on student nurses' perceptions concerning the role played by tutors, here too the presentation starts with the perceptions of first year students' responses. This is then followed by the responses of fourth year students.

A comparative profile is then presented, and finally, a summary of these perceptions is given.

Table 4.19 gives a profile of the responses obtained from First Year student nurses on their perceived role played by preceptors in promoting the development of interpersonal relationships of student nurses.

Table 4.19: First Year Students' Perceptions about Preceptors' Role in Promoting the Development of Interpersonal Relationships of Student Nurses (n=117)

ITEM DESCRIPTION		SA	AG	DA	SD
1.	Our preceptors are student-orientated in their teaching approach	21	61	11	03
2.	The preceptors increase students' self esteem through their good relationships with students	24	55	14	03
3.	Our preceptors show a lot of interest in their students	27	51	15	05
4.	The preceptors convey respect to students, resulting in the development of positive interpersonal relationships	21	61	12	02
5.	The preceptors encourage personal participation of student nurses in an interactive process	35	53	07	02
6.	The preceptors are constantly guiding students to gain insight into student interpersonal relationships	20	62	11	03
7.	Preceptors demonstrate good interpersonal and listening skills towards student nurses	35	47	11	05
8.	I feel fully accepted by the preceptors	31	49	13	05
9.	The preceptors are the strongest link between education and the clinical setting	40	44	10	03
10.	The preceptors encourage the development of student-patient interpersonal relationships	32	51	10	02
<b>AVERAGE:</b>		<b>29</b>	<b>53</b>	<b>11</b>	<b>04</b>

The information in Table 4.19 is summarised in Figure 4.21 hereunder:

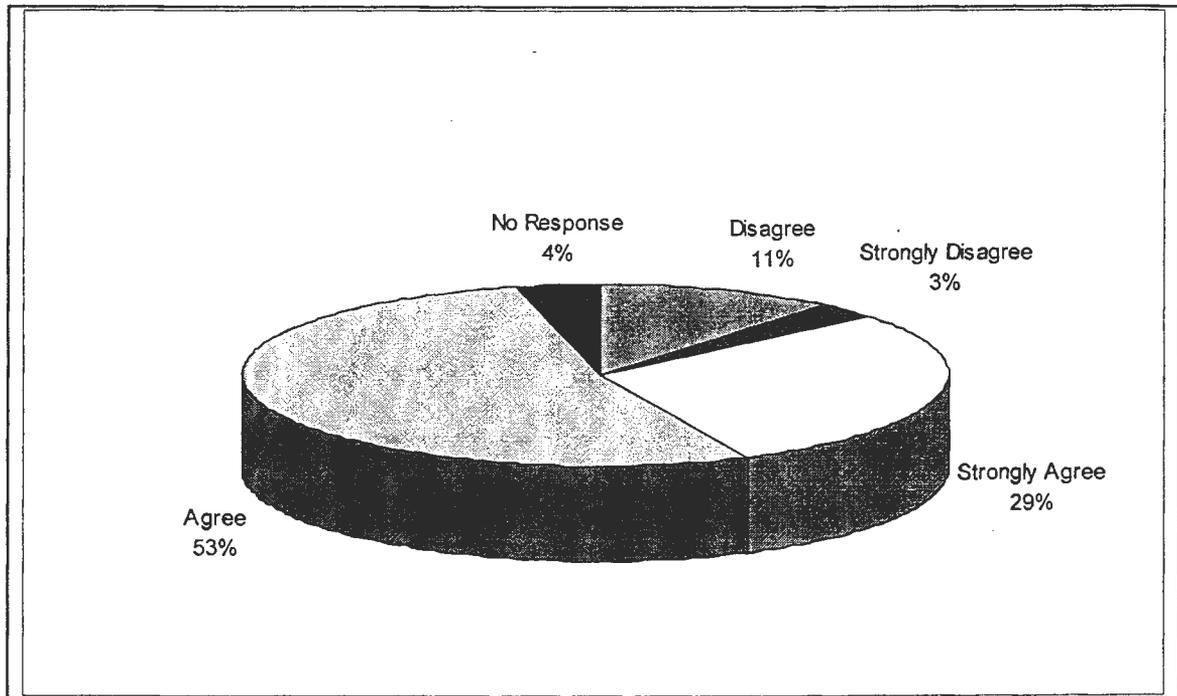


Figure 4.21: First year students' perceptions of the role of preceptors in promoting the development of interpersonal relationships of student nurses (n=117)

According to Figure 4.21, the first year student respondents strongly agreed (20%), agreed (53%), disagreed (11%) and strongly disagreed (3%) that preceptors promoted the development of interpersonal relationships of student nurses. There were no responses from 4% of the respondents.

This distribution amounts to a favourable rating of Preceptors by the first year students, as the affirmative responses far outweigh the negating ones.

The response profile for fourth year students on their perceptions concerning Preceptors is presented in Table 4.20.

**Table 4.20: Fourth Year Students' Perceptions about Preceptors' Role in Promoting the Development of Interpersonal Relationships of Student Nurses (n=140)**

ITEM DESCRIPTION		SA	AG	DA	SD
1.	Our preceptors are student-orientated in their teaching approach	10	59	23	08
2.	The preceptors increase students' self esteem through their good relationships with students	10	49	32	09
3.	Our preceptors show a lot of interest in their students	13	40	39	08
4.	The preceptors convey respect to students, resulting in the development of positive interpersonal relationships	16	44	34	06
5.	The preceptors encourage personal participation of student nurses in an interactive process	06	66	21	07
6.	The preceptors are constantly guiding students to gain insight into student interpersonal relationships	14	47	35	04
7.	Preceptors demonstrate good interpersonal and listening skills towards student nurses	16	46	31	07
8.	I feel fully accepted by the preceptors	18	43	32	07
9.	The preceptors are the strongest link between education and the clinical setting	19	54	20	07
10.	The preceptors encourage the development of student-patient interpersonal relationships	14	64	16	06
AVERAGE:		15	51	28	06

The information in Table 4.21 is summarised in Figure 4.22.

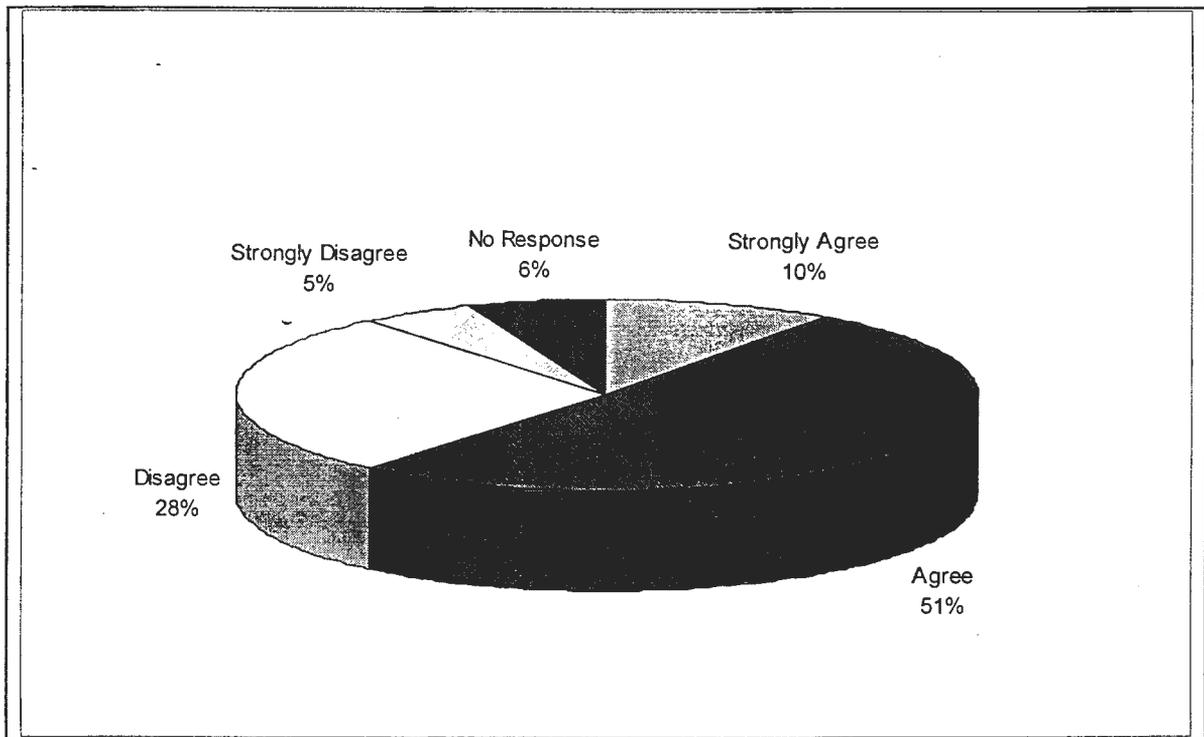


Figure 4.22: Fourth year students' perceptions of the role of preceptors in promoting the development of interpersonal relationships of student nurses (n=140)

According to the above figure, 10% of the respondents strongly agreed (10%), agreed (51%), disagreed (28%) and strongly disagreed (5%) concerning the role of preceptors in promoting the development of interpersonal relationships of student nurses. A further 6% of the students gave no response.

The general distribution is favourable in that there is an overall positive percentage of 61%. However, this does not represent a strong level of affirmation.

In order to facilitate comparisons across items, the information in Table 4.19 was condensed into a Reduced Table. This condensed information is presented in Table 4.22 as follows:

Table 4.21: First Year Students' Perceptions about Preceptors' Role in Promoting the

Development of Interpersonal Relationships of Student Nurses (Reduced Table) (n=117)

ITEM DESCRIPTION		AG	NR	DA
1.	Our preceptors are student-orientated in their teaching approach	82	04	14
2.	The preceptors increase students' self esteem through their good relationships with students	79	04	17
3.	Our preceptors show a lot of interest in their students	78	02	20
4.	The preceptors convey respect to students, resulting in the development of positive interpersonal relationships	82	04	14
5.	The preceptors encourage personal participation of student nurses in an interactive process	88	03	09
6.	The preceptors are constantly guiding students to gain insight into student interpersonal relationships	82	04	14
7.	Preceptors demonstrate good interpersonal and listening skills towards student nurses	82	02	16
8.	I feel fully accepted by the preceptors	80	02	18
9.	The preceptors are the strongest link between education and the clinical setting	84	03	13
10.	The preceptors encourage the development of student-patient interpersonal relationships	83	05	17
AVERAGE:		82	04	14

Table 4.22: Fourth Year Students' Perceptions about Preceptors' Role in Promoting theDevelopment of Interpersonal Relationships of Student Nurses: Reduced Table (n=140)

ITEM DESCRIPTION		AG	NR	DA
1.	Our preceptors are student-orientated in their teaching approach	67	06	27
2.	The preceptors increase students' self esteem through their good relationships with students	57	05	38
3.	Our preceptors show a lot of interest in their students	47	06	47
4.	The preceptors convey respect to students, resulting in the development of positive interpersonal relationships	53	07	40
5.	The preceptors encourage personal participation of student nurses in an interactive process	72	07	21
6.	The preceptors are constantly guiding students to gain insight into student interpersonal relationships	56	05	39
7.	Preceptors demonstrate good interpersonal and listening skills towards student nurses	56	06	38
8.	I feel fully accepted by the preceptors	53	08	39
9.	The preceptors are the strongest link between education and the clinical setting	71	07	22
10.	The preceptors encourage the development of student-patient interpersonal relationships	78	05	17
AVERAGE:		61	06	33

Figure 4.23 presents a comparative profile of first and fourth year students' perceptions about the perceived role of preceptors in promoting the development of interpersonal relationships of student nurses.

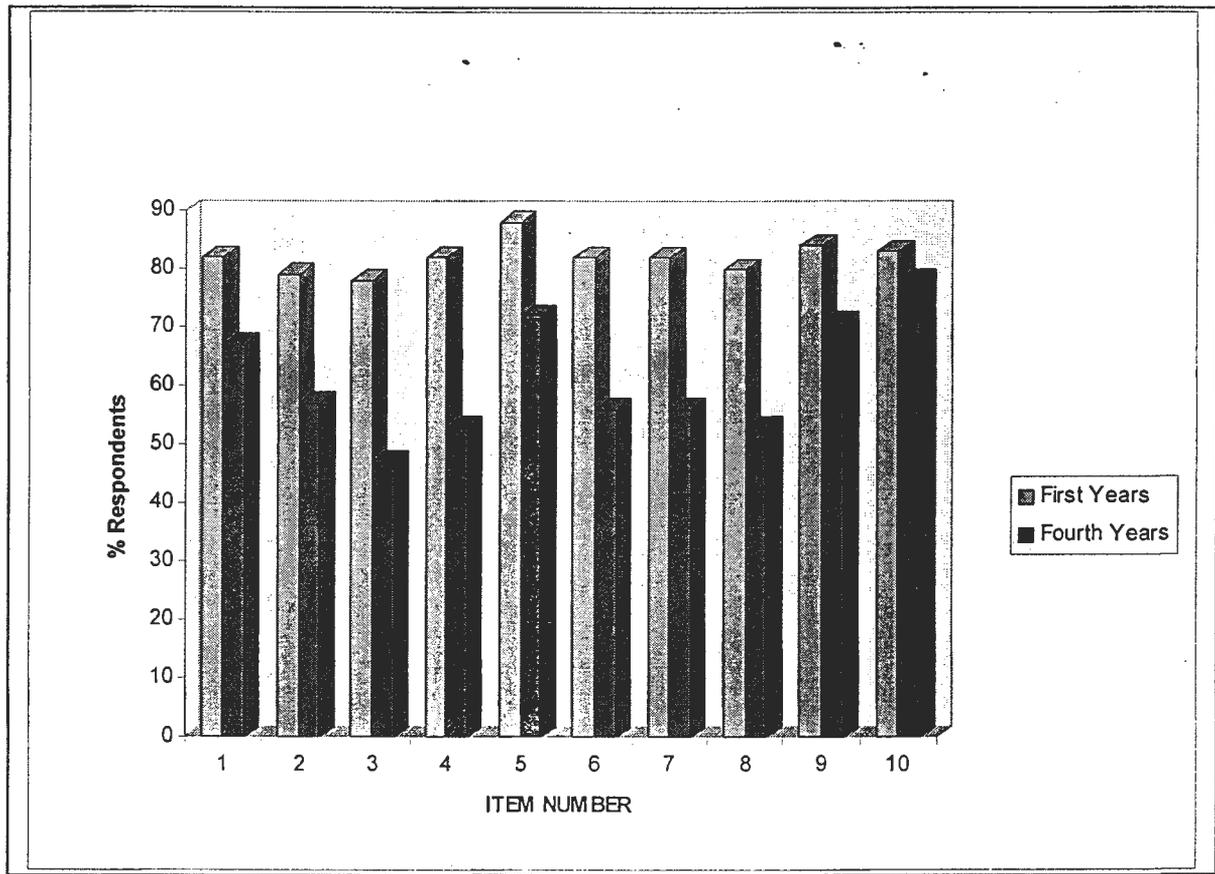


Figure 4.23: Comparative first and fourth year students' perceptions about preceptors' role in promoting the development of interpersonal relationships of student nurses

On first item 83% of the first year respondents agreed that preceptors were student orientated in their teaching approach, compared to 67% of the fourth year respondents who agreed. On the second item 79% of the first year respondents agreed, compare with 57% of the fourth year respondents that preceptors increased students' self esteem through their good interpersonal relationships with students.

On whether or not preceptors showed a lot of interest in their students, 78% of the first year respondents agreed, compared to 47% of the fourth year respondents.

On item 4, the first year respondents (82%) agreed that preceptors conveyed respect to students, resulting in the development of positive interpersonal relationships. By comparison only 53% of the fourth year respondents agreed on this item.

As to whether or not preceptors encouraged personal participation of student nurses in any interactive process, 88% of the first year respondents agreed, compared to 72% of the fourth year respondents. The response profiles of the two groups were not very different from each other.

On item 6, the first year respondents (82%) agreed that preceptors were constantly guiding students to gain insight into student interpersonal relationships, against only 56% of the fourth year students who held this view.

On item 7, again 82% of the first year respondents agreed that preceptors demonstrated good interpersonal and listening skills towards student nurses; similar to item 6, only 56% of the fourth year respondents agreed. As to whether or not the respondents felt accepted by preceptors, 80% of the first year respondents agreed, compared to 51% of the fourth year respondents.

On item 9, the first year respondents (84%) agreed that preceptors were the strongest links between education and the clinical setting; 71% of the fourth year respondents also agreed.

On the last item (item 10) the first year respondents (83%) agreed that preceptors encouraged the development of the student-patient interpersonal relationships compared with 78% of the fourth year respondents.

Figure 4.24 below gives overall response profiles concerning the perceived role of preceptors in promoting the development of interpersonal relationships of student nurses.

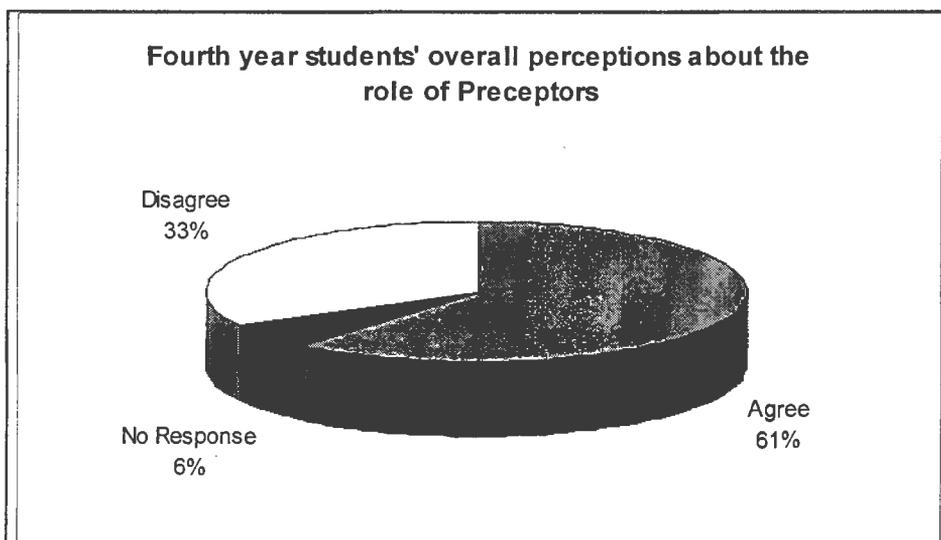
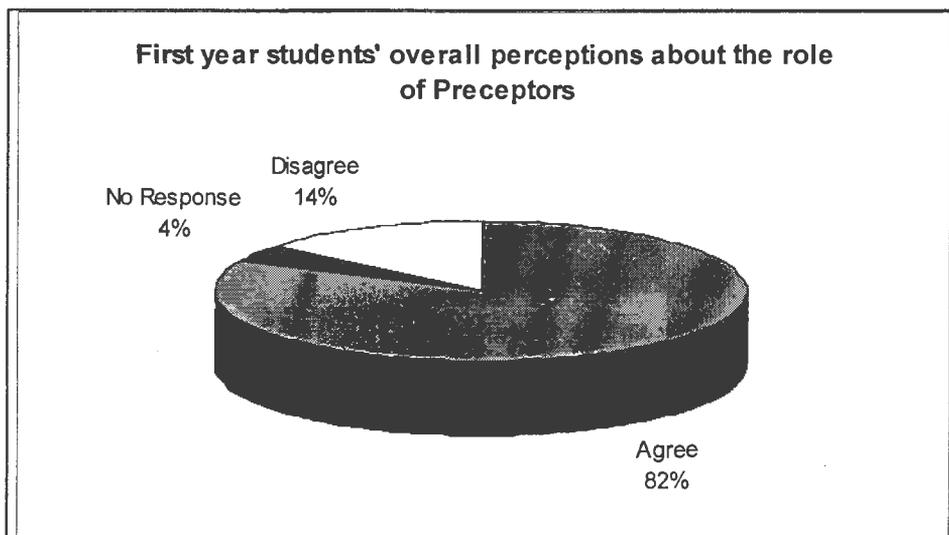


Figure 4.24: Overall student nurses' perceptions about the role of preceptors in promoting the development of interpersonal relationship of student nurses.

According to Figure 4.24, the first year respondents (82%) agreed on the various aspects by which preceptors could promote the development of their abilities to foster positive interpersonal relationships. In contrast, only 61% of the fourth year student respondents agreed, giving a 21%

difference in the two response profiles.

#### 4.2.3 The Perceived Role of Professional Nurses in the Development of Interpersonal Relationships of Student Nurses

Table 4.24 gives the response profile of the first year respondents concerning the role played by Professional Nurses in facilitating the Development of Interpersonal Relationships of the student nurses. This was the third dimension of the first research question of this study.

Table 4.23: First Year Students' Perceptions about the Role of Professional Nurses in Promoting the Development of Interpersonal Relationships of Student Nurses During Training (n=117)

ITEM DESCRIPTION		SA	AG	NR	DA	SD
1.	Professional nurses work hand in hand with preceptors and clinical instructors in helping students develop good interpersonal relationships	25	50	02	16	07
2.	Professional nurses create a clinical learning environment which promotes a sense of trust	15	58	02	15	10
3.	Professional nurses show a positive attitude towards student nurses, and this facilitates the development of positive interpersonal relationships with patients	13	47	01	24	15
4.	Professional nurses exercise control over students, enabling them to develop interpersonal skills	15	68	02	08	07
5.	The professional nurses empower accountability	14	65	06	10	05
6.	Professional nurses encourage a sense of responsibility amongst student nurses by developing positive interpersonal relationship with them	14	58	03	18	07
7.	Professional nurses exhibit a good caring attitude towards student nurses - and this is inspiring	14	49	02	25	10
8.	Professional nurses function as role models for	14	45	03	26	12

	student nurses' development of interpersonal relationships with patients					
9.	Professional nurses function as role models for student nurses' development of interpersonal relationships with peers	11	56	03	22	08
10.	Professional nurses function as role models for student nurses' development of interpersonal relationships with relatives and friends of patients	14	62	01	17	06
11.	Interpersonal relationships are learned very well under the guidance of professional nurses	09	54	02	27	08
12.	The good interpersonal relationships which exist amongst ward sisters are inspiring to student nurses	10	61	03	15	11
13.	The quality care given by professional nurses to patients is very inspiring for one's development of interpersonal relationships required in nursing	08	58	04	21	09
14.	Professional nurses make student nurses feel secure in the ward	09	53	01	22	15
15.	Ward teaching programmes given by professional nurses equip student nurses with communication skills needed in nursing	18	59	01	15	07
16.	Professional nurses teach student nurses the essential aspects of self-care skills which help in one's development of interpersonal relationships	08	63	01	21	07
17.	Professional nurses teach student nurses the essential aspects of health promotion	15	64	01	13	07
18.	Professional nurses help student nurses take responsibility for their own decisions	19	55	01	17	08
19.	Professional nurses help play a significant role in cultivating student nurses' interpersonal relationships required for a successful nursing career	10	50	02	23	15
	<b>AVERAGE:</b>	<b>13</b>	<b>57</b>	<b>02</b>	<b>19</b>	<b>09</b>

The average loadings in Table 4.23 are summarised in Figure 4.25 hereunder :

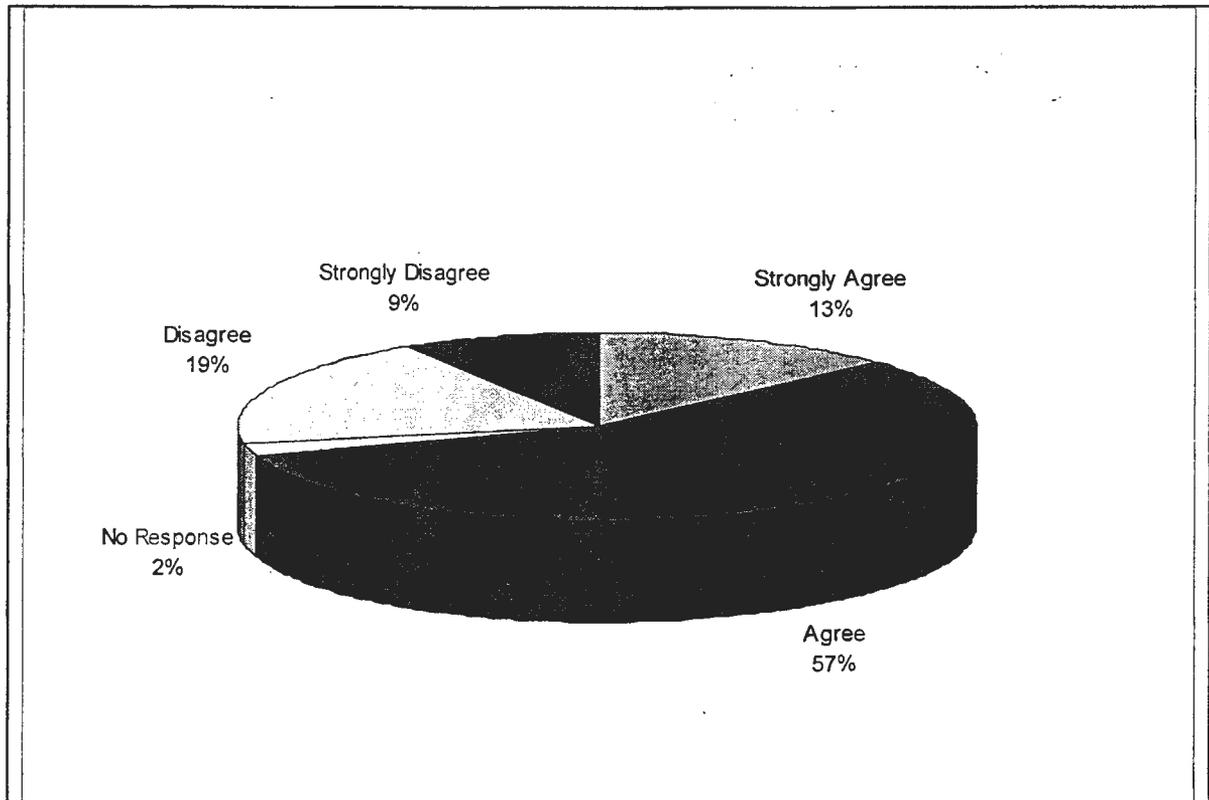


Figure 4.25: First year students' perceptions about the role of professional nurses in the development of interpersonal relationships of student nurses (n=117)

According to Figure 4.25, the first year respondents **strongly agreed** (13%), **agreed** (57%), **disagreed** (19%), **strongly disagreed** (9%) and gave **no response** (2%) *vis -a-vis* the role played by professional nurses in promoting the development of interpersonal relationships of student nurses. Overall, the distribution shows that a substantial proportion of the respondents were favourably disposed towards the role played by professional nurses in promoting the development of interpersonal relationships of student nurses.

On their part, the fourth year respondents gave the response profile appearing in Table 4.24.

Table 4.24: Fourth Year Students' Perceptions about the Role of Professional Nurses in Promoting the Development of Interpersonal Relationships of Student Nurses During Training (n=140)

ITEM DESCRIPTION		SA	AG	NR	DA	SD
1.	Professional nurses work hand in hand with preceptors and clinical instructors in helping students develop good interpersonal relationships	13	36	05	35	11
2.	Professional nurses create a clinical learning environment which promotes a sense of trust	09	57	04	24	06
3.	Professional nurses show a positive attitude towards student nurses, and this facilitates the development of positive interpersonal relationships with patients	05	36	05	40	14
4.	Professional nurses exercise control over students, enabling them to develop interpersonal skills	09	56	05	23	07
5.	The professional nurses empower accountability	11	62	07	16	04
6.	Professional nurses encourage a sense of responsibility amongst student nurses by developing positive interpersonal relationship with them	06	46	07	34	07
7.	Professional nurses exhibit a good caring attitude towards student nurses - and this is inspiring	05	36	06	34	19
8.	Professional nurses function as role models for student nurses' development of interpersonal relationships with patients	09	43	07	25	16
9.	Professional nurses function as role models for student nurses' development of interpersonal relationships with peers	04	46	04	30	16
10.	Professional nurses function as role models for student nurses' development of interpersonal relationships with relatives and friends of patients	05	46	05	32	12
11.	Interpersonal relationships are learned very well under the guidance of professional nurses	06	46	05	33	10
12.	The good interpersonal relationships which exist amongst ward sisters are inspiring to student nurses	04	46	05	35	10

13.	The quality care given by professional nurses to patients is very inspiring for one's development of interpersonal relationships required in nursing	09	50	05	24	12
14.	Professional nurses make student nurses feel secure in the ward	08	36	06	36	14
15.	Ward teaching programmes given by professional nurses equip student nurses with communication skills needed in nursing	12	56	06	19	07
16.	Professional nurses teach student nurses the essential aspects of self-care skills which help in one's development of interpersonal relationships	10	51	07	23	09
17.	Professional nurses teach student nurses the essential aspects of health promotion	09	61	06	19	05
18.	Professional nurses help student nurses take responsibility for their own decisions	07	63	06	18	06
19.	Professional nurses help play a significant role in cultivating student nurses' interpersonal relationships required for a successful nursing career	04	51	05	28	12
<b>AVERAGE:</b>		<b>08</b>	<b>49</b>	<b>05</b>	<b>28</b>	<b>10</b>

The average loading of Table 4.24 are summarised in Figure 4.25 hereunder :

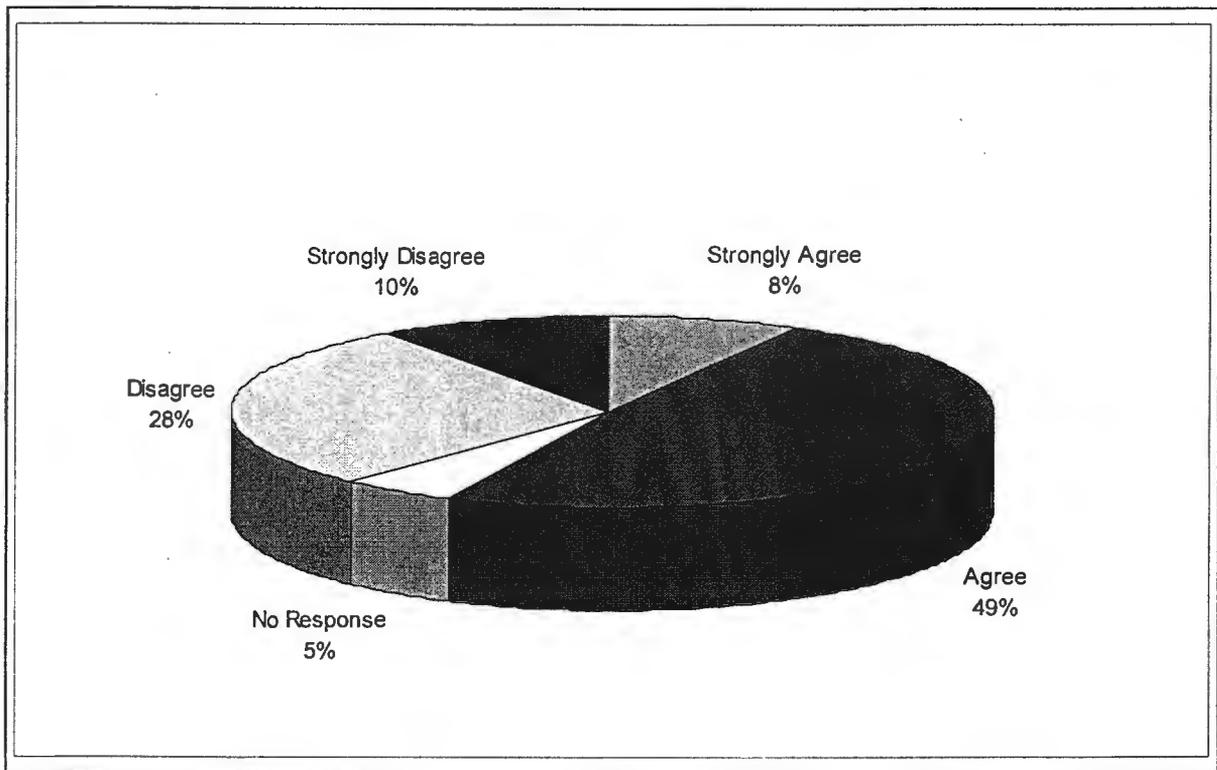


Figure 4.26: Fourth year students' perceptions about the role of professional nurses in the development of interpersonal relationships of student nurses (n=117)

Figure 4.26 shows that 8% of the respondents strongly agreed, 49% agreed, 28% disagreed, 10% strongly disagreed and 5% gave no response. This response profile also shows that there were more respondents who were favourably disposed towards the role played by professional nurses in developing the interpersonal relationships of student nurses.

For comparative purposes, the affirmative response columns and the dissenting ones respectively were again collapsed for both first and fourth year respondents. This information is presented in Tables 4.25 and 4.26 on the following pages.

Table 4.25: First Year Students' Perceptions about the Role of Professional Nurses in Promoting the Development of Interpersonal Relationships of Student Nurses During Training - Reduced

Table (n=117)

ITEM DESCRIPTION		AG	NR	DA
1.	Professional nurses work hand in hand with preceptors and clinical instructors in helping students develop good interpersonal relationships	75	02	23
2.	Professional nurses create a clinical learning environment which promotes a sense of trust	73	02	25
3.	Professional nurses show a positive attitude towards student nurses, and this facilitates the development of positive interpersonal relationships with patients	60	01	39
4.	Professional nurses exercise control over students, enabling them to develop interpersonal skills	83	02	15
5.	The professional nurses empower accountability	79	06	15
6.	Professional nurses encourage a sense of responsibility amongst student nurses by developing positive interpersonal relationship with them	72	03	25
7.	Professional nurses exhibit a good caring attitude towards student nurses - and this is inspiring	63	02	35
8.	Professional nurses function as role models for student nurses' development of interpersonal relationships with patients	59	03	38
9.	Professional nurses function as role models for student nurses' development of interpersonal relationships with peers	67	03	30
10.	Professional nurses function as role models for student nurses' development of interpersonal relationships with relatives and friends of patients	76	01	23
11.	Interpersonal relationships are learned very well under the	63	02	35

	guidance of professional nurses			
12.	The good interpersonal relationships which exist amongst ward sisters are inspiring to student nurses	71	03	26
13.	The quality care given by professional nurses to patients is very inspiring for one's development of interpersonal relationships required in nursing	66	04	30
14.	Professional nurses make student nurses feel secure in the ward	62	01	37
15.	Ward teaching programmes given by professional nurses equip student nurses with communication skills needed in nursing	77	01	22
16.	Professional nurses teach student nurses the essential aspects of self-care skills which help in one's development of interpersonal relationships	71	01	28
17.	Professional nurses teach student nurses the essential aspects of health promotion	79	01	20
18.	Professional nurses help student nurses take responsibility for their own decisions	74	01	25
19.	Professional nurses help play a significant role in cultivating student nurses' interpersonal relationships required for a successful nursing career	60	02	38
	<b>AVERAGE:</b>	<b>70</b>	<b>02</b>	<b>28</b>

Table 4.26: Fourth Year Students' Perceptions about the Role of Professional Nurses in Promoting the Development of Interpersonal Relationships of Student Nurses During Training - Reduced Table (n=140)

ITEM DESCRIPTION		AG	NR	DA
1.	Professional nurses work hand in hand with preceptors and clinical instructors in helping students develop good interpersonal relationships	49	05	46
2.	Professional nurses create a clinical learning environment which promotes a sense of trust	66	04	30
3.	Professional nurses show a positive attitude towards student nurses, and this facilitates the development of positive interpersonal relationships with patients	41	05	54
4.	Professional nurses exercise control over students, enabling them to develop interpersonal skills	65	05	30
5.	The professional nurses empower accountability	73	07	20
6.	Professional nurses encourage a sense of responsibility amongst student nurses by developing positive interpersonal relationship with them	52	07	41
7.	Professional nurses exhibit a good caring attitude towards student nurses - and this is inspiring	41	06	53
8.	Professional nurses function as role models for student nurses' development of interpersonal relationships with patients	52	07	41
9.	Professional nurses function as role models for student nurses' development of interpersonal relationships with peers	50	04	46
10.	Professional nurses function as role models for student nurses' development of interpersonal relationships with relatives and friends of patients	51	05	44
11.	Interpersonal relationships are learned very well under the guidance of professional nurses	52	05	43
12.	The good interpersonal relationships which exist amongst ward sisters are inspiring to student nurses	50	05	45
13.	The quality care given by professional nurses to patients is very inspiring for one's development of interpersonal	59	05	36

	relationships required in nursing			
14.	Professional nurses make student nurses feel secure in the ward	44	06	50
15.	Ward teaching programmes given by professional nurses equip student nurses with communication skills needed in nursing	68	06	26
16.	Professional nurses teach student nurses the essential aspects of self-care skills which help in one's development of interpersonal relationships	61	07	32
17.	Professional nurses teach student nurses the essential aspects of health promotion	70	06	24
18.	Professional nurses help student nurses take responsibility for their own decisions	70	06	24
19.	Professional nurses help play a significant role in cultivating student nurses' interpersonal relationships required for a successful nursing career	55	05	40
	<b>AVERAGE:</b>	<b>57</b>	<b>05</b>	<b>38</b>

Figure 4.27 presents a comparative response profile between first and fourth year responses based on the information in Tables 4.25 and 4.26.

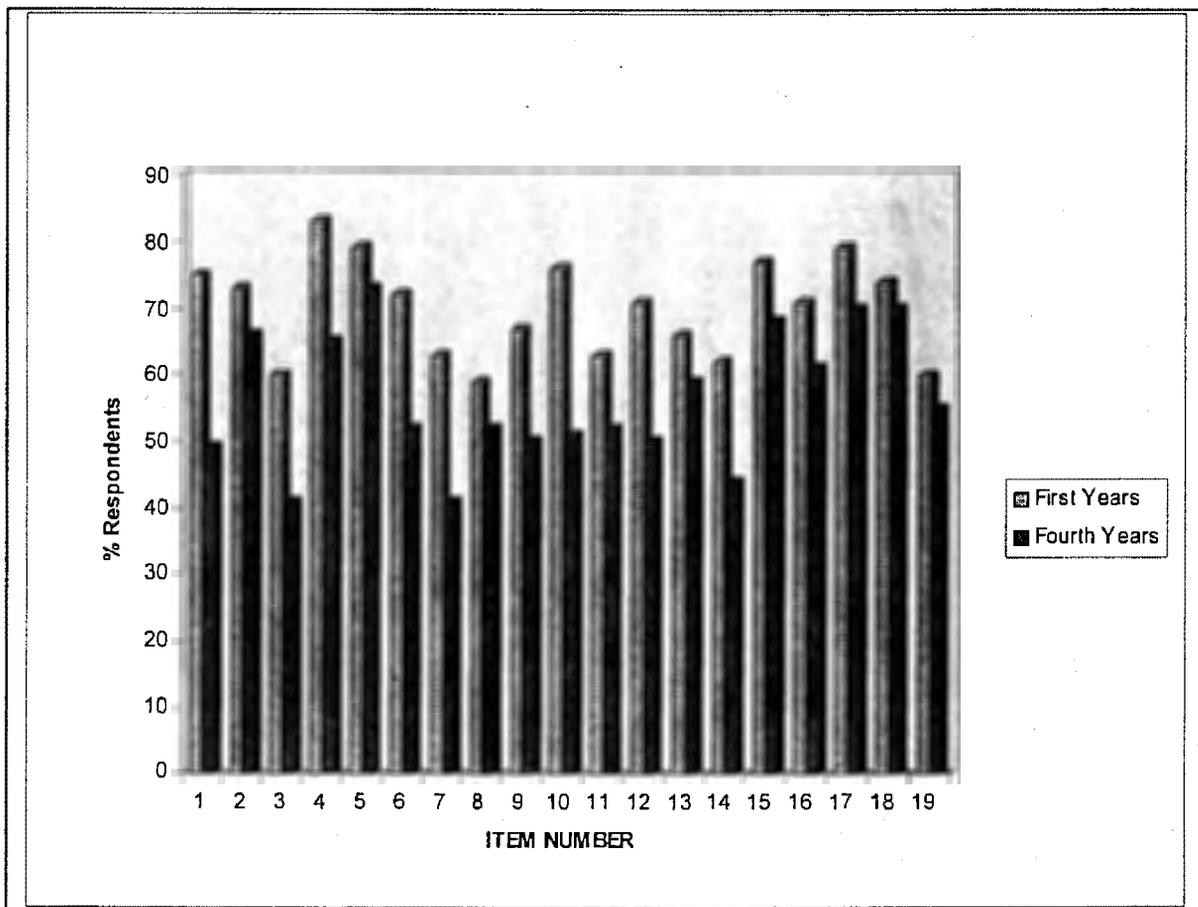


Figure 4.27: Comparison of first and fourth year students' perceptions of the role of professional nurses

According to Figure 4.27, 75% of the first year respondents agreed that professional nurses worked hand in hand with preceptors and clinical instructors in helping students develop good interpersonal relationship. In contrast, only 49% of the fourth year student nurses agreed.

On the second item 73% of the first year respondents, as compared to 66% fourth years, agreed that professional nurses created a clinical learning environment which promoted a sense of trust.

On item 3, the first year respondents (60%), as against 41% from the fourth year group, reported that professional nurses showed a positive attitude towards student nurses and facilitated their development of positive interpersonal relationship with patients.

On the fourth item, 83% of the first year respondents agreed that professional nurses exercised control over students, enabling them to develop interpersonal skills; 65% of the fourth year students agreed.

On item 5, 79% and 73% of the first and fourth year respondents, respectively, agreed that professional nurses empowered them with a sense of accountability.

On item 6, 72% of the first year respondents agreed that professional nurses encouraged a sense of responsibility amongst student nurses by developing positive interpersonal relationship with them. In comparison, only 52% of the fourth year respondents agreed with this statement.

On whether or not professional nurses exhibited a good caring attitude towards student nurses in an inspiring manner, 63% of the first year respondents agreed as against 41% of fourth year students.

Figure 4.27 further shows that on item 8, the first year respondents (59%) agreed that professional nurses were role models for students nurses' development of interpersonal relationships with patients. On the same item 52% of the fourth year respondents agreed.

The general trend of first year students constantly rating the professional nurses higher than did their fourth year counterparts was also manifest here. Accordingly, on whether or not

professional nurses functioned as role models for student nurses' development of interpersonal relationships with relatives and friends of patients (item 10) 76% of first year and 51% of fourth year respondents agreed.

On item 11, the first year respondents (63%) and fourth year respondents (52%) agreed that interpersonal relationships were learned well under the guidance of professional nurses. Again, the trend of higher rating by first year students is sustained.

With regards to item 12, the first year respondents (73%) agreed that good interpersonal relationships which existed amongst ward sisters were inspiring to student nurses; only 50% of the fourth year students agreed with this statement.

On the extent to which quality care given by professional nurses to patients was found to be very inspiring for one's development of interpersonal relationships required in nursing, 66% of first and 59% of the fourth year respondents agreed.

On item 14, the first year respondents (62%) agreed that professional nurses made student nurses feel secure in the ward. In comparison, 44% of the fourth year respondents agreed.

On item 15, first (77%) and fourth year respondents (68%) agreed that ward teaching programmes given by professional nurses equipped student nurses with communication skills needed in nursing.

On item 16, the first year respondents (71%) agreed that professional nurses taught student nurses

the essential aspects of self care skills which helped in their development of interpersonal relationship; 61% of the fourth year respondents agreed.

On whether or not professional nurses taught student nurses the essential aspects of health promotion, 79% of first year respondents agreed as compared to 70% fourth year respondents.

Figure 4.27 further shows that on item 18, the first year respondents (74%) agreed that professional nurses helped student nurses take responsibility for their own decisions. In contrast, 70% of fourth year respondents agreed. This item displays one of the few instances where there has been the closest agreement between first and fourth year respondents.

On the last item (item 19), 60% of the first year respondents agreed that professional nurses helped to play a significant role in cultivating student nurses' interpersonal relationships required for a successful nursing career. In contrast, 55% of the fourth year respondents agreed with the statement.

Figure 4.28 presents a summary of the response profiles obtained from first and fourth year student nurses, respectively.

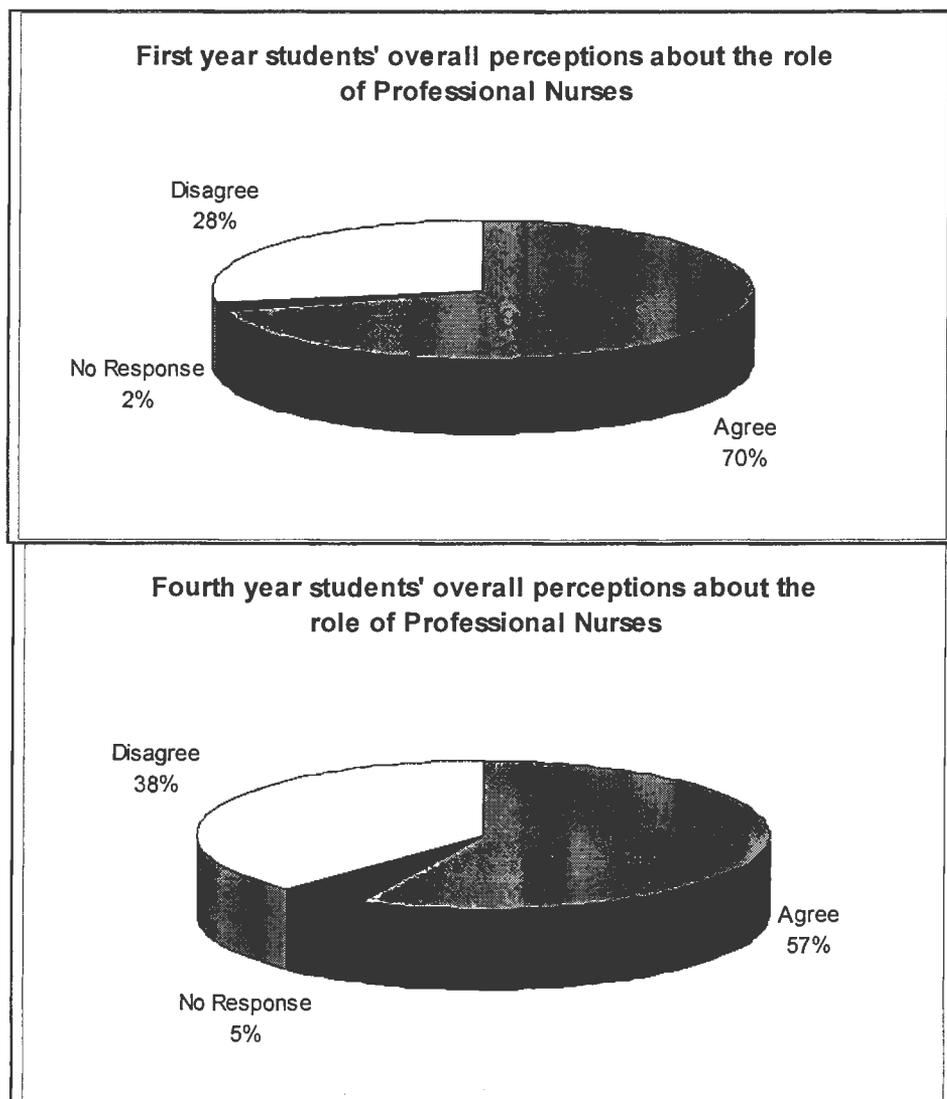


Figure 4.28: Overall student nurses' perceptions about the role of professional nurses in promoting the development of interpersonal relationships of student nurses (n=117; n=140)

According to Figure 4.28, the overall favourable student perceptions about the role of professional nurses in promoting the development of interpersonal relationships of student nurses were 70% for first year respondents and 57% for fourth years.

#### **4.2.4 Student Nurses' Espousal of Positive Interpersonal Relationships**

The second research question of this study was to determine whether or not student nurses espoused positive interpersonal relationships with

- ❖ patients
- ❖ relatives
- ❖ colleagues/peers.

The findings to this research question are presented below:

##### ***4.2.4.1 Respondents' espousal of positive interpersonal relationships with patients***

Table 4.27 gives a profile of the first year students' responses concerning their espousal of interpersonal relationships with patients.

**Table 4.27: Whether or Not First Year Students Espouse Positive Interpersonal Relationships with Patients (n=117)**

ITEM DESCRIPTION	SA	AG	NR	DA	SD
1. A patient who is critically ill as a result of a self-inflicted injury, eg suicide attempt, should not be given priority attention	05	11	03	32	49
2. A patient must learn to accept any instruction given by the student nurse because he/she is totally dependent on the nurse's services	08	28	03	27	34
3. A patient who presents him/herself drunk does not deserve the care and attention of the student nurse as much as does a patient who is sober	05	17	03	42	33
4. Where resources are scarce in the hospital or ward, a student nurse should give priority to the very ill patients	26	36	02	21	15
5. Student nurses must perform their duties towards the patient diligently with the efficiency and precision of a robot	19	37	08	19	17
6. It is not important for student nurses to perform their duties towards patients affectionately with warmth and care	10	09	04	21	56
7. In a busy ward, a student nurse could estimate a patient's temperature in order to save time for other patients	06	09	04	23	58
8. Accepting criticism from patients does not help the student nurse create a conducive environment for the speedy recovery of the patient	18	39	05	29	09
9. It is not necessary to give options to patients to exercise their free will as this will interfere with ward routines and professional judgement	12	29	09	34	16
10. It is right to shout at a patient who does not want to obey hospital rules and regulations	11	16	03	27	43
11. It is not necessary for student nurses to be friendly to their patients at all times	08	10	05	27	50
12. It doesn't matter whether or not a student nurse shows prejudice towards his/her patients	09	17	09	27	39
<b>AVERAGE:</b>	<b>11</b>	<b>22</b>	<b>05</b>	<b>27</b>	<b>35</b>

Figure 4.29 gives a summary representation of the findings in Table 4.27.

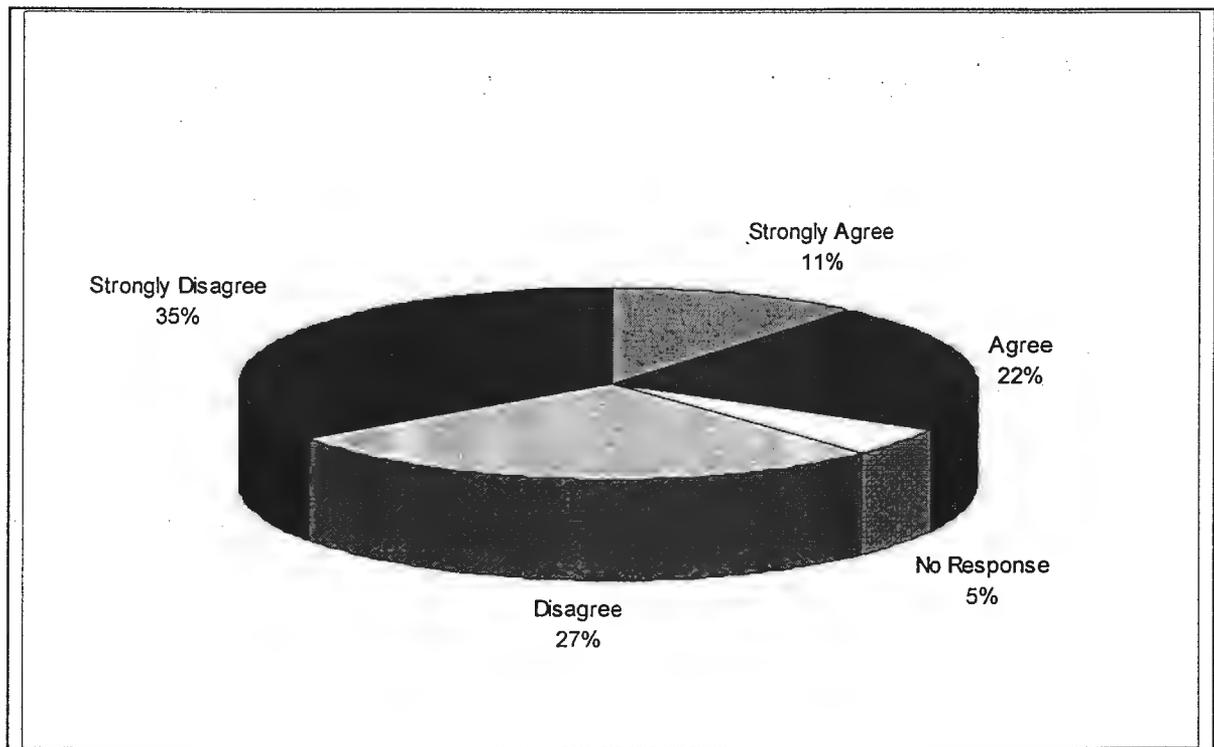


Figure 4.29: First year students' espousal of positive interpersonal relationships with patients (n=117)

According to Figure 4.29 the overall distribution is inclined in favour of the disagree / strongly disagree categories. In terms of the direction of the statements the disagree / strongly disagree categories represented espousal of positive interpersonal relationships with patients. So, the distribution is generally favourable.

On their part, the fourth year students gave the response profile presented in Table 4.28.

**Table 4.28: Whether or Not Fourth Year Students Espoused Positive Interpersonal Relationships with Patients (n=140)**

ITEM DESCRIPTION		SA	AG	NR	DA	SD
1.	A patient who is critically ill as a result of a self-inflicted injury, eg suicide attempt, should not be given priority attention	01	09	08	17	65
2.	A patient must learn to accept any instruction given by the student nurse because he/she is totally dependent on the nurse's services	04	11	07	34	44
3.	A patient who presents him/herself drunk does not deserve the care and attention of the student nurse as much as does a patient who is sober	04	11	08	32	45
4.	Where resources are scarce in the hospital or ward, a student nurse should give priority to the very ill patients	23	34	08	21	14
5.	Student nurses must perform their duties towards the patient diligently with the efficiency and precision of a robot	11	20	12	26	31
6.	It is not important for student nurses to perform their duties towards patients affectionately with warmth and care	09	06	09	22	54
7.	In a busy ward, a student nurse could estimate a patient's temperature in order to save time for other patients	11	08	07	12	62
8	Accepting criticism from patients does not help the student nurse create a conducive environment for the speedy recovery of the patient	21	16	08	39	16
9.	It is not necessary to give options to patients to exercise their free will as this will interfere with ward routines and professional judgement	10	31	18	22	19
10	It is right to shout at a patient who does not want to obey hospital rules and regulations	06	08	06	26	54
11.	It is not necessary for student nurses to be friendly to their patients at all times	09	12	07	34	38
12.	It doesn't matter whether or not a student nurse shows prejudice towards his/her patients	08	14	11	21	46
<b>AVERAGE:</b>		<b>10</b>	<b>15</b>	<b>08</b>	<b>26</b>	<b>41</b>

The general response profile given in Table 4.28 is similar to that for the first years (see Table 4.27). This suggests that the fourth year student nurses also exhibited positive interpersonal relationships with patients but more or less to the same extent. Figure 4.30 gives a summary of the responses in Table 4.28.

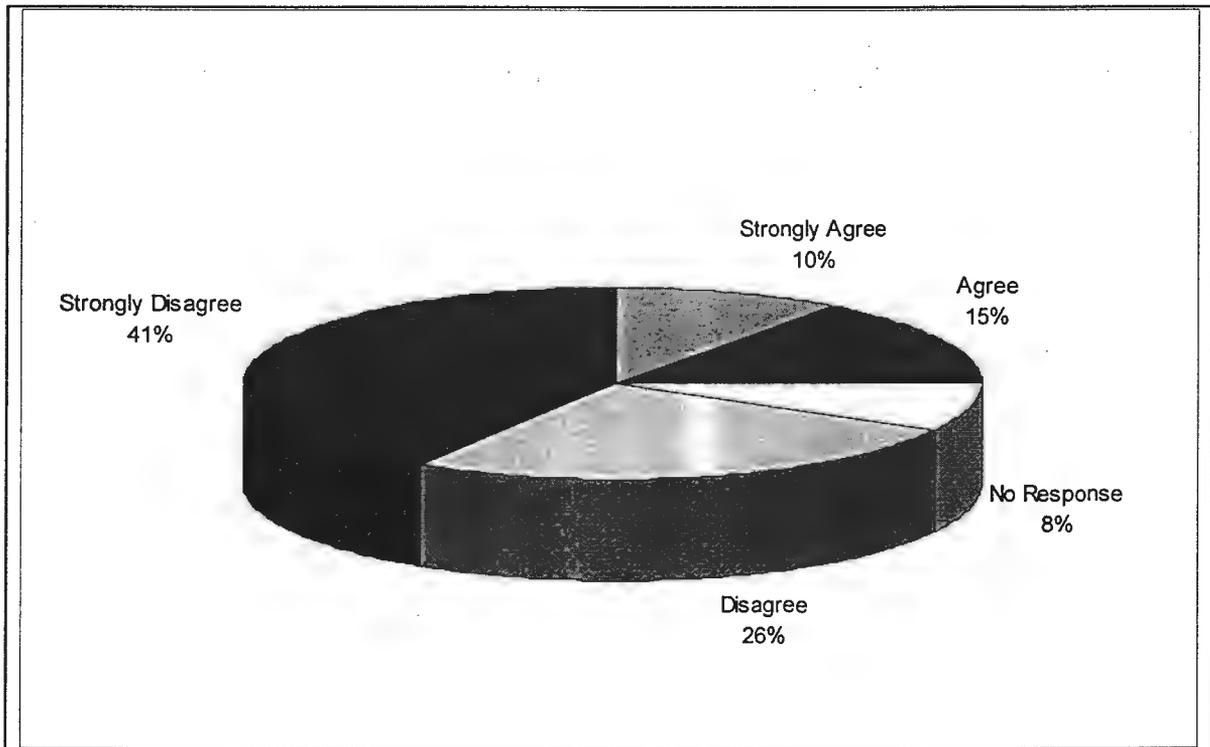


Figure 4.30: Fourth year students' espousal of positive interpersonal relationships with patients (n=140)

According to Figure 4.30, the respondents disagreed (26%) and strongly disagreed (41%) on the various statements. This indicated the percentages representing student nurses' espousal of positive interpersonal relationships with patients.

For comparative purposes, Tables 4.27 and 4.28 were condensed into the respective Reduced Tables. The resulting Tables 4.29 and 4.30 are presented on the following pages, followed by

Figure 4.31 which gives a comparative profile of the responses of the first and fourth year student nurses - representing espousal of positive interpersonal relationships with patients.

Table 4.29: Whether or Not First Year Students Espoused Positive Interpersonal Relationships with Patients - Reduced Table (n=117)

ITEM DESCRIPTION		AG	NR	DA
1.	A patient who is critically ill as a result of a self-inflicted injury, eg suicide attempt, should not be given priority attention	16	03	81
2.	A patient must learn to accept any instruction given by the student nurse because he/she is totally dependent on the nurse's services	36	03	61
3.	A patient who presents him/herself drunk does not deserve the care and attention of the student nurse as much as does a patient who is sober	22	03	75
4.	Where resources are scarce in the hospital or ward, a student nurse should give priority to the very ill patients	62	02	36
5.	Student nurses must perform their duties towards the patient diligently with the efficiency and precision of a robot	56	08	36
6.	It is not important for student nurses to perform their duties towards patients affectionately with warmth and care	19	04	77
7.	In a busy ward, a student nurse could estimate a patient's temperature in order to save time for other patients	15	04	81
8.	Accepting criticism from patients does not help the student nurse create a conducive environment for the speedy recovery of the patient	57	05	38
9.	It is not necessary to give options to patients to exercise their free will as this will interfere with ward routines and professional judgement	41	09	50
10.	It is right to shout at a patient who does not want to obey hospital rules and regulations	27	03	70
11.	It is not necessary for student nurses to be friendly to their patients at all times	18	05	77

12.	It doesn't matter whether or not a student nurse shows prejudice towards his/her patients	26	09	65
<b>AVERAGE:</b>		<b>33</b>	<b>05</b>	<b>62</b>

**Table 4.30: Whether or Not Fourth Year Students Espoused Positive Interpersonal Relationships with Patients - Reduced Table (n=140)**

ITEM DESCRIPTION		AG	NR	DA
1.	A patient who is critically ill as a result of a self-inflicted injury, e.g. suicide attempt, should not be given priority attention	10	08	82
2.	A patient must learn to accept any instruction given by the student nurse because he/she is totally dependent on the nurse's services	15	07	78
3.	A patient who presents him/herself drunk does not deserve the care and attention of the student nurse as much as does a patient who is sober	15	08	77
4.	Where resources are scarce in the hospital or ward, a student nurse should give priority to the very ill patients	57	08	35
5.	Student nurses must perform their duties towards the patient diligently with the efficiency and precision of a robot	31	12	57
6.	It is not important for student nurses to perform their duties towards patients affectionately with warmth and care	15	09	76
7.	In a busy ward, a student nurse could estimate a patient's temperature in order to save time for other patients	19	07	74
8.	Accepting criticism from patients does not help the student nurse create a conducive environment for the speedy recovery of the patient	37	08	55
9.	It is not necessary to give options to patients to exercise their free will as this will interfere with ward routines and professional judgement	41	18	41
10.	It is right to shout at a patient who does not want to obey hospital rules and regulations	14	06	80
11.	It is not necessary for student nurses to be friendly to their patients at all times	21	07	72

12.	It doesn't matter whether or not a student nurse shows prejudice towards his/her patients	22	11	67
<b>AVERAGE:</b>		<b>25</b>	<b>08</b>	<b>67</b>

As stated earlier, Figure 4.31 gives a comparative representation of the information in Tables 4.29 and 4.30.

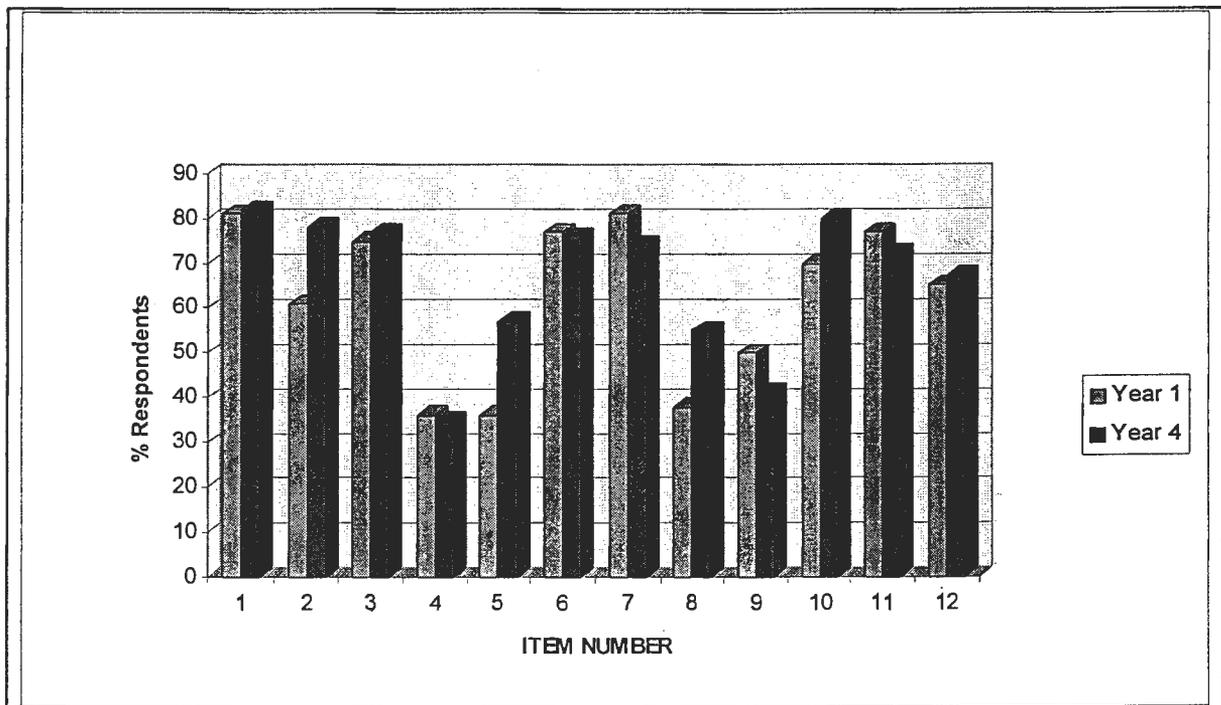


Figure 4.31: Espousal of positive interpersonal relationships with patients: First versus Fourth year respondents

According to Figure 4.31 above, in item 1, the first year students (81%) disagreed with the statement that a patient who is critically ill as a result of a self-inflicted injury should not be given priority attention. As indicated earlier, the statements in this section were formulated in such a way that disagreement with the statements represented espousal of the desired or acceptable interpersonal relationships with patients. In this regard, therefore, 81% of the first year

respondents espoused the desired interpersonal relationships on the first item, this was more or less the same response obtained from the fourth year students (82%).

On the second item, there was a big disparity between the first year's acceptable response (41%) as compared with 78% desired response from fourth year students. In this regard, the respective percentages disagreed with the statement that a patient must learn to accept any instructions given by the student nurse because he/she is totally dependent on the nurse's services.

On the third item, 12% of the first year respondents agreed that a patient who presents himself drunk, does not deserve the care and attention of the student nurses as much as the patient who is sober, 45% disagreed. On their part, 77% of the fourth year students disagreed with the statement, giving a much better response profile than the one given by fourth year students.

The fourth item sought to find out whether or not, where resources are scarce in a hospital or ward, a student nurse could give priority to very ill patients. On this item 36% of the first year students gave the intended answer; compared with 35% of the fourth year respondents.

On item 5, the respondents (56%) agreed that student nurses must perform their duties towards patients efficiently with the efficiency and precision of a robot; only 36% disagreed. Robot like efficiency is usually associated with a lack of warmth and positive interpersonal relationship. The fourth year students gave a high desirable response rate, namely 57%.

On item 6, the first year respondents (77%) gave the desirable response; compared with 76% of the fourth year students.

On the seventh item, 15% of the first year respondents agreed that in a busy ward student nurses could estimate a patient's temperature in order to save time for other patients, while 81% disagreed. This was a good response rate, and somehow even better than the one given by fourth year respondents (74%).

On the question of accepting criticism from patients as a way of helping student nurses to create a conducive environment for the speedy recovery of the patients, 57% of the first year and 55% of the fourth year respondents gave the desirable responses. The first years gave a slightly better response rate than the fourth years. On giving options to patients to exercise their free will, 50% of the first years, as against 41% of the fourth years, gave desired responses; the first years doing better than fourth years.

On item 10, the first year respondents (27%) agreed that it is right to shout at a patient who does not want to obey hospital rules and regulations, 50% disagreed. This compared with 80% fourth years who disagreed here; the fourth years did much better than first year respondents.

On item 11, the first year (77%) and fourth year respondents (72%) indicated that student nurses must be friendly to their patients at all times.

On the last item, 65% of the first year and 67% of the fourth year respondents were of the view that student nurses must be unprejudiced towards their patients. Although these percentages were high, one would have liked to see them much higher.

To conclude, Figure 4.32 gives the overall response profiles for the first and fourth year students

as follows :

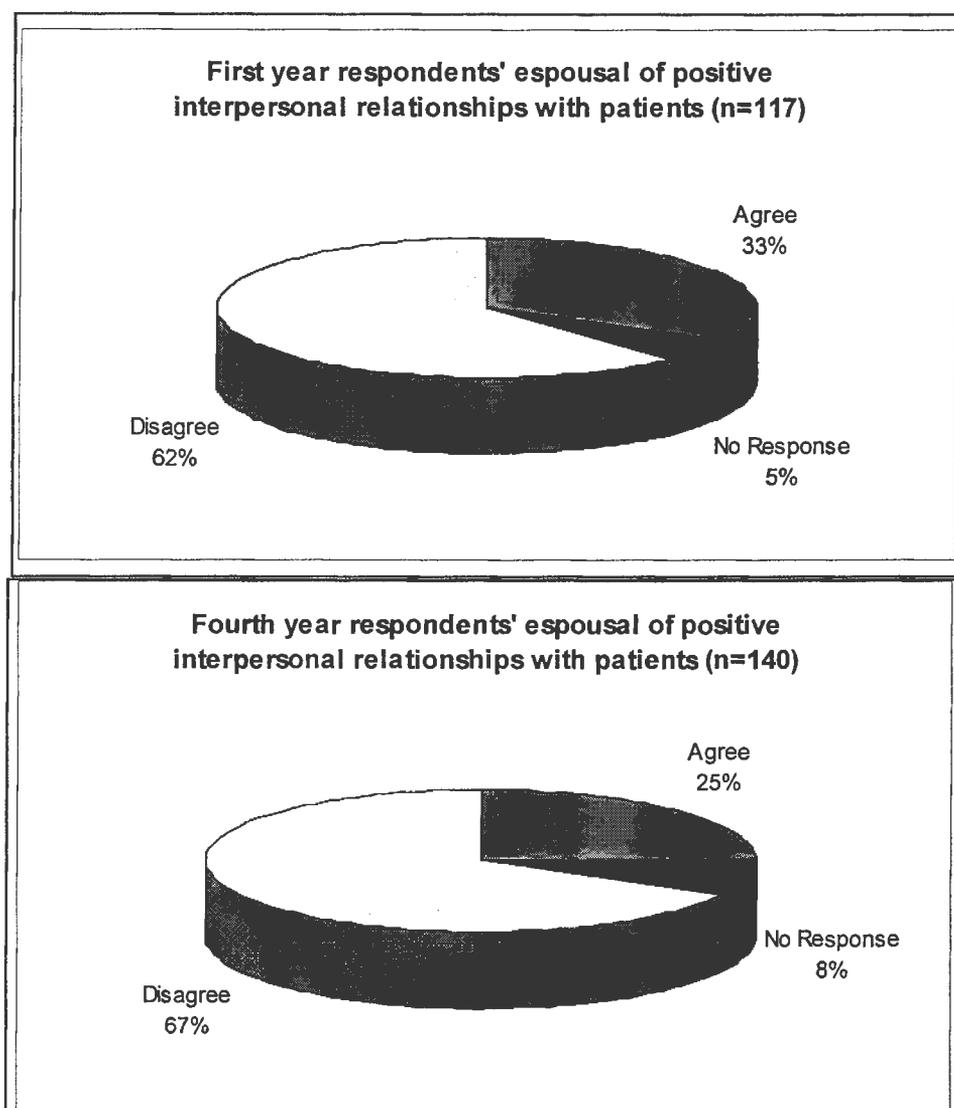


Figure 4.32: Overall response profiles on the espousal of positive interpersonal relationships with patients

Figure 4.32 shows that 62% of the first year, as compared with 67% of the fourth year respondents, espoused positive interpersonal relationships with patients. This is a rather surprising response profile in that it suggests that very little happens between first and fourth year

to enhance students' development of positive interpersonal relationships of student nurses *vis-a-vis* patients. As hypothesised in chapter one, this could be a neglected aspect of the nurse education curriculum. Yet, in terms of the conceptual model for this study (see Figure 2.3) the development of interpersonal relationships is conceptualised as being central to the nurse education curriculum.

#### 4.2.4.2 *Respondents' espousal of positive interpersonal relationships with relatives and friends of patients*

The second aspect of the second research question was to determine whether or not student nurses espoused positive interpersonal relationships with relatives and friends of patients. Table 4.31 and 4.32 give the response profiles of first and fourth year students, respectively, on this aspect of the second research question. These tables are, respectively, followed by summary charts which show the general pattern of responses for the first and fourth year respondents.

It should be noted here also that the responses in the disagree and strongly disagree categories indicate espousal of positive interpersonal relationships. This is in accordance with the *direction* of the items.

**Table 4.31: Whether or Not First Year Student Nurses Espouse Positive Interpersonal Relationships with Relatives and Friends of Patients (n=117)**

	ITEM DESCRIPTION	SA	AG	NR	DA	SD
1.	It is right to shout at the relatives and friends of patients if they bring prohibited items (such as liqueur) to the patient	12	08	02	38	40
2.	A nurse must grab the patient's chart from visiting relatives and friends of a patient found reading it because this violates the patient's privacy	14	20	04	39	23
3.	The nurse must not provide information to relatives and/or friends of a patient, on the patient's progress	14	20	02	39	25
4.	It is not the nurse's duty to spend time with relatives and/or friends of dead patients, informing them of the death or explaining anything to them	10	14	03	33	40
5	In the case of the admission of a minor to a ward, it is not necessary for the next of kin to be asked to sign the consent form	07	10	04	36	43
6.	In the case of emergency, an operation should not be carried out whether or not there is consent from the relatives	15	15	06	33	31
7.	Relatives or friends are allowed to see the patient during doctor's rounds	10	22	06	35	27
8.	Relatives and friends have no right to ask the doctor any questions concerning a patient's condition	10	10	05	39	36
9.	Relatives and/or friends have the right to see the patient any time without asking for permission from the person in charge of the ward	10	08	03	30	49
10.	Relatives have the right to bring medicine from home to the patient in the ward in order to supplement the doctor's treatment	08	16	04	23	49
11.	It is not advisable to ask relatives to come to hospital if the patient's condition is deteriorating rapidly	08	17	06	34	35
12.	It is right for a student nurse to shout at a patient's relatives who do not want to obey hospital rules and regulations	06	14	03	33	44

13.	Once the patient is dead the family does not need the nurse's services	06	07	04	33	50
<b>AVERAGE:</b>		<b>10</b>	<b>14</b>	<b>04</b>	<b>34</b>	<b>38</b>

Figure 4.33 summarises the information in Table 4.31 above.

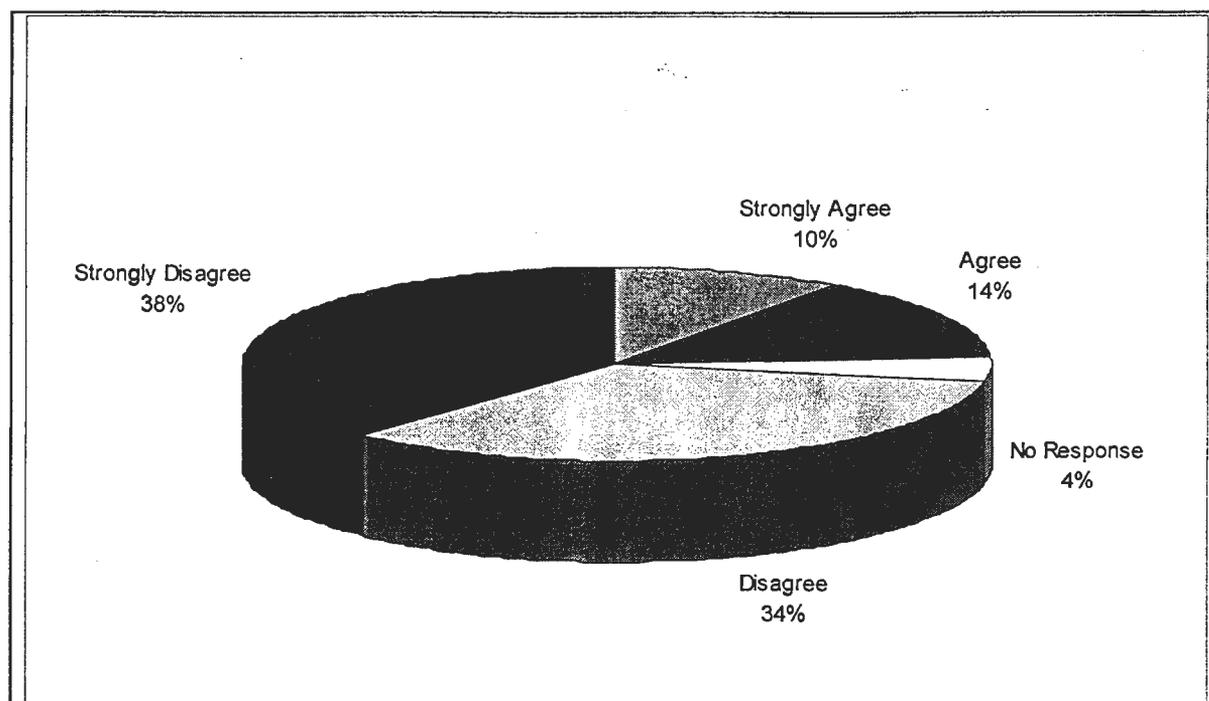


Figure 4.33: First year respondents' espousal of interpersonal relationships with relatives and friends of patients (n=117)

According to Figure 4.33, the respondents **strongly agreed** (10%), **agreed** (14%), **disagreed** (34%) and **strongly disagreed** (38%) on the various statements in Table 4.31; 4% of the respondents gave no response. This response profile shows that the majority of respondents (those who disagreed and strongly disagreed) espoused positive interpersonal relationships vis-a-vis relatives and friends of patients.

The response profile obtained from fourth year respondents is presented in Table 4.32.

**Table 4.32: Whether or Not Fourth Year Student Nurses Espoused Positive Interpersonal Relationships with Relatives and Friends of Patients (n=140)**

ITEM DESCRIPTION	SA	DA	NR	DA	SD
1. It is right to shout at the relatives and friends of patients if they bring prohibited items (such as liqueur) to the patient	07	19	09	39	26
2. A nurse must grab the patient's chart from visiting relatives and friends of a patient found reading it because this violates the patient's privacy	10	17	08	41	24
3. The nurse must not provide information to relatives and/or friends of a patient, on the patient's progress	05	15	12	36	32
4. It is not the nurse's duty to spend time with relatives and/or friends of dead patients, informing them of the death or explaining anything to them	06	06	08	26	54
5. In the case of the admission of a minor to a ward, it is not necessary for the next of kin to be asked to sign the consent form	11	09	09	24	47
6. In the case of emergency, an operation should not be carried out whether or not there is consent from the relatives	09	13	10	35	33
7. Relatives or friends are allowed to see the patient during doctor's rounds	15	22	10	39	14
8. Relatives and friends have no right to ask the doctor any questions concerning a patient's condition	04	08	08	34	46
9. Relatives and/or friends have the right to see the patient any time without asking for permission from the person in charge of the ward	01	06	06	33	54
10. Relatives have the right to bring medicine from home to the patient in the ward in order to supplement the doctor's treatment	05	09	09	31	46
11. It is not advisable to ask relatives to come to hospital if the patient's condition is deteriorating rapidly	13	13	06	34	34
12. It is right for a student nurse to shout at a patient's relatives who do not want to obey hospital rules and regulations	06	07	07	37	43

13.	Once the patient is dead the family does not need the nurse's services	05	04	09	27	55
<b>AVERAGE:</b>		<b>08</b>	<b>11</b>	<b>08</b>	<b>34</b>	<b>39</b>

The above information is illustrated in Figure 4.34.

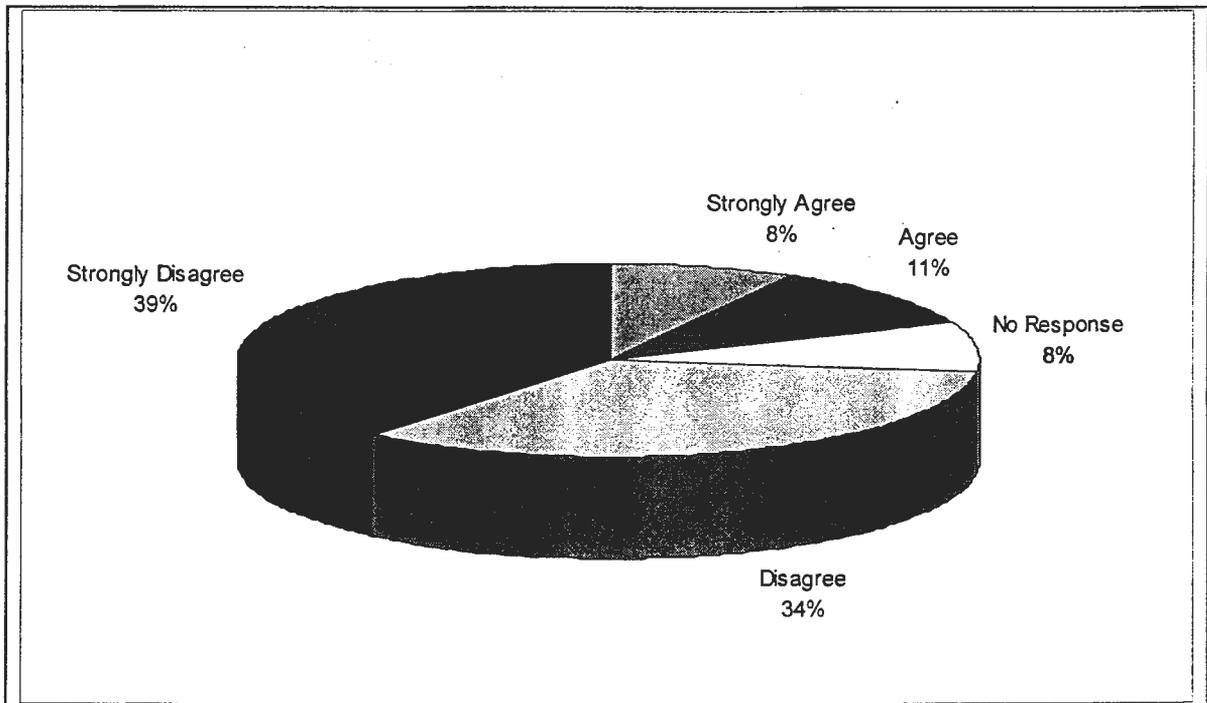


Figure 4.34: Fourth year respondents' espousal of interpersonal relationships with relatives and friends of patients (n=140)

Figure 4.34 shows a pattern of responses similar to the one shown in Figure 4.32 with respect to the respondents of first year students.

For comparative purposes, the respective Reduced Tables 4.31 and 4.32 are presented as Tables 4.33 and 4.34.

**Table 4.33: Whether or Not First Year Student Nurses Espouse Positive Interpersonal Relationships with Relatives and Friends of Patients - Reduced Table (n=117)**

	ITEM DESCRIPTION	AG	NR	DA
1.	It is right to shout at the relatives and friends of patients if they bring prohibited items (such as liqueur) to the patient	20	02	78
2.	A nurse must grab the patient's chart from visiting relatives and friends of a patient found reading it because this violates the patient's privacy	34	04	62
3.	The nurse must not provide information to relatives and/or friends of a patient, on the patient's progress	34	02	64
4.	It is not the nurse's duty to spend time with relatives and/or friends of dead patients, informing them of the death or explaining anything to them	24	03	73
5.	In the case of the admission of a minor to a ward, it is not necessary for the next of kin to be asked to sign the consent form	17	04	79
6.	In the case of emergency, an operation should not be carried out whether or not there is consent from the relatives	30	06	64
7.	Relatives or friends are allowed to see the patient during doctor's rounds	32	06	62
8.	Relatives and friends have no right to ask the doctor any questions concerning a patient's condition	20	05	75
9.	Relatives and/or friends have the right to see the patient any time without asking for permission from the person in charge of the ward	18	03	79
10.	Relatives have the right to bring medicine from home to the patient in the ward in order to supplement the doctor's treatment	24	09	72
11.	It is not advisable to ask relatives to come to hospital if the patient's condition is deteriorating rapidly	25	06	69
12.	It is right for a student nurse to shout at a patient's relatives who do not want to obey hospital rules and regulations	20	03	77
13.	Once the patient is dead the family does not need the nurse's services	13	04	83
	<b>AVERAGE:</b>	<b>24</b>	<b>04</b>	<b>72</b>

**Table 4.34: Whether or Not Fourth Year Student Nurses Espoused Positive Interpersonal Relationships with Relatives and Friends of Patients - Reduced Table (n=140)**

	ITEM DESCRIPTION	DA	NR	DA
1.	It is right to shout at the relatives and friends of patients if they bring prohibited items (such as liqueur) to the patient	26	09	65
2.	A nurse must grab the patient's chart from visiting relatives and friends of a patient found reading it because this violates the patient's privacy	27	08	65
3.	The nurse must not provide information to relatives and/or friends of a patient, on the patient's progress	20	12	68
4.	It is not the nurse's duty to spend time with relatives and/or friends of dead patients, informing them of the death or explaining anything to them	12	08	80
5.	In the case of the admission of a minor to a ward, it is not necessary for the next of kin to be asked to sign the consent form	20	09	71
6.	In the case of emergency, an operation should not be carried out whether or not there is consent from the relatives	22	10	68
7.	Relatives or friends are allowed to see the patient during doctor's rounds	37	10	53
8.	Relatives and friends have no right to ask the doctor any questions concerning a patient's condition	12	08	80
9.	Relatives and/or friends have the right to see the patient any time without asking for permission from the person in charge of the ward	07	06	87
10.	Relatives have the right to bring medicine from home to the patient in the ward in order to supplement the doctor's treatment	14	09	77
11.	It is not advisable to ask relatives to come to hospital if the patient's condition is deteriorating rapidly	26	06	68
12.	It is right for a student nurse to shout at a patient's relatives who do not want to obey hospital rules and regulations	13	07	80
13.	Once the patient is dead the family does not need the nurse's services	09	09	82
	<b>AVERAGE:</b>	<b>19</b>	<b>08</b>	<b>73</b>

Figure 4.35 gives an illustrative comparative perspective of the information in Tables 4.33 and 4.34:

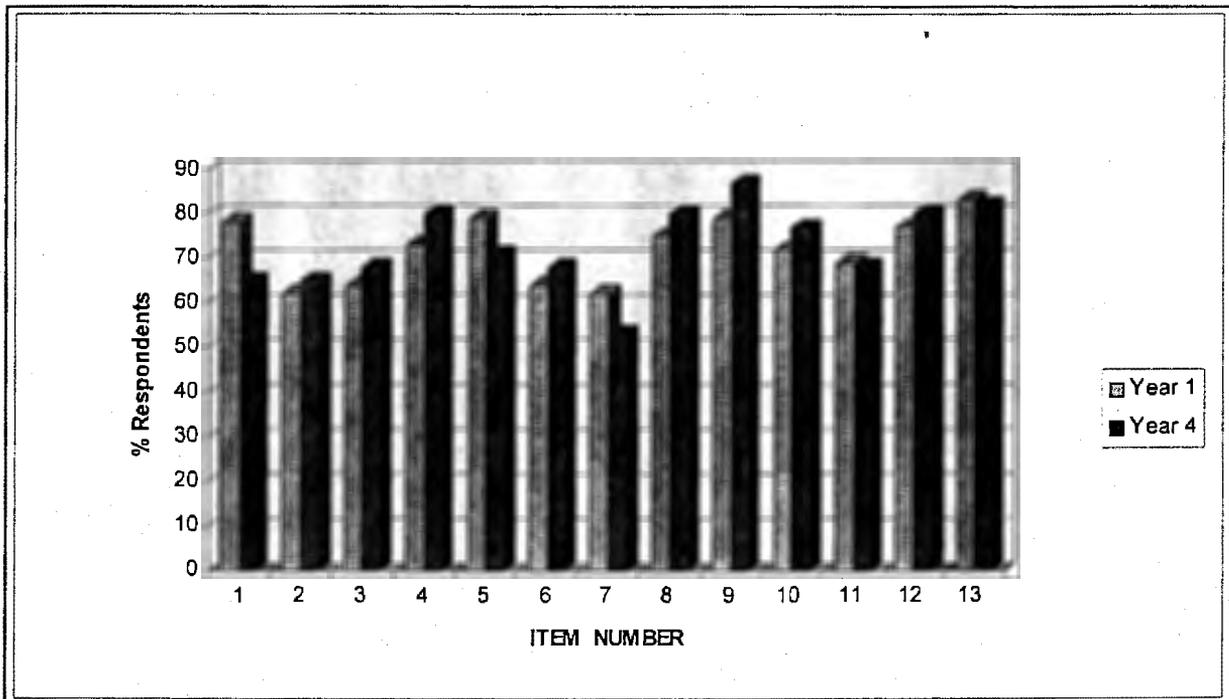


Figure 4.35: Comparative espousal of positive interpersonal relationships with relatives and friends of patients: First versus Fourth year respondents

On item 1, the first year respondents (78%) disagreed with the statement that it is right to shout at the relatives and friends of patients if they bring prohibited items to the hospital. The reader is reminded that the disagreement in response represents the espousal of positive interpersonal relationships with relatives and friends of patients. On this item, 65% of the fourth year student nurses disagreed with the statement.

On item 2, 34% of the first year respondents agreed that a nurse must grab a patient's chart from visiting relatives and friends of a patient found reading it because this violated the patient's

privacy; 62% disagreed. The response pattern was similar to fourth years where 27% agreed and 65% disagreed.

On the third item, 34% of the first year respondents agreed that the nurse must not provide information to relatives or friends of a patient on the patient's progress, against 64% who disagreed. Again, this response profile is similar to the one given by fourth years where 68% disagreed.

On whether or not it is a nurse's duty to spend time with relatives and/or friends of deceased patients, informing them of the death or explaining anything to them (which is item 4), 73% of the first year respondents disagreed with the statement in comparison to 80% of the fourth year respondents disagreeing.

Item 5, concerned whether or not in the case of the admission of a minor to a ward, the next of kin must be asked to sign the consent form. On this item, 79% of first, and 71% of the fourth year, respondents disagreed with the statement. Related to this item was item 6 which sought to elicit the respondents' views on whether or not in case of emergency, an operation should be carried out whether or not there is consent from relatives. On this item, 64% of the first, and 68% of the fourth year respondents disagreed with the statement.

On whether or not relatives or friends should be allowed to see the patient during doctor's rounds, 62% of the first, and 53% of the fourth year respondents disagreed with the statement.

On item 8, 80% of each of the first and fourth year respondents disagreed with the statement. This

item concerned whether or not relatives and friends have the right to ask the doctor any questions concerning a patient's condition.

On item 9, 79% of the first and 87% of the fourth year respondents agreed with the statement. This item regarded whether or not it was the view of these respondents that relatives and friends of the patient had no right to see patients any time without asking permission from the person in charge of the ward.

The tenth item sought respondents' views on whether or not relatives had the right to bring medicines from home to the patient in the ward in order to supplement the doctor's treatment. On this item, 72% of the first year, and 77% fourth year respondents disagreed with the statement.

On item 11, 69% of the first and 68% of the fourth year respondents indicated that it is advisable to ask relatives to come to hospital if a patient's condition is deteriorating rapidly.

On item 12, 77% of the first, and 80% fourth year respondents disagreed with the statement that it was right for a student nurse to shout at a patient's relatives who do not want to obey hospital rules and regulations.

On the last item, 83% of first and 82% of the fourth year respondents disagreed with the statement that once a patient had died, the family did not need the services of a nurse.

Figure 4.36 gives overall response profiles of first and fourth year students on their espousal of positive interpersonal relationships with relatives and friends of patients.

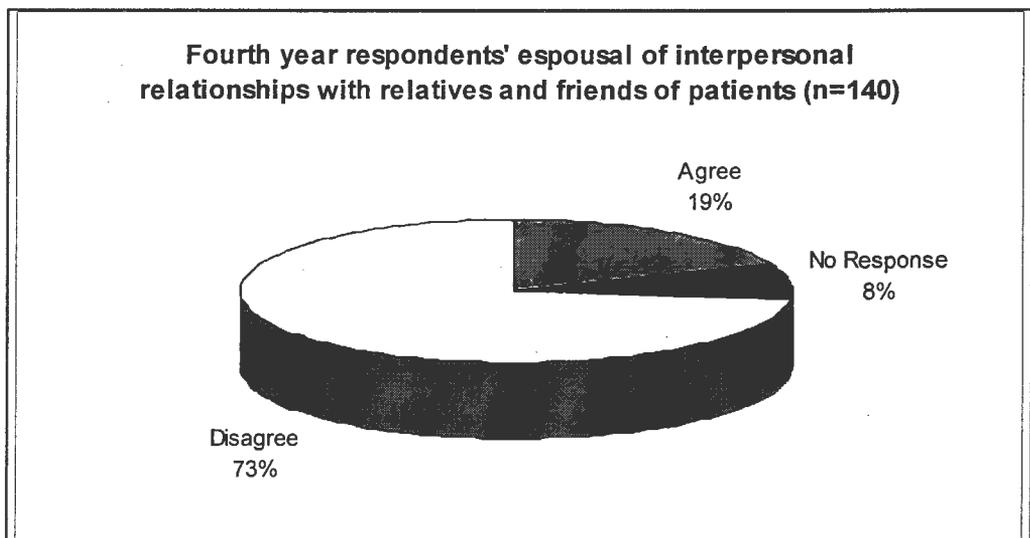
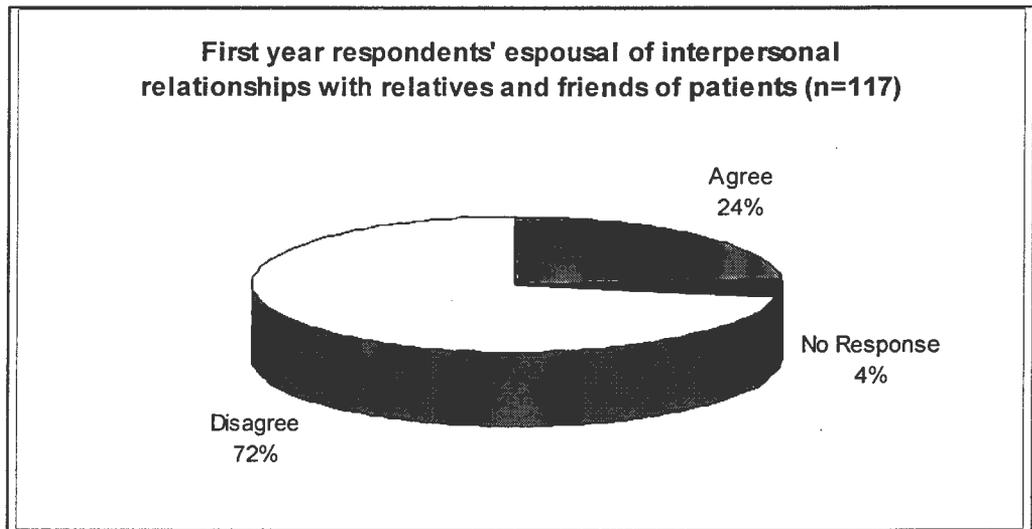


Figure 4.36: Espousal of positive interpersonal relationships with relatives and friends of patients.

Overall, Figure 4.36 shows that 72% of first and 73% fourth year students disagreed with the various statements comprising this section.

#### 4.2.4.3 *Espousal of positive interpersonal relationships with colleagues* (Peer Group)

The third and final aspect of the second research question concerned whether or not student nurses espoused positive interpersonal relationships amongst themselves. Tables 4.35 and 4.36 give the responses profiles obtained from first and fourth year students, respectively.

**Table 4.35: Whether or not First Year Students Espoused Positive Interpersonal Relationships with Colleagues (Peer Group) (n=117)**

ITEM DESCRIPTION		SA	AG	NR	DA	SD
1.	It is justifiable to leave the ward if one's colleagues do not arrive in time to receive the hand-over report.	03	48	09	09	31
2.	In order to avoid conflict, a nurse should absent herself from work if there is irritation, boredom and indifference amongst fellow nurses	03	39	15	12	31
3.	Refusing to compromise is essential to teach colleagues a lesson not to toss you around	04	25	25	09	37
4.	Maintaining rigidity is essential to teach colleagues a lesson not to take advantage of you.	12	13	37	13	25
5.	Discussing ideas with colleagues does not create a happy atmosphere which in turn results in good interpersonal relations	08	06	39	03	44
6.	Showing resistance is essential to teach colleagues a lesson not to toss you around	15	12	39	11	23
7.	Sharing feelings with colleagues does not help to create a happy atmosphere which could result in good interpersonal relationships	12	03	48	01	36
8.	Working diligently alone creates a happy atmosphere which results in good inter-personal relationships	05	03	44	03	45
9.	High or low productivity makes no difference in one's achievement of job satisfaction	03	09	36	02	50
10.	Working for popularity amongst colleagues is good whether or not one is standing up for the rights of the patient.	07	15	38	08	32
<b>AVERAGE:</b>		<b>08</b>	<b>17</b>	<b>33</b>	<b>07</b>	<b>35</b>

The information in Table 4.35 was coded in such a way that affirmative responses (agree and strongly agree) represented espousal of undesirable interpersonal relationships, whereas the disagree and strongly disagree response categories stood for the espousal of positive interpersonal relationships. In terms of this coding, therefore, the distribution of scores shows that the espousal of positive interpersonal relationships received a higher loading than the negative interpersonal relationships. It was worrying to see a rather high percentages of no response or not sure responses (33%). This means that first year students need some help in order to develop positive interpersonal relationships amongst themselves.

Figure 4.37 illustrates the responses profile of the first year students, ie a summary of information in Table 4.35:

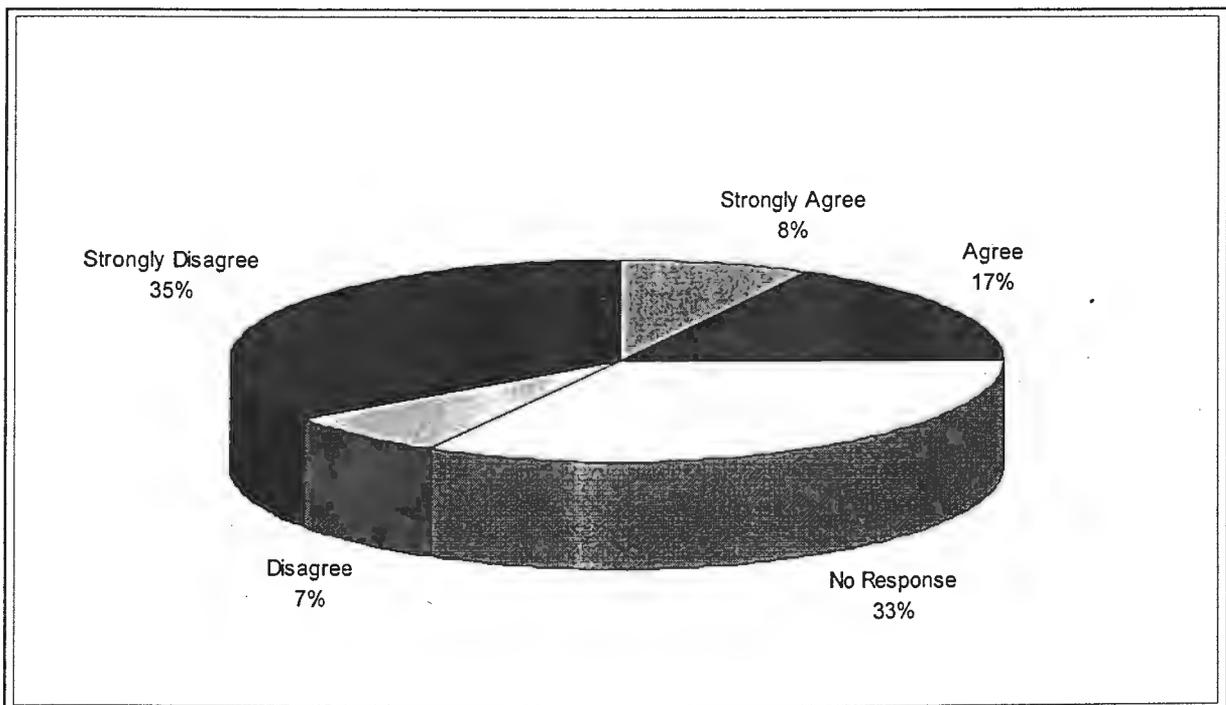


Figure 4.37: First year respondents' espousal of interpersonal relationships with colleagues (n=117)

For their part, the fourth year students gave the following distribution:

Table 4.36: Whether or not Fourth Year Students Espoused Positive Interpersonal Relationships with Colleagues (Peer Group) (n=140)

ITEM DESCRIPTION	SA	AG	NR	DA	SD
1. It is justifiable to leave the ward if one's colleagues do not arrive in time to receive the hand-over report.	01	51	13	06	29
2. In order to avoid conflict, a nurse should absent herself from work if there is irritation, boredom and indifference amongst fellow nurses	00	59	12	03	26
3. Refusing to compromise is essential to teach colleagues a lesson not to toss you around	02	34	19	05	40
4. Maintaining rigidity is essential to teach colleagues a lesson not to take advantage of you.	06	25	27	04	38
5. Discussing ideas with colleagues does not create a happy atmosphere which in turn results in good interpersonal relations	08	04	38	05	45
6. Showing resistance is essential to teach colleagues a lesson not to toss you around	14	16	32	07	31
7. Sharing feelings with colleagues does not help to create a happy atmosphere which could result in good interpersonal relationships	06	02	48	04	40
8. Working diligently alone creates a happy atmosphere which results in good inter-personal relationships	01	03	53	01	42
9. High or low productivity makes no difference in one's achievement of job satisfaction	04	05	44	01	46
10. Working for popularity amongst colleagues is good whether or not one is standing up for the rights of the patient.	08	07	47	02	36
<b>AVERAGE:</b>	<b>05</b>	<b>21</b>	<b>33</b>	<b>04</b>	<b>37</b>

The response profile of fourth year students is illustrated in Figure 4.38 hereunder:

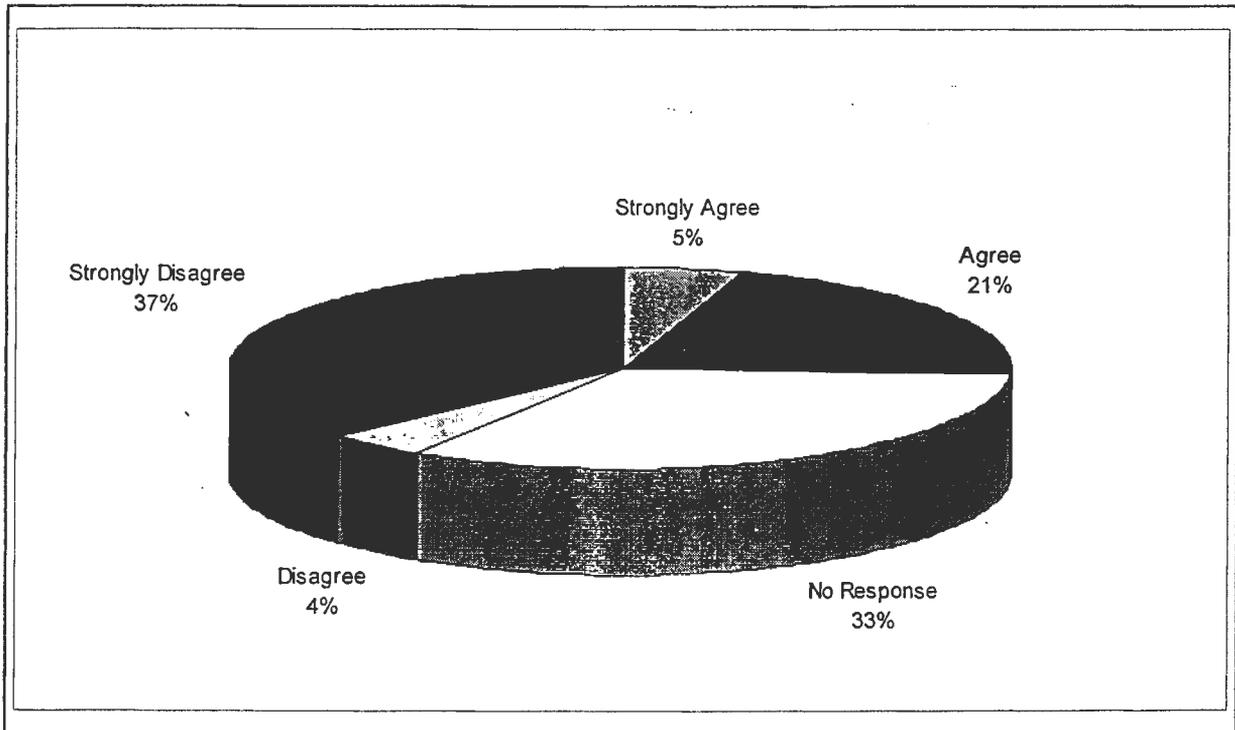


Figure 4.38: Fourth year respondents' espousal of interpersonal relationships with colleagues  
(n=140)

In terms of Figure 4.38, it is worrying to note that the distribution of responses here is similar to the one for first year students. This suggests that the nurse education curriculum implementation does not attend to the development of interpersonal relationships of students nurses, even with regard to the way they are expected to interact amongst themselves.

Tables 4.37 and 4.38 present the respective reduced models for the first and fourth year students.

Table 4.37: Whether or not First Year Students Espoused Positive Interpersonal Relationships with Colleagues (Peer Group) - Reduced Table (n=117)

ITEM DESCRIPTION		AG	NR	DA
1.	It is justifiable to leave the ward if one's colleagues do not arrive in time to receive the hand-over report.	51	09	40
2.	In order to avoid conflict, a nurse should absent herself from work if there is irritation, boredom and indifference amongst fellow nurses	42	15	43
3.	Refusing to compromise is essential to teach colleagues a lesson not to toss you around	29	25	46
4.	Maintaining rigidity is essential to teach colleagues a lesson not to take advantage of you.	25	37	38
5.	Discussing ideas with colleagues does not create a happy atmosphere which in turn results in good interpersonal relations	14	39	47
6.	Showing resistance is essential to teach colleagues a lesson not to toss you around	27	39	34
7.	Sharing feelings with colleagues does not help to create a happy atmosphere which could result in good interpersonal relationships	15	48	37
8.	Working diligently alone creates a happy atmosphere which results in good inter-personal relationships	08	44	48
9.	High or low productivity makes no difference in one's achievement of job satisfaction	12	36	52
10.	Working for popularity amongst colleagues is good whether or not one is standing up for the rights of the patient.	22	38	40
<b>AVERAGE:</b>		<b>25</b>	<b>33</b>	<b>42</b>

**Table 4.38: Whether or not Fourth Year Students Espouse Positive Interpersonal Relationships with Colleagues (Peer Group) - Reduced Table (n=140)**

ITEM DESCRIPTION		AG	NR	DA
1.	It is justifiable to leave the ward if one's colleagues do not arrive in time to receive the hand-over report.	52	13	35
2.	In order to avoid conflict, a nurse should absent herself from work if there is irritation, boredom and indifference amongst fellow nurses	59	12	29
3.	Refusing to compromise is essential to teach colleagues a lesson not to toss you around	36	19	45
4.	Maintaining rigidity is essential to teach colleagues a lesson not to take advantage of you.	31	27	42
5.	Discussing ideas with colleagues does not create a happy atmosphere which in turn results in good interpersonal relations	12	38	50
6.	Showing resistance is essential to teach colleagues a lesson not to toss you around	30	32	38
7.	Sharing feelings with colleagues does not help to create a happy atmosphere which could result in good interpersonal relationships	08	48	44
8.	Working diligently alone creates a happy atmosphere which results in good inter-personal relationships	04	53	43
9.	High or low productivity makes no difference in one's achievement of job satisfaction	09	44	47
10.	Working for popularity amongst colleagues is good whether or not one is standing up for the rights of the patient.	15	47	38
<b>AVERAGE:</b>		<b>26</b>	<b>33</b>	<b>41</b>

Figure 4.39 presents a comparative view of the first and fourth year respondents. This comparison is based on the condensed data presented in Tables 4.37 and 4.38:

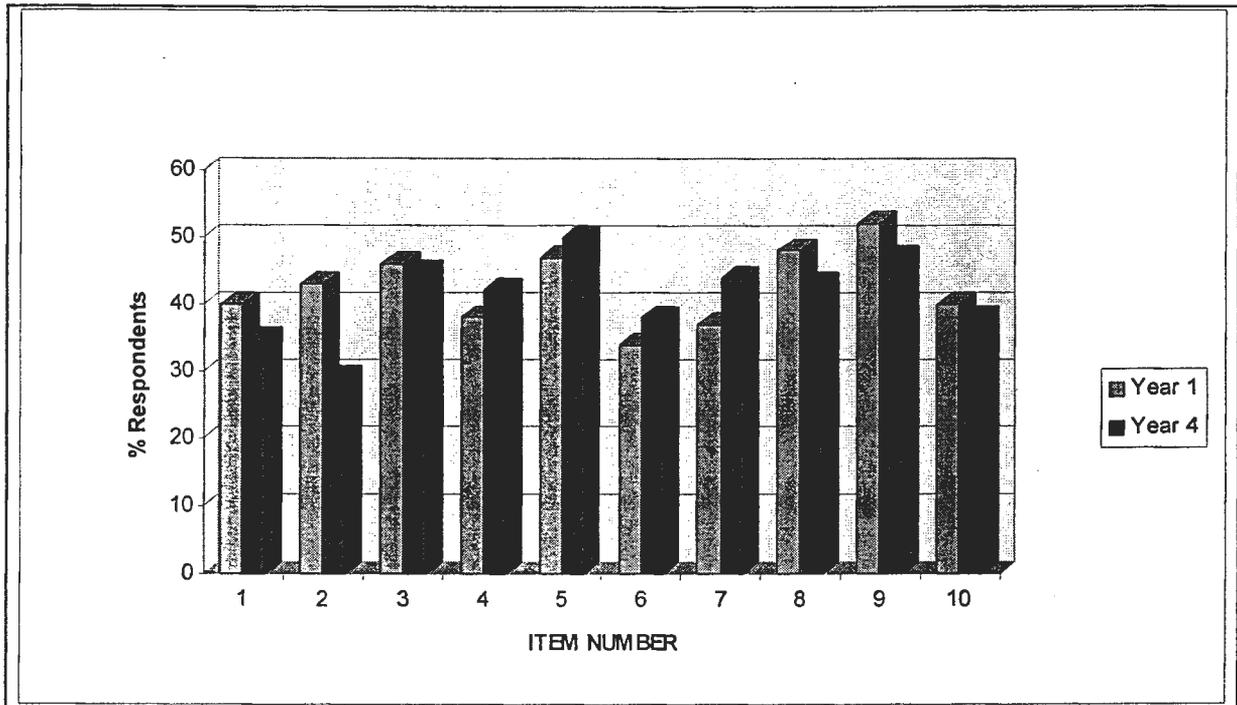


Figure 4.39: Respondents' comparative espousal of interpersonal relationships with colleagues: First versus Fourth year respondents

According to Figure 4.39, 40% of the first year respondents against 35% of fourth year respondents gave the desired responses on the first item - that is, they disagreed with the statement that it was justifiable to leave the ward if one's colleagues do not arrive in time to receive the hand-over report.

On the second item, again the first year students gave a better response rate (43%), against 29% for the fourth year students. In fact, on the part of fourth year respondents as many as 52% on the first item and 59% on the second item gave the non-intended responses (espoused negative interpersonal relationships with regard to colleagues). These proportions of fourth year respondents agreed with the statement that "In order to avoid conflict, a nurse should absent

her/himself from work if there is irritation, boredom and indifference amongst fellow nurses".

On the third item, about equal proportions of first year students which is 46% and fourth year students (45%) espoused positive interpersonal relationships. These are the proportions who indicated that it was not essential to refuse to compromise in order "to teach colleagues a lesson not to toss you around". On the fourth item, 38% of first year students and 42% of fourth year students disagreed that maintaining rigidity was essential to teach colleagues a lesson "not to take advantage of you".

On the fifth item, which was one of the items coded in reverse, 47% of the first year students and 50% of the fourth year students agreed that discussing ideas with colleagues created a happy atmosphere which in turn resulted in good interpersonal relationships.

On the sixth item, 34% of the first year students and 38% of the fourth year students espoused positive interpersonal relationships. These respondents did not agree that showing resistance was essential "to teach colleagues a lesson not to toss you around".

Seventh and eighth items were also coded in reverse for consistency. On the seventh item, 37% of the first year students and 44% of the fourth year students agreed that sharing of feelings with colleagues created a happy atmosphere which resulted in good interpersonal relationships. On item nine, which was also reverse-coded for the sake of having intended responses fall under the disagree and strongly disagree, 52% of the first year and 47% of the fourth year respondents agreed that high productivity made one achieve job satisfaction, resulting in good interpersonal relations in the place of work. On the last item, both groups scored about the same: 40% and 38%

for first and fourth years, respectively.

Overall, Figure 4.40 gives a summary of the responses obtained from the two groups.

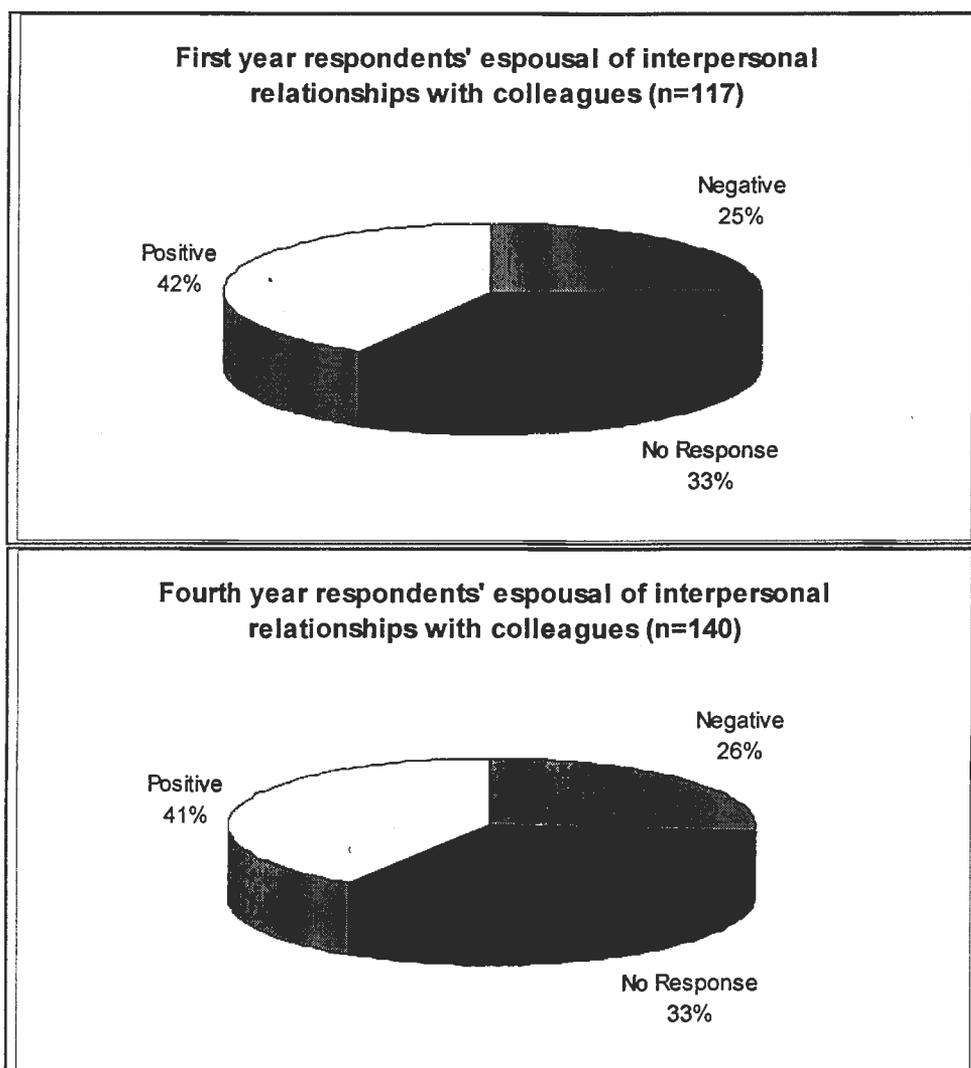


Figure 4.40: First and Fourth year respondents' espousal of interpersonal relationships with colleagues

It is disappointing that for both the first and fourth year respondents, the results summarised above indicate that less than half of the respondents espouse the desired (positive) interpersonal

relationships with regard to one another. This is a serious problem which needs to be corrected.

It is doubtful that without a good working relationship amongst the nurses themselves, there can be high-quality professional care rendered to the various levels of "clients" investigated in this study, namely, patients, relatives and friends of patients.

#### **4.3 STATISTICAL DIFFERENCES BETWEEN FIRST AND FOURTH YEAR STUDENT NURSES**

The third research question sought to determine whether or not statistically significant differences existed between first and fourth year student respondents in their espousal of positive interpersonal relationships with

- patients
- relatives and friends of patients
- one another as professional colleagues.

In order to carry out these determinations, the average scores on each respective reduced model tables were used. Accordingly, for the espousal of positive interpersonal relationships with patients, Tables 4.29 and 4.30 were used; for relatives and friends of patients, the data in Tables 4.33 and 4.34 were used; and for colleagues the data in Tables 4.37 and 4.38 were used. In each case, the scores used were those falling under the disagree responses category because these are the scores which represented espousal of positive interpersonal relationships. The numbers of items for each section were used as a basis for determining the degrees of freedom for the specific comparisons. Accordingly, in the first comparison (ie patients) the degrees of freedom were based on the twelve (12) items, giving degrees of freedom:  $n-2 = 10$ ; for relatives and friends of patients,

the total number of items were thirteen (13):  $df = 11$ ; and lastly for colleagues, there were ten (10) items:  $df = 8$ .

The gist of these statistical comparisons are given in the summary tables which follow:

#### 4.3.1 Espousal of Positive Interpersonal Relationship with Patients.

Table 4.39 gives a summary table of 't'-test comparisons between first year nurse education students:  $\bar{X}$ , and their fourth year counterparts:  $\bar{Y}$ .

Table 4.39: "t" - test comparisons on the espousal of positive interpersonal relationships with patients:

<u>Hypothesis</u>	<u>Estimate</u>	<u>DF</u>	<u>t<sub>o</sub></u>	<u>t<sub>c</sub></u> (alpha = 0.05)	<u>Result</u>
$\mu_1 - \mu_2 = 0$	$\bar{X} - \bar{Y} = 0$ (62% - 67%)	22	-0.7223	1.717	Not significant

Table 4.39 shows that the difference in the scores of the first and fourth year students on the 12 items was not statistically significant ( $df = 22$ ;  $\alpha = 0.05$ ); at the 95% confidence interval.

This finding confirms the results presented as part of answers to the second research question - displayed in Tables 4.27 to 4.29 as well as Figures 4.29 to 4.32.

### 4.3.2 Espousal of Positive Interpersonal Relationships with Relatives and Friends of Patients.

With regard to the second aspect of the third research question, namely whether or not statistically significant differences existed between first and fourth year nurse education students in their espousal of positive interpersonal relationships with relatives and friends of patients, Table 4.40 summarises these findings.

Table 4.40 Summary Table of "t" - test comparisons on the espousal, of positive interpersonal relationships of student nurses with relatives and friends of patients :

<u>Hypothesis</u>	<u>Estimate</u>	<u>DF</u>	<u>t<sub>o</sub></u>	<u>t<sub>c</sub>(alpha = 0.05)</u>	<u>Result</u>
$\mu_1 - \mu_2 = 0$	$\bar{X} - \bar{Y} = 0$ (72% - 73%)	24	-0.3053	1.711	Not significant

Like in the case of the espousal of positive interpersonal relationships with patients, here too, the differences between first and fourth year students were not statistically significant (df = 24; alpha = 0.05). The null hypothesis is, again, sustained, namely that there is no statistically significant difference in the espousal of positive interpersonal relationships of student nurses with relatives and friends of patients, between first and fourth year students.

### 4.3.3 Espousal of Positive Interpersonal Relationships with Colleagues (Peer Group)

The third and final aspect of the third research question concerned whether or not statistically significant difference existed, between first and fourth year students in their espousal of positive interpersonal relationships within themselves as professional colleagues.

Table 4.41 summarises the findings on this statistical comparison:

Table 4.41 : Summary table of t- test comparison on the espousal of positive interpersonal relationships with colleagues:

<u>Hypothesis</u>	<u>Estimate</u>	<u>DF</u>	<u>t<sub>o</sub></u>	<u>t<sub>c</sub> (alpha = 0.05)</u>	<u>Result</u>
$\mu_1 - \mu_2 = 0$	$\bar{X} - \bar{Y} = 0$ (42% - 41%)	18	-0.378	1.734	Not significant

The findings presented in Table 4.41 also show the same profile as presented above. The two groups performed identically on the espousal of positive interpersonal relationships with colleagues. This, again, led to the acceptance of the null hypothesis at  $df = 18$  and 95% confidence interval, namely that there is no statistically significant difference between first and fourth year student nurses in their espousal of positive interpersonal relationships with one another as colleagues.

## 5.0 CONCLUSION

This chapter has presented the analysis of data arising out of this study. The presentation of data began with the background and biographical information relating to the respondents (first and fourth year student nurses of the four year comprehensive course - R425). This was then followed by the presentation of data collected to address each of the research questions, in the order in which they were initially presented in chapter one - and re-stated at the beginning of this chapter. The findings gave rise to *a posteriori* 't'-test comparisons between first and fourth year respondents on their espousal of positive interpersonal relationships with

- ❖ each other as colleagues
- ❖ patients, and
- ❖ relatives and friends of patients

In the next chapter, the researcher discusses the findings presented in this chapter within the context of the literature reviewed in chapter two.

## CHAPTER 5

## DISCUSSION OF FINDINGS

## 5.1 OVERVIEW

This section presents a discussion of the major findings of this study, according to the three research questions investigated - namely

- the respondents' perceived roles of tutors, preceptors and professional nurses in fostering the development of interpersonal relationships of students nurses
- student nurses' espousal of positive interpersonal relationships with colleagues, patients, friends and relatives of patients
- whether or not any significant differences existed between the first and fourth year students' **perceptions** and **espousal** of positive interpersonal relationships.

## 5.2 TUTORS AS FACILITATORS OF THE DEVELOPMENT OF INTERPERSONAL RELATIONSHIP OF STUDENT NURSES

The first research question concerned the perceptions of student nurses about tutors as facilitators of the development of interpersonal relationship of student nurses. Figure 4.19 shows that the first year students consistently over-rated their tutors in comparison to fourth year students in terms of their role in promoting the development of interpersonal relationships of student nurses.

Stephenson (1984:281) reports that student nurses favour instrumental roles of the tutors in shaping student nurses' careers. The tutors' roles are reported to be high in orientation towards transmitting knowledge and strong structuring of teaching and organisation on the implementation of the curriculum and integration of theory to practice. In terms of this study there were high ratings on items 10,9, 4, 5, 12 of the questionnaire (Part I of Section B), which dealt with whether or not tutors held open discussions with students; displayed pleasant attitudes towards patients;

used teaching methods that empower students; and the extent to which they (tutors) saw to the development of interpersonal relationship with patients, as an important part of training. This suggests that if tutors are to meet the expectations of student nurses, particularly concerning the development of positive interpersonal relationships, they (tutors) need to conduct where possible, clinical teaching to integrate theory and practice. This contention agrees with the recommendations of the SANC to deliberately make the development of interpersonal relationships a visible component of tutors' responsibilities - thereby fulfilling the notion of one grade of nurse teacher who functions with ease in both the classroom and clinical situations. Beukes (1991:4) envisages that the provision of knowledgeable, responsible, creative thinking practitioners, must be the focus of all efforts tutors make to enable the students to meet the health needs of the country. Evidently, promoting the development of positive interpersonal relationships of student nurses, *vis-a-vis* the various groups of people with whom they have to interact, is a vital component of this.

Accordingly, the tutor should plan higher instructional designs, learning activities and other educational programmes in order to meet the objectives of professional development. Tutors ought to visit students to see how they are progressing on interpersonal relationships in integrating theory to practice. This will demonstrate that the tutors show interest in the professional development of their students.

According to Wong, as quoted by Wannenberg (1989:33-39), all educational and training programmes are built upon the assumption that, human beings have an ability to transfer what they have learned from one situation to another. Thus, once the content of the nurse education curriculum has been finalised the school must decide how it will be offered. According to Wannenberg (1989:36) the SANC stipulates that this must be done by means of an integrated curriculum, organised in such a manner that concepts taught in the classroom can be transferred to the clinical setting. Nursing education schools using this approach would be preparing graduates capable of functioning in a variety of settings. This would serve as a good example to nurse education in its planning, implementation and evaluation of its programmes.

Alexander (1983), as quoted by Wannenberg (1989:44), recognised that although it is the learner

who ultimately integrates the information in her/his own head, by means of an intellectual process, the tutor is instrumental in organising subject content, that will encompass the development of interpersonal relationships, in such a manner as to facilitate the integration. Though the findings revealed that first year students rated tutors consistently higher in comparison to fourth year students, the finding, nevertheless still revealed that both first and fourth year student nurse respondents found tutors to be facilitators for the development of positive interpersonal relationships. Overall, 79% first year students agreed, compared to 62% fourth year students, that tutors facilitated the development of positive interpersonal relationships.

The second aspect of the first research question concerned student nurses' perceptions about preceptors' roles in promoting the interpersonal relationship of student nurses. Figure 4.23 portrays the overall response profile concerning the role of preceptors in promoting the development of interpersonal relationship of student nurses. In terms of this figure, 82% of the first year respondents agreed, as compared to 61% of fourth years.

The first years gave high scores on various items, namely that preceptors

- ❖ are the strongest links between education and the clinical setting
- ❖ demonstrate listening skills
- ❖ encourage participation of student nurses in interactive processes
- ❖ guide students to gain insight in development of positive relationships.

The fourth year students rated the preceptors high on the same areas of interest, with the exception of item 7 that is listening skills, which had a low rating with fourth year students.

According to Manzini (1988:29) nurse preceptors have a responsibility for providing the student nurses with the required information in the clinical situation. The preceptors are resource persons and are able to teach by precept and example, as role models in promoting positive interpersonal relationships. As such, it is the nurse preceptors' responsibility to display their leadership roles to the student nurses in such ways that the students learn what is expected of them on completion of their education and training. Mellish (1992:142) emphasised the importance of the role played by the nurse preceptors, as role models to the student nurses, by stating that the nurse preceptors

are mirrors in which their images are reflected to the student nurses. The preceptors' roles and responsibilities in education and training of student nurses include liaison between student nurses and practice environments, as well as with supervisors, regarding the progress of the student nurses.

Though the findings revealed that first year students rated preceptors higher, in comparison to fourth year students, both groups of respondents found preceptors to be facilitators of the development of positive interpersonal relationships.

The first research question read as follows:

- ❖ Do student nurses perceive tutors, preceptors and professional nurses to promote the development of interpersonal relationships of student nurses in their implementation of the theory to practice of the R425 comprehensive course?

The third aspect of the first research question related to student nurses' perceptions about the role played by professional nurses in promoting the interpersonal relationship of student nurses. Figure 4.27 gives the overall students perceptions about the role of professional nurses in promoting the development of interpersonal relationships of student nurses. According to this figure 70% of the first year respondents rated the professional nurses as promoting their development of interpersonal relationships, as compared to 57% of the fourth year respondents. The highest ratings in the case of first years were in relation to items 4, 5 and 19 whereas for fourth years it was 5,17 and 18. These items read as follows:

- |     |   |
|-----|---|
| 4.  | Professional nurses exercise control over students, enabling them to develop interpersonal skills           |
| 5.  | The professional nurses empower student nurses with accountability  |
| 17. | Professional nurses teach student nurses the essential aspects of health promotion                          |
| 18. | Professional nurses help student nurses take responsibility for their own decisions                         |
| 19. | Professional nurses help play a significant role in cultivating student nurses' interpersonal relationships |

The first year students gave high scores on the following items:

- ❖ Professional nurses exercise control over students, enabling them to develop interpersonal skills
- ❖ Professional nurses teach students the essential aspects of health promotion
- ❖ Professional nurses play a significant role in cultivating student nurses' interpersonal relationship required for a successful nursing career.

The fourth years rated the professional nurses high for

- ❖ empowering students with accountability
- ❖ teaching student nurses the essential aspect of health promotion
- ❖ helping students to take responsibility for their own decisions

Bergman (1982:8) suggested that in the wards, professional nurses upon whom trust has been placed, must be accountable for students' performance and supervise the students developing their interpersonal relationships. The professional nurses are clinical motivators and facilitators. Therefore, they need to provide learning opportunities for students' practice and nursing interventions, and see to the mastering of skills by student nurses, not only for clinical practice, but also those needed to facilitate the development of sound interpersonal relationships. Clinical practice comprises the learning opportunities which permit the students to practise under the supervision of professional nurses.

Mellish & Brink (1990:219), writing about the teaching function of professional nurses, state that

“the unit sister is responsible for enabling a student who has been assigned to her unit, for experience in that specific area of nursing, to encounter and cope with such situations which will facilitate her growth and development into an independent practitioner”.

The professional nurses do the above by formal and informal teaching and by acting as role models for student nurses who learn by imitation (Quinn 1989: 39). The professional nurses must always be aware of their teaching roles, in teaching attitudes, communication, interpersonal skills and maintenance of standards. For them to enact their teaching roles effectively, they should

possess certain attributes, such as willingness to teach, knowledge and clinical competence, teaching skills, humanistic approach to students, being available to students, being able to provide constructive criticism as well as supervising and encouraging intellectual discipline.

It is important to stress the point that there should be mutual respect and trust amongst all role players to encourage good interpersonal relationships. A professional relationship should exist amongst all role players which, in addition to mutual respect and trust, includes integrity, honesty and confidentiality about patients' problems.

The tutors, preceptors and professional nurses are expected to attain and maintain credibility in their nursing and teaching competence, knowledge and development of good interpersonal relationships. Therefore, all these participants are expected that their conduct and their development of good relationships should be continued, thereby preparing the students for their future in the health service.

Student nurses must be directed, and provided with the means, which would enable them to implement good interpersonal relationships, for the quality care of patients, as well as enrich interactions with relatives and friends of patients. It is also important to cultivate healthy, professional interaction amongst student nurses themselves.

Though the findings revealed that first year students also rated professional nurses higher, compared to fourth year respondents, both first and fourth year student nurses found professional nurses to be facilitators for the development of student nurses' positive interpersonal relationships.

### 5.3 ESPOUSAL OF POSITIVE INTERPERSONAL RELATIONSHIPS WITH PATIENTS, RELATIVES AND FRIENDS OF PATIENTS, AS WELL AS COLLEAGUES

The second research question read as follows:

Do student nurses espouse positive interpersonal relationships with:

- ❖ patients
- ❖ relatives and friends of patients
- ❖ colleagues, in terms of Peplau's theory?

The first aspect of this research question entailed ascertaining whether or not student nurses espoused positive interpersonal relationships with patients. As explained in chapter one, this could be a neglected aspect of integration of theory to practice. Yet, in terms of the conceptual model for this study the development of interpersonal relationships constituted a central aspect of integration of theory and practice. Overall, the response profile of the espousal of positive interpersonal relationships with patients revealed no major difference between first and fourth years.

The first years gave high scores on items 1, 6, 7, 11 namely that:

- a patient who is critically ill as a result of a self inflicted injury (e.g. suicide attempt) should not be given priority attention;
- student nurses must never perform their duties towards patients affectionately with warmth and care; and
- in a busy ward a student could estimate a patient's temperature in order to save time for other patients.

On the other hand, the fourth year students gave high scores on items 1, 2, 3, 10, namely that:

- a critically ill patient as a result of self inflicted injury should not be given priority

attention;

- a patient must learn to accept any instruction given by the student nurses because he/she is totally dependent on the nurses' service;
- a patient who presents him/herself drunk does not deserve the care and attention of the student nurse as much as does a patient who is sober; and
- it is right to shout at a patient who does not want to obey hospital rules and regulations.

In comparison, it is noteworthy that the four items on which the fourth year respondents scored the highest were contrary to the espousal of positive interpersonal relationships. This could suggest that the development of positive interpersonal relationships might be a neglected area of the nurse education curriculum. Had this not been the case, one would have expected a steady improvement in the espousal of positive interpersonal relationships as students progressed through the curriculum from first year to the fourth year. These findings suggest the need for further research to analyse this apparent problem in nurse education.

Sherman (1990:18-19), observes that active participation of patients in every aspect of the therapeutic community should be encouraged. Meetings between patients and staff should be held to achieve an atmosphere of collaboration and mutual respect and help. There should be concentration upon increasing communication between patients and staff, to create therapeutic teams which share responsibility for treatment, and transformation of hospitals to decentralised structures, with various treatment units, serving various geographical areas. Positive interpersonal relationships and therapeutic milieux are important for the recovery of patients. Creative staff attitudes help to create effective and responsive human working systems.

Through compassion the student nurses should be developed to understand patients' humanness and to foster positive interpersonal relationships with them. When students have already completed, their training, they might have to continue to manage a ward, delegate work to others,

act as mentors for student nurses. However, should relationships not be developed, poor performers with poor relationships might be the result. The nurses might be expected to discuss with patients and their relatives many issues concerning diagnosis, progress, prognosis and how to cope with ensuing emotions. They would be able to cope with such issues if their interpersonal relationships were satisfactory.

According to Lanara (1988:3-8) nursing is a science and art, possessing a spiritual component. It is also considered as a form of moral activity. As such, nursing practice requires not only scientific knowledge, interpersonal, intellectual, technical competencies and skills but also a set of human values accepted and actualised by all nurses. This suggests that a well articulated nursing philosophy could serve as a reservoir of values, such as responsibilities, faith and love. Furthermore, Lanara (1988:3-8) considers that to deal effectively with the patient is not easy because it requires knowledge, courage, patience and strength to withstand frustrations, conviction and human sensitivity. Caring includes such attributes as mothering, receptivity, responsiveness and empathy with good human relationships.

Vlok (1988:44) posits that for a student nurse to get along well with the patient, this does not mean domination. A good interpersonal relationship, buttressed by effective communication techniques, could go a long way towards eliminating situations of human degradation.

Vlok is supported by Dugas & Dugas (1983: 231) who consider the fact that there are certain basic needs that are common to all human beings which must be fulfilled by the student nurse to attain optimal level of wellbeing. Yet, poor basic nursing care is affiliated to poor interpersonal relationships and generally lack of privacy. This might result in poor satisfaction of the physical needs of the patient.

Dalton (1969), as quoted by Manzini (1988:43), reports that 60% of student nurses who withdrew from nursing indicated that teaching was inconsistent with practice. It would appear therefore, that this area of research might have many grey areas including poor correlation of theory and practice, and poor results in positive interpersonal relationships between nurses and patients. The student nurses who failed to learn to tolerate the difficulties and uncertainties inherent in caring

for patients, including sharing their burdens, grief and suffering, failed to foster good interpersonal relationships with their patients.

Birch (1992), as quoted by Tlakule & Uys (1993:29), investigated the cause of wastage of student nurses during training and reported similar results that differences in classroom teaching and ward practices gave rise to conflicts and stress which resulted in student nurses' withdrawal from nursing. In the present study the findings in Figure 4.31 showed that 62% of the first year respondents, compared with 67% of the fourth year respondents, espoused positive interpersonal relationships with patients. This suggested that progress from first year to fourth year in enhancing students' development of positive interpersonal relationship with patients, seemed to be lacking.

The first years are still being introduced to the nurse education curriculum, whereas fourth years are final year students. For the fourth year students to show the same levels of performance as first years in terms of their espousal of positive interpersonal relationships with patients, seems to indicate a lack of development of these skills among students following the R425 curriculum.

The second aspect of the second research question of this study was to determine whether or not student nurses espoused positive interpersonal relationships with relatives and friends of patients. Figure 4.35 showed the overall response profile of the first and fourth year students: being 72% and 75% positive for first and fourth years, respectively. There is no major difference between first years and fourth years, showing that this is possibly a neglected aspect of the nurse education curriculum. The first year respondents gave high scores on items 13, 9, 5 - which were:

5. In the case of the admission of a minor to a ward, it is not necessary for the next of kin to be asked to sign the consent form
9. Relatives and/or friends have the right to see the patient any time without asking for permission from the person in charge of the ward
13. Once the patient is dead the family does not need the nurse's services once the patient is dead the family does not need the nursing services.

The fourth year students also gave high ratings on items 9 and 13. They also differed with first year students on item 4, which stated that it is not the nurses' duty to spend time with relatives and friends of a patient informing them of the death or explaining anything to them.

As stated by Dugas & Dugas (1985:15) family and friends of patients are mostly concerned about patients' health and are prepared to motivate the patient to work towards the establishment of positive goals. This means that a nurse's ability to foster positive interpersonal relationships with patients' relatives and friends is a very important aspect of her/his work. This position is supported by Stevenson (1984:149) who maintains that a favourable reception of the patient's family contributes peace of mind for the patient and relatives. This is important for the process of healing.

Fisher (1987:188) supports Stevenson and contends that a warm hearted, welcoming look from the nurse when she meets a patient's relatives for the first time shows acceptance of them as human beings. Indeed, a community's positive rapport with the patient could be used as an effective tool in patient care. This could help to maintain the respect and dignity of the patient since, in most cases, the commitment of relatives and friends of patients to the care of the patient could not be doubted.

The ideal of fostering and promoting positive interpersonal relationships is based on a belief that people learn from one another how to be human, by identifying themselves with others, or finding dilemmas with themselves. Through positive interpersonal relation human care transactions are allowed for unique and authentic quality of presence in the world of the others. Togetherness in caring facilitates good human relationships. Through being with one another, interpersonal relationships have occurred and moments of joy have been experienced, by both the one caring and the one being cared for.

Chilma & Thomas (1981:189), in the literature review, contend that nurses need to foster good interpersonal relationships with family members of the patients. They further state that nurses should be able to identify the stress of the families, through positive interpersonal relationships, so that cultivated skills, knowledge and attitudes can effectively be imparted to patients, relatives

and friends, all for the benefit of the patients.

The third and final aspect of the second research question related to whether or not the student nurses espoused positive interpersonal relationships amongst themselves. Information in Table 4.36 was coded in such a way that affirmative responses, **agree** and **strongly agree**, represented espousal of positive interpersonal relationships whereas disagree and strongly disagree response categories stood for the espousal of negative interpersonal relationships. The distribution of scores in Table 4.36 shows that the espousal of positive interpersonal relationships received higher percentage loadings than negative ones. However, a rather high percentage of respondents fell under the No Response category (35%) amongst first years; it was the same with fourth years. This suggested that this aspect of the development of interpersonal relationship (amongst peers) most probably remained undeveloped. The relationships of student nurses with regard to how they are expected to interact amongst themselves should be made a very important outcome of the nurse education curriculum implementation. Insufficient time for team discussions and conflicts between team members endanger the development of positive interpersonal relationships.

According to Mellish (1992:197), in the literature review, in a ward where there is team spirit and co-operation among colleagues, there is a good therapeutic environment. Indeed modern health care is a team effort. Working amicably with colleagues does not mean lowering standards but could, instead, lead to harmonious relationships and high productivity, efficiency and competence. Tolerance enables student nurses to accept colleagues without prejudice.

Kilpi (1989:18) contends that the goal of training student nurses is to inculcate caring principles and their application in various situations. This requires that students work as a team and recognise the basic dimensions of caring and the ability to combine them into new individual entities for the benefit of the patient. All nurses should regard the rights of others as precious. The essence of caring must be central amongst nurses prevailing, inspiring and imbued over nursing practice and over the nursing vision of the future.

Ammond & Shroll (1988:85-86) observe that the peer group, as a socialising agent, influences the socialisation system. Consequently, encouraging peer group cohesiveness and closeness,

encourages nursing students to learn as much as possible from each other. This is supported by Mellish & Brink (1986:194-195) who state that the peer group helps students to learn to accept constructive criticism and to evaluate their own performance and that of others.

#### **5.4 ESPOUSAL OF POSITIVE INTERPERSONAL RELATIONSHIPS: STATISTICAL TESTING**

The third and final research question concerned whether or not a statistically significant difference existed between first and fourth year students in their espousal of positive interpersonal relationships with patients, relatives and friends of patients, as well as amongst themselves as professional colleagues. The findings presented in Tables 4.39, 4.40 and 4.41 (chapter 4) show that the two groups performed identically, on the espousal of positive interpersonal relationships. This led to the acceptance of the overall null hypothesis that there is no statistically significant difference between first and fourth year students in their espousal of positive interpersonal relationships with patients, friends and relatives of patients and amongst themselves as professional colleagues. This absence of a statistically significant difference in the espousal of positive interpersonal relationships between first and fourth year students is a very significant finding in that it suggests that the development of interpersonal relationships is a neglected aspect of the implementation of the nurse education curriculum. A discrepancy between implementation and integration of theory to practice in the clinical area may result in poor interpersonal relationships. The accumulation of scientific knowledge, and acquisition of technical skills alone do not constitute sufficient requisites for a successful nursing career. As Manzini (1988:28) states, nursing practice requires not only knowledge and technical competence, but also a high degree of insight, empathy and good human relationships, geared towards total patient care.

Training should aim to enhance the students' cognitive complexities. In nursing education the primary objective should be to learn to care for human beings. For student nurses this requires a holistic orientation to training. In supporting this contention, Raya (1990:505) quotes Plato who indicated that "all knowledge when separated from justice and virtue is seen to be cunning and not wisdom". Consequently, education which transmits these values connects the being with what ought to be; the becoming with what ought to become, the real with the ideal.

Nursing as a humanistic field, provides value orientation. The schools of nursing should socialise students to the norms, values and roles of the profession, along with providing them with the essential knowledge and skills. As stated in the literature review a satisfactory answer to this research question entails that, the researcher examines the impact of the curriculum implementation as well as integration of theory and practice on student nurses' development of interpersonal relationships with various persons. The researcher envisages that if the nurse education curriculum is adequately implemented, there should be a significant difference in the conception of the student nurses' espoused interpersonal relationships at different levels of the curriculum. In particular, it is envisaged that student nurses at the point of entry into the programme (first year) should be qualitatively different in their conception of the espoused interpersonal relationship than those who are at the exit point (fourth year). Such a qualitative change, as student nurses go through the programme, should come about as part of a deliberate intervention by all the people, individually and collectively, who are responsible for the education and preparation of the students for a successful nursing career. This means that due emphasis needs to be placed on the development of interpersonal relationships, as a core element of the nurse education programme. The present study has made a pioneering attempt in this regard in the RSA. It is hoped that the revelations made in this study will bring about the necessary changes in emphasis, entailing placing the development of interpersonal relationships at the centre of the programme as shown in Figure 2.3, which formed the operational model for this study.

## 5.5 CONCLUSION

In this chapter, the researcher has attempted to place the major findings of this study within the context of the literature review. In this regard, it has become evident that the development of interpersonal relationships does not currently occupy a visible place in the implementation of the four-year comprehensive course (R425). The findings suggest that student nurses are left to their own devices, in so far as the development of interpersonal relationships is concerned, in their interaction with patients, relatives and friends of patients, and within themselves as prospective professionals. Considering the importance attributed by literature to positive interpersonal relationships in the practice of nursing, this is a matter which cannot be left to chance. The development of interpersonal relationships should be seen as an integral part of, or just as important as, the content of the various traditional disciplines of nursing - such as the basic

sciences, psychiatry, midwifery, community health nursing, and others. As such, the nurse education curriculum needs to treat the development of interpersonal relationships with patients, relatives and friends of patients - and amongst student nurses themselves, as being central to the preparation of a nurse. In fact, the knowledge and skills acquired by student nurses can only effectively find expression through constructive interactions between the nurse and others, as demanded by the work demands of the profession.

## CHAPTER 6

### SUMMARY, RECOMMENDATIONS AND CONCLUSION

#### 6.1 OVERVIEW

This chapter summarises the work that was undertaken in this study. In so doing, the chapter starts with a statement of the research problem which was being investigated, a statement of the research methods and a brief summary of the key aspects of the findings. Subsequently, pertinent recommendations and conclusions are provided.

#### 6.2 SUMMARY

The main objective of this study was to find out what students' perceptions were concerning the respective roles of tutors, preceptors and professional nurses in promoting students' development of positive interpersonal relationships. The study also sought to determine whether or not there were significant differences between first and fourth year student nurses' espousal of positive interpersonal relationships with patients, relatives and friends of patients, as well as amongst themselves as professional colleagues with a common purpose.

The research was conducted at selected campuses and colleges offering the four-year (R425) comprehensive nurse education programme in the Eastern Cape Province during 1997. The confirmation survey research design (LeCompte & Preissle 1993:161) was adopted as the research methodology for the study. A researcher-designed questionnaire was administered to all student nurses in the selected campuses and colleges. Overall, completed questionnaires were collected from a research sample size consisting of 117 first year and 140 fourth year students.

#### 6.3 FINDINGS AND RECOMMENDATIONS

The first research question revealed that although both first and fourth year student respondents found tutors to be facilitators of the development of positive interpersonal relationship. Items 1, 2 and 7 in both groups had lowest ratings. These items were stated as follows, respectively:

- there is a very good relationship of trust which makes it very easy for me to talk to my tutors and discuss a variety of issues concerning the course;
- I feel relaxed talking to my tutors; and
- the variety of methods used by my tutors help to cultivate an environment of trust with students.

### **6.3.1 Tutors**

These findings showed that these aspects of development of positive interpersonal relationships are lacking in the implementation of the nurse education curriculum. It is therefore important to make the following recommendations concerning tutors' promotion of student nurses' development of interpersonal relationships as they progress through the curriculum from first to fourth year.

In view of the above, the tutors should play an important role in facilitating the development of interpersonal relationships of student nurses by the manner in which the curriculum content is selected and presented. The tutors could achieve this in many ways, but a few examples are listed:

- In every patient contact situation all relevant basic medical, biological and social science components should be integrated when emphasising and teaching interpersonal relationships to student nurses using a variety of methods to cultivate an environment of trust with students. The emphasis should be on how to take care of patients, holistically.
- The transfer of knowledge from the classroom to the clinical field of nursing practice must be facilitated by the tutor to promote students' recognition of a direct

relationship between curriculum content and the interpersonal interactions within the clinical situation.

- The tutors should create a therapeutic environment which encourages the students to take full responsibility for their own learning. This will encourage student nurses to feel relaxed and promote the development of positive interpersonal relationships of trust, enabling students to discuss a variety of issues concerning the course with their tutors. The tutors should explore with student nurses various ways to encourage the development of positive interpersonal relationships.

### **6.3.2 Preceptors**

Although the first year respondents rated preceptors higher than did fourth year students, in terms of the preceptors' role in promoting student nurses' development of positive interpersonal relationships, there were two items with the lowest ratings by fourth year respondents, namely, items 3 and 8. These were:

- Our preceptors show a lot of interest in their students; and
- I feel fully accepted by preceptors.

In order to address these apprehensions, a humanistic approach to students would be necessary. Students expected to be treated with kindness and understanding so that they could feel fully accepted and that the preceptors really cared for their success. Accordingly, the following recommendations appear pertinent:

- Collaboration between tutors (normally concentrating on teaching the theory) and preceptors (with primary focus on clinical skills) is essential if the clinical learning environment is to best meet the needs of the students in developing positive interpersonal relationships. Preceptors could play a very important role in ensuring that this takes place.

- Students should be encouraged to recognise the influence they exert over their own clinical learning environments and to pro-actively work towards creating the kind of environment which will best meet their learning needs and create therapeutic environments for patients.
- The preceptors should be reliable resource persons for students and provide the necessary support to them in coping with possible stresses related to the clinical environments. To this end, the work of preceptors and professional nurses must be integrated and commonly planned to address and achieve mutually identified and agreed-upon educational objectives - particularly those pertaining to the development of positive interpersonal relationships with patients, friends and relatives of patients, as well as with colleagues. Overall, this might also enhance and promote the students' commitment to the nursing profession.

### **6.3.3 Professional Nurses**

As in the previous two cases, first year respondents gave higher ratings, than fourth year students, to the role played by professional nurses in facilitating the promotion of student nurses' development of positive interpersonal relationships. The lowest ratings were recorded with respect to items 3, 7 and 8. These items focussed on whether or not professional nurses:

- showed a positive attitude towards student nurses as a way of facilitating the development of positive interpersonal relationships with patients;
- exhibited a good caring attitude towards the student nurses thereby inspiring them;  
and
- made student nurses feel secure in the ward.

Key roles of the professional nurses, in the training of student nurses, include that participation in student education should be an expected and valued part of the professional nurses' duties and responsibilities in order to orientate student nurses to the nursing profession. In turn, this would facilitate the development of positive interpersonal relationships between professional nurses and student nurses, subsequently extending to the student nurses' interactions with patients, friends and relatives of patients, and amongst nurses themselves as professional colleagues. The following recommendations pertain to the role which could be played by professional nurses:

- The professional nursing staff should exert the greatest influence on student learning in the clinical settings. This will make the students feel secure in their performance of their duties and responsibilities in the clinical situations.
- It is the responsibility and duty of professional nurses to orientate the student nurses, and to facilitate the correlation and integration of theory and practice. This should help students to adapt to professional clinical practice situations, together with the attendant positive interpersonal relationships. To facilitate positive attitudes of professional nurses towards student nurses, in-service education could be organised to teach them duties and responsibilities expected in the development of positive interpersonal relationships of student nurses when they are in clinical situations.
- Professional nurses, in the practice situations where students undertake clinical learning experiences, should be adequately prepared and supported for their roles in the development of student nurses' interpersonal relationships. In particular, regular meetings amongst tutors, preceptors and professional nurses appear to be extremely important in order to harmonise the respective and collective contributions of these very important role players in nurse education. In these meetings, special attention should be paid to the development of interpersonal relationships at the various levels explored in this study, namely

- ❖ with patients
- ❖ with relatives and friends of patients
- ❖ with colleagues

The third research question of this study was stated as follows:

- Are there any significant differences between first and fourth year student nurses of the R425 four-year comprehensive nursing course in their perceived interpersonal relationships with:
  - ◆ patients
  - ◆ relatives and friends of patients
  - ◆ colleagues?

The findings revealed no major differences between first year and fourth year respondents in their espousal of positive interpersonal relationship with patients' relatives and friends of the patients, nor with their colleagues. Accordingly, the following recommendations may be made:

#### ***The Patient***

Due regard to the development of interpersonal relationships with patients, as student nurses progress throughout the curriculum, should receive greater emphasis. Student nurses are expected to perform their duties towards patient diligently, efficiently and effectively throughout their career.

#### ***Relatives and Friends of Patients***

Another area where proper implementation of the nursing education curriculum appeared to be lacking related to the findings which revealed no major differences between first and

fourth year respondents. For instance, respondents from both groups gave high ratings on item 1 (it is right to shout at the relatives and friends of the patients if they bring prohibited items into the ward). Student nurses should develop positive interpersonal relationships to respect all, including patients and their relatives and friends. The relatives and friends of patients must not be shouted at, nor humiliated in any way, but should be politely informed about the correct procedures - or provided with information regarding patients' progress. In this way, the student nurses might acquire holistic approaches and understanding both for patients and their relatives and friends, including spending time with relatives and friends of deceased patients, giving them moral support through acquired positive interpersonal relationships. Indeed, student nurses must be developed to have the love of humanity in general involving positive interpersonal relationships. Student nurses should, through positive interpersonal relationships, maintain at all times utmost respect for the basic human worth and dignity of their patients, and relatives and friends of the patients, through their commitment to patient care. Hence, it is necessary and important for the families to receive nursing care even if one of their relatives has passed away.

### **Colleagues**

This is the third area of interest in this study, revealing failure in the implementation of nursing education curriculum in addressing the development of interpersonal relationships, even amongst the student nurses themselves. Under this section, some of the items of concern were:

- isolating oneself from colleagues creates a happy atmosphere resulting in good interpersonal relationships;
- it is justifiable to learn in the ward if one's colleagues do not arrive on time to receive the hand-over report; and
- in order to avoid conflict, a nurse should absent herself from work if there is irritation, boredom and indifference amongst fellow nursing colleagues.

Cheerfulness and willingness to work together as a team are the responsibilities and duty of all members of the health care team for the proper welfare of the patients. It is important to work together and create a happy atmosphere, imbued with the spirit of positive interpersonal relationships amongst all members of the health care team, but specifically amongst the nurses.

Colleagues should maintain professional competence and professional image and practice in all activities which will promote the interests of the profession. Team spirit should be promoted to encourage good working relationships with colleagues, thereby creating a happy atmosphere conducive to high quality patient care. This will further help student nurses to openly discuss ideas with their colleagues, and within the spirit of positive interpersonal relationships and productive work environments. Effective interpersonal relationships amongst colleagues should acknowledge that:

- The development of interpersonal relationships does not just happen. It is built day by day as the nurses interact with the ill persons, their friends and relatives, and with their colleagues. This should overcome part of the malaise of absenteeism and contribute towards the development of mutual respect amongst colleagues.
- A positive philosophy of life should be developed through positive interpersonal relationships so that the students can foster positive interpersonal relationships with colleagues for the benefit of their patients.
- Given the RSA's Health policy, emphasising a comprehensive primary health care delivery approach, interpersonal relationships have assumed a crucial level of importance in every aspect of training to produce nurses capable of thinking critically, analytically and creatively. Being at the forefront of primary health care, nurses need to have positive interpersonal skills for the approach to succeed.
- A good learning environment is viewed as being characterised by the provision of opportunities for student learning, such as observation of new procedures,

attending to medical rounds and encouraging positive interpersonal relationships. This is important and lays emphasis on the need for positive interpersonal relationships at all levels.

- In-service education could be organised for tutors, preceptors and professional nurses to teach activities that are involved in the development of interpersonal relationships to encourage team spirit and quality care of patients.

Seminars should be held to reinforce the content and enable students to clarify the values that they bring into nursing. This will encourage team spirit, discussing ideas with colleagues, sharing feelings with colleagues to create a happy atmosphere which results in good human relationships. By the end of the fourth year, student nurses are expected to demonstrate commitment to their own professional growth and should be able to see themselves as advocates, care givers, co-ordinators of health care through relatives and friends of patients as well as colleagues. This should greatly contribute towards reducing absenteeism, avoiding conflicts, shouting at patients, relatives and friends of patients.

#### **6.4 CONCLUSION**

The overall aim of nurse education must be to help student nurses to become capable of functioning in a complex and difficult world through good interpersonal relationships. The development and sharing of knowledge and skills related to a high standard of practice should involve positive interpersonal relationships since professional nursing emanates from an integration of theory with clinical practice. The findings of this study are significant in-so-far as they have shown that the development of positive interpersonal relationships of student nurses investigated in this study appears to be a neglected area of training. With the country's emphasis on primary health care, the need for nursing graduates with positive interpersonal relationships cannot be over-emphasised.

Further research needs to be conducted to shed more light on this topic and to examine the perception of the students regarding their experiences both in the classroom and in the

implementation of the curriculum in the clinical facilities about the development of their interpersonal relationships. On the basis of the findings of this study, it is important that all those involved in the education of student nurses undertake to re-examine their respective and collective roles in promoting student nurses' development and acquisition of positive interpersonal relationships, as demanded by the nursing profession within a primary health care scenario. To this end, this study has made a significant contribution.

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**ANNEXTURE 1: LETTER TO RESPONDENTS**

Tafalofefe Hospital  
P/Bag X3024  
Butterworth

6<sup>th</sup> April, 1997

The Respondent  
Nursing Colleges  
Eastern Cape province

Dear Student

**Request to complete and return the enclosed questionnaire**

The main aim of the enclosed questionnaire is to study the ways in which student nurses experience certain aspects of their educational programme.

The information you provide in this questionnaire will be treated with the strictest of confidence and therefore will not prejudice you in any way. No names will be mentioned in the report to be written following the administration of this questionnaire. Only statistics derived from all the completed questionnaires will be presented and discussed in the report. You are, therefore, requested to be as honest as possible in your responses – and not to consult other people for ideas in completing and returning the questionnaire.

Your co-operation will be highly appreciated.

Thank you,

P. W. Solombela  
RESEARCH STUDENT, UNISA



7. WERE YOU IN EMPLOYMENT BEFORE COMMENCING  
YOUR NURSING COURSE?

YES [ ]  
NO [ ]

8. HOW MANY PEOPLE LIVE IN YOUR HOME: .....

**SECTION B**

Please, indicate by using a tick, your degree of agreement or disagreement with a given statement:

The following abbreviations are used for all the three Parts of this Section:

- SA: Strongly Agree
- AG: Agree
- DA: Disagree
- SD: Strongly Disagree

**Part I**

	<b>SA</b>	<b>AG</b>	<b>DA</b>	<b>SD</b>
1. There is a very good relationship of trust which makes it very easy for me to talk to my tutors and discuss a variety of issues concerning the course				
2. I feel relaxed talking to my tutors				
3. The tutors assess students in a manner which encourages the development of trust with students				
4. The tutors employ teaching methods which empower students to develop interpersonal relationships required for nursing				
5. The tutors encourage open discussions with students				
6. The learning objectives set for lessons encourage the development of interpersonal relationships amongst student nurses				
7. The variety of teaching approaches used by tutors help to cultivate an environment of trust with students				
8. The marks and other types of information received from tutors on learning outcomes help build students' self confidence				
9. The tutors promote the development of communication skills as a very important part of promoting the development of students' interpersonal relationships				
10. The tutors help students to see the development of interpersonal relationships with patients as an important part of training				
11. As students, we are enabled by tutors to learn to tolerate difficult circumstances in the management of the sick and use these relationships for the healing process				
12. Our tutors help us to look and display a pleasant attitude towards patients regardless of whatever adverse conditions we may be working under				
13. Overall, our tutors foster good interpersonal relationships with students				

	SA	AG	DA	SD
14. Our tutors support and guide students in the learning process, leading to better understanding				
15. The tutors are willing to learn new roles				
16. The tutors are willing to learn new styles of interaction				
17. The tutors are willing to learn and have an ability to criticise their own performance				
18. The tutors serve as facilitators of learning and teaching in helping students to realise their dreams				

## Part II

	SA	AG	DA	SD
1. Our preceptors are student-orientated in their teaching approaches				
2. The preceptors increase students' self esteem through their good relationships with students				
3. Our preceptors show a lot of interest in their students				
4. The preceptors convey respect to students, resulting in the development of positive interpersonal relationships				
5. The preceptors encourage personal participation of student nurses in an interactive process				
6. The preceptors are constantly guiding students to gain insight into student interpersonal relationships				
7. Preceptors demonstrate good interpersonal and listening skills towards student nurses				
8. I feel fully accepted by the preceptors				
9. The preceptors serve the strongest link between classroom education and the clinical setting				
10. The preceptors encourage the development of student-patient interpersonal relationships				

**Part III**

	SA	AG	DA	SD
1. Professional nurses work hand in hand with preceptors and clinical instructors in helping students develop good interpersonal relationships				
2. Professional nurses create a clinical learning environment which promotes a sense of trust				
3. Professional nurses show a positive attitude towards student nurses, and this facilitates the development of positive interpersonal relationships with patients				
4. Professional nurses exercise control over students, enabling them to develop interpersonal skills				
5. The professional nurses empower accountability				
6. Professional nurses encourage a sense of responsibility amongst student nurses by developing positive interpersonal relationships with them				
7. Professional nurses exhibit a good caring attitude towards student nurses - and this is inspiring				
8. Professional nurses function as role models for student nurses' development of interpersonal relationships with patients				
9. Professional nurses function as role models for students nurses' development of interpersonal relationships with peers				
10. Professional nurses function as role models for student nurses' development of interpersonal relationships with relatives and friends of patients				
11. Interpersonal relationships are learned very well under the guidance of professional nurses				
12. The good interpersonal relationships which exist amongst ward sisters are inspiring to student nurses				
13. The quality of care given by professional nurses to patients is very inspiring for one's development of interpersonal relationships required in nursing				

	<b>SA</b>	<b>AG</b>	<b>DA</b>	<b>AD</b>
14. Professional nurses make student nurses feel secure in the ward				
15. Ward teaching programmes given by professional nurses equip student nurses with communication skills needed in nursing				
16. Professional nurses teach student nurses the essential aspects of self - care skills which help in one's development of interpersonal relationships				
17. Professional nurses teach student nurses the essential aspects of health promotion				
18. Professional nurses help student nurses take responsibility for their own decisions				
19. Professional nurses help play a significant role in cultivating student nurses' interpersonal relationships required for a successful nursing career				

**SECTION C****Part I**

	<b>SA</b>	<b>AG</b>	<b>DA</b>	<b>SD</b>
1. A patient who is critically ill as a result of a self-inflicted injury, such as suicide, should not be given priority attention				
2. A patient must learn to accept any instruction given by the student nurse because he/she is totally dependent on the nurse's services				
3. A patient who presents him/herself drunk does not deserve the care and attention of the student nurse as much as does a patient who is sober				
4. Where resources are scarce in the hospital or ward, a student nurse should give priority to the very ill patients				
5. Student nurses must perform their duties towards the patient diligently with the efficiency and precision of a robot				
6. Student nurses must perform their duties towards patients affectionately with warmth and care				
7. In a busy ward, a student nurse could estimate a patient's temperature in order to save time for other patients				
8. By accepting criticism from patients this could help the student nurse create a conducive environment for the speedy recovery of the patient				
9. It is not necessary to give options to patients to exercise their free will as this will interfere with ward routines and professional judgement				
10. It is right to shout at a patient who does not want to obey hospital rules and regulations				
11. Student nurses must be friendly towards their patients at all times				
12. Student nurses must be unprejudiced towards their patients				

**Part II**

	SA	AG	DA	SD
1. It is right to shout at the relatives and friends of patients if they bring prohibited items (such as liqueur) to the patient				
2. A nurse must grab the patient's chart from the visiting relatives and friends of a patient found reading it because this violates the patients privacy				
3. The nurse must not provide information to relatives and/or friends of a patient, on the patient's progress				
4. It is not the nurse's duty to spend time with relatives and/or friends of a patient, on the patient's progress				
5. In the case of the admission of a minor to a ward, the next of kin must be asked to sign the consent form				
6. In the case of emergency, an operation should be carried out whether or not there is consent from the relatives				
7. No relatives or friends are allowed to see the patient during doctors' rounds				
8. Relatives and friends have no right to ask the doctor any questions concerning the patient's condition				
9. Relatives and/or friends have the right to see the patient any time without asking permission from the person in charge of the ward				
10. Relatives have the right to bring medicine from home to the patient in the ward in order to supplement the doctor's treatment				
11. It is advisable to ask relatives to come to hospital if the patient's condition is deteriorating rapidly				
12. It is right for a student nurse to shout at a patient's relatives who do not want to obey hospital rules and regulations				
13. Once the patient is dead the family does not need the nurse's services				

**Part III**

	SA	AG	NS	DA	SD
1. It is justifiable to leave the ward if one's colleagues do not arrive on time to receive the hand-over report					
2. In order to avoid conflict, a nurse should absent herself from work if there is irritation, boredom and indifference amongst fellow nurses					
3. Refusing to compromise is essential to teach colleagues a lesson not to toss you around					
4. Maintaining rigidity is essential to teach colleagues a lesson not to take advantage of you					
5. Discussing ideas with colleagues creates a happy atmosphere which in turn results in good interpersonal relationships					
6. Showing resistance is essential to teach colleagues a lesson not to toss you around					
7. Sharing feelings with colleagues creates a happy atmosphere which results in good interpersonal relationships					
8. Doing things together with colleagues creates a happy atmosphere which results in good interpersonal relationships					
9. High productivity makes one achieve job satisfaction, resulting in good interpersonal relationships in the work place					
10. To risk being unpopular with colleagues is good when one is standing up for the rights of the patient					