A NURSING SCIENCE PERSPECTIVE ON THE ROLE OF THE UNIT SISTER IN TEACHING STUDENT NURSES IN KWAZULU HOSPITALS

BY

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submitted in fulfilment of the requirements for the degree of

MASTER OF ARTS IN NURSING SCIENCE

at the

UNIVERSITY OF SOUTH AFRICA

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December 1994
I declare that:

The Nursing Science perspective on the role of the unit sister in teaching student nurses in KwaZulu hospitals is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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C.S. MHLONGO
ACKNOWLEDGEMENTS

The author wishes to express gratitude to people and institutions whose names appear below. Without their generous help, the study would not have been possible.

In particular I would like to thank the following:-

My supervisors, Dr U.U. Alberts and Professor M. Beukes for the academic help and encouragement they gave me whilst they were supervising my dissertation.

The University of Zululand for the financial assistance given to me towards the conduction of my research.

Professor P.T. Sibaya for the guidance he gave me throughout the whole study.

The KwaZulu Department of Health for having given me permission to conduct this study in the hospitals.

The Medical superintendents, Matrons, and charge nurses of Ngwelezane Hospital, Benedictine Hospital, Charles Johnson Memorial Hospital and Madadeni Hospital, for their co-operation in the administration of the questionnaire.

Miss R. Searle who did the preliminary typing and Mrs F.T. Sibiya for her co-operation and care in the typing of the final manuscript.

My husband and my children for their loving support and encouragement in the preparation of the study.
GLOSSARY

The following abbreviations were used in parts of the text:

S.A.N.C. - South African Nursing Council
O.S.C.E. - Objective Structure Clinical Evaluation

Reference Technique

The augmented Havard method of referring (author's name, year of publication and relevant page numbers) was used throughout the study.
SUMMARY

This study deals with the role of the unit sister in teaching student nurses in KwaZulu hospitals. The aim of the study was to identify the extent of her involvement in managing the unit to ensure clinical teaching and her involvement in the clinical teaching process.

The role theory and the clinical teaching process formed the conceptual framework. Data was collected from sisters in charge of units by means of a questionnaire.

The results of the study indicated that:-

- unit sisters regard good management of the unit as essential for effective clinical teaching.

- unit sisters regard clinical teaching as one of their important roles and functions as they said they were involved in all activities of the clinical teaching process however the responses were confined to what the unit sisters said they do which might not be what they actually do.

KEY CONCEPTS

- unit teaching
- teaching function of the unit sister
- ward-based teaching
- clinical teaching role
- clinical teaching/instruction
- socialisation of the student
- nursing education issues and trends
- the ideal sister
- role theory
- clinical laboratory in nursing education
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>NO.</th>
<th>ITEM</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>CHAPTER ONE</strong></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>ORIENTATION TO THE STUDY</td>
<td>1</td>
</tr>
<tr>
<td>1.1</td>
<td>BACKGROUND TO THE STUDY</td>
<td>1</td>
</tr>
<tr>
<td>1.1.1</td>
<td>The value of clinical teaching</td>
<td>1</td>
</tr>
<tr>
<td>1.1.1.1</td>
<td>Problems in the provision of clinical teaching</td>
<td>1</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Organising education in KwaZulu</td>
<td>2</td>
</tr>
<tr>
<td>1.1.3</td>
<td>Clinical facilities for autonomous colleges in KwaZulu</td>
<td>5</td>
</tr>
<tr>
<td>1.1.4</td>
<td>Control of nursing education in KwaZulu</td>
<td>5</td>
</tr>
<tr>
<td>1.1.5</td>
<td>Student Status</td>
<td>6</td>
</tr>
<tr>
<td>1.1.6</td>
<td>The philosophy and policy of the South African Council for clinical instruction of student nurses</td>
<td>7</td>
</tr>
<tr>
<td>1.2</td>
<td>MOTIVATION FOR THE STUDY</td>
<td>8</td>
</tr>
<tr>
<td>1.3</td>
<td>STATEMENT OF THE PROBLEM</td>
<td>10</td>
</tr>
<tr>
<td>1.4</td>
<td>OBJECTIVES OF THE STUDY</td>
<td>10</td>
</tr>
<tr>
<td>1.5</td>
<td>IMPORTANCE OF THE STUDY</td>
<td>11</td>
</tr>
<tr>
<td>1.6</td>
<td>SCOPE AND LIMITATIONS OF THE STUDY</td>
<td>11</td>
</tr>
<tr>
<td>1.7</td>
<td>DEFINITION OF CONCEPTS</td>
<td>11</td>
</tr>
<tr>
<td>1.7.1</td>
<td>Role</td>
<td>11</td>
</tr>
<tr>
<td>1.7.2</td>
<td>Unit sister</td>
<td>11</td>
</tr>
<tr>
<td>1.7.3</td>
<td>Professional nurse</td>
<td>12</td>
</tr>
<tr>
<td>1.7.4</td>
<td>Student nurse</td>
<td>12</td>
</tr>
<tr>
<td>1.7.5</td>
<td>Teaching function of the unit sister</td>
<td>12</td>
</tr>
<tr>
<td>1.7.6</td>
<td>Accompaniment in nursing education</td>
<td>13</td>
</tr>
<tr>
<td>1.7.7</td>
<td>Clinical instructor</td>
<td>13</td>
</tr>
<tr>
<td>1.7.8</td>
<td>Clinical teaching</td>
<td>13</td>
</tr>
<tr>
<td>1.7.9</td>
<td>Clinical nursing laboratory</td>
<td>13</td>
</tr>
<tr>
<td>1.7.10</td>
<td>Satellite campus</td>
<td>14</td>
</tr>
<tr>
<td>1.8</td>
<td>ORGANISATION OF THE STUDY</td>
<td>14</td>
</tr>
<tr>
<td>1.9</td>
<td>SUMMARY</td>
<td>(vi)</td>
</tr>
</tbody>
</table>
CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

2.2 THE ROLE OF THE UNIT SISTER AND RELATED FACTORS

2.2.1 Role theory

2.2.2 The fundamental concepts of role theory and their relevance to this study

2.2.2.1 The concept role

2.3 THE CONCEPTUAL FRAMEWORK

2.3.1 Teaching and learning

2.3.2 Approaches to teaching and learning

2.3.3 The teaching function of the unit sister

2.3.4 The role of the unit sister in the clinical teaching process

2.3.4.1 Clinical objectives

2.3.4.2 Assessment of the learner

2.3.4.3 Instruction

2.3.4.4 Formative evaluation

2.3.4.5 Summative evaluation

2.3.5 Teaching of student nurses in KwaZulu

2.4 STUDIES RELATED TO THE IMPORTANCE OF THE TEACHING ROLE OF THE UNIT SISTER

2.4.1 Qualities of the unit sister that determine an effective clinical learning environment

2.4.2 The unit sister as a role model.

2.4.3 Teacher's behaviour as facilitator of student learning in the clinical setting

2.4.4 The impact of unit sister's management style on student's learning.

2.4.5 The unit sister as a resource person.

2.4.6 An ideal sister model

2.4.7 Progressive decrease in amount of clinical teaching and psychomotor skill focus

2.5 SUMMARY
CHAPTER THREE

3. RESEARCH METHODOLOGY

3.1 INTRODUCTION

3.2 RESEARCH METHOD

3.3. THE POPULATION AND SAMPLE

3.3.1 General description of KwaZulu region

3.3.1.1 North Coast hinterland/Tugela Valley

3.3.1.2 Buffalo flats

3.3.1.3 Swartkop

3.3.2 The Sample

3.3.3 Sampling method

3.4 RESEARCH INSTRUMENT

3.4.1 Development of the questionnaire

3.4.2 Design of the questionnaire

3.4.3 Format of the questions

3.4.4 Pretesting

3.4.5 Validity and Reliability

3.5 COLLECTION OF DATA

3.5.1 Ethical considerations

3.5.2 Preparation for collection of data

3.5.3 Venue and time spent in collecting data

3.5.4 Coding of completed questionnaires

3.6 PLANNING FOR DATA ANALYSIS

3.7 CONCLUSION

CHAPTER FOUR

4. ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

OF FINDINGS

4.1 INTRODUCTION

4.2 RE-ITERATION OF OBJECTIVES TO BE ATTAINED

4.3 SECTION 1: BIOGRAPHICAL INFORMATION

4.3.1 ITEM 1.1: GENDER OF UNIT SISTERS

(viii)
4.3.2 ITEM 1.2: AGE GROUP OF UNIT SISTERS

4.4 SECTION 2: EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS OF UNIT SISTERS

4.4.1 ITEM 2.1: EDUCATIONAL QUALIFICATIONS OF UNIT SISTERS

4.4.2 ITEM 2.2: UNIT SISTERS PRESENTLY UNDERTAKING STUDIES

4.4.3 ITEM 2.3: BASIC AND POST BASIC PROFESSIONAL QUALIFICATIONS OF UNIT SISTERS

4.5 SECTION 3: THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN CLINICAL TEACHING

4.5.1 ITEM 3.1: THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN FACILITATING CLINICAL CARE TO ENSURE CLINICAL TEACHING

4.5.2 ITEM 3.2: THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN ACTIVITIES OF CO-ORDINATION TO ENSURE CLINICAL TEACHING

4.5.3 ITEM 3.3: THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN CONTROLLING THE UNIT TO ENSURE CLINICAL TEACHING

4.5.4 ITEM 3.4: THE EXTENT OF INVOLVEMENT OF THE UNIT SISTERS IN ACTIVITIES OF ASSESSMENT FOR CLINICAL TEACHING

4.5.5 ITEM 3.5: THE EXTENT OF INVOLVEMENT OF THE UNIT SISTERS IN PLANNING FOR CLINICAL TEACHING

4.5.6 ITEM 3.6: THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN ACTIVITIES OF IMPLEMENTING CLINICAL TEACHING

4.5.7 ITEM 3.7: THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN ACTIVITIES OF EVALUATING CLINICAL TEACHING

4.5.9 ITEM 3.8: PROBLEMS ENCOUNTERED BY UNIT SISTERS IN CLINICAL TEACHING

4.6 CONCLUSION
CHAPTER FIVE

5. REPORT ON FINDINGS, CONCLUSIONS, LIMITATIONS, IMPLICATIONS OF THE FINDINGS, AND RECOMMENDATIONS 107

5.1 INTRODUCTION 107

5.2 REPORT ON FINDINGS 107

5.2.1 Statement of the problem 107

5.2.2 Aim of the study 107

5.2.3 Review of related literature 108

5.2.4 Research design 112

5.2.5 Research instrument 112

5.2.6 Sample 113

5.2.7 Process of data analysis 113

5.3 SUMMARY OF FINDINGS 114

5.3.1 Profile of unit sister in KwaZulu hospitals 114

5.3.1.1 Gender 114

5.3.1.2 Age range 114

5.3.1.3 Education 114

5.3.1.4 Professional qualifications 115

5.3.2 The role of the unit sister in management of the unit to enhance clinical teaching. 115

5.3.2.1 Extent of involvement of unit sisters in facilitating clinical care to ensure clinical teaching 115

5.3.2.2 Extent of involvement of the unit sister in co-ordination of clinical care to ensure teaching 115

5.3.2.3 Extent of involvement of the unit sister in controlling the unit to ensure effective clinical teaching 116

5.3.3 The role of the unit sister in the clinical teaching process 116

5.3.3.1 Assessment for clinical teaching 116

5.3.3.2 Planning for clinical teaching 116

5.3.3.3 Implementation of clinical teaching 116

5.3.3.4 Evaluation of clinical teaching 117
5.3.4 Problems encountered by unit sisters in clinical teaching 117
5.4 CONCLUSIONS FROM FINDINGS 117
5.5 LIMITATIONS OF THE STUDY 118
5.6 IMPLICATIONS OF THIS STUDY FOR NURSING EDUCATION 119
5.7 RECOMMENDATIONS 120
5.8 SUMMARY 121
5.9 REFERENCES 122-125
6. ANNEXURES
# LIST OF TABLES

| Table 3.1: | Total number of charge nurses in four hospitals | 44 |
| Table 4.1: | Gender of unit sisters | 47 |
| Table 4.2: | Age range of unit sisters | 48 |
| Table 4.3: | Highest educational qualifications of unit sisters | 49 |
| Table 4.4: | Unit sisters undertaking further studies | 50 |
| Table 4.5: | Professional qualifications of unit sisters | 51 |
| Table 4.6: | Extent of involvement of unit sisters in activities of facilitating clinical care to ensure clinical teaching | 54 |
| Table 4.7: | Extent of involvement of unit sisters in activities of co-ordinating the work to ensure clinical teaching | 64 |
| Table 4.8: | Extent of involvement of unit sisters in activities of controlling the unit to ensure clinical teaching | 70 |
| Table 4.9: | Extent of involvement of unit sisters in activities of assessing for clinical teaching | 77 |
| Table 4.10: | Extent of involvement of unit sisters in activities of planning for clinical teaching | 84 |
| Table 4.11: | Extent of involvement of unit sisters in activities of implementing clinical teaching. | 91 |
| Table 4.12: | Extent of involvement of unit sisters in activities of evaluating clinical teaching | 99 |
| Table 4.13: | Problems encountered by unit sisters in clinical teaching | 105 |
# LIST OF FIGURES

| Figure 3.1: | Map of KwaZulu region | 36 |
| Figure 4.1: | Extent of involvement of unit sisters in activities of facilitating clinical care to ensure teaching | 55 |
| Figure 4.2: | Extent of involvement of unit sisters in activities of co-ordinating the unit to ensure teaching of student nurses | 65 |
| Figure 4.3: | Extent of involvement of unit sisters in activities of controlling the unit to ensure teaching of students | 71 |
| Figure 4.4: | Extent of involvement of unit sisters in activities of assessing for clinical teaching | 78 |
| Figure 4.5: | Extent of involvement of unit sisters in activities of planning for clinical teaching | 85 |
| Figure 4.6: | Extent of involvement of unit sisters in activities of implementing clinical teaching | 92 |
| Figure 4.7: | Extent of involvement of unit sisters in activities of evaluating clinical teaching | 100 |
ANNEXURES

ANNEXURE "A" : Departmental policy on the role of the unit sister in clinical teaching to student nurses.

ANNEXURE "B" : Departmental policy for allocation of student nurses to clinical areas.

ANNEXURE "C" : Letter to Medical Superintendents of hospitals under study.

ANNEXURE "D" : KwaZulu Department of Health form for recommendation and approval for carrying out research.

ANNEXURE "E" : Questionnaire administered to unit sisters under study.
CHAPTER ONE

1. ORIENTATION TO THE STUDY

1.1 BACKGROUND TO THE STUDY

The clinical education received by a student nurse affects her future performance as a nurse. Clinical teaching should therefore equip the student nurse with the resources needed to meet the demands of the society in which she is expected to operate. When that society is in a state of flux such as is being experienced in South Africa and KwaZulu at present, patterns for delivery of health care change, and it becomes necessary to evaluate the appropriateness of the education that student nurses are receiving.

In clinical teaching the student nurse should be able to put into practice what she has learned in theory throughout the giving of patient care. Nursing is considered to be both a science and an art, the science of nursing involves a body of abstract knowledge and the art of nursing involves the creative use of this knowledge to serve people (Rogers 1983 in Doheny and Cook 1991:75). Therefore, teaching the art of nursing is equally important as teaching the science thereof (Searle 1975:51).

If a high standard of nursing is to be maintained, the quality of clinical teaching is one of the aspects of teaching which needs to be researched so that student nurses upon completion of the nursing course, will go out into the nursing units adequately prepared and competent to deal with the demands that will be placed upon them. In the review of literature (Searle 1975: 108), it is clear that it is the teaching effectiveness that will determine the future of professional nursing.

In KwaZulu which is the area for this study, clinical instruction provides opportunities for integration of knowledge and skills and is influenced by tutors, clinical instructors, preceptors and unit sisters. In this study, the role
of the unit sister in teaching student nurses is researched. The reasons for choosing the unit sister is that she is in an excellent position to contribute meaningfully to student education owing to her knowledge concerning hospital structure, resources, key personnel, management and clinical skills.

The unit sister as an influential person in clinical teaching is supported by authors such as Orton 1981; Fretwell 1983; Ogier 1986 and Pembrey 1980 as cited by Quinn (1989:397). The major findings of an opinion survey conducted by French (1992:624) asking student nurses their perceptions of the quality of pre-registration preparation revealed that the unit sister was found to be the most influential team member as a model, as a determinant of team style and as a determinant of emotional climate.

Mellish and Brink (1990:218) also indicate that a great deal of clinical teaching formal and informal rests on the hands of the unit sister who passes on the expertise she has developed over years of nursing practice.

1.1.1. The value of clinical teaching

The value of clinical teaching is supported by many authors (Searle 1975: 51; Robertson 1980:13; Reilly and Oerman 1985:37; Quinn 1989:397) however, problems with the system employed in the organisation and implementation of clinical teaching have been expressed in nursing science literature:

1.1.1.1 Problems in the provision of clinical teaching

As far back as 1960 Seymer cited by Robertson (1980:13) expressed problems with the organisation of clinical teaching which was often left to the discretion of ward staff and was haphazardly executed.

In 1975, Searle expressed concern about the problem encountered in providing sufficient clinical teaching in basic nursing courses when she stated:
"It is not sufficient to assign a student to a particular department or section of the health service in the belief that ‘working’ in such a section will provide the necessary knowledge and skills. On the job teaching in every situation, everyday of the year is essential. The clinical teacher whether tutor or ward sister, should be both a teacher and a practitioner, Competence in the science and art of nursing is a basic requirement for successful guidance in the clinical situation" (Searle 1975:51).

Leaders in the nursing profession in KwaZulu are also concerned about the problem of clinical teaching in the nursing units. Cele (1992) in a workshop at the University of Zululand highlighted the problems of clinical teaching in KwaZulu and summarised them as follows:

1. Unit sisters are usually well qualified and experienced, but lack formal training for teaching purposes.

2. Tutors are well versed with methodologies for teaching but lack confidence for hands-on nursing.

3. Clinical experiences are sometimes difficult to arrange because the clinical setting is also a service setting and full time staff are usually concerned with their patient care responsibilities. Students may either be unwelcome because they just get in the way or conversely students may be welcome as an extra pair of hands rather than a learner with learning needs to be met.

4. The learning situation in the clinical setting is unstructured, i.e. the situation cannot be controlled, factors that interfere may arise at any time to obstruct plans.
5. Assessing the students' learning in clinical work is difficult because much of the learning which takes place is difficult to observe or measure objectively.

6. Staff shortages in wards, nursing colleges, and universities have compelled staff to compromise their standards and a spirit of incompetence, or inability to cope prevails and this has now become entrenched.

7. Role overload. As far as ward staff is concerned, patient care is a priority. Teaching personnel are burdened with setting examination papers, marking, preparation of memorandum, scholarly activities such as research and publications, counselling of students and giving tutorials. There is just no time for a well co-ordinated and well thought out programme of clinical teaching. In view of the problems of clinical teaching listed above, the Department of Health in KwaZulu attempted to improve clinical teaching in 1968 by creating the position of clinical instructor in order to provide constant and systematic clinical teaching of students (Cele 1990:4).

The creation of the position of the clinical instructor was a helpful innovation, however, discontent is widespread concerning the role of the unit sister in teaching student nurses in KwaZulu hospitals. The discontent will be discussed in motivation for the study.

To add a further perspective on the background to this study the organisation of nursing colleges in KwaZulu, clinical facilities for autonomous colleges in KwaZulu, control of nursing education in KwaZulu, student status and the philosophy and policy of the South African Nursing Council for clinical instruction of student nurses will be described in the forth coming paragraphs:
1.1.2 **Organisation of Nursing Colleges in KwaZulu**

Nursing Colleges in KwaZulu are autonomous institutions of tertiary learning, situated apart from the hospitals' administration. This is in accordance with the South African Nursing Council Regulation 425 of February, 1985 as amended which laid down conditions under which nursing colleges should be established. As a result of this, three nursing colleges were established in KwaZulu namely: Ngwelezane Nursing College at Empangeni; Edendale Nursing College in Pietermaritzburg; Prince Mshiyeni Memorial Nursing College in Durban.

Edendale and Ngwelezane Nursing Colleges applied for, and obtained nursing college status in January 1986. Because of shortage of funds for the development of Prince Mshiyeni into a fully fledged nursing college, it was decided to utilise the facilities in the institution as an extension of Edendale Nursing College. Therefore Edendale Nursing College is regarded as the main campus, and Prince Mshiyeni Memorial Nursing College a satellite campus. Both are affiliated to the University of South Africa. In 1991 the Charles Johnson Memorial Nursing College at Nqutu and Benedictine Nursing College at Nongoma became satellite campuses of Ngwelezane Nursing College and are associated with the University of Zululand (Cele, 1990:9).

1.1.3 **Clinical facilities for autonomous colleges in KwaZulu**

Edendale hospital and Prince Mshiyeni Memorial hospital and clinics attached to them offer opportunities for clinical experience to students of Edendale Nursing College.

Ngwelezane hospital, Benedictine hospital and Charles Johnson Memorial hospital and the clinics attached to them offer opportunities for clinical experience to students of Ngwelezane Nursing College.
Madadeni hospital is the only fully fledged psychiatric hospital in KwaZulu which is utilized by all student nurses for the psychiatric component of their diploma and degree courses (Cele, 1990:10).

1.1.4 **Control of nursing education in KwaZulu**

To control nursing education in KwaZulu, the South African Nursing Council has prepared broad curriculum objectives and has laid down conditions for the approval of Nursing Colleges and the hospitals attached to them for minimum registration requirements for a professional nurse. The South African Nursing Council enforces the above conditions to protect the public against malpractice by nurses. The standards of nurses' education and training are monitored by regular inspection by the Head of the department of Nursing in the University of Zululand, KwaZulu Department of Health Nursing Inspectorate and by the South African Nursing Council. Furthermore, in accordance with the Provision of the South African Nursing Council Regulation R425 of 1985 as amended, the nursing colleges are in cooperation agreements with University Nursing Departments.

1.1.5 **Student status**

Students in KwaZulu nursing colleges are given de facto student status and are registered with the college and not with the hospital. Students fall under the full control of the college for the duration of their training. During the actual hours of clinical practice, control is exercised by the sister in-charge of the unit and ultimately by the matron in-charge of the nursing service.

The KwaZulu Department of Health has prepared and issued policies regulating allocation of nursing students to clinical areas and the role of unit sisters in clinical teaching (Refer to Annexure A and B).
1.1.6 The philosophy and policy of the South African Nursing Council for clinical instruction of student nurses

The teachers in the clinical setting (tutors, clinical instructors and unit sisters) should take cognisance of the philosophy and policy of the registering body. The South African Nursing Council issues guidelines to provide quality service and effective clinical teaching.

The South African Nursing Council philosophy policy and guidelines for practice are contained in regulation R.425 of February, 1985 as amended. The following criteria have to be complied with according to the above regulation:

* Clinical practice is the learning opportunities which permit the student to practise in the health service under the supervision of registered nurses. The clinical practice shall be arranged in consecutive units in order to constitute a meaningful learning opportunity.

* It is essential that all available resources are identified optimally to provide the requisite learning opportunities to ensure that by the end of programme, the student is competent to function comprehensively and within the scope of practice of the registered nurse and midwife.

* The nurse is a clinical motivator and facilitator. Therefore learning opportunities need to be provided for the student to practice and master the skills not only in clinical nursing and nursing interventions, management and teaching, but also those needed to facilitate the development of sound interpersonal relationships.

* The school should identify the critical nursing skills in which the student must achieve competence in order to assume responsibility for nursing regimen for individuals, groups and community and be able to
function as an active member of the nursing and health teams and in 
so doing, promote the health of the community. Such critical skills 
must be mastered in the practice.

* The learning opportunities in all the nursing sub-disciplines should be 
appropriately distributed throughout the programme and evaluated 
according to the level of training and stage objectives.

* Practice instruction is to be presented with accompaniment for the full 
duration of the programme.

The overall objective is to provide meaningful learning opportunities 
in every area of placement according to the level of training, to ensure 
that on completion of the programme the student is able to nurse 
effectively (R425 of 1985 as amended).

1.2 MOTIVATION FOR THE STUDY

The researcher, being one of the nurse educators involved in teaching student 
nurses theory and responsible for accompaniment of students in the clinical 
area to correlate theory into practice, identified the need to undertake this 
study out of concern with the apparent inadequate involvement of unit sisters 
in clinical teaching. Unit sisters express the view that their responsibility is 
to provide nursing care to patients, the teaching of student nurses is the 
responsibility of the tutors and clinical instructors who have chosen to be 
teachers and they have the necessary knowledge concerning:

- objectives of clinical teaching at different levels
- theory already covered in classroom which has to be integrated with 
  practicals in the clinical area.
According to Paton et al (1989: 570) the unit sister has traditionally been responsible for teaching the students nurses assigned to her unit. Unfortunately however, some nurses in charge of units have decided that clinical teaching is no longer part of their job or task because "clinical tutors have been appointed to do the job" and because unit sisters do not have time, or because they do not have the correct perception concerning the students in their units.

Robertson (1980:10) commenting on the teaching responsibility of all trained staff who work in the nursing units which are approved for nurse training, states that there appears to be considerable confusion concerning what clinical teaching entails. It was mentioned that unit sisters expressed considerable concern about the lack of time for clinical teaching. Judging from the recent workshop for clinical teaching held at the University of Zululand in April 1992, Robertson’s comments are still valid in KwaZulu.

In the above-mentioned workshop unit sisters expressed that the workload in the nursing units is such that rather than teaching student nurses they considered them as assistants for patient care.

Mellish and Brink(1990:219) are much against what was said by unit sisters in the workshop when they state:

"The student is not assigned to a ward primarily as a pair of hands but to learn the practice of nursing. The unit professional nurse is accountable not only for patient care but also for teaching of students or pupils to give that care".

The unit sisters also expressed the problem they experience with the difference between the ideal situation taught in the classroom and the real situation in the nursing unit. The unit sister is concerned with getting the work done and the student wants to practice the nursing skills as they have been taught and demonstrated to them.
Literature reveals that most sisters in the units are aware of their responsibilities towards teaching of student nurses but teaching students comes after patient care (Wannenburg, 1992:10).

1.3 STATEMENT OF THE PROBLEM

The problem in this study is apparent inadequate involvement of the unit sister in teaching student nurses. It appears the unit sister does not know the full scope of her teaching role. The apparent inadequate involvement of the unit sister in clinical teaching particularly when viewed against the statement made by the S.A.N.C. in 1990 is a reason for concern by the researcher. In a document sent out by S.A.N.C. after hospital inspections it was pointed out that the unit sister does not apply her theoretical knowledge of nursing in practice and that student learning in the units is not adequate (Cited by Tlakula and Uys 1993:28).

In KwaZulu there is no information available regarding the extent of involvement of the unit sister in teaching student nurses.

1.4 OBJECTIVES OF THE STUDY

The objectives of this study are to:-

1.4.1 identify and describe the biographical, educational and professional background of unit sisters in training hospitals in KwaZulu.

1.4.2 identify the extent of involvement of the unit sister in clinical teaching.

1.4.3 identify the major problems encountered by unit sisters in their clinical teaching role.
1.5 IMPORTANCE OF THE STUDY

Data obtained from the unit sisters regarding their role in clinical teaching should enable nurse educators and nurse administrators to identify the strengths or weaknesses in unit sisters' teaching role, and to provide remedial action and guidance where necessary.

Identification of weaknesses could facilitate decisions on development of a clear role description of unit sisters and orientation programmes on their teaching role. Identification of the major problems in the teaching role could facilitate the attempt to keep these factors at a minimum.

1.6 SCOPE AND LIMITATIONS OF THE STUDY

The study was directed at those sisters who are employed by the Department of Health in KwaZulu and who were in charge of the nursing units where student nurses were allocated for their clinical experiences.

The hospitals to be used for this research were only those that were attached to Colleges of nursing for the purpose of clinical teaching.

1.7 DEFINITION OF CONCEPTS

In order that the readers have the same understanding as the researcher with regard to key concepts used in this study, the following operational definitions have been formulated:

1.7.1 Role

In this study the role refers to a set of behavioral expectations that accompany the status of being a unit sister. These expectations are set by the controlling authorities.
1.7.2 **Unit Sister**

In this study, unit sister refers to the professional nurse in charge of a nursing unit.

1.7.3 **Professional nurse**

The South African Nursing Council defines the professional nurse as a person who has complied with the training requirements for registration with the South African Nursing Council as a nurse or midwife and whose practice is directed by the appropriate:

* regulations relating to the scope of practice of persons who are registered under section 16 of the nursing Act, 1978 (Act No. 50 of 1978),

* regulations relating to the conditions under which persons who are registered under section 16 of the Nursing Act, 1978 (Act No. 50 of 1978), may carry on their profession, and

* rules setting out the acts or omissions in respect of which the South African Nursing Council may take disciplinary action. Persons in this category function as practitioners in their own right in the health team within relevant ethics and legislation (S.A.N.C. Terminology list 1994:19).

1.7.4 **A student nurse**

The Nursing Act, 1978 (Act No. 50 of 1978) defines a student nurse as a person undergoing education and training at an approved nursing school who has complied with the prescribed conditions and has furnished the prescribed particulars.
1.7.5 **Teaching function of the unit sister**
In this study the teaching function of the unit sister will refer to all the activities by which the sister helps the learner to apply the knowledge gained in the classroom in the nursing of patients. It includes informal and formal teaching.

1.7.6 **Accompaniment in nursing education**

The South African Nursing Council defines accompaniment in nursing education as directed assistance and support by a registered nurse or registered midwife to a student or pupil to become a competent practitioner.

In the case of a student, growth occurs to the level of independent practice (S.A.N.C. Terminology list, 1994:2).

1.7.7 **Clinical Instructor**

In this study a clinical instructor is a registered nurse who is allocated to provide clinical teaching to student nurses.

1.7.8 **Clinical Teaching**

Clinical teaching is teaching and accompaniment of the student in the clinical nursing laboratory (S.A.N.C. Terminology list, 1994:5).

1.7.9 **Clinical Nursing Laboratory**

The South African Nursing Council describes the above as actual and simulated patient care settings created and utilised for clinical teaching (S.A.N.C. Terminology list:5).
1.7.10 **Satellite Campus**

A satellite campus in this study refers to a branch of the main campus which although physically removed from it, is for all intents and purposes regarded as part of the main campus and is also being used for a clinical experience facility.

1.8 **ORGANISATION OF THE STUDY**

Chapter One presents the background of the problem; nursing colleges and clinical facilities in KwaZulu; control of nursing colleges; statement of the problem; objectives of the study; importance of the study; definition of special concepts used in this study; and organisation of the report.

Chapter Two will present a review of literature i.e., books, journals, and studies pertaining to the role of unit sisters in teaching student nurses and the conceptual framework of this study.

Chapter Three will discuss the research methodology that will be used.

Chapter Four will discuss the analysis of collected data.

Chapter Five will report on findings, conclusions, limitations, implications of findings and recommendations.

1.9 **SUMMARY**

In this chapter the introduction to the study was made. The chapter consisted of the background to the study, statement of the problem, motivation, objectives of the study, importance of the study, limitations, definition of terms and concepts and the organisation of the study.
CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

This chapter presents a review of selected literature relating to the role of the unit sister in the teaching of student nurses.

The purpose of the literature survey was firstly to determine the ideal teaching role of the unit sister and the present teaching role played by the unit sisters in hospitals that train student nurses in KwaZulu. Secondly, the literature survey provided a wide range of information, opinions and comments on the teaching role of the unit sister. Thirdly, the literature survey provided methodological suggestions for the actual conduct of the investigation.

The views of different authors on the topic were highlighted. Previous research done, the conceptual framework, articles from various professional journals, relevant books, and the South African Nursing Council regulations and directives were discussed.

In order to retrieve literature concerned with clinical teaching, computer subject search in SABINET was initiated in the University of Zululand library. The key concepts used were: clinical teaching/instruction, nursing education, unit teaching, clinical teaching, role theory, socialisation of the student, ideal sister, issues and trends in nursing education, ward based teaching and clinical laboratory.

The list of sources related to the topic was obtained from the University of South Africa library. In addition, the card catalogue in the University of Zululand library references listed at the end of articles and bibliographies in text books were used to seek literature which focused on the areas of the problem of this study.
2.2 THE ROLE OF THE UNIT SISTER AND RELATED FACTORS

The literature review for this section includes the fundamental concepts of role theory pertaining to the role of the unit sister.

2.2.1 Role Theory

The investigator has decided to base this study on role theory, in the belief that role theory has a social orientation and provides guidelines for an individual's behaviour in any given interpersonal situation. The parts the unit sister plays (role) and the position she occupies (status) in the process of interaction in the nursing profession form the core of role theory (Merton, 1957:368).

2.2.2 The Fundamental Concepts Of Role Theory and their Relevance to this Study

2.2.2.1 The concept role

For the purpose of this study, it suffices to state that part of the definition of the word "role" has its roots in theatrical usage and refers to a part played (Hardy and Cornway, 1978:17). In this study the concept role, is used to refer to the expected behaviour associated with the position of a professional nurse pertaining to the teaching of student nurses. Roles are prescriptive, normative and link the professional nurse to other members of the health team through role obligations. There are extensions to the definition of role that are relevant to this study:

Role Strain

Role strain is the difficulty felt in fulfilling role obligations when there is a lack of resources, or when there are demands set to plan for too many roles, or role which is too complex (Martin 1989:53).
Nursing literature reveals that the unit sister is an important contributor to clinical teaching, but in practice heavy demands are placed upon her. Tensions might develop when the behaviour of the sister in the unit does not conform to expectations, or there is incompatibility between the norms of the hospital or college and the unit sister.

Various sources of role strain have been identified by a number of writers. These include conflicting expectations, overload, ambiguity, time pressure, role uncertainty, role disparity and role incompatibility (Hardy and Cornway 1978:9).

Role Stress

Role stress results from existence of role ambiguity, strain and conflict. These factors can lead to an increase of emotional tension, anxiety, hostility and apathy in the unit sister. This may lead to low job satisfaction, low confidence and to withdrawal through high sickness rates and frequent labour turn over (Martin, 1989:54).

In her professional position the unit sister must deal with role prescriptions from a variety of sources and often it is discovered that the demands and expectations of one group of people are inconsistent with those of other groups. For instance, tutors and the students expect the unit sister to teach, the matron expects patients to be nursed, while doctors expect that a certain amount of time be spent obtaining equipment and assisting with medical procedures. Sometimes these expectations conflict and the sister may have difficulty in assimilating them. This can also be compounded by factors such as patients, traditional expectations and behavioural norms related to other roles of wife, mother, sister, daughter and community member, to name but a few.
2.2.2.2 The concept of status

Status is closely associated with the concept of role, and refers to the collection of rights and duties associated with the role (Merton, 1957:369; Horton and Hunt, 1964:118; Hardy and Cornway, 1978:75).

When an individual puts into effect the rights and duties which make up status, this individual performs a role, and the expectations which involve status are not restricted to actions they also include expectations, motivations, beliefs, feelings, attitudes and values (Krech et al, 1962:313; Briddle and Thomas, 1966:7).

2.3 THE CONCEPTUAL FRAMEWORK

Hagemeier and Hunt (1979:546) defined a conceptual framework as a systematic ordering of concepts of ideas in a meaningful way which gives structure and direction. For the purpose of this study, a clinical teaching process approach will be used with regard to the definition of the role of the unit sister in the teaching of student nurses. The reason for selecting this approach is that unit sisters are familiar with the terminology of the approach. It also makes the researcher think orderly in the construction of the research instrument and she is not likely to omit any of its elements. The concepts of the clinical teaching process will assist the researcher in knowing what information is needed in order to give direction to the whole survey (Charter 1975:44).

2.3.1. Teaching and Learning

It is logical in the investigation of the role of the unit sister in teaching student nurses that an attempt to discover, among other aspects the philosophical beliefs which underlie teaching practice in general. Kneller (1964:74) believes that every teacher has a set of basic philosophical beliefs, which play an
important part in the way teaching responsibility is carried out. Therefore, the unit sister should hold philosophical beliefs about the patient, the student, health and nursing in order to perform the teaching role effectively.

2.3.2 Approaches to Teaching and Learning

There are two major approaches to the teaching-learning process described in contemporary educational literature, namely the behavioral approach and the phenomenological approach. Both approaches are neither right nor wrong but are alternate ways of approaching a problem.

The behaviouristic approach developed from the work of Watson, Pavlov, Thorndike, and Skinner, is based in a stimulus-response pattern and views man as a passive organism governed by stimuli supplied by the external environment. Man can be manipulated and his behaviour controlled through proper control of environmental stimuli. In carrying out the teaching function, the unit sister can apply this approach by providing an environment conducive to learning through a positive and motivating attitude. The behaviourist teacher firmly believes that the learning process causes a change in cognitive behaviour that develops as a result of repeated associations between a stimulus and the particular type of response it is intended to evoke. The student should be allowed to practise skills repeatedly until proficiency is gained. The learning material has to be broken down into series of small units. Each unit is then divided into smaller pieces of information which the student will learn through repetition and reinforcement. Applying this to the role of the sister, clinical experiences provide the opportunity for re-enforcing student responses to information by providing information in a practical situation that requires physical participation. The procedures or skills to be learnt are first set out in a step by step manner with detailed instructions given by a teacher, or contained in a work book. Provision is made for personalised instruction which permits students to proceed through the units at their own
pace. Students' performance is periodically assessed by the teacher (Knopke and Diekelmann, 1968:9).

The humanistic orientation to education developed from the work of Maslow, Rogers and the Gestalt school of psychology and views people as unified wholes and as active beings who search for meaning in their lives. An individual is more than the sum of his parts and each has personal and unique needs, desires, fears and abilities and the potential for self-growth and direction. The unit sister using this approach will be humanistic, believing in self-directed learning, thinking in terms of facilitating, assisting and encouraging students in self-actualization. Each learner is considered as an individual and an environment of psychological safety will be created where the learners are relaxed (Bigge, 1982:9; Quinn, 1989:398).

For effectivity in the teaching and learning process a humanistic oriented sister should:

* be available to students
* be able to provide constructive criticism
* analyse and evaluate health problems
* define learning objectives
* assess student work
* be able to prepare learning aids
* be able to select professional activities for students
* confront students with new problems
* develop problem solving skills
* aid the understanding of basic scientific principles
* supervise the student's process
* encourage intellectual discipline and to set an example (Guilbert, 1981:333).
2.3.3 The Teaching Function of the Unit Sister

De Young (1990:195) states it clearly that teaching in the clinical setting is so complex that few researchers have accepted the challenge to study the teaching and learning that takes place there and how both can be improved. Infante (1985:19) also pointed out that the clinical setting has historically been misused in many nursing programmes at all levels of nursing education. Nursing students have been sent to the clinical setting to gain work experience rather than to achieve educational objectives and have been supervised rather than taught. This misuse of clinical experience continues today in many places.

According to Searle (1985:345) the responsibility for clinical teaching is first and foremost the responsibility of the tutors and, to a lesser extent, of the professional nurse in charge of the nursing unit who must accept responsibility for this. The unit sister has an important role to play in helping the students to reach their professional goals, to become professional practitioners of nursing and to become aware of the lifelong need for further education. Mellish and Brink (1990:219) writing about the teaching function of the unit sister stated 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 unit sister does the above by formal and informal teaching and by acting as a role model for student nurses who learn by imitation (Quinn 1989:397).

Formal teaching applies when the unit sister demonstrates nursing techniques supported by theory. Informal teaching applies when she uses the teachable moments and by doing continuous assessments of nursing proficiency.

She must also be aware of her teaching role in teaching of attitudes, communication, interpersonal relationships, the making of sound professional judgements, and the maintenance of professional standards and ethical
behaviours. She has to play a major role in counselling of students on day to day basis. (Mellish and Brink 1990:220).

For the unit sister to enact her teaching role effectively she should possess certain attributes. Much has been written in nursing literature about attributes that constitute effective and ineffective clinical teaching and these can be summarised as follows:

* A humanistic approach to students.
* Willingness to teach.
* Knowledge and clinical competence.
* Teaching skill.
* Personal characteristics which involves enjoyment in working with students (Orton 1981; Fretwell 1983; Ogier 1986; Pembrey 1980 as cited by Quinn (1989:397); Reilly and Oermann (1985:92).

2.3.4 The Role of the Unit Sister in the Clinical Teaching Process

In order to facilitate clinical teaching the unit sister should be involved in all the components of the clinical teaching process. Reilly and Oermann (1985:98) view the clinical teaching process in terms of five interrelated components:

1. Clinical objectives.
2. Assessment of the learner.
3. Instruction.
4. Formative evaluation.
5. Summative evaluation.
2.3.4.1 Clinical Objectives

The unit sister should be involved in the formulation of clinical objectives. These objectives provide the basis for teaching in the clinical setting because they specify the outcomes to be attained there and they are part of the overall course objectives. The clinical objectives should be known by the tutor, unit sister and students.

2.3.4.2 Assessment of the Learner

Assessment of the learner deals with assessment in terms of:

* Entry behaviours which determines if learners possess the necessary prerequisites for accomplishing the objectives. If students lack the entry behaviours for a given learning situation even high quality instruction will not overcome the effect of this lack.

* Determining the affective characteristics of the learner which include interests, attitudes and self views. Learning is facilitated when students are interested in the practice experience and have a desire to learn.

* Whether students view the clinical experience as relevant to their individual goals.

* Differences in rates of learning, cognitive styles and cultural patterns among students relevant to planning the teaching (Marson 1990:11).

2.3.4.3 Instruction

Instruction pertains to the actual teaching and involves the selection of teaching methods and learning experiences for facilitating the attainment of
objectives. The unit sister should provide clear directions and explanation to learners, active involvement of the student in the learning experience, practice of behaviours to be learned and use of reinforcements according to the individual needs.

2.3.4.4 Formative Evaluation

Formative evaluation serves a diagnostic purpose, it informs the teacher and the learner as to areas where further teaching and learning is necessary.

2.3.4.5 Summative Evaluation

Summative evaluation is conducted at the conclusion of certain clinical experiences or course to determine if the objectives have been attained.

The other role of the unit sister in clinical teaching is the development of collaborative relationships with the multidisciplinary health team personnel in planning for clinical practice experience, periodic evaluation of the setting and selection of learning experiences for students.

The unit sister plays a vital role in the education of student nurses and the success or failure of the educative programme stands or falls on her contribution to it (Mellish 1977 in Marson 1990:12).

2.3.5 Teaching of Student Nurses in KwaZulu

The teaching of student nurses for registration in KwaZulu is controlled by the South African Nursing Council by means of regulations issued by the Minister of Health as derived from the Nursing Act. (Act no. 50 of 1978) as amended.

The South African Nursing Council has issued guidelines for the course leading to registration as a nurse (general, psychiatric and community) and
midwife. (R.425 of February 1985 as amended) These guidelines state very clearly the purpose of the course for training as a registered nurse:

"With regard to the learning process in nursing science, council emphasises that the education and training shall be directed specifically towards the development of the nurse on a personal and a professional level, and that the principles of learning shall be observed, namely that learning leads to behavioral change in the cognitive, affective and psychomotor aspects through active involvement of the students."

The principle that learning leads to behavioral changes in the cognitive, affective and psychomotor aspects was developed in 1950 by Bloom, Krathwohl and others. They explained human learning in terms of changes in the cognitive, affective and psychomotor responses to environmental conditions. The cognitive domain consists of behaviour related to knowledge, comprehension, application, analysis, synthesis and evaluation (Reilly, 1980:41). The affective domain consists of receiving, responding, evaluating, organisation and characterisation by a value. This forms a continuum for attitudinal behaviour from simple awareness and acceptance, to internalisation of attitudes, beliefs, opinions, values and feelings and becomes part of an individual’s total system. Behaviour in the psychomotor domain refers to that which involves co-ordinate use of gross or fine muscles to achieve motor skill performance.

The value of the three domains approach to learning, lies in its practical application to teaching and learning, where it serves as a mechanism for the establishment of educational expectations and learning outcomes (Reilly, 1980:66).

In this research, the three domains approach is important. In the clinical setting much emphasis is on teaching psychomotor and cognitive domains and less emphasis on the affective domain yet affective competencies are critical
to nursing. They represent those dimensions of nursing, that characterise it as a humanistic discipline whose practice is noted for its quality of caring. These dimensions are beliefs, values, attitudes and moral reasoning. Therefore, competencies so critical to nursing must be taught in preparatory programmes and opportunities for their development must be provided. The development of the affective competencies must be subject to the same rigor and pedagogy as are competencies in the other two domains, cognitive and psychomotor domains (Reilly and Oerman 1985: 211). The focus on psychomotor skills in clinical teaching was identified by Tlakula and Uys (1993) in their study on nursing students perception of clinical learning experiences as provided by the nursing staff in the wards. They found that the content of clinical teaching was one or more procedures in the vast majority of cases (Tlakula and Uys 1993:30). This indicated that less emphasis was placed on interpersonal skills and attitudes.

The educational expectation in clinical instruction is "active involvement", which means that the student shall function as a member of the health team with certain responsibilities for patient care from commencement of training under the supervision of a registered nurse.

The South African Nursing Council makes reference to the preparation of the nurse for independent function which according to Searle (1987:98), has two aspects, these are:

1. Aspects which relate to all those factors inherent in nursing diagnosis, treatment and care, and which are the normal prescriptive, organisational and implementation functions of the nurse.

2. Aspects which relate to the manner in which the nurse carries out duties as a registered nurse, with total responsibility and accountability for actions that the doctor cannot be held answerable for.
The doctor is entitled to expect that a registered nurse is competent and has the integrity to carry out her function with accuracy and skill.

2.4 STUDIES RELATED TO THE IMPORTANCE OF THE TEACHING ROLE OF THE UNIT SISTER

Recognition of the importance of the teaching role of the unit sister led to a number of studies which identified the following:

2.4.1 Qualities of a unit sister that determine an effective clinical learning environment

A number of studies (Ogier 1986; Pembrey 1980; Fretwell 1983; Orton 1981 in Quinn (1989: 397) attempted to describe the characteristics of a clinical learning environment that is conducive to learning and the qualities of an ideal sister as viewed by student nurses. The following summarises the main perceptions of student nurses in these studies:

* Unit sisters and other clinical staff should ensure that students are treated with kindness and understanding and show interest in them as people. They should be approachable and helpful to students, providing support as necessary. They should foster the students self esteem.

* Clinical staff should work as a team and strive to make the student feel part of that team.

* Teaching should have its place in the whole organisation.

* Clinical staff should be willing to teach by example as well as by formal methods.
Clinical teaching should be compatible with that taught in the school of nursing.

It is clear from these research findings that the important aspect of teaching in the clinical setting is the learning environment which is created by the sister in charge of the unit and her staff.

2.4.2 Unit sister as role model

The unit sister as a role model in the teaching of student nurses in the work environment was explored by Marson (1981) as cited by Lewin and Leach (1982: 126). She researched the behavioral characteristics of effective ward teachers and concluded that "on the job" teaching of the nurse learners is a complex global act in which role model presented to the learner is a powerful influence. Sisters perceived as effective teachers generally expressed an attitude of care and concern for the welfare of others and a commitment to the training of nurses in particular.

2.4.3 Teacher's Behaviour as Facilitator of Student Learning in the Clinical Setting

A research study by Wong (1978) indicated that student learning is facilitated by teacher's behaviour in the clinical setting. Behaviours identified as helpful to students learning were:

* Being interested in students and being respectful to them.
* Giving students encouragement and due praise.
* Approachable - having a pleasant voice and sense of humour.
* Being available to students when needed.
* Giving an appropriate amount of supervision.
* Displaying confidence in themselves and in the student (Wong 1978:370).
Pearsons (1979) as cited by Davies (1983:112) also conducted a research study on effective ward teaching as perceived by students. Data collected from 175 student nurses suggested that learners most appreciated wards where the sister played an effective teaching role. They appreciated teachers who put pressure on them to work and generally controlled their learning to some extent. Pearson pointed out however that her data suggested that not all ward sisters were prepared to undertake such a teaching role.

2.4.4 The Impact of Unit Sisters' Management Style on Students' Learning

Fry, Karani and Tuckell (1982:24) conducted a survey on dropouts who commenced training as nurses at Greys Hospital during the period 1976 to 1979. The survey yielded the following information:

Forty percent of the "abandon group" indicated that their experiences in the wards or departments were directly responsible for their decision to abandon the course. The students specifically mentioned poor interpersonal relationship at the nursing team level, unduly critical attitudes of ward nursing staff and being subject to degradation in the presence of patients. Other stresses were beyond their coping mechanisms. Another difficulty experienced by students was related to how the ward sister was perceived as unapproachable. Most students would seek assistance of their peers rather than approach senior personnel or ward sisters. The study shows that the sisters' management style and approachability has an impact on the learning of students in the nursing units.

The above study by Fry, Karani and Tuckel is supported by a study by Lindop (1991). She conducted a study to explore the nature of individual stress experienced by learners in both the educational and clinical environment. Learners generally agreed that the clinical environment was more stressful and gave the following reasons:
conflict between ideal and real clinical practice
* unfriendly atmosphere on the ward and aloof attitude of more senior staff
* lack of teaching
* being reprimanded in front of staff and patients
* the negative attitude of senior nurses (Lindop 1991:110).

2.4.5 The Unit Sister as a Resource Person

Ogier (1980) as cited by Davies (1983:73) conducted a survey of 335 nurse learners where aspects within the ward that had an influence beneficial or otherwise upon learners were indicated. As a result of the survey, discussions with nurse learners and trained nurses followed. Among others the following factors within the wards appeared to be important to nurse learners:

* Sister's approachability and willingness to answer questions.
* The fair allocation of nursing experiences
* The attitudes of medical staff and the interest of tutorial staff.

This study comprised that of an ideal sister as viewed by student nurses. The result of this survey can be used in a meaningful way to assist unit sisters in KwaZulu training hospitals to develop appropriate leadership style with appropriate interactive skills that will enable them to fulfil the role of a teacher or resource person to the benefit of students.

2.4.6 An Ideal Sister Model

Orton (1981) as cited by Davies (1983:80) did research on the learning climate and its effect on student learning. The sample comprised of 325 student nurses and 44 ward sisters. Analysis of data from the questionnaire revealed two cluster of items, one of which focused on the sister's recognition of student nurses' needs and the other on commitment to teaching. Two entirely
different types of wards were identified namely "high student orientation" and "low student orientation". These labels were descriptive of the sister's attitude towards students allocated to their wards.

The hallmark of a "high student orientation" ward was the combination of team work, consultation and the sister's awareness of the physical and emotional needs of her subordinates and patients. The sister in this ward was seen to have a teaching programme and devoted a considerable amount of time to students. A ward report was used in such a way that it constituted a learning session. The student identified "low wards" as the extreme opposite of the 'high wards'. Teamwork, consultation and ward sister's awareness of needs were described as absent or deficient in "low wards". Students perceived that they were viewed as pair of hands. Teaching was given low priority and many potential learning opportunities were wasted.

In order to obtain a balanced picture, sisters provided information and opinions concerning the ways in which they organised their wards and their system of priorities. Sisters were distributed accordingly and confirmed the behaviour described by students.

The results of this research implied that:

* Nursing students wished to be viewed primarily as learners.
* Unit sisters as managers require up to date knowledge and information to be shared with other members of staff and students.
* An ideal ward climate should be created by unit sisters and then utilised to educate prospective sisters who would learn from an ideal sister model.
2.4.7 **Progressive Decrease in Amount of Clinical Teaching and Psychomotor Skills**

**Focus**

A study conducted by Tlakula and Uys (1993:30) on 80 student nurses registered for the diploma course (General Psychiatric, Community nursing) and midwife in thirty colleges in the Republic of South Africa including the Independent states. Among the thirty South African nursing colleges, four in which black students receive their nursing education were selected. Two rural colleges selected were in the Transvaal homelands and two urban colleges were from Natal. This study yielded the following information:

* Most student nurses from both rural and urban areas had their most positive clinical experience during the first year of training. Negative clinical experiences were also reported to have occurred during the first year of their study in both urban and rural areas. During the fourth year of study, none of the nursing students from urban areas reported having had positive or negative experiences, only a few fourth year students from rural areas had such experiences. The researchers related the above to the focus being mostly on procedures in clinical teaching which might create the mind set in student and ward staff that once the psychomotor skills have been mastered no more teaching is necessary. They also attributed this to the shortage of staff where students in the first year level are expected to carry out most of the procedures in the ward so that first year student nurses may perform third year level procedures. This indicated an apparent decrease in the amount of teaching in the fourth year level of training.

* It seems that there was less emphasis placed on teaching interpersonal skills and attitudes. General orientation, the teaching of attitudes and interpersonal skills made up just about a third of the incidents. The content of teaching was one or more procedures in the vast majority of cases. This confirms studies by Runciman (1983:82) and Marson
(1984:13) who identified a general lack of confidence in ward sisters about their ability to teach. They were uncertain about what to teach and how to assess learner performance. Marson was concerned with how teaching and learning was carried out. Most of teaching observed in her study centred on nursing procedures and medical tests. Important issues such as values in nursing, communication and management skills appeared to be of low priority and not considered at all.

2.5 SUMMARY

Through this chapter on the review of selected literature that relates to the role of the unit sister in teaching student nurses, it is clear that the unit sister is a figure of crucial importance for student learning. However, it appears from the literature survey that the sister's role was unsatisfactory and is still unsatisfactory.
CHAPTER THREE

3. RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this chapter the researcher describes the research method, the population, the sample, the instrument, its preparation and administration and the plan for analysis of data.

3.2 RESEARCH METHOD

Research method refers to the steps, procedures and strategies used for gathering and analyzing data (Polit and Hungler 1987:94).

This study is a descriptive survey and is concerned with providing a portrayal of the current role of the unit sister in teaching student nurses.

According to Goode and Scates (1954) descriptive survey status research is directed towards ascertaining the prevailing conditions in a group of cases chosen for study and this method is essentially a technique of quantitative description for the general characteristics of the group. It is also an approach to problem solving answering questions as to the real facts relating to existing conditions (Brink 1984:42).

The rationale involved in choosing this descriptive approach was that the researcher wanted to explain and describe the current characteristics of unit sisters and to answer questions as to the real facts concerning their role in teaching student nurses. To accomplish this, the survey approach was employed.
The term survey, can be used to designate any research activity in which the researcher gathers data from a portion of a population for the purpose of examining the characteristics, opinions and intentions of that population (Polit and Hungler 1987:190).

In selecting the survey approach the researcher was influenced by the type of information which would identify the role of the unit sister in teaching student nurses. The survey was conducted through a questionnaire.

3.3 THE POPULATION AND SAMPLE

As suggested by the title of this study, the target population was made up of sisters in charge of units in KwaZulu hospitals that are involved in clinical teaching. The criteria for the choice of these hospitals was that they had to be KwaZulu hospitals used by a college of nursing for clinical teaching of student nurses.

For the reader to have a clear picture of the areas of KwaZulu and the location of hospitals involved in this research, a brief description and a map of KwaZulu region is included (see figure 3.1).

3.3.1 General Description of KwaZulu Region

The KwaZulu region, situated in the Natal Province was proclaimed a self-governing, non independent state on 1 February 1977, according to the Bantu Homeland Constitution Act of 1971 as amended.
Figure 3.1 A map of KwaZulu Region

Adopted from Mashaba et al (1985)
KwaZulu consists of ten geographical areas which comprise 33 161 square kilometres (3316100 hectares). Efforts to allocate land in Natal and Zululand to Blacks and Whites respectively, resulted in a complex division that scattered and separated the inhabitants at random collectively called the KwaZulu homeland. There is no real physical demarcation of boundaries.

This homeland comprises 48 principal blocks of 157 smaller areas. However, KwaZulu is consolidated into 10 parts, 4 of which are large and 6 which are relatively small. Of these 10 separate areas, only those with training colleges and hospitals relevant to this study will be described in detail.

Thorrington-Smith (1978:1) describes the areas of KwaZulu as follows:

3.3.1.1 North Coast Hinterland/Tugela Valley (11974 square kilometres)

Geographically this area is the heart of Zululand and in extent, the largest of all. Although not on the coast, it stretches for 150 kilometres parallel to the coast, from Empangeni to Durban-Pinetown, and has a substantial spine projecting 160 kilometres inland at right angles to the coast, which splits into "horns", one approaching Ladysmith-Colenso, the other Vryheid. The Ngwelezane College of Nursing and Ngwelezane Hospital are situated at Empangeni.

Prince Mshiyeni Memorial College of Nursing and Prince Mshiyeni Memorial Hospital are situated in Durban. Charles Johnson Memorial College of Nursing and Charles Johnson Memorial Hospital are situated at Nqutu near Vryheid.

3.3.1.2 Buffalo Flats (618 square kilometres)

This area includes the Madadeni and Osizweni Townships near Newcastle. Madadeni Hospital is a fully fledged Psychiatric Hospital, providing clinical
facilities for all student nurses from KwaZulu nursing colleges, and B Cur student nurses from the University of Zululand.

3.3.1.3 Swartkop (1626 square kilometres)

This area extends 85 kilometres South West of Pietersburg to the Drakensberg near Bulwer. Edendale College of Nursing and Edendale Hospital are situated in this area. The Drakensberg block, Mtavuna block, Amatikulu Reserve, South Coast Hinterland, Maputoland and Esikhawini do not have hospitals with training facilities.

3.3.2 The Sample

In this study, "unit sister", refers to the professional nurse in charge of a unit. The researcher decided to choose the sister in charge of each unit because this sister is a leader, sets the standard for nursing practice, manages the unit, sets a climate conducive to the teaching of students, and is a role model for all categories of nurses responsible to the sister. For this reason the matrons, the other registered nurses, students, and other categories of nurses were not included in the study.

Initially, the sample was to be selected from the KwaZulu hospitals mentioned below:

- Ngwelezane Hospital at Empangeni
- Benedictine Hospital in Nongoma
- Charles Johnson Memorial Hospital at Nqutu
- Madadeni Hospital near New Castle
- Edendale Hospital at Pietermaritzburg
- Prince Mshiyeni Hospital at Umlazi - Durban
The researcher had planned to do random sampling of sisters in charge of units in the above six hospitals, all of which are attached to colleges of nursing.

Owing to political unrest in the two areas, two hospitals were not accessible. These were Edendale hospital in Pietermaritzburg and Prince Mshiyeni at Umlazi in Durban. The researcher therefore decided to include all sisters in charge of units in four hospitals, these include: Ngwelezane hospital, Benedictine hospital, Charles Johnson Memorial hospital, and Madadeni hospital.

3.3.3 Sampling Method

The sampling method chosen for this study was the convenience sample which permits the use of the most readily available or most convenient group of subjects (Polit and Hungler 1987:209).

In the survey the researcher included sisters in charge of units during midweek. Thirty six out of forty four unit sisters from the four hospitals mentioned above were included. At Charles Johnson Memorial Hospital three unit sisters were not readily available. One was busy in the Operating theatre and the other two were busy in the nursery and Ante Natal Clinic. Five unit sisters that were included in the pretest at Ngwelezane Hospital were excluded from the main study.

3.4 RESEARCH INSTRUMENT

The means of obtaining the desired information was through a questionnaire.
3.4.1 Development of the questionnaire

The questionnaire was developed by the researcher. Questionnaire items were formulated based on the objectives of the study and specific information sought.

Selected questionnaires were examined and literature on unit teaching and job descriptions of unit sisters were read in order to extract relevant aspects of research. The questionnaire developed by Alberts (1990) formed the basis of some of the items in the questionnaire.

The questionnaire was then fully developed and submitted to the supervisor who made changes where necessary. The recommended changes were effected.

3.4.2 Design of the Questionnaire

The questionnaire was structured into three sections. Section one contains biographic information. This section had only 2 items which elicited information regarding the gender and age group of the unit sisters.

Section two contains educational and professional background.

Section three was structured into seven related parts. The connecting link and the basis of this section is the extent of the role the unit sister plays in the management of her unit to ensure teaching and the extent of her role in the clinical teaching process. The last question in this section elicited information on the problems encountered by unit sisters in clinical teaching.

The rationale for including the unit management was that, for students to learn successfully they must be taught in a well managed unit and the student nurse must be taught all the aspects of management during her preparation for
practice. Mellish and Brink (1990: 177) lists some of the management functions which must be taught to students as follows:

- a determination of what must be done in order to provide care and what is needed in the way of supplies and equipment
- the determination of priorities
- the creation of safe environment for patient care

3.4.3 Format of the Questions

All questions were close-ended except the last question on problems the unit sister encounters in clinical teaching which was open-ended. The format was the writing of statements describing the unit sister’s activity followed by a Likert-type 5 point rating of responses scale i.e. not at all, minimal, reasonable, a considerable amount and a great deal on the right side. To ensure uniform interpretation of the response, a key for interpretation of these responses was included. The last question was open-ended eliciting information of the problems the unit sisters encounter in clinical teaching.

3.4.4 Pretesting

Before distribution the questionnaires were pretested. The purpose of pretesting was to estimate any confused wording or instructions to improve the response options of the questions and to establish content validity.

Pretesting was done by selecting 5 unit sisters at Ngwelezane Hospital. The names of all unit sisters were listed on paper and the researcher selected every 3rd name on the list.

The aim of selecting the above sample was to obtain a group as identical as
possible to that of the people to be researched. The similarity lay in their professional knowledge, position in the hospital hierarchy and educational background.

The 5 unit sisters were given questionnaires to complete. The length of time required by these unit sisters for completing the instrument varied from 15 - 20 minutes. No participant of the pretest recommended changing of questions or discarding owing to a lack of suitability. These unit sisters were not included in the main study.

3.4.5 Validity and Reliability

Five unit sisters selected for the pretest were furthermore asked to examine the questionnaire items and estimate the content validity of the instrument on the basis of their experiences. Content validity confirms the representativeness of items to measure what they are supposed to measure and is an important characteristic of research instruments and questionnaires (Treece and Treece 1982:127).

Reliability is another important characteristic of a research instrument. Reliability refers to the degree of consistency or accuracy with which the instrument measures an attribute (Treece and Treece 1982:119; Polit and Hungler 1987:406). In this study, the reliability of the instrument was ensured by the fact that the respondents who participated in the pretest had the same characteristics as the participants in the principal study, they were also sisters in charge of units.
3.5 COLLECTION OF DATA

3.5.1 Ethical considerations

As this study is concerned with personal and professional data, ethical considerations are important.

The permission to conduct the study was obtained from KwaZulu Department of Health. A prescribed form for requesting permission to conduct research in KwaZulu hospitals was completed by the researcher and supervisor, this was approved by the Medical Superintendent of hospitals under study. The final permission to conduct the study was granted by the Secretary for Health in KwaZulu in July 1992.

The aim of the research study was explained to the participants by the researcher. The respondents were assured that their names and hospital were not going to be written on the responses. In this way, after full explanation, the researcher obtained the respondents informed consent.

Confidentiality was also assured. The respondents were also told that their individual responses would not be divulged to anyone. All information would be kept confidential and the responses would be summarised statistically.

3.5.2 Preparation for collection of data

Before the actual collection of data the researcher undertook to arrange meetings with matrons in charge of hospitals where student nurses receive clinical teaching. The purpose of the meetings was to explain the nature of the project and to request permission for unit sisters to be questioned during hours of duty.
3.5.3 Venue and time spent in collecting data

Data was collected in the four hospitals concerned i.e.:

Ngwelezane hospital
Benedictine hospital
Charles Johnson Memorial hospital
Madadeni hospital

The researcher spent four days collecting data, one day for each hospital. This was arranged so that these above hospitals were visited either on Wednesday or Thursday when most unit sisters were expected to be on duty.

Each hospital had prepared a quiet place where respondents assembled and completed questionnaires after the researcher had explained the nature of the project. The respondents read the questions and responded in writing. The completion of each questionnaire took 20 - 25 minutes. The questionnaires were completed by 36 out of 39 unit sisters thus constituting 92 percent response.

Table 3.1 showing the total number of unit sisters in 4 hospitals and the number researched

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>NO. OF Unit sisters</th>
<th>NO. RESEARCHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ngwelezane</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>Benedictine</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Charles J. Memorial</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Madadeni Psy. Dept.</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>TOTAL</td>
<td>44</td>
<td>36</td>
</tr>
</tbody>
</table>

NB. At Ngwelezane hospital 5 unit sisters were excluded from the main study because they participated in the pretesting of the instrument.
At Charles Johnson Memorial hospital 3 unit sisters nurses were not readily available at the time of collecting data.

3.5.4 Coding of completed questionnaires

The items were given code numbers. The coded responses were transferred to the computer for analysis.

3.6 PLANNING FOR DATA ANALYSIS

The coded data was put into the computer using SAS programme. Percentages and frequencies were completed. Data was presented in the form of tables and graphs which appear in the chapter for analysis of data.

The open-ended question was manually sorted and presented in the form of a table.

3.7 CONCLUSION

In this chapter the researcher has reported on the research methodology. The descriptive survey method was used for collection of data through questionnaires. The questionnaires were administered personally by the researcher to sisters in charge of units in 4 hospitals. The information gathered is going to be analysed and described in chapter four.
CHAPTER FOUR

4. ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This chapter presents the analysis, presentation, interpretation and discussion of findings which are based on the information gathered from 36 unit sisters who participated in the study.

The questionnaire contained items that elicited information on biographical, educational and professional background, the extent of involvement of the unit sister in facilitation of clinical care to ensure clinical teaching, coordination of teams to work together to ensure clinical teaching and control of the unit to ensure clinical teaching. The other items were included to elicit information on the involvement of the unit sister in the clinical teaching process which is: assessment for clinical teaching, planning for clinical teaching, implementation of clinical teaching and evaluation of clinical teaching. The procedure for the administration of the questionnaire was discussed in the previous chapter.

The data was collected and put into the computer using SAS programme. Frequencies and percentages were completed. Data from the Likert-type scale was presented in the form of tables and then collapsed horizontally into three categories. Responses 1 and 2 (not all and minimal) were classified into one group labelled "not involved". Responses 3, 4 and 5 (reasonable, considerable, and a great deal) were classified into another group labelled "involved" and "no response" formed the third category. This data was then presented in the form of bar graphs. Data from other questions were presented in the form of tables.
4.2 RE-ITERATION OF OBJECTIVES TO BE ATTAINED

The objectives to be attained in this study are listed below:

1. To identify the biographic, educational and professional background of the unit sister as a respondent in this research.
2. To identify the extent of involvement of the unit sister in clinical teaching.
3. To identify the major problems encountered by unit sisters in their clinical teaching role.

Responses to each question are analysed and presented below.

4.3 SECTION 1: BIOGRAPHICAL INFORMATION

Although biographic information was not the focus of this research, however, it was included because the variables such as sex and age might have an effect on the teaching role of the unit sister. These variables will explain who the respondents of this research are. Polit and Hungler (1987:156) state that the reason for collecting biographic data is that personal characteristics have been shown time and again to be related to a person’s behaviour and attitudes in a given situation and that these variables often play a valuable explanatory role.

4.3.1 ITEM 1.1 GENDER

<table>
<thead>
<tr>
<th>GENDER</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>6</td>
<td>16.7</td>
</tr>
<tr>
<td>Female</td>
<td>30</td>
<td>83.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>36</td>
<td>100.0</td>
</tr>
</tbody>
</table>

47
As indicated in table 4.1, of the 36 unit sisters who responded to the questionnaire, thirty (83.3 %) were female and six were male. Females are somewhat better represented than males in this sample. This compares with the study conducted by Nzimande (1984) on the role and function of the nurse administrator in the comprehensive health service in KwaZulu where out of 30 respondents, twenty nine (96.67 %) were female and one (3.33 %) was a male.

The sex distribution of the sample is somewhat similar to that of the professional nurse population in South Africa in 1988. According to Mellish and Brink (1990:54), 96.6 % were female and 3.4 % were male. The males were found in the semi-skilled category although even there women predominated. Unfortunately the number of professional nurse population at that time was not stipulated.

4.3.2 ITEM 1.2: AGE GROUP

Table 4.2 Age range of unit sisters. (N = 36)

<table>
<thead>
<tr>
<th>AGE RANGE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 - 29</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>30 - 39</td>
<td>12</td>
<td>33.3</td>
</tr>
<tr>
<td>40 - 49</td>
<td>12</td>
<td>33.3</td>
</tr>
<tr>
<td>50 - 59</td>
<td>10</td>
<td>27.8</td>
</tr>
<tr>
<td>60 and above</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>36</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.2 shows the age range of unit sisters in KwaZulu training hospitals. Twenty four (66.6 %) fell into the age range of 30-49. Judging by the largest percentage of respondents, this is an indication that the majority of the sisters in charge of units in
KwaZulu training hospitals are in the middle age group. Seeing that most students of nursing are approximately 18 years old, except those who decide on a nursing career later who are very much in the minority, a qualified nurse at the age range of 30-49 should be a mature person who can be charged with a responsibility of managing a unit and guide student nurses to professional adulthood (Mellish and Brink 1990: 53).

4.4 SECTION 2: EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS OF UNIT SISTERS

4.4.1 ITEM 2.1: EDUCATIONAL QUALIFICATIONS OF UNIT SISTERS

TABLE 4.3 Highest Educational Qualification of unit sisters (N = 36)

<table>
<thead>
<tr>
<th>QUALIFICATION</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 8</td>
<td>9</td>
<td>25</td>
</tr>
<tr>
<td>Standard 10</td>
<td>26</td>
<td>72.2</td>
</tr>
<tr>
<td>B.A. degree</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>36</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.3 indicates that the twenty six (72.2 %) of unit sisters who responded to the questionnaire had standard 10 and only one (2.8 %) had a B.A. degree. Before UNISA launched a Nursing Science department some nurses did B.A. degree to further their education. Nine unit sisters (25 %) had standard 8 which was a requirement for admission to training for registration as a nurse before the South African Nursing Council laid down standard 10 as a minimum education requirement for admission to training. Thus the older unit sisters had standard 8. With standard 10 as a requirement for admission to training as a nurse and the change of the nursing programme in recent years, the older unit sister with standard 8 might have a problem in teaching the diploma student nurse unless she furthers her studies.
4.4.2 ITEM 2.2: UNIT SISTERS PRESENTLY UNDERTAKING STUDIES

TABLE 4.4 Unit sisters undertaking further studies. (N = 36)

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>36.1</td>
</tr>
<tr>
<td>No</td>
<td>21</td>
<td>58.3</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>36</td>
<td>100</td>
</tr>
</tbody>
</table>

The analysis of unit sisters presently undertaking studies was included to add further perspective to the academic and professional qualifications of the unit sisters. As twenty six (72.2 %) unit sisters had standard 10 as shown in table 4.3, it was assumed that a high percentage of these respondents could undertake further studies. This assumption was not correct because twenty one respondents (58.3 %) out of 36 were not undertaking any further studies.

This implies that these unit sisters might not be aware of their role in clinical teaching and they might also lack knowledge of the new advances in nursing which the unit sister must have in order to pass it to the neophytes of the nursing profession. This finding is in contrast with the expectations of the nursing profession that the professional nurses who have to teach future nurse practitioners should themselves be qualitatively prepared (Brink 1984: 136).
4.4.3 ITEM 2.3: BASIC AND POST BASIC PROFESSIONAL QUALIFICATIONS OF UNIT SISTERS.

TABLE 4.5 Professional qualifications of unit sisters of (N = 36)

<table>
<thead>
<tr>
<th>QUALIFICATIONS</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gen.</td>
<td>Mid</td>
<td>Psych</td>
</tr>
<tr>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>*</td>
<td>*</td>
<td>1</td>
</tr>
<tr>
<td>*</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>*</td>
<td>4</td>
<td>11.1</td>
</tr>
<tr>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KEY**
- Gen. = registered as a general nurse
- Mid. = registered as a midwife
- Comm. = registered as a community health nurse
- Psych. = registered as a psychiatric nurse
- Admin. = registered as a nurse administrator
- Educ. = registered as a tutor
- Other = registered as a paediatric nurse or orthopaedic nurse, or advanced midwife or as an intensive care nurse and primary health care nurse.

As illustrated in table 4.5 nineteen unit sisters (52.7 %) out of 36 were registered as general nurses, midwives and one of the clinical specialities like orthopaedic nursing, paediatric nursing, advanced midwifery, primary health care and psychiatric nursing. Only one (2.8 %) unit sister had a BA Cur degree with registration as a nurse administrator and a tutor. Four (11.1 %) unit sisters were registered as Psychiatric nurses only and these were found in the Psychiatric hospital.

It was pleasing to find that nineteen unit sisters (52.7 %) were registered as general nurses and midwives and one of the clinical specialities and that they were allocated
in the units according to their field of specialisation. The sister in charge of an obstetric unit had an additional qualification of Advanced Midwifery, the unit sister in a paediatric unit had an additional qualification of Paediatric nursing to name but a few. This compares with a study by Cele (1990) on clinical instruction of student nurses in nurse-training schools in KwaZulu who also found that the unit sisters in KwaZulu training hospitals were prepared for the work they do and stated that they could be rated as professionally mature (Cele 1990: 42).

Searle (1985:172) confirms that the qualifications of the nurse in charge of a unit has a major bearing on her functions, that in these days of specialisation it is important that the professional nurse in charge of a unit has a post basic qualification in the speciality in which she serves, and that she regularly receives in-service education augmented by continuing education programmes to keep her abreast of developments in her field.

4.5 SECTION 3: THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN CLINICAL TEACHING

As explained in page 46 of this chapter, during analysis of data the responses of the Likert-type questions in section 3 of the questionnaire were collapsed horizontally into three categories. Responses 1 and 2 (not at all and minimal were classified into one group labelled "not involved". Responses 3, 4, and 5 (reasonable, considerable and a great deal) were classified into another group labelled "involved". "No response" formed the third category.

At this stage it is important to state that the responses of the unit sisters to the extent of their involvement in clinical teaching is limited to what they say they do and not necessarily what they were actually seen doing.
4.5.1 ITEM 3.1: THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN FACILITATING CLINICAL CARE TO ENSURE CLINICAL TEACHING

Table 4.6 and figure 4.1 contain activities and responses to the extent of involvement of the unit sister in facilitating clinical care to ensure clinical teaching. In item 3.1 activities that were considered to be common functions of the unit sister in facilitating clinical care to ensure teaching were listed. Each unit sister was asked to indicate the extent to which she was involved in these activities.
TABLE 4.6: Responses of unit sisters to the extent of their involvement in activities of facilitating clinical care to ensure clinical teaching. 

(N = 36)

THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN ACTIVITIES OF FACILITATING CLINICAL CARE TO ENSURE CLINICAL TEACHING

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>NO RESPONSE</th>
<th>NOT AT ALL</th>
<th>MINIMAL</th>
<th>REASONABLE</th>
<th>CONSIDERABLE</th>
<th>A GREAT DEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Guiding staff and students on teaching and learning in the unit.</td>
<td>-</td>
<td>1 (2.8 %)</td>
<td>-</td>
<td>8 (22.2 %)</td>
<td>13 (36.1 %)</td>
<td>14 (38.9 %)</td>
</tr>
<tr>
<td>2. Ensuring safe physical social and psychological environment for patients to facilitate teaching.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>6 (16.7 %)</td>
<td>13 (36.1 %)</td>
<td>17 (47.2 %)</td>
</tr>
<tr>
<td>3. Doing ward rounds with the students to check on the standard of care</td>
<td>1 (2.8 %)</td>
<td>1 (2.8 %)</td>
<td>1 (2.8 %)</td>
<td>5 (13.9 %)</td>
<td>12 (33.3 %)</td>
<td>16 (44.4 %)</td>
</tr>
<tr>
<td>4. Counselling of staff members and students on problems of patient related to clinical teaching.</td>
<td>-</td>
<td>-</td>
<td>1 (2.8 %)</td>
<td>10 (27.8 %)</td>
<td>17 (47.2 %)</td>
<td>8 (22.2 %)</td>
</tr>
<tr>
<td>5. Evaluating performance of staff and students in relation to teaching and learning.</td>
<td>-</td>
<td>-</td>
<td>5 (13.9 %)</td>
<td>7 (19.4 %)</td>
<td>15 (41.7 %)</td>
<td>9 (25 %)</td>
</tr>
<tr>
<td>6. Checking on adequacy of facilities and equipment for clinical teaching.</td>
<td>1 (2.8 %)</td>
<td>-</td>
<td>1 (2.8 %)</td>
<td>9 (25 %)</td>
<td>13 (36.1 %)</td>
<td>12 (33.3 %)</td>
</tr>
<tr>
<td>7. Designing programs of patient care to facilitate clinical teaching.</td>
<td>1 (2.8 %)</td>
<td>-</td>
<td>1 (2.8 %)</td>
<td>9 (25 %)</td>
<td>13 (36.1 %)</td>
<td>12 (33.3 %)</td>
</tr>
<tr>
<td>8. Motivation of staff to give quality nursing care to set an example to students.</td>
<td>-</td>
<td>-</td>
<td>1 (2.8 %)</td>
<td>12 (33.3 %)</td>
<td>15 (41.7 %)</td>
<td>8 (22.2 %)</td>
</tr>
<tr>
<td>9. Updating her knowledge on new advances in nursing in order to teach what is relevant to students</td>
<td>1 (2.8 %)</td>
<td>-</td>
<td>1 (2.8 %)</td>
<td>11 (30.6 %)</td>
<td>15 (41.7 %)</td>
<td>9 (25 %)</td>
</tr>
</tbody>
</table>
ACTIVITIES:

1. Guiding sisters, enrolled nurses, enrolled nursing assistants and students on teaching and learning in the unit.

2. Ensuring a safe physical, social and psychological environment for patients to facilitate teaching of student nurses.

3. Doing ward rounds with the students to teach them to check on the standard of care.

4. Counselling staff members and students on problems related to clinical teaching and learning.


6. Checking on adequacy of facilities and equipment for use in teaching nursing skills.

7. Designing programmes of patient care to facilitate clinical teaching.

8. Motivation of staff to give quality nursing care to set an example to the student nurses.

9. Updating your knowledge on new advances in nursing in order to teach what is relevant to students.

Figure 4.1: Responses of unit sisters to the extent of their involvement in activities of facilitating clinical care to ensure teaching

- □ involved
- □ not involved
- □ no response

Figure 4.1: Responses of unit sisters to the extent of their involvement in activities of facilitating clinical care to ensure teaching
Activity 3.1.1: Guiding sisters, enrolled nurses, enrolled nursing assistants and students on teaching and learning in the unit

As shown in figure 4.1, out of 36 unit sisters who responded to the questionnaire, thirty five (97.2 %) said they are involved in guiding the nursing staff including students on teaching and learning in their units. Literature state that guidance in the units is provided through team nursing where junior and senior nurses work together in the care of a group of patients. The team is accountable to the unit sister who does the guidance where necessary. In the team the student nurse is guided on the formulation of care plans and also in the implementation of care (Hinchliff 1987:51).

In this activity the researcher feels she should have asked how the unit sister guides her staff and students, perhaps the responses may have been different. Therefore, it should not be concluded that this high percentage of respondents is actually involved in guiding staff and students before a qualitative study is done.

Activity 3.1.2: Ensuring a safe, physical, social and psychological environments for patients to facilitate teaching of student nurses

As shown in figure 4.1 thirty six unit sisters (100 %) said they were involved in ensuring a physical, social and psychological environment for patients to enhance teaching of student nurses.

The unit sister’s role as a facilitator of patient care has many facets in which ensuring his physical, social and psychological environment is one. Thus the unit sister has to bring home to the student nurses and the other nursing staff that not only the patients physical environment should be safe but also his good name and his property. Other aspects of the environment which should be taught to nursing teams include the avoidance of bad attitudes of personnel to patients and poor interpersonal relationship between patients and nursing staff and between nursing staff and student nurses, the avoidance as far as possible of disturbing factors which may upset patients, their relatives and friends. The provision of an emotional climate which is conducive to the well being of the person receiving care should be demonstrated to student nurses.
It is doubtful if the unit sisters were aware of the many facets of this activity when they responded to the question. If more probing questions were asked pertaining to the social and psychological environment the responses might be different.

**Activity 3.1.3: Doing ward rounds with students to teach them to check on the standard of care**

As shown in figure 4.1, thirty three (91.6 %) unit sisters said they were involved in doing ward rounds with students in order to teach them to check on the standard of care given to patients. One sister (2.8 %) did not respond and two (5.6 %) said they were not involved.

A ward round is described as a planned, organised visit to the patient whether in or out of bed, for the purpose of assessing the nursing care being given to him, discussing his progress and making the necessary adjustments or changes to his care (Mellish and Wannenburg 1992:97). A ward round is a valuable teaching strategy if it includes student nurses and other members of the team, it presents opportunities for a "real" "live" correlation of theory and practice. It was pleasing that unit sisters involve the student nurses in ward rounds because the ward report on the progress of each patient will lead to a better understanding of the patient by the student. The student will have been in close contact with the patient while carrying out nursing care and will have observed the patient's progress. All information can be pooled at the ward round session and problems discussed and clarified. Hinchcliff (1986:74) supports the active participation of the student during a ward round and states that it should be encouraged as this will lead to improved confidence and a sense of responsibility. She further states that when teaching student nurses during a ward round cognisance must be taken of the total picture of the patient, his treatment, his response to treatment, his mental attitude, his background and community resources available to him on discharge. The reasons for treatment, purpose of investigations and the progress of the patient can also be discussed and the progress of the patient can also be discussed with the doctor.
Unfortunately in this study it could not be established whether the unit sisters actually involve the student nurses in ward rounds for the purpose of teaching them to check on the standard of care as suggested by Hinchcliff (1986:74). It is for this reason that a qualitative study should be undertaken.

Activity 3.1.4: Counselling staff members and students on problems related to clinical teaching and learning

Out of 36 unit sisters who responded to the questionnaire, thirty five (97.2 %) said they were involved in counselling of staff and students on problems related to clinical teaching and learning. This activity was included to find out if unit sisters do address the problems of clinical teaching and learning in their units. Only one (2.8 %) said she was not involved.

The unit sister should be a role model in resolving staff problems. To serve as a role model is another teaching responsibility of the unit sister which constitutes her sub-role. Quinn (1980) as cited by Brink (1984:29) is of the opinion that counselling cannot be separated from nurse education because students come for training with different aptitude, intellectual abilities, interests skills, habits, experiences and problems. If they are to be helped to understand themselves and to make plans which are in harmony with their potential, guidance and counselling services are essential.

The question which arises in relation to these responses and which was not explored is what staff and students perceive as major problems in clinical teaching and learning which need the unit sister's counselling intervention. The answer to the question could be found in records kept after counselling sessions.

Activity 3.1.5: Evaluating performance of staff and students in relation to teaching and learning

Evaluating the performance of student nurses is undertaken to determine whether students are becoming clinically competent in practice of nursing. Various clinical
competencies of students can be tested at various stages of the course in nursing so that at the end of the course having passed all the tests on the way to completion, the student can be certified as clinically competent to practice nursing. This clinical competence should be evaluated on continuous basis throughout the course at various levels. The unit sister as an expert in nursing practice should state whether the student can carry out the nursing action being tested. This should include statements as to whether the student performs very well, needs more practice or is competent. The meaning of the above terms should be written down explaining what the student being tested should demonstrate in her nursing actions in order to be assessed as performing very well (Mellish and Wannenburg 1992:132).

Regular 6 to 12 monthly evaluations of all nursing staff in terms of their patient care, teaching and administrative and interpersonal performances should be routine. As shown in figure 4.1, thirty one (86.1 %) out of 36 unit sisters said that they are involved in evaluating performance of staff and students in relation to teaching and learning and five (13.9 %) said they were not involved. This activity had the lowest positive responses when compared with other activities constituting facilitation of clinical care to ensure teaching. This activity needs attention, this might imply that evaluation of staff and students is minimally done. The reason could be related to problems encountered in clinical teaching.

Activity 3.1.6: Checking on adequacy of facilities and equipment for use in teaching nursing skills

Figure 4.1 shows that thirty four unit sisters (94.4 %) said they are involved in checking on adequacy of facilities and equipment for use in teaching nursing skills. Unfortunately it could not be established whether the facilities and equipment for teaching were adequate in the units.

It is the unit sisters's responsibility to ensure that supplies and equipment for the patient care and for teaching are available in her unit. In addition, Mellish and
Wannenburg (1992: 256) state that it is the responsibility of the unit sister in charge of a unit to ensure that all those who work with her have the required knowledge to carry out policy of ordering controlling, maintaining and condemning equipment. This can be achieved by in-service education and involvement of the students in the above activities. It is doubtful if the respondents in this study were aware of the above responsibility as stated by literature when they answered the question.

Activity 3.1.7: Designing programmes of patient care to facilitate adequate clinical teaching

As shown in figure 4.1 thirty four (94.4 %) out of the 36 respondents said they are involved in designing programmes of patient care to facilitate clinical teaching.

Programmes of patient care are important in clinical teaching particularly when viewed against statement made by Reilly and Oerman (1985). They stated that practical nursing programmes address those clinical decisions that are related to the needs of the patients, not only where prescriptive nursing exists, but also where nursing decisions entail developing new modes of nursing. These nursing decisions related to patients needs are incorporated in the nursing process. Therefore the unit sister should use the nursing process to guide the student nurses and help them to develop competencies in the area of practice (Reilly and Oerman 1985: 8). It is doubtful if the unit sisters were aware that the nursing process is a tool to teach nursing diagnosis and nursing decisions when they answered the question. This question may form the basis of a qualitative study.

Activity 3.1.8: Motivation of staff to give quality nursing care to set an example to student nurses

Of the 36 respondents, thirty five (97.2 %) said they motivate staff to give quality nursing care to set an example to students.
During training the student nurses need good role models. In this item the unit sister is expected to be a role model in supporting and motivating staff and students to promote interest thus improving the standard of work. She should also be sensitive in recognising good work carried out by her staff and be alert to other problems such as illness and personal worries which interfere with giving good nursing care. How and when the unit sister motivate staff to set an example to student nurses needs to be explored.

**Activity 3.1.9: Updating of knowledge on new advances in nursing in order to teach what is relevant to students**

This activity was included to establish to what extent the unit sisters are involved in updating their knowledge so that they teach what is relevant to students in clinical setting. Updating of the knowledge by unit sisters is important because of the growing complexity of their work.

It is apparent from the responses, as shown in figure 4.1 that thirty five (97.2 %) out of 36 unit sisters said they are involved in updating their knowledge on new advances in nursing. The responses in this activity are in contrary to item 2.2 where 21 unit sisters (58.3 %) said they are not presently undertaking any further studies. In this case the respondents might be attending workshops and inservice education and not taking it as updating of knowledge.

**Summary of item 3.1**

As illustrated in figure 4.1 the responses of unit sisters to the activities constituting facilitation of clinical care to ensure teaching of student nurses were all positive ranging from 86.1 % to 100 %. Only 3 respondents did not respond to activities 3,6 and 7. From the above analysis it is suggested that the unit sisters in KwaZulu hospitals facilitate clinical care to ensure teaching. All unit sisters (100 %) indicated that they ensure a safe physical, social and psychological environment for patients in order to facilitate teaching of student nurses. According to the Oxford Dictionary,
to facilitate means to make easy, to promote or help forward. The facilitation of patient care needs to be taught to student nurses because on completion of their education and training they will be expected to perform all activities pertaining to facilitation of patient care. Mellish and Brink (1990:218) put this clearly when they state that clinical teaching aims at producing competent registered nurses capable of giving expert nursing care. This aim can be achieved amongst others by teaching such skills as leadership and administration, designing programmes of patient care, checking on adequacy of facilities and equipment, doing ward rounds to check on standard of care, ensuring safe physical social and psychological environment for patients.

In this study of the teaching role of the unit sister, facilitation of patient care is an important function because the quality of unit management and care of patients is also reflected in the students’ performance.

Pembrey 1980 as cited by Hinchliff (1986:66), in her study of the role of the ward sister, looked at the management cycle in relation to the organisation of nursing care. She supports that the good ward manager takes into account the individual requirements of both patient and the nurse when organising care. The management skills are learned through observation of the unit sisters rather than from formal management courses.

4.5.2 ITEM 3.2: THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN CO-ORDINATION OF ACTIVITIES TO ENSURE CLINICAL TEACHING

In this research co-ordination means bringing into proper relation, to combine or integrate harmoniously and to adjust the relations or movement of. (Mellish and Wannenburg 1992: 191). This definition can be applied to the role of the unit sister in co-ordination of activities to enhance clinical teaching because of the continuity of her service. She is one person who sees the total pattern of care and who can bring the facets of patient care into relation. This skill of co-ordination of
activities is passed on to student nurses through role-modelling. In this research only 4 activities related to co-ordination of patient care to ensure clinical teaching were listed.

Activity 3.2.1: Co-ordination of teams to work together in teaching students

As shown in figure 4.2 all thirty six (100 %) unit sisters said they are involved in co-ordination of various teams to work together. These various teams include doctors, physiotherapist, occupational therapists, dieticians, radiographers, social workers and clinical specialists.
Table 4.7: Responses of unit sisters to the extent of their involvement in activities of co-ordinating the teams in the unit to ensure clinical teaching.
(N = 36)

THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN ACTIVITIES OF CO-ORDINATING THE WORK IN THE UNIT TO ENSURE CLINICAL TEACHING

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>NO RESPONSE</th>
<th>NOT AT ALL</th>
<th>MINIMUM</th>
<th>REASONABLE</th>
<th>CONSIDERABLE</th>
<th>A GREAT DEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Co-ordination of the teams to work together in teaching students.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>8 (22.2 %)</td>
<td>16 (44.4 %)</td>
<td>12 (33.3 %)</td>
</tr>
<tr>
<td>2. Fairness in dealing with staff members in order to teach students.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>6 (16.7 %)</td>
<td>20 (55.6 %)</td>
<td>10 (27.8 %)</td>
</tr>
<tr>
<td>3. Delegation of work according to ability of staff to build confidence in teaching.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>7 (19.4 %)</td>
<td>16 (44.4 %)</td>
<td>13 (36.1 %)</td>
</tr>
<tr>
<td>4. Ability to communicate what is required of staff in relation to teaching and learning.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>8 (22.2 %)</td>
<td>17 (47.2 %)</td>
<td>11 (30.6 %)</td>
</tr>
</tbody>
</table>
ACTIVITIES:

1. Coordinating team to work together in teaching students.
2. Fairness in dealing with staff members in order to teach students.
3. Delegating of work according to ability of staff to build confidence in teaching.
4. Ability to communicate what is required of staff in relation to teaching and learning.

Figure 4.2: Responses of unit sisters to the extent of their involvement in activities of coordinating the unit to ensure teaching of student nurses
The services of these teams need to be integrated so that the right people capable of performing the required services are available at the right times so that teaching of student nurses can be planned accordingly. Cloete (1975) as cited by Nzimande (1985: 196) suggests that a common method of co-ordinating the teams is to maintain a close contact between the heads of all branches, sections and subsections by way of regular meetings. The unit sister may also allocate time for individual teaching of students or for group teaching sessions by clinical nurse specialists. This is how their expertise is passed on. The student nurse can also learn about the role of other members of the multidisciplinary team by visits to their departments.

The importance of co-ordination of the teams to ensure clinical teaching was supported by Mellish (1977) as cited by Marson in chapter two of this report when she stated that: To contribute effectively in the teaching of student nurses the unit sister has to develop collaborative relationships with the multidisciplinary health team personnel in planning for clinical practice experience, periodic evaluation and the setting and selection of learning experiences.

It should however not be concluded that the above responses to this activity are a picture of what the unit sisters actually do since the responses were limited to their views.

**Activity 3.2.2: Fairness in dealing with staff members in order to set a good example to the students**

It should be brought to the knowledge of the students at the beginning of their training that in the nursing situation every nurse whether registered, enrolled or in training, has the right to have her problems discussed and answered to her satisfaction. In order to teach student nurse, the unit sister should demonstrate objectivity in dealing with staff members. If a nurse believes she is receiving unfair treatment she can use the grievance procedure to raise their problems and obtain a satisfactory answer. The grievance procedure can be taught formally or informally in the unit. (Mellish and Wannenburg 1992: 274).
As shown in figure 4.2 all thirty six (100 %) unit sisters in this study responded that they are fair in dealing with staff members. According to Mellish and Wannenburg (1992: 182) a unit sister must be fair and impartial, justice must be done and seen to be done when dealing with her staff and students. Fairness and impartiality requires recognition of the rights of the person as a human being. It requires an understanding of others and sympathy with problems, it requires the unit sister's intellectual honesty to recognise her own limitations and the capacity to remedy short comings.

The unit sister is usually asked to write reports on staff and students. In other case she is required to comment on the development of a student in a fairly structured form with regard to reliability, leadership, initiative and progress in such areas as application of theory to practice. The unit sister is not always present when a student exhibits certain characteristics such as intolerance or poor nurse-patient relationship to name but a few. One of the greatest drawbacks on these reports is that they tend to be influenced by the personal values biases of other registered nurses and therefore will be subjective. In this regard, Mellish and Wannenburg (1992:182) state that the reports of staff and students should not be used only to record incidents of misbehaviour or misjudgment which put staff in a bad light but should include reports of good performance and should be discussed with the staff member or students concerned. It is apparent in this activity that unit sisters are fair in dealing with staff members but the question is that, were they aware of what is involved when they responded.

Activity 3.2.3: Delegating work according to ability of staff to build confidence in teaching

At the level of the unit the unit sister is provided with staff and has to utilise them. This entails assessing their capabilities, level of training and interest before delegation, teaching so that competency and confidence is constantly improved. Delegating work according to ability applies in the delegation for clinical teaching. The unit sister should delegate teaching of students to someone who has the capability to teach and those without the ability should be taught so that they
become proficient. The teacher who displays confidence in her professional abilities is creative and stimulating and can demonstrate skills with expertise. The unit sister must ascertain which of her personnel are capable of competently performing those nursing procedures, which are part of the work of the nursing unit. She must also see to it that those who are not yet proficient in the required skills are given instruction and afforded the opportunity of supervised practice. As shown in figure 4.2, thirty six (100%) all unit sisters in this study respondent that they delegate work according to ability of staff to build confidence in teaching.

Activity 3.2.4: Ability to communicate what is required of staff in relation to clinical teaching and learning

Communication between the unit sister, staff and students pertaining to clinical teaching and learning is essential. The unit sister should make it known to the staff that she is responsible for the students' learning in the unit but she cannot observe every student all the time. Therefore staff should be involved in teaching students. Roles of staff pertaining to teaching of students should be clarified. Staff should be encouraged to be frank in discussing ways in which they can share clinical knowledge and skills. The unit sister communicates with staff and students through written notices, unit conferences and written evaluation of the staff members performances accompanied by a discussion with them. The unit sister should elicit the staff perceived areas of strength and weakness. As a leader the unit sister should have the ability to convey or communicate to her team what is required of them, as well as her willingness to help solve any problems which many arise (Mellish & Brink 1990: 87). As shown in figure 4.2, all 36 unit sisters of units responded that they communicate what is required of staff pertaining to clinical teaching.

Summary of item 3.2

Figure 4.2 reflects the extent of involvement of the unit sister in co-ordinating patient care to ensure teaching of student nurses. All 36 unit sisters under study said they are involved in all activities relating to co-ordinating patient care to ensure teaching.
For the purpose of this study only 4 items related to co-ordinating patient care were listed. (see figure 4.1) It is assumed that all unit sisters under study are involved in the above activity but this has not been proved.

The importance of co-ordination of patient care to ensure teaching of student nurses was also supported by Mellish 1977 as cited by Marson (1990:13) when she stated that:
To contribute effectively in the teaching of student nurses the unit sister has to develop collaborative relationships with the multi-disciplinary health team personnel in planning for clinical practice experience, periodic evaluation and the setting and selection of learning experiences for students.

4.5.3 ITEM 3.3: THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN CONTROLLING THE UNIT TO ENSURE EFFECTIVE CLINICAL TEACHING

In this research control entails control over the actual work in the unit to see whether the plans which have been laid down are adhered to and that progress is made and job satisfaction is obtained. The unit sister controls through checking actual work against the established criteria, verifying that work has in fact been carried out. She checks on the safe storage of equipment and drugs. She assesses the possibility of the occurrence of hazards which can be avoided. She verifies personnel capabilities and regulates activities so that desired results can be obtained. She checks prescriptions, drug books and record keeping. She checks patient identification and patient safety. She does this to control all activities in her unit so that teaching of students is ensured (Mellish and Wannenburg 1992:193).

As shown in figure 4.3, responses of all thirty six (100 %) unit sisters to the extent of their involvement in activities of controlling to ensure clinical teaching were positive. Only six activities related to controlling were listed.
Table 4.8: Responses of unit sister to the extent of their involvement in activities of controlling the unit to ensure clinical teaching.  
(N = 36)

**EXTENT OF INVOLVEMENT OF UNIT SISTERS IN ACTIVITIES OF CONTROLLING THE UNIT TO ENSURE CLINICAL TEACHING**

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>NO RESPONSE</th>
<th>NOT AT ALL</th>
<th>MINIMAL</th>
<th>REASONABLE</th>
<th>CONSIDERABLE</th>
<th>A GREAT DEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of the possibility of occurrence of hazards in the unit to enhance clinical teaching.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1 (2.8 %)</td>
<td>23 (63.9 %)</td>
<td>12 (33.3 %)</td>
</tr>
<tr>
<td>2. Demonstrating how to check the actual work against the established criteria.</td>
<td>1 (2.8 %)</td>
<td>-</td>
<td>-</td>
<td>8 (22.2 %)</td>
<td>23 (63.9 %)</td>
<td>4 (11.1 %)</td>
</tr>
<tr>
<td>3. Involving the students in verifying that work has in fact been done.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4 (11.1 %)</td>
<td>12 (33.3 %)</td>
<td>20 (55.6 %)</td>
</tr>
<tr>
<td>4. Teaching the students how the abilities of staff are regulated.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>10 (27.8 %)</td>
<td>17 (47.2 %)</td>
<td>9 (25 %)</td>
</tr>
<tr>
<td>5. Teaching students how the records are kept in a unit.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3 (8.3 %)</td>
<td>16 (44.4 %)</td>
<td>17 (47.2 %)</td>
</tr>
<tr>
<td>6. Demonstrating how the equipment and drugs are kept.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1 (2.8 %)</td>
<td>13 (36.1 %)</td>
<td>22 (61.1 %)</td>
</tr>
</tbody>
</table>
ACTIVITIES:

1. Teaching of students how to assess the possibility of occurrence of hazards.

2. Demonstrating how to check the actual work against established criteria.

3. Involving students in verifying that work has in fact been carried out.

4. Teaching students how the abilities of staff are regulated.

5. Teaching students how to keep records in a unit.

6. Demonstrating how equipment and drugs are kept.

N = 36

Figure 4.3: Responses of unit sisters to the extent of their involvement in activities of controlling the unit to ensure teaching of students
Activity 3.3.1: Assessment of the possibility of occurrence of hazards that may set bad example to the students

As shown in figure 4.3 all thirty-six unit sisters (100%) under study responded that they assess the possibility of occurrence of hazards in the unit. Unfortunately it could not be established how the possibility of occurrence of hazards is assessed in the units.

Controlling the environment for the patient is an important function which can be readily used as a teaching situation. The creation of a safe environment for the patient is a practical demonstration of avoiding medico-legal hazards. According to Mellish & Wannenburg (1992), the unit sister can use reports, records, as well as statistical returns to identify specific problems related to the occurrence of medico-legal hazards. If records and reports are used in the proper manner, many potential dangers can be identified early and steps taken to prevent untoward incidents (Mellish and Wannenburg 1992:254).

Activity 3.3.2: Demonstrating how to check work against established criteria

The activity of demonstrating how to check work against the established criteria had lower scores than the other activities of controlling the unit to ensure teaching of students. Thirty-five (97.2%) unit sisters responded positively and only one said she is not involved in checking work against the established criteria.

Before the unit sister can check the performance of staff and students in the unit, criteria which have to be met are laid down so that staff and students are measured against these criteria.

The unit sister should demonstrates checking of performance of students against the established criteria by using the pre-set objectives and using them as a guide in formulating evaluation tools. These pre-set objectives are derived from the guidelines and policies from the controlling bodies and from the curriculum document pertaining
Activity 3.3.3: Involving the students in verifying that work has in fact been carried out

The unit sister should involve the student nurses in verifying that work has in fact been done in the unit. In this research all thirty six (100 %) unit sisters responded positively in this activity as shown in figure 4.3. According to Mellish and Wannenburg (1992:255) the following strategies can be used to teach the students to verify that work has in fact been carried out: involving them in Nursing Service Managers' rounds. The educational development of the student receives consideration in these rounds. The nursing service manager should expect the student to give a knowledgeable account of diagnosis, treatment and response to treatment.

Nursing care plans could be inspected and discussed and knowledge of medico-legal hazards could be tested.

A nursing service manager's round is also concerned with checking whether the person in charge of the unit is conversant with her teaching responsibility and that she does in fact teach. The nursing service manager doing a ward round should ensure that the unit sister in the unit is conversant with the syllabi of the students who are assigned in her unit.

Activity 3.3.4: Teaching students how the abilities of staff are regulated

In this activity the responses of all thirty six (100 %) unit sisters were positive. As explained in activity 3.2.3 the unit sister should delegate work according to ability of staff in order to build confidence. It is apparent that this is taught to student nurses at their senior level when they are involved in administration of the unit.
Activity 3.3.5: Teaching of students how the records are kept in a unit

As shown in figure 4.3, the responses of all thirty six (100 %) unit sisters were positive. This suggests that unit sisters teach the students how the records are kept in the unit. However the responses are limited to what they say. Students should be taught the types of records kept, the importance of keeping records and the basic principles which must be observed. It must be emphasised that a nurse moving from one institution to another, must make it her responsibility to determine the record system in use in her new place of work. The legal aspects of keeping records should be emphasised.

Activity 3.3.6: Demonstrating how the equipment and drugs are kept

It is the responsibility of the unit sister to ensure that equipment and drugs for the provision of patient care are available in her unit.

In this research the responses of all thirty six (100 %) unit sister to this activity are positive. The unit sister of the unit may delegate a unit professional nurse to carry out the task of keeping equipment and drugs. Therefore the unit sister must see to it that all her personnel are familiar with the regulations or institution’s procedure for ordering, controlling and condemning of equipment including student nurses. The unit sister has a responsibility towards her personnel and students to ensure that they are familiar with the important provisions of the acts dealing with the control of medicines and drugs and the effect this has on her practice and that the legal implications of ordering and managing substances obtained from the dispensary. This can be taught to students by formal and informal demonstrations.

In a nursing unit situation controlling is achieved through planning, organisation and supervision. According to Mellish and Wannenburg (1992:121) supervision is a teaching function of the unit sister because student nurses need to acquire supervisory skills early in their preparation for nursing practice. Further, for a student nurse to
be a competent practitioner she needs to be taught the supervisory skills. Supervision is taught to student nurses by precept and example, advice, positive guidance and assisting her in the practice of nursing so that faults which are noticed in the process of supervision are discussed and eliminated. The following is a list of supervisory functions which must be taught to student nurses:

- use of control measures such as record keeping.
- determining what must be done and what is needed in order to provide care to patients.
- determining priorities
- allocating staff so that tasks to be performed are assigned to competent personnel
- creating a safe environment for patient care
- ensuring that care is given with knowledge and understanding according to the needs of the situation

(Mellish and Wannenburg 1992:121).

A student nurse can actually be supervised while she is supervising in order to teach her the technique. In some hospitals under study the senior student nurses were delegated controlling functions under the supervision of the sister in charge but this does not guarantee that all the above is taught.

Summary of item 3.3

As illustrated in figure 4.3 the responses of item 3.3 were positive ranging from 97.2 % to 100 %. The activity that had the lower score when compared to other activities was activity 3.3.3 (demonstrating how to check the actual work against the established criteria). One (2.8 %) unit sister said she was not involved in this activity.
4.5.4 ITEM 3.4 THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN ACTIVITIES OF ASSESSMENT FOR CLINICAL TEACHING

In this item assessment for clinical teaching implied diagnosis of learner needs, diagnosing the goals of the educational programme, integrating the information gathered with requirements of the controlling bodies and assessment of the climate where teaching will take place. Six activities were listed to elicit information on assessment for clinical teaching (see table 4.9 and figure 4.4).

Activity 3.4.1: Assessment of learning needs for clinical teaching

Of the 36 unit sisters who responded to the questionnaire thirty three (91.6%) responded that they are involved in assessment of learning needs for clinical teaching. Only three indicated that they were not involved.

Assessment of the students' learning needs should involve all the teaching team in deciding what the student is expected to do on the unit. This involves formulating general aims and specific objectives of the unit. In addition the team should know the past experience which the student will bring with her to the unit, she may be a junior nurse or a senior student approaching her final examinations. Hinchcliff (1986: 67) even suggests sending an introductory letter to the learner before allocation starts. She says this will introduce the student to the speciality of the ward and give her time for preparation. On arrival the unit sister and the student should have a preliminary discussion to establish the learning needs of the student and how best to meet them.
Table 4.9: Responses of unit sisters to the extent of their involvement in activities of assessing for clinical teaching.  \( (N = 36) \)

THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN ACTIVITIES OF ASSESSING FOR CLINICAL TEACHING

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>NO RESPONSE</th>
<th>NOT AT ALL</th>
<th>MINIMAL</th>
<th>REASONABLE</th>
<th>CONSIDERABLE</th>
<th>A GREAT DEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of learning needs for clinical teaching</td>
<td>-</td>
<td>1 (2.8%)</td>
<td>2 (5.6%)</td>
<td>13 (36.1%)</td>
<td>13 (36.1%)</td>
<td>7 (19.4%)</td>
</tr>
<tr>
<td>2. Interviewing students to assess prerequisite knowledge</td>
<td>-</td>
<td>4 (11.1%)</td>
<td>11 (30.6%)</td>
<td>13 (36.1%)</td>
<td>8 (22.2%)</td>
<td></td>
</tr>
<tr>
<td>3. Identifying the needs according to the individual</td>
<td>-</td>
<td>1 (2.8%)</td>
<td>1 (2.8%)</td>
<td>11 (30.6%)</td>
<td>8 (22.2%)</td>
<td></td>
</tr>
<tr>
<td>4. Studying of regulations and directives of the course offered</td>
<td>-</td>
<td>2 (5.6%)</td>
<td>3 (8.3%)</td>
<td>14 (38.9%)</td>
<td>10 (27.8%)</td>
<td>7 (19.4%)</td>
</tr>
<tr>
<td>5. Correlation of the assessment with the requirements of the controlling bodies</td>
<td>-</td>
<td>2 (5.6%)</td>
<td>2 (5.6%)</td>
<td>12 (33.3%)</td>
<td>7 (19.4%)</td>
<td></td>
</tr>
<tr>
<td>6. Discussing clinical teaching with tutors and clinical instructors</td>
<td>-</td>
<td>2 (5.6%)</td>
<td>7 (19.4%)</td>
<td>8 (22.2%)</td>
<td>7 (19.4%)</td>
<td></td>
</tr>
<tr>
<td>7. Regulating a climate conducive to teaching and learning in the unit</td>
<td>-</td>
<td>2 (5.6%)</td>
<td>6 (16.7%)</td>
<td>20 (55.6%)</td>
<td>8 (22.2%)</td>
<td></td>
</tr>
</tbody>
</table>
ACTIVITIES:

1. Assessment of learning needs for clinical teaching
2. Interviewing the students to assess pre-requisite knowledge.
3. Identifying the needs according to the individual students
4. Studying of regulations and directives of the course offered
5. Correlation of your assessment with the requirements of the controlling bodies
6. Discussing clinical teaching with tutors and clinical instructors
7. Regulation of a climate conducive to teaching and learning in your unit.

Figure 4.4: Responses of unit sisters to the extent of their involvement in activities of assessment for clinical teaching
Activity 3.4.2: Interviewing of students to assess pre-requisite knowledge

In order to assess the pre-requisite knowledge of the student nurse, the unit sister should interview students.

As shown in figure 4.4 thirty two unit sisters (88.9 %) responded that they were involved in the above activity and four (11.2 %) indicated that they were not involved. Interviewing students before allocation the unit sister might discover that some students have already achieved certain objectives. Reilly and Oerman state that interviewing the students helps in determining the affective characteristics of the learner which are interests, attitudes and self-views which vary among students (Reilly and Oermann 1985:99). Thus interviewing of students will assist in planning for individual teaching. In this item the percentage of non involvement is rising though the unit sister still appears to be involved.

Activity 3.4.3: Identification of needs according to the individual students

Assessment of the needs of the learner might also reveal differences in rates of learning, cognitive styles and cultural patterns among students, relevant to planning the clinical instruction. These differences influence teaching methods, types of learning experiences and time allowed for learning. In this activity thirty four unit sisters (94.5) stated that they are involved in identifying the needs according to individual students as shown in figure 4.4. Only two unit sisters (5.6 %) indicates that they were not involved in the above activity. To those unit sisters who said they were involved the question of how they are involved remains.

Activity 3.4.4: Studying of regulations and directives of the course offered

As shown in figure 4.4 thirty one unit sisters (86.1 %) indicated that they are involved in studying of regulations and directives of the course offered. Five (13.9 %) said they were not involved. This was encouraging because knowledge of regulations and directives of the S.A.N.C. by the unit sister provides a basis for her
planning for clinical teaching. Amongst other things the unit sister needs to know the course the students are undertaking, the volume and variety of clinical experience desired for students, the background preparation students will need for their learning experiences in the clinical area. The S.A.N.C. has provided the policy regarding nursing education in South Africa, the purpose of education, the philosophy underlying nursing education setting and monitoring standards for nursing education. All these should be studied in conjunction with the relevant regulations and directives and used in the planning for clinical teaching. In this study it would help to find out if sisters keep the S.A.N.C. regulations in their units which are amended from time to time. However, the percent of non involvement is still rising in this item.

Activity 3.4.5: Correlation of the assessment with the requirements of the controlling bodies

As illustrated in figure 4.4, thirty two (88.8 %) unit sisters indicated that they are involved in correlating the assessment with the requirements of the controlling bodies. Only four (11.2 %) indicated that they were not involved.

As mentioned above in activity 3.4.4, before assessing for clinical teaching the unit sister should study the guidelines, policies philosophy and regulations of the S.A.N.C. and then correlate her assessment and planning with these requirements if her teaching is to comply with the national standards of nursing education.

Activity 3.4.6: Discussing clinical teaching with tutors and clinical instructors

Hinchcliff (1986) emphasizes the importance of the quality of the relationship between qualified nurses in the clinical area and the tutorial staff. She says they must work together if the learners are to benefit from their practical experience. (Hinchcliff 1986: 261)

In this study, nine (25 %) unit sisters indicated non involvement in the above item while twenty seven (75 %) indicated that they were involved. The percentage of non-
involvement in this activity is high and deserves further attention. Unit sisters are expected to be well informed about the programmes of training and to be involved in planning learning objectives. In discussing clinical teaching, unit sisters, tutors and clinical instructors gain a deeper insight into each other’s role and functions through working together. In this way clinical teaching becomes realistic and effective. The above finding though not statistically significant is a cause for concern particularly if compared with the findings of a study by Cele (1990) on clinical instruction of student nurses in nurse training schools in KwaZulu where out of forty six unit sisters, thirty one (67.4 %) asked for increased involvement of tutors in clinical teaching. Another matter of importance was more co-operation between ward and college staff (Cele 1990: 84).

Activity 3.4.7: Regulating a climate conducive to teaching and learning in the unit.

Of the 36 respondents in this study thirty four (94.5 %) indicated that they regulate a climate conducive to teaching. The question is: were they aware of the psychosocial climate. The question appears vague.

Teaching is an interactive process that requires involvement of teacher and learner in a supportive and facilitative environment. In this activity the climate refers to the psychosocial climate within which teaching and learning take place. The psychosocial climate is a major contributing factor to the learning responses of students and the ability of the teacher to carry out teaching responsibilities. This climate may support these individuals, impede them or limit options for learning. Reilly and Oermann (1985:77) describes a supportive environment essential for learning as characterised by valuing learning, exhibiting a caring relationship for all concerned, providing for student freedom within structure for exploring and trying out different approaches, accepting differences in others and fostering the development of each individual.
Summary of item 3.4

Table 4.9 and figure 4.4 suggest that sisters in charge of training units in KwaZulu hospitals are involved in assessing for clinical teaching. The activities where some sisters were not involved included discussion of clinical teaching with tutors and clinical instructors (25 %), studying of regulations and directives of the course offered (13.9 %) and correlation of the assessment with the requirements of the controlling bodies (11.2 %). In this item the strengths of the unit sisters were in activity 1, (assessment of learning needs for clinical teaching) activity 3, (identifying the needs according to the levels of students) and activity 7, (regulating of climate conducive to teaching.

Assessment of the learning needs and identifying needs according to levels of students is endorsed by Hichliff (1986) when she stated that the unit sister must know the previous experience of the learner, what her capabilities are and what she needs to learn in the nursing unit. The assessment of the learning needs can be accomplished by a preliminary discussion between the student nurse and the unit sister. In this discussion a ward teaching programme can be explained and the learner shown the ward resources. Further, the information gathered through the discussion leads to the diagnosis of the student’s strengths and weaknesses (Hinchliff 1986:18).

Hinchliff is supported by Marson (1990:11) in chapter 2 of this study (page 20). According to Marson assessment of the learner deals with assessment in terms of:

* Entry behaviours which determines if learners possess the necessary prerequisites for accomplishing the objectives.
* Determining the affective characteristics.
* Differences in rates of learning, cognitive styles and cultural patterns among students relevant to planning and teaching.
* Assessment of the student nurse may be carried out by questioning observation of performance and student self evaluation (Reilly and Oermann 1985:100).
4.5.5 ITEM 3.5: THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN PLANNING FOR CLINICAL TEACHING

Having assessed the situation and determined the needs for teaching, the unit sister should plan her course of action. In item 3.5 five activities pertaining to planning for clinical teaching were listed: (see table 4.10 and figure 4.5)

Activity 3.5.1: Planning of the clinical teaching programme

Planning of the teaching programme is an important aspect of clinical teaching. Planning of the teaching programme is as much part of the unit sister’s teaching function as is actual teaching. When planning the teaching programme, the unit sister should be aware of the overall curriculum design if she wants to contribute effectively in clinical teaching. In the teaching hospital this planning should be a co-operative effort by the multi-disciplinary team so that a list of relevant topics can be developed from material from variety of sources.

In this research thirty three (91.6 %) unit sisters indicated that they are involved in planning of the teaching programmes and three (8.4 %) said they are not involved.
Table 4.10: Responses of unit sisters to the extent of their involvement in activities of planning for clinical teaching.  

(N = 36)

THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN ACTIVITIES OF PLANNING FOR CLINICAL TEACHING

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>NO RESPONSE</th>
<th>NOT AT ALL</th>
<th>MINIMAL</th>
<th>REASONABLE</th>
<th>CONSIDERABLE</th>
<th>A GREAT DEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Planning of the teaching programme</td>
<td></td>
<td>2 (5.6 %)</td>
<td>1 (2.8 %)</td>
<td>10 (27.8 %)</td>
<td>19 (52.8 %)</td>
<td>4 (11.1 %)</td>
</tr>
<tr>
<td>2. Setting of the objectives for clinical</td>
<td></td>
<td>3 (8.3 %)</td>
<td>1 (2.8 %)</td>
<td>9 (25 %)</td>
<td>19 (52.8 %)</td>
<td>4 (11.1 %)</td>
</tr>
<tr>
<td>teaching</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Planning for evaluation of students</td>
<td>1 (2.8 %)</td>
<td>2 (5.6 %)</td>
<td>2 (5.6 %)</td>
<td>10 (27.8 %)</td>
<td>15 (41.7 %)</td>
<td>6 (16.7 %)</td>
</tr>
<tr>
<td>clinical proficiency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Planning for evaluation instruments</td>
<td>1 (2.8 %)</td>
<td>4 (11.1 %)</td>
<td>2 (5.6 %)</td>
<td>13 (36.1 %)</td>
<td>10 (27.8 %)</td>
<td>6 (16.7 %)</td>
</tr>
<tr>
<td>5. Planning for in-service education</td>
<td>1 (2.8 %)</td>
<td>1 (2.8 %)</td>
<td>-</td>
<td>12 (33.3 %)</td>
<td>11 (30.6 %)</td>
<td>11 (30.6 %)</td>
</tr>
<tr>
<td>pertaining to clinical teaching</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ACTIVITIES:

1. Planning of the teaching programmes
2. Planning and setting of objectives for clinical teaching.
3. Planning for evaluation of clinical proficiency
4. Planning for evaluation instruments
5. Planning for inservice education pertaining to clinical teaching

Figure 4.5: Responses of unit sisters to the extent of their involvement in activities of planning for clinical teaching
Activity 3.5.2: Planning and setting objectives for clinical teaching

Behavioral objectives can be a very valuable tool for both the teacher and the learner if well planned. The learners find them useful as a guide to study by focusing on the aspects of the curriculum which must be included.

Three types of learning objectives should be planned, these are cognitive, effective and psychomotor. Cognitive objectives are those that are concerned with internal mental processes like recalling, naming or explaining. Affective objectives focus on instilling attitudes, beliefs and feelings in learners. The third type is the psychomotor objective which refers to physical skills such as giving injections or changing a dressing. (Van Hoozer et al 1987: 76). The rationale behind planning and setting objectives is that learning is acquired more readily if teachers plan their instruction with their learners point of view in mind and that the learners are informed at the beginning what is expected of them.

As discussed in chapter two of this research report the three domains approach is important, but in the clinical setting much emphasis seems to be on teaching the psychomotor and cognitive domains. Bruner (1970) as cited by Infante (1985) states that an objective should be stated clearly to the student, the goal must be plain, students must have a sense of where one is going in any given instance of activity. Thus it is essential that the learner understands the reason for and goal of each clinical laboratory experience (Infante 1985: 31).

As shown in figure 4.5, thirty two unit sisters (88.9 %) indicated that they are involved in planning and setting objectives for clinical teaching and four (11.2 %) indicated non-involvement.
Activity 3.5.3: Planning for evaluation of students' clinical proficiency

Unit sisters should plan to collect evaluation data at three points in time: prior to or at the beginning of the actual instruction, during instruction and at the end of the instruction.

As discussed in this chapter learners are evaluated prior to the instruction to determine if they possess the pre-requisite knowledge or skill anticipated. During the instructions evaluation data are collected for two purposes: to provide feedback the learner as he or she proceeds through the experience and to provide feedback to the instructor. At the end of instruction, the desired outcomes are evaluated in terms of student achievements and course effectiveness. Planning for evaluation of students' clinical competency should be based on course objectives and specific clinical objectives set for a particular unit. In this research thirty one (86 %) unit sisters indicated they were involved in planning for the evaluation of students clinical proficiency, four (11.2 %) said they were not involved and one (2.8 %) did not respond to the question.

Activity 3.5.4: Planning for evaluation instruments

As shown in figure 4.5, twenty nine (80.6 %) unit sisters indicated that they were involved in planning for evaluation instruments, six (16.6 %) indicated that they were not involved and one (2.8 %) did not respond to the question.

Any evaluation process requires written guides to systematically record and weigh data. Such guides are referred to as evaluation instruments. These evaluation instruments serve as reminders of the activities that have been accomplished and give clues as to what remains to be accomplished (Infante 1985: 157).

Instruments appropriate to a particular programme need to be planned over a period
of time. All teams in a unit should jointly consider and decide upon the clinical evaluation instruments to be planned for. Infante. (1985:157) has suggested some criteria for planning evaluation instruments which might also be useful to unit sisters or any teacher. These criteria are:

1. The behavioral objectives determine the basis for the evaluation criteria.

2. The evaluation criteria are clearly delineated in the instrument. The specific students' behaviours observable only in clinical practice are explicitly stated.

3. Instructions for using the tool are carefully stated in writing for the user.

4. The same tools are used by all parties involved in the evaluation process.

5. Space is provided for recording supportive evidence.

6. Provides for natural order of sequence.

7. Space is provided for recording general statements, summaries, and recommendations.

8. Where categories are weighted for purposes of arriving at a grade, the instructions for weighting are clear and space is provided to record that weighting.

Two formats of evaluation tools should be planned for. One is for formative evaluation and the other is for summative purposes.

This activity has the highest percentage of non-involvement of unit sisters if compared with other activities in this item. This is quite significant and needs attention.
Activity 3.5.5: Planning for in-service education pertaining to clinical teaching

As shown in figure 4.5, thirty four (94.5 %) unit sisters indicated that they were involved in planning for inservice education pertaining to clinical teaching, one (2.8 %) was not involved and one (2.8 %) did not respond to the question.

The responses of unit sisters in this activity were mostly positive (94.5 %). The aim of in-service education is to improve clinical teaching by the staff and the members of the unit and members of the multidisciplinary team. Problems encountered could be made clear to the unit sister and should be part of the programme of in-service education. In planning the programme for in-service education the unit sister should discuss what is to be accomplished in relation to the stated objectives.

Summary of item 3.5

As indicated in table 4.10 and figure 4.5 the majority (80.6 % to 94.5 %) of unit sisters responded positively in the item determining involvement in planning for clinical teaching. The highest percentage of unit sisters (94.5 %) was said to be involved in-service education pertaining to clinical teaching followed by involvement in planning of the teaching programmes (91.6 %)

The in-service education programmes were implemented during the working hours and some respondents said they were experiencing problems in unit coverage. Despite the problems, the unit sisters felt it would be impossible to teach and supervise student nurses if they had no guidance on how to teach which may result in a feeling of inadequacy or an uneasy feeling that the students are more up to date than they are. It was pleasing to find that unit sisters is KwaZulu considered that confidence can be obtained from further education.

In planning educational programmes the unit sisters stated that they consider the setting of objectives for the specific units considering the level of the student. These
objectives form the basis for evaluation. Hinchliff (1986:78) states that the objectives and the programme must be available for students at the beginning of her allocation in the unit and a workbook can be produced by the ward staff to complement the ward learning programme. Furthermore, constant review and revision of the learning programme must be undertaken to ensure its continuing relevance.

4.5.6 ITEM 3.6: THE EXTENT OF INVOLVEMENT OF UNIT SISTERS IN ACTIVITIES OF IMPLEMENTING CLINICAL TEACHING

Having assessed, planned and set objectives for clinical teaching only then is the unit sister in a position to implement clinical teaching. Implementation of clinical teaching implies the actual teaching of students which is formal and informal. Implementation involves delegation of teaching to members of the multidisciplinary team as appropriate. It therefore demands of the unit sister skill in assessing the strengths and limitations of each member of her staff and skills in determining the level of expertise required from teams outside nursing to teach the students. In this item eight activities constituting implementation of clinical teaching were listed:-

Activity 3.6.1: Implementing in-service education pertaining to clinical teaching

As illustrated in figure 4.6, twenty seven (75 %) unit sisters indicated that they are involved in implementing inservice education pertaining to clinical teaching, eight (22.2 %) did not respond to the question.

This compares with the directive of the South African Nursing Council (1979) as cited by Mellish and Brink (1990:335) which states that it is mandatory for registered nurses to keep abreast of developments in nursing and within the profession after registration. It is the duty of the unit sister to keep all her staff up to date with the developments in nursing to enable them to teach and guide student nurses on today’s and even tomorrow’s knowledge, not to teach students what was thought to be correct two or more years ago. The eight (22.2 %) unit sisters who did not respond to the question need attention.
Table 4.11: Responses of unit sisters to the extent of their involvement in activities of implementing clinical teaching.  \( (N = 36) \)

EXTENT OF INVOLVEMENT OF UNIT SISTERS IN ACTIVITIES OF IMPLEMENTING CLINICAL TEACHING

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>NO RESPONSE</th>
<th>NOT AT ALL</th>
<th>MINIMAL</th>
<th>REASONABLE</th>
<th>CONSIDERABLE</th>
<th>A GREAT DEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Implementing in-service education</td>
<td>8 (22.2 %)</td>
<td>1 (2.8 %)</td>
<td>-</td>
<td>7 (19.4 %)</td>
<td>10 (27.8 %)</td>
<td>10 (27.8 %)</td>
</tr>
<tr>
<td>pertaining to clinical teaching.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Preparation for simulations and</td>
<td>1 (2.8 %)</td>
<td>3 (8.3 %)</td>
<td>2 (5.6 %)</td>
<td>8 (22.2 %)</td>
<td>16 (44.4 %)</td>
<td>6 (16.7 %)</td>
</tr>
<tr>
<td>demonstrations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Demonstration of nursing skills</td>
<td>-</td>
<td>1 (2.8 %)</td>
<td>-</td>
<td>13 (36.1 %)</td>
<td>12 (33.3 %)</td>
<td>10 (27.8 %)</td>
</tr>
<tr>
<td>4. Supervision of students</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>8 (22.2 %)</td>
<td>11 (30.6 %)</td>
<td>17 (47.2 %)</td>
</tr>
<tr>
<td>5. Integration of theory to clinical practice</td>
<td>-</td>
<td>-</td>
<td>1 (2.8 %)</td>
<td>5 (13.9 %)</td>
<td>18 (50 %)</td>
<td>12 (33.3 %)</td>
</tr>
<tr>
<td>6. Implementation of the nursing process</td>
<td>-</td>
<td>1 (2.8 %)</td>
<td>2 (5.6 %)</td>
<td>5 (13.9 %)</td>
<td>11 (30.6 %)</td>
<td>17 (47.2 %)</td>
</tr>
<tr>
<td>7. Teaching according to set objectives</td>
<td>1 (2.8 %)</td>
<td>-</td>
<td>2 (5.6 %)</td>
<td>10 (27.8 %)</td>
<td>11 (30.6 %)</td>
<td>12 (33.3 %)</td>
</tr>
<tr>
<td>8. Application of the policies and</td>
<td>-</td>
<td>-</td>
<td>3 (8.3 %)</td>
<td>8 (22.2 %)</td>
<td>17 (47.2 %)</td>
<td>8 (22.2 %)</td>
</tr>
<tr>
<td>regulations of the controlling bodies to</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>clinical teaching.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
ACTIVITIES:

1. Implementing inservice education pertaining to clinical teaching.

2. Preparation for simulation and demonstration

3. Demonstration of nursing skills

4. Supervision of students

5. Integration of theory to practice

6. Implementing the nursing process

7. Teaching according to objectives

8. Application of the policies and regulations of the controlling bodies to clinical teaching.

Figure 4.6: Responses of unit sisters to the extent of their involvement in activities of implementation of clinical teaching
Activity 3.6.2: Preparation for simulation and demonstration

As illustrated in figure 4.6 thirty (83.3 %) unit sisters indicated that they were involved, one (2.8 %) did not respond to the question while five (13.9 %) said they were not involved. The unit sisters were not asked how they prepare for simulations and demonstrations. In preparation for simulations and demonstrations Mellish and Brink suggest that:-

* The procedure should be planned so that steps follow logically.
* The patient simulation situation to be selected, apparatus assembled and tested.
* Technique be practised to prevent anxiety during the demonstration.
* Objectives of the demonstration be determined.
* Number of students be determined in order to prepare the appropriate space for demonstration.
* The students have the necessary knowledge of procedure, presentation of underlying theory must be part of preparation. Students should be aware of points to be observed.
* Summary and questioning sessions should be planned.
* To support the above Mellish & Brink (1990:130) state that demonstrating skills to students whether in the real situation or simulated situation, is sometimes anxiety provoking and thus need a lot of preparation.

De Young (1990:188) also suggested that in preparation for demonstration the teacher should run through the procedure just as she will when the class is watching. If feasible she might prepare to video tape the demonstration so that she will not have to repeat any more live demonstrations.

Activity 3.6.3: Demonstration of skills

In this activity all thirty six unit sisters (100 %) stated that they were involved in demonstration of nursing skills. (see figure 4.6) Demonstrations are employed for the purpose of showing how to do various actions such as:
* Showing students to carry out a nursing technique which is completely new to them.
* Illustrating the application of fundamental scientific principles to the process of nursing.
* Demonstrating techniques which are to replace those currently in use.

Mellish and Brink (1990:127) define a demonstration as a visual presentation of a nursing technique using actual equipment in order to show how something should be done. In teaching the practice of nursing it entails much more than the mere demonstration of a procedure, student nurses should not only know how to carry out a technical procedure but it is equally important to know why the procedure is being carried out and to realise the dangers inherent in it. The question which remains here is: were unit sisters aware of what demonstrating a procedure entails?

Activity 3.6.4: Supervision of students

As shown in figure 4.6 all thirty six (100 %) unit sisters indicated that they are involved in supervision of students. This compares with Mellish and Brink when they state that a unit professional nurse must be competent in supervision techniques and therefore it is necessary that these are taught to her during her student days. A competent professional practitioner must be able to supervise and this is learnt from precept and example (Mellish and Brink 1990: 177).

A student nurse can actually be supervised while she is supervising in order to teach her the technique. This can be achieved by allocating certain checking functions to a student or asking her to watch and comment upon performance of another.

When the unit sister uses supervision as a teaching strategy in her unit she has to have criteria against which she can judge patient care or assist in establishment of such criteria. During supervision the unit sister should evince a fair and impartial attitude towards students and should remember to praise where praise is due (Mellish and Brink 1990: 178).
The findings on the above activity indicated a general trend among unit sisters in KwaZulu where clinical teaching apparently is supervision (Cele 1990: 44).

Activity 3.6.5: Integration of theory to clinical practice

As illustrated in figure 4.6, thirty five (97.2 %) unit sisters stated that they were involved in integrating theory to clinical practice, only one (2.8 %) said she was not involved. Integration of learning between classroom and the clinical setting is an important aspect in the teaching of student nurses because theory must be related to what the student experiences in the unit. Therefore, the tutor should be involved in clinical teaching to keep the clinical personnel up to date with what the students have covered in theory. This will enable the unit sister to blend theory and practice into one indivisible whole.

In activity 3.4.6 (discussing clinical teaching with tutors and clinical instructors) there was a significant high percentage (25 %) of non involvement by unit sisters. With this finding it is apparent that some unit sisters are not kept up to date with what students have covered in theory.

Activity 3.6.6: Implementation of the nursing process

The above activity was included to verify if unit sisters implement the nursing process because the nurse educated and trained in these days must use scientific principles to plan and carry out nursing care. It is therefore imperative that the nursing process be introduced and implemented in the units.

As shown in figure 4.6, twenty three (91.7 %) unit sisters indicated that they implement the nursing process in their units three (8.3 %) indicated that they were not involved. Mellish and Wannenburg support the use of the nursing process in nursing patients when they say that if the nursing process is properly used in training of nurses it helps to produce a proficient professional adult nurse capable of giving and supervising quality care. They say that it also serves as a good working model
for presenting the total picture of teaching and learning in the unit situation. (Mellish and Wannenburg 1992: 26). The question which arises from this activity is: Do unit sisters use the nursing process as a teaching tool?

Activity 3.6.7: Teaching according to objectives

As reflected in figure 4.6, twenty three (91.7 %) unit sisters indicated that they teach according to objectives, two (5.6 %) said they were not teaching according to objectives and one (2.8 %) did not respond to the question.

In preparation for teaching in the unit the level of achievement needs to be identified. The objectives for clinical practice provide the framework for teaching in the unit since they specify the learning outcomes to be achieved and give direction in the selection of teaching methods and learning experiences. Objectives can thus be seen as milestones on the road to achievement of some definite goal.

As discussed in chapter two of this research human learning is explained in terms of changes in the cognitive, affective and psychomotor responses to environmental conditions. Thus in formulating clinical objectives the unit sister should include all the three domains (cognitive affective and psychomotor). Having decided upon and written objectives for clinical teaching the unit sister nurse should plan how they are going to be offered. She should test the objectives for relevance to the needs of the learner and the recipient of care, unambiguity, reality, observability and measurability.

Mellish and Brink (1990:80) give a warning that care must be taken that a purely behaviouristic approach is not adopted when setting objectives because students are caring for human beings and the stimulus response reaction can be inhumane. Therefore, when the objectives are set cognisance must be taken of the persons concerned and not only the techniques. It is important that such objectives must be congruent with the philosophy, overall programme objectives, guidelines and policies from of the controlling bodies.
Summary of item 3.6

As shown in figure 4.10 all unit sisters (100 %) said they were involved in demonstration of nursing skills and integration of theory and practice. Eight (22.2 %) unit sisters did not respond to the item of teaching. On the whole the respondents were positive in varying degrees to the activities of implementing clinical teaching.

Unit sisters were given eight variables pertaining to implementation of clinical teaching. A high percentage was involved in implementing clinical teaching ranging from 75-100 %. The highest percentage (100 %) of respondents stated that they were involved in supervision of students followed by 97.2 % who stated they were involved in demonstration of nursing skills and integration of theory to practice.

From figure 4.10 suggests that the majority of sisters in charge of training wards in KwaZulu hospitals regard implementation of clinical teaching as supervision of students, demonstration of nursing skills, while they render patient care. Variables such as provision of a climate conducive to teaching and preparation for simulation received lower scores than those of the variables above. This is probably due to the problems encountered in clinical teaching such as shortage of staff and lack of resources.

The high scores in supervision of students and demonstration of nursing skills compare with the study conducted by Cele (1990) on clinical instruction of student nurses in nurse training schools in KwaZulu where she found that the majority of sisters in charge of training units in KwaZulu hospitals regard clinical teaching as demonstration skills and supervising students. This suggests that as the demand for nursing services continues to outpace the supply of professional nurses it seems clear that unit sisters will supervise student in rendering nursing care to patients instead of teaching them.
4.5.7 Item 3.7: The extent of involvement of unit sisters in activities of evaluating clinical teaching

Once the implementation of clinical teaching has been carried out, it remains to test formally and informally that the objectives set have been achieved. In this item evaluation consists of activities which check if the unit sisters carry out activities constituting evaluation of clinical teaching. It is in the evaluation that the value of well thought out objectives can be seen, but in contrary to this, Wiedenbach (1986:98) points out that too often teachers intended to teach one thing, actually teach another and test for something quite different. In this item six activities constituting evaluation of clinical teaching were listed:

Activity 3.7.1: Meeting with evaluation committee

The activity of meeting with the evaluation committee was included in this item because all the people involved in the course of teaching both at planning stage and during implementation ought to contribute to evaluation. The unit sisters responded that they are involved in assessment, planning, and implementation of clinical teaching in this study. This activity therefore tries to find out if they are involved in meeting and discussing evaluation of clinical teaching.

As reflected in figure 4.7, eighteen (50 %) of unit sisters indicated that they meet with the evaluating committee to discuss clinical evaluation of student nurses. Twelve (33.4 %) indicated that they were not involved and six (16.7 %) did not respond to the question.

From this finding it is apparent that the unit sisters are not sure whether the evaluation committee exists or not in their hospital. The question which should be asked is the existence of an evaluation committee and then their involvement in this committee.
Table 4.12: Responses of unit sisters to the extent of their involvement in activities of evaluation of clinical teaching. (N = 36)

EXTENT OF INVOLVEMENT OF UNIT SISTERS IN ACTIVITIES OF EVALUATING CLINICAL TEACHING

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>NO RESPONSE</th>
<th>NOT AT ALL</th>
<th>MINIMAL</th>
<th>REASONABLE</th>
<th>CONSIDERABLE</th>
<th>A GREAT DEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Meeting with the evaluation committee to discuss clinical evaluation of students</td>
<td>6 (16.7 %)</td>
<td>10 (27.8 %)</td>
<td>2 (5.6 %)</td>
<td>10 (27.8 %)</td>
<td>5 (13.9 %)</td>
<td>3 (8.3 %)</td>
</tr>
<tr>
<td>2. Conducting continuous assessment</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>9 (25 %)</td>
<td>16 (44.4 %)</td>
<td>11 (30.6 %)</td>
</tr>
<tr>
<td>3. Participation in objective structured clinical evaluation (OSCE)</td>
<td>1 (2.8 %)</td>
<td>14 (38.9 %)</td>
<td>3 (8.3 %)</td>
<td>11 (30.6 %)</td>
<td>3 (8.3 %)</td>
<td>4 (11.1 %)</td>
</tr>
<tr>
<td>4. Supervision of clinical work books</td>
<td>1 (2.8 %)</td>
<td>3 (8.3 %)</td>
<td>2 (5.6 %)</td>
<td>7 (19.4 %)</td>
<td>14 (38.9 %)</td>
<td>9 (25 %)</td>
</tr>
<tr>
<td>5. Evaluation of clinical teaching programmes</td>
<td>-</td>
<td>10 (27.8 %)</td>
<td>5 (13.9 %)</td>
<td>12 (33.3 %)</td>
<td>4 (11.1 %)</td>
<td>5 (13.9 %)</td>
</tr>
<tr>
<td>6. Evaluating according to objectives</td>
<td>-</td>
<td>4 (11.9 %)</td>
<td>2 (5.6 %)</td>
<td>19 (52.8 %)</td>
<td>6 (16.7 %)</td>
<td>5 (13.9 %)</td>
</tr>
</tbody>
</table>
ACTIVITIES:

1. Meeting with the evaluation committee to discuss clinical evaluation of students
2. Conducting continuous assessment
3. Participation in OSCE (objective structured clinical evaluation)
4. Supervision of clinical workbooks
5. Evaluation of clinical teaching programmes
6. Evaluating according to objectives

Figure 4.7: Responses of unit sisters to the extent of their involvement in activities of evaluation of clinical teaching
The evaluation committee should comprise of unit sisters, clinical nurse specialist, physicians, physiotherapists, dieticians and pharmacist. The purpose of the evaluation committee is to discuss clinical evaluation of students, to decide on the objectives to be evaluated, strategies to be used, and the format of the evaluation. If evaluation is to be relevant the philosophy of the institution, and the programme objectives should be considered when planning for evaluation and must be available to committee participants.

**Activity 3.7.2: Conducting Continuous Assessment**

Although it may be necessary to do specific assessments to test clinical competence in a special area or for a specific purpose, assessment of clinical competence should be an on going part of clinical care, therefore it must be done all the time. Mellish and Brink (1990:309) point out that continuous assessment is the responsibility of the professional nurse who is responsible for nursing care who must assess the clinical competence of student nurses. This should be part of everyday work. Formal test of specific skills at certain stages must not be seen as the most important form of assessment to be done.

As reflected in figure 4.7 all thirty six unit sisters (100 %) indicated that they are involved in conducting continuous assessment the question is how do they conduct this assessment.

**Activity 3.7.3: Participation in O.S.C.E**

O.S.C.E. is a form of evaluation which is popular as a means of summative evaluation for clinical competence either at a particular stage of a course to decide on promotion to a further course of study to complete a definite section of a course or at the end of the course (Mellish & Brink 1990: 315).

It is important that unit sisters participate in this type of evaluation and should be allocated according to their expertise in various stations. The researcher
sees this as an aspect which is often overlooked in nursing schools and yet it can contribute a lot to the training of nurse.

As shown in figure 4.7, eighteen (50 %) unit sisters indicated that they participate in O.S.C.E., seventeen (47.2 %) indicated that they do not participate in O.S.C.E. and only one (2.8 %) did not respond to the question. Of those who indicated that they do not participate they wrote on the questionnaire that they do not know what O.S.C.E. is, they have only heard it from the students. This finding is significant and needs further attention.

**Activity 3.7.4: Supervision of clinical workbook**

Workbooks are carefully designed teaching tools which have to be completed by the students and submitted for scrutiny and comment usually for the allocation of marks and symbols. The workbook is given to teach students at the start of the allocation to provide further guidelines for learning. The information required to complete the workbook should all be available from the ward resources. The unit sister should be involved in supervision of these workbooks. Now and again she must point out areas which should receive attention in the unit. She should pose relevant questions to focus the students' attention of aspects of work related to patient care which might otherwise be overlooked. By this the unit sister can ensure that the student gains maximum benefit from the workbook and obtain insight into the application of the process of nursing to the patients for whom she is caring (Mellish and Brink 1990: 141).

Figure 4.7 reflects that thirty (80 %) unit sisters are involved in supervision of clinical workbooks, five (17.2 %) indicated that they were not involved and only one (2.8 %) did not respond to the question. From this finding it is doubtful if unit sisters are aware of their role in supervision of workbooks.
**Activity 3.7.5: Evaluation of Clinical Teaching Programme**

It is essential that clinical teaching programmes are evaluated from time to time. This evaluation should be a joint effort by all those who participated in planning and implementing the clinical teaching programme, the unit sister being one of them.

Mellish and Brink (1990:316) have suggested the questions that should be asked and researched in evaluation of the teaching programmes:

* Are we producing the end product which is desired, for example are the nurses registered as a result of our programmes able to act effectively in professional practice?

* If not, why not?

* Does our programme meet the health needs of the community?

* Is our programme flexible enough to allow individual teaching strategies to be used.

* Do we offer enough support to students.

* Are members of the teaching team encouraged and assisted to attended in-service education or other updating in both theoretical and practical aspects of nursing and on new advances in educational technology.

Figure 4.7 reflects that eighteen (50 %) unit sisters indicated that they were involved in evaluation of clinical teaching programme and another half (50 %) indicated that they were not involved. The point to be researched here is the cause of non involvement of half of the respondents.
Activity 3.7.6: Evaluating according to objectives

Figure 4.7 reflects that thirty (80 %) units sisters indicated that they evaluate according to objectives and six (20 %) indicated that they were not involved.

As explained in the activity of "meeting with the evaluation committee" the committee decides on the objectives to be evaluated. If clinical evaluation is to be effective it should be based on the pre-set objectives. The starting point in evaluation should be the review of these objectives.

As discussed in chapter two of this report, cognisance should be taken of the three domains of learning (cognitive, affective and psychomotor). There is a tendency of concentrating on the cognitive and psychomotor domains in clinical teaching and evaluation. In clinical evaluation the student should be competent in a nursing skill when she has shown affective skills. Even the evaluation instruments should be based on the objectives and affective skills should be treated as critical points. As affective skills are usually difficult to teach and evaluate, they should be the topic to be discussed or taught in in-service education for professional nurses.

Summary of item 3.7

In the activities pertaining to evaluation of clinical teaching all (100 %) unit sisters said they were involved in continuous assessment of student nurses followed by 80 % who said they were involved in supervision of clinical work books and in evaluating according to the objectives. Figure 4.12 indicate that some unit sisters were not involved in the evaluation committee while 16.7 % did not respond to the question. Only 50 % stated they are involved in O.S.C.E. examination. In the other 50 %, 33.4 % said they were not involved in O.S.C.E. examination. The rest (16.6 %) said they did not even know what OSCE is about. From figure 4.7 it is apparent that some unit sisters did not evaluate clinical teaching programmes. The importance of evaluation of clinical teaching programmes has been emphasized by Reilly Oerman (1985,322) and Hinchliff (1986:79) when they state that the criteria for evaluation
should be to evaluate the teaching plan for effectiveness and revise teaching plan based on evaluative data. This will help unit sisters to improve teaching content and methods.

4.5.8 ITEM 3.8: PROBLEMS ENCOUNTERED BY UNIT SISTERS IN CLINICAL TEACHING

Table 4.13: Response of unit sisters to the problems they encounter in clinical teaching. \( N = 36 \)

<table>
<thead>
<tr>
<th>PROBLEMS</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of resources</td>
<td>15</td>
<td>41.6 %</td>
</tr>
<tr>
<td>Shortage of staff</td>
<td>12</td>
<td>33.3 %</td>
</tr>
<tr>
<td>Too many students</td>
<td>10</td>
<td>27.7 %</td>
</tr>
<tr>
<td>Non involvement of tutors</td>
<td>8</td>
<td>22.2 %</td>
</tr>
<tr>
<td>Poor communication between college and units</td>
<td>2</td>
<td>5.5 %</td>
</tr>
</tbody>
</table>

In this item the respondents gave more than one responses thus the totals did not add up to 36 or 100 %.

As shown in table 4.13 responses of unit sisters to the problems they encounter in clinical teaching are listed in rank order from the highest to the lowest. Of the 36 respondents, fifteen (41.6 %) identified lack of resources, twelve (33.3 %) identified staff shortage, ten (27.7 %) said there were too many nurses, eight (22.2 %) identified non-involvement of tutors and two identified poor communication between the college and the units.

Some problems encountered by unit sisters in KwaZulu training hospitals compare with problems of clinical teaching stated by Hinchliff (1986:54) which are:

- lack of equipment
- lack of time
- unpredictable bed occupancy
- unpredictable staff levels

In KwaZulu hospitals the problems of non involvement of the tutors (22.2%) and poor communication between college and units (5.5 %) were also identified by Cele (1990) as stated in the background of this study in chapter one.

4.6 CONCLUSION

Chapter four was concerned with the analysis, presentation, interpretation and discussion of findings.

The results of analysis of data have revealed that though the sisters in charge of units in KwaZulu training hospitals are involved in the teaching of student nurses, there are always times when some equipment is lacking, units overloaded, shortage of staff and non involvement of tutors.

Chapter five to follow will include overview of findings, conclusions, limitations and recommendations in relation to their implementation and implications of the study for nursing education.
CHAPTER FIVE

5. REPORT ON FINDINGS, CONCLUSIONS, LIMITATIONS, IMPLICATIONS OF THE FINDINGS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter includes a brief overview of the study with emphasis on major findings, conclusions, limitations, implications of the findings and recommendations for further research.

5.2 REPORT ON FINDINGS

Before the findings of this study can be stated, it is necessary for the study to be placed in its proper perspective in terms of problem statement, objectives, related literature reviewed and methodology used.

5.2.1 Statement of the problem

The problem in this study is apparent inadequate involvement of the unit sister in teaching student nurses. It appears the unit sister does not know the full scope of her teaching role.

5.2.2 Aim of the Study

The aim of this study was to achieve the following objectives:

* To identify and describe the biographical, educational and professional background of unit sister in training hospitals in KwaZulu.

* To identify the extent of involvement of the unit sister in clinical
5.2.3 Review of Related Literature

The unit sister plays a vital role in the teaching of student nurses and the success or failure of the educative programme stands or falls on her contribution to it. To contribute effectively in the teaching of student nurses the unit sister has to develop collaborative relationships with the multi-disciplinary health team personnel in assessing, planning, implementing and evaluating clinical teaching. The nursing science perspective on the role of the unit sister fits well into role theory which has a social orientation and provides guidelines for an individual's behaviour in any given interpersonal situation (Merton 1957:368). In this context the concept role is used to refer to the expected behaviour associated with the position of a unit sister in the teaching of student nurses. It is therefore important that student nurses have role models from which to learn the expected nursing behaviour.

Nursing literature reveals that the unit sister in charge has an important role to play in helping the students to reach their professional goals. She does this by formal and informal teaching and by acting as a role model. Further, for the unit sister to enact her teaching role effectively she should be aware of her teaching role in teaching of attitudes, communication, interpersonal relationships, the making of sound professional judgements and the maintenance of professional standards and ethical behaviours. She has to play a major role in counselling of students on day to day basis (Mellish and Brink 1990:220).

In order to facilitate clinical teaching, the unit sister should be involved in all the components of the teaching process namely:
Assessment for clinical teaching.
Planning for clinical teaching.
Implementation of clinical teaching.
Evaluation of clinical teaching.

The unit sister as a role model in the teaching of student nurses in the clinical setting was explored by Marson (1981) as cited by Lewin and Leach (1982:126). She researched the behavioral characteristics of effective ward teachers and concluded that "on the job" teaching of student nurses is a complex global act in which the role model presented to the learner is a powerful influence. Sisters perceived as effective teachers generally expressed an attitude of care and concern for the welfare of others and a commitment to the training of nurses in particular.

A research study by Wong (1978) indicated that student learning is facilitated by teachers behaviour in the clinical setting. Behaviours identified as helpful to students' learning were as follows:

* Being interested in students and being respectful to them.
* Giving students encouragement and due praise.
* Approachable - having a pleasant voice and sense of humour.
* Being available to students when needed.
* Giving an appropriate amount of supervision.
* Displaying confidence in themselves and in students (Wong 1978:370).

In a survey conducted by Fry, Karani and Tuckel (1982:84) student nurses complained that there were hindering experiences to their learning in the clinical setting. The survey was conducted on dropouts who commenced training as nurses at Greys Hospital during the period 1976 to 1979. A sample was drawn from student nurses who had withdrawn from training.
The survey yielded the following information:

* Ward experiences were significant among contributory factors resulting in abandonment.

* Forty percent of the "abandon group" indicated that their experiences in the wards or departments were directly responsible for their decision to abandon the course. The student nurses specifically mentioned poor interpersonal relationship at the nursing team level, unduly critical attitudes of ward nursing staff and being subject to degradation in the presence of patients. Another difficulty experienced by student nurses was related to how the ward sister was perceived as unapproachable. Most students would seek the assistance of their peers rather than approach senior personnel or ward sisters.

Orton (1981) as cited by Davies (1983:80) identified the effect of the learning environment on student learning. The research sample comprised of 325 student nurses and 44 ward sisters. Analysis of data from the questionnaire revealed two clusters of items, one which focussed on the sister's recognition of student nurse's needs and the other on commitment to teaching. Two entirely different types of wards were identified namely "high student orientation" and "low student orientation". These labels were descriptive of the sisters' attitude towards students allocated to their wards.

The hallmark of a "high student orientation" ward was the combination of team work, consultation and the sister awareness of the physical and emotional needs of her subordinates and patients. The sister in this ward was seen to have a teaching programme and devoted a considerable amount of time to students. A ward report was used in such a way that it constituted a learning session. The "low student orientation ward" was the extreme opposite of the "high" ward. Teamwork consultation and ward sister's awareness of needs
were described as absent or deficient in "low wards". Students perceived that they were viewed as pair of hands, teaching was given low priority and many potential learning opportunities were wasted.

In order to obtain a balanced picture sisters provided information and opinions concerning the ways in which they organised their wards and their system of priorities. Sisters were distributed accordingly and confirmed the behaviour described by students. The result of this research implied that:

* Nursing students wished to be viewed primarily as learners.

* Unit sisters as managers require up to date knowledge and information to be shared with other members of staff and students.

* An ideal ward climate should be created by unit sisters and then utilised to educate prospective sister who would learn from an ideal sister model.

A progressive decrease in amount of clinical teaching and less emphasis placed on teaching interpersonal skills and attitudes was identified by Tlakula and Uys (1993:30). They conducted a study on 80 student nurses in selected colleges in the Republic of South Africa including the Independent States. In this study most student nurses had their most positive clinical experiences during the first year of training. During the fourth year of study none of the student nurses reported having had positive or negative experiences. The researchers related the above to the focus being mostly on procedures in clinical teaching which might create the mind set in student and ward staff that once the psychomotor skills have been mastered no more teaching is necessary.

The researchers also attributed this to the shortage of staff where students in the first year level are expected to carry out most of the procedures in the
ward so that first year student nurses may perform third year level procedures. This indicated an apparent decrease in the amount of teaching in the fourth year level of training. The research findings also indicated that less emphasis was placed on teaching interpersonal skills and attitudes. The content of teaching was one or more procedures in the vast majority of cases. Thus the role of the unit sister in teaching student nurses in KwaZulu hospitals became necessary in order to identify her involvement in administrative aspects that facilitate teaching and in the teaching process.

5.2.4 Research Design

A descriptive survey was carried out in order to identify the extent of involvement of the unit sister in teaching student nurses in KwaZulu hospitals. The target population was made up of unit sisters.

5.2.5 Research Instrument

The means of obtaining the desired information was through a questionnaire which was developed by the researcher. Questionnaire items were formulated based on the objectives of the study and specific information sought.

The questionnaire was structured into three sections:

Section one contains biographic information and elicited information regarding the gender and age group of the unit sisters.

Section two contains educational and professional background.

Section three was structured into seven related parts. The connecting link and the basis of this section is the extent of the role the unit sister plays in the management of her unit to ensure teaching and the extent of her role in the clinical teaching process - assessment, planning, implementation and
evaluation. The last question in this section elicited information on the problems encountered by unit sisters in clinical teaching.

Before administration, the questionnaires were pretested for estimating any confused wording or instruction to improve response options of the questions and to establish content validity. The reliability of the instrument was ensured by the fact that the respondents who participated in the pretest had same characteristics as the participants in the main study, they were professional nurses in charge of units.

5.2.6 Sample

The 36 sisters in charge of units who constituted the convenience sample for this study were 30 females and 6 males. Their ages ranged between 20 years and above 60 years. The sample was to be drawn from six training hospitals but due to political unrest, two hospitals were not accessible. Out of 44 unit sisters, 5 participated in the pretesting of the instrument and 3 were not available at the time of data collection. This left a total of 36 unit sisters participating in the study.

Permission for the study was obtained from the appropriate authorities in the KwaZulu Department of Health. Before administering the instrument the unit sisters were assured of anonymity and confidentiality.

5.2.7 Process of data analysis

The data was collected and put into the computer using SAS programme. Frequencies and percentages were completed. Data from the Likert-type scale was presented in the form of tables and then collapsed horizontally into three categories. Responses 1 and 2 (not at all and minimal were classified into one group labelled "not involved". Responses 3, 4, and 5 (reasonable, considerable and a great deal) were classified into another group labelled
"involved and "No response" formed the third category. This data was presented in the form of tables and bar graphs. Data from other questions were presented in the form of tables only.

5.3 SUMMARY OF FINDINGS

5.3.1 Profile of Unit sisters in KwaZulu Hospitals

5.3.1.1 Gender

The findings of his research indicate that, of the thirty six unit sisters surveyed, thirty (83.3 %) were females and six (16.7 %) were males. This suggests that females are more represented than males in the nursing profession in KwaZulu.

5.3.1.2 Age range

The findings of his research indicate that the unit sisters were in the middle age group (30-49 years). This suggest that unit sisters in study are mature and will have better relation with the students during clinical teaching.

5.3.1.3 Education

Twenty six (72.2 %) out of thirty six unit sisters in this study had standard 10. Two (5.6 %) unit sisters had Bachelors degree. Nine (25 %) had standard 8.

As twenty six (72.2 %) of the thirty six unit sisters had standard 10 it was thought that these unit sisters could advance with nursing studies of their choice. This was not correct because twenty one (58.3 %) were not undertaking any further studies.
5.3.1.4 **Professional Qualifications**

Nineteen (52.7 %) of the thirty six unit sisters in this study were registered as general nurses, midwives and one of the clinical specialities like Orthopaedic nursing, Paediatric nursing, Advanced Midwifery and Neonatal nursing, Primary health care to name but a few. In addition they were allocated according to their specialities, for example the sister in charge of an obstetric unit had Advanced Midwifery and Neonatal nursing as an additional qualification. From the above findings it can be assumed that these unit sisters are experts in their particular clinical specialities and can transfer expert knowledge to the student nurses.

5.3.2 **The role of the unit sister in management of the unit to enhance clinical teaching**

5.3.2.1 **Extent of involvement of unit sisters in facilitating clinical care to ensure clinical teaching**

The responses of the unit sisters to the extent of their involvement in facilitating clinical care to ensure clinical teaching indicated they were involved in the activities constituting facilitation of clinical care. The positive responses ranged from 86.1 % to 100 %.

5.3.2.2 **The extent of involvement of the unit sister in co-ordinating clinical care to ensure effective clinical teaching**

All thirty six (100 %) unit sisters in this study said they were involved in all activities constituting co-ordination of clinical care to ensure clinical teaching. It is assumed that unit sisters in KwaZulu hospitals co-ordinate clinical care to ensure effective clinical teaching.
5.3.2.3 The extent of involvement of the unit sister in controlling the unit to ensure effective clinical teaching.

The responses of unit sisters under study indicated that they were involved in controlling the unit to ensure effective clinical teaching. The responses ranged from 97.2 % to 100 %.

As controlling is achieved through planning, organisation and supervision it can be assumed that student nurses in these units are taught planning, organisation, and supervisory skills.

5.3.3 The role of the unit sister in the clinical teaching process

5.3.3.1 Assessment for clinical teaching

The responses of the unit sister under study indicated that they were involved in the activities of assessment for clinical teaching. The positive responses ranged from 75 % to 94.5 % which indicate that the unit sister in KwaZulu do make the necessary assessments before planning for clinical teaching.

5.3.3.2 Planning for Clinical Teaching

The responses of the unit sisters under study indicated they were involved in activities of planning for clinical teaching. The responses ranged from 80.6 % to 94.5 %.

5.3.3.3 Implementation of clinical teaching

All thirty six (100 %) unit sisters said they were involved in supervision of students followed by thirty five (97.2 %) who said they were involved in demonstration of skills and integration of theory and practice.
5.3.3.4 Evaluation of Clinical Teaching

The responses of the unit sisters to the extent of their involvement in activities of evaluating clinical teaching were positive. The responses that indicated involvement ranged from 50% to 100%. The findings also suggest that meeting with the evaluation committee, involvement in O.S.C.E. and evaluation of clinical teaching programme were activities that showed some weaknesses in evaluation of clinical teaching.

The findings on the extent of involvement of unit sisters in management of the unit to enhance clinical teaching and the involvement in the clinical teaching process are based on the answers given by unit sisters and do not necessarily mean that they actually do it.

5.3.4 Problems encountered by unit sisters in clinical teaching

The frequent major problems said to be encountered by unit sisters in clinical teaching were lack of resources, shortage of staff, too many students, non-involvement of tutors and poor communication between nursing colleges and nursing units.

5.4 CONCLUSIONS FROM FINDINGS

Conclusions drawn from the study suggest that:

5.4.1 The majority of unit sisters in KwaZulu training hospitals are mature people and thus qualify for guiding the student nurses to professional maturity. Their responses indicates that their personal characteristics (age, education and professional qualifications) might have a positive influence on their clinical teaching role.
5.4.2 According to their perceptions the unit sisters in KwaZulu hospitals manage the units in such a way that student nurses learn the management functions for their future nursing practice.

5.4.3 The unit sisters in KwaZulu hospitals seem to acknowledge that clinical teaching is one of their important roles and functions.

5.4.4 Although the unit sisters regard clinical teaching as one of their important roles and functions, lack of resources (human and material) and non-involvement of the tutors in clinical teaching pose a problem.

5.5 LIMITATIONS OF THE STUDY

5.5.1 At this stage it is important to highlight that this study reports what the unit sisters said they do which may not necessarily be what they actually do. The researcher feels the analysis would have been helped if the survey questionnaires had been augmented by a field study.

5.5.2 Two hospitals were not accessible during the time of collecting data due to political violence.

5.5.3 Three unit sisters were not readily available at the time of collecting data.

5.5.4 This study is confined to the role of the unit sister in teaching student nurses which is a section of the people involved in clinical teaching.

5.5.5 The study was also confined to a questionnaire with close-ended items which only asked involvement. There was no further probing into the questions.

5.5.6 Although this study has achieved its objectives, there are areas it could not cover due to the level of study the researcher is undertaking and financial constraints.
5.6. IMPLICATIONS OF THIS STUDY FOR NURSING EDUCATION AND NURSING PRACTICE

5.6.1 Assessment for clinical teaching

The findings of this study on assessment for clinical teaching suggest that unit sisters know that assessment should be done. The questionnaire provides a guide on what is to be assessed for clinical teaching (see annexure "E", item 3.4).

5.6.2 Planning for clinical teaching

This study has spelt out a variety of aspects that are involved in planning for clinical teaching. The activities listed in Annexure "E", item 3.5 can be used as a checklist in the units to guide sisters in planning for clinical teaching.

5.6.3 Implementation of Clinical Teaching

The findings of this study suggested that the majority of unit sisters regard implementation of clinical teaching as demonstration of skills and supervision of students. The study has indicated that there is more involved in implementation of clinical teaching than mentioned above. Annexure "E", item 3.6 can be used as a checklist to guide on implementation of clinical teaching.

5.6.4 Evaluation of clinical teaching

This study highlights that unit sisters should be involved in all aspects of the clinical teaching process. The nurse manager and nurse educators can learn from this study that activities such as participation in OSCE, and evaluation of clinical teaching programmes is important for the unit sister.
5.6.5 **Problems encountered in clinical teaching**

This study could make nurse managers to be aware of problems encountered by unit sisters when teaching in the units. The research report might serve in the management committee as a document to motivate for increase in human and material resources as these are main problems.

5.7. **RECOMMENDATIONS**

5.7.1 An inservice education could be organised to teach the activities that are involved in assessment, planning implementation and evaluation in clinical teaching. All categories of nurses should be involved including the tutors.

5.7.1.2 A committee for planning evaluation instrument, setting practical examinations and selection of practical examiners and evaluation of teaching programmes could be introduced and should involve unit sisters.

5.7.1.3 Meetings of the unit sisters with tutors should be more frequent to discuss clinical teaching.

5.7.1.4 **Recommendations for future research**

Out of this research the following studies are indicated:

A qualitative study is suggested to expand and validate the findings of this research.

Further research could be conducted and involve the student nurses as they are also the participants in the teaching and learning process. It is clear from this study that the research process can never be closed as an anonymous writer remarked:
"I have not succeeded in answering my problem. The answers only served to raise a whole new set of problems and questions. In a way I feel I am now confused as ever but I am confused at a higher level and about more important things." (quoted by Cele 1990:86)

5.8 SUMMARY

From the responses of the unit sisters it appears that they know the scope of their teaching role and that they are involved in the teaching of student nurses. However questions arise as to how are they involved and this has opened avenues for further research.
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123


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South African Nursing Council Regulations:
   R481 of March 1975
   R2598 of November 1948
   R425 of February 1985

S.A.N.C. 1988. Guidelines for the course leading to registration as a nurse (general, psychiatric, community) and midwife. Pretoria: S.A.N.C.


Treece, E.W. and Treece, J.W. 1982. *Elements of research in nursing.* London: St Louis


DEPARTMENTAL POLICY: ROLE OF UNIT SISTER IN CLINICAL TEACHING TO NURSING STUDENTS

1. It is the policy of our Department of Health that all Professional Nurses based in the clinical setting have built into their job description the duty to teach students. The rationale backing this expectation being that Nursing Students render patient care under the supervision and responsibility of the professional nurse. In order to ensure that nursing care given by students is safe and adequate, professional nurses must teach safe and adequate patient care to the students.

2. Professional Nurses are expected to teach both formally and informally using learning opportunities present in their clinical areas to assist students develop cognitive, affective and psychomotor skills to be acquired at each level of training.

2.1 Informal instruction

(i) Observe students they work and correct mistakes.

(ii) Give guidance and explanations to students who appear in doubt about a procedure or aspect of patient care.

(iii) Question students to assess understanding of their actions in patient care.

(iv) Show students how to do things.

(v) Show students what to observe and how to observe patients.

(vi) Explain meaning of findings on patient observations.

(vii) Ask students to prepare reports of patient care.

(viii) Ask students to prepare patient care plans.

(ix) Ask them to evaluate patient care.

(x) Do clinical rounds with students.

(xi) Ask students to interpret laboratory findings.

(xii) Make them order supplies.

(xiii) Give on-the-spot counselling, if necessary.

(xiv) Above all, demonstrate a high standard of patient care in the ward as a whole.

(xv) Role model professional behaviour.
2.2 **Formal Clinical Instruction**

2.2.1 Each professional nurse is expected to do at least one supervised procedure while a student gives nursing care once a month.

2.2.2 Observe students with regard to growth in responsibility, productivity, punctuality, speed, insight, clinical competence, interpersonal relationships and honesty and report on these at the end of each month.

2.2.3 With the clinical instructor and the tutor form a team at the beginning and at the end of the month to plan for and evaluate student performance.

Signed ........................................... Date ....................................
ANNEXURE "B"

DEPARTMENTAL POLICY FOR ALLOCATION OF STUDENT NURSES TO CLINICAL AREAS

1. By virtue of the fact that nursing is a practice discipline, the student will be involved in giving service during the course of her/his education but the clinical experience should be directed towards meeting definite well spelt out learning objectives.

2. The allocation officer shall be based within the college of nursing and is accountable to the Principal.

3. The movement of students from one clinical area to another is the responsibility of the Principal.

4. Male and female students should undertake the same educational programme and should have equal access to the full range of clinical experiences.

5. In order to consolidate their studies and prepare themselves for the examinations all students should be given one month of block immediately before examination. No students should be allocated to clinical area during this period.

6. No student should be required to participate in practices which conflict with her genuine ethical or religious beliefs. Student will, however, have to learn the full range of theoretical basis of treatment in use. The areas where conflicts may arise should be brought to the Principal’s notice by the student and should be discussed before conflicts arise.

7. During secondment to a clinical area students should be accountable to the nurse in charge of the area. In return staff in the clinical areas shall be held accountable for the provision of educational experience within the clinical area.

8. No student should be expected to undertake night duty in a ward or department to which she has not been fully orientated during day duty. Students should not be left alone for extended periods while on night duty.

Signed .................................................. Date ...............................................
The Medical Superintendent

Dear Sir

I hereby appeal to you and your personnel in charge of nursing units to assist me in this research which will look into the Role of the Unit Sister in the teaching of student nurses. The sisters-in-charge of units will be expected to fill in the questionnaire.

I hope the information will be of benefit to the College and ward personnel who are training student nurses in KwaZulu.

Your co-operation will be appreciated.

Yours faithfully

MRS C.S. MHLONGO
ANNEXURE "D"

KWAZULU DEPARTMENT OF HEALTH

RECOMMENDATION AND APPROVAL FOR CARRYING OUT RESEARCH

1. Personal Details and Researcher
   Name: C S MHLONGO
   Official Title: MRS
   Address: UNIVERSITY OF ZULULAND P/B X1001 KWALUANCE
   Employer: UNIVERSITY OF ZULULAND

2. Research Title: A NURSING SCIENCE PERSPECTIVE ON THE ROLE OF THE UNIT SISTER IN TEACHING STUDENT NURSES IN KWA ZULU HOSPITALS

3. Recommendations by Institution/Regional Officer/Study Leader

4. Chairman of Research Committee
   Remarks:

Confirm that the project has been approved by the research Committee

SIGNED: M.J. Subira
DATE: 25.01.92

5. Superintendent or Regional Officer
   Remarks: Approved

1. Confirm that use of facilities will not, in my opinion, disrupt the routine of the institution.

SIGNED: 
DATE: 8.7.92
Head of professional group of researchers:
Remarks: .........................................................
..............................................................................

SIGNED: ........................................... DATE: .........................

Head of Pharmaceutical Services, (In the case of clinical trials)
Remarks: .........................................................
..............................................................................

SIGNED: ........................................... DATE: .........................

HEAD OF DEPARTMENT

THIS PROJECT IS APPROVED /--NOT--APPROVED--

Remarks:

Conditions: .........................................................
..............................................................................

Copy of Research Findings to be made available to the University Dept. of Health.

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Secretary for Health ........................................ DATE: 1992 7 11
ANNEXURE "E"

RESEARCH QUESTIONNAIRE

TOPIC

A NURSING SCIENCE PERSPECTIVE ON THE ROLE OF THE SISTER IN CHARGE OF THE UNIT IN THE TEACHING OF STUDENT NURSES IN KWAZULU HOSPITALS

This questionnaire has been divided into three sections. These sections are designed to gather:

1. Biographical information
2. Information on educational and professional qualification for the role
3. Information on the extent of the role you play in the clinical teaching process and the problems you encounter in clinical teaching.

Please complete all sections.

Specific directions for answering the questions will be found each section. All information obtained in this study will be kept confidential. Only statistical summaries will be used and no individual will be identified.

Thank you for your co-operation.
Please answer each question by putting a cross (X) in the most appropriate item block unless otherwise specified.

SECTION 1: BIOGRAPHICAL INFORMATION

1.1 Gender

1. Male
2. Female

1.2 Age Group

1. 20 - 29 years
2. 30 - 39 years
3. 40 - 49 years
4. 50 - 59 years
5. 60 years and older

SECTION 2: EDUCATIONAL AND PROFESSIONAL QUALIFICATION FOR THE ROLE

2.1 Highest Educational Qualification

1. Standard 8
2. Standard 10
3. Bachelors degree

2.2 Are you presently undertaking any studies?

Yes
No
2.3 Professional Qualifications

**Basic:**
1. General registered nurse
2. Registered midwife
3. Registered Psychiatric nurse
4. Other (Specify)

**Postbasic:**
1. Diploma in Nursing Education
2. Diploma in Community Health Nursing
3. Diploma in Nursing Administration
4. B Cur E et A or equivalent
5. B Cur Hons.
6. M A Cur
7. Clinical (Specify)
SECTION 3: EXTENT OF INVOLVEMENT OF Unit sisters OF UNITS IN CLINICAL TEACHING

Please answer each question by making a cross (X) in the appropriate item block unless otherwise specified.

The following activities must indicate the extent of the role you play in the following: (use only the following key)

1 = not at all
2 = minimal (the least possible)
3 = reasonable (not very much more or less that expected)
4 = considerable (significantly more time is spent on this aspect)
5 = a great deal (beyond the ordinary to a large extent)

### 3.1 FACILITATION OF CLINICAL CARE TO ENSURE TEACHING

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<td>To what extent are you involved in:</td>
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<td>3.1.1 Guiding sisters, enrolled nurses, enrolled nursing assistants and students on teaching and learning in the unit</td>
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<td>3.1.2 Ensuring a safe physical, social and psychological environments for patients to facilitate teaching of student nurses</td>
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<td>3.1.3 Doing ward rounds with the students to teach them to check on the standard of care</td>
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<td>3.1.4 Counselling staff members and students on problems related to clinical teaching and learning</td>
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</table>
3.1.5 Evaluating performance of staff and students in relation to teaching and learning

3.1.6 Checking on adequacy of facilities and equipment for use in teaching nursing skills

3.1.7 Designing programmes of patient care to facilitate adequate clinical teaching

3.1.8 Motivation of staff to give quality nursing care to set an example to the student nurses

3.1.9 Updating your knowledge on new advances in nursing in order to teach what is relevant to students

3.2. CO-ORDINATION OF ACTIVITIES TO ENSURE CLINICAL TEACHING

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<td>3.2.1 Co-ordination of teams to work together in teaching students</td>
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<td>3.2.2 Fairness in dealing with staff members in order to teach students</td>
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<td>3.2.3 Delegating work according to ability of staff to build confidence in teaching</td>
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<td>3.2.4 Ability to communicate what is required of staff in relation to teaching and learning</td>
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3.3. CONTROL OF THE UNIT TO ENSURE EFFECTIVE CLINICAL TEACHING

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<tr>
<td>3.3.1 Assessment of the possibility of occurrence of hazards in the unit to enhance clinical teaching.</td>
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3.3.2 Demonstrating how to check work against established criteria

3.3.3 Involving the students in verifying that work has in fact been carried out in the unit

3.3.4 Teaching students how the abilities of staff are regulated

3.3.5 Teaching students how the records are kept in a unit

3.3.6 Demonstrating how the equipment and drugs are kept.

3.4. **ASSESSMENT FOR TEACHING**

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<td>3.4.1 Assessment of learning needs for clinical teaching</td>
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<td>3.4.2 Interviewing of students assess pre-requisite knowledge</td>
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<td>3.4.3 Identification of needs according to individual students.</td>
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<td>3.4.4 Studying regulations and directives of the course offered</td>
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<td>3.4.5 Correlation of your assessment with the requirements of the controlling bodies</td>
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3.4.6 Discussing clinical teaching with tutors and clinical instructors

3.4.7 Regulating a climate conducive to teaching and learning in your unit

3.5. PLANNING FOR CLINICAL TEACHING

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<td>3.5.1 Planning of the clinical teaching programme</td>
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<td>3.5.2 Planning and setting objectives for clinical teaching</td>
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<td>3.5.3 Planning for evaluation of students clinical proficiency</td>
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<td>3.5.4 Planning for evaluation instruments</td>
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<td>3.5.5 Planning for in-service education pertaining to clinical teaching.</td>
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3.6. IMPLEMENTATION OF CLINICAL TEACHING

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<td>3.6.1 Implementing in-service education pertaining to clinical teaching</td>
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<td>3.6.2 Preparation for simulations and demonstrations</td>
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<td>3.6.3 Demonstration of skills</td>
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<td>3.6.4 Supervision of students</td>
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<td>3.6.5 Integration of theory and practice</td>
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3.6.6 Implementing the nursing process

3.6.7 Teaching according to set objectives

3.6.8 Application of the policies and regulations of the controlling bodies to clinical teaching

### EVALUATION

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<td>3.7.1 Meeting with evaluation committee to discuss clinical evaluation of students</td>
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<td>3.7.2 Conducting continuous assessment</td>
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<td>3.7.3 Participation in O.S.C.E. (objective structured clinical evaluation)</td>
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<td>3.7.4 Supervision of clinical workbooks</td>
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<td>3.7.5 Evaluation of clinical teaching programmes</td>
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<td>3.7.6 Evaluation according to objectives</td>
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3.8. List the problems you encounter in clinical teaching

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Thank you for your co-operation