STUDENT NURSES’ PERCEPTIONS OF PROFESSIONAL NURSES AS ROLE MODELS IN THE CLINICAL LEARNING ENVIRONMENT

by

MAGDALENA JOHANNA CUNZE

submitted in accordance with the requirements

for the degree of

MASTER OF ARTS

in the subject

HEALTH STUDIES

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROF GH VAN RENSBURG

SEPTEMBER 2016
DECLARATION

I declare that **STUDENT NURSES’ PERCEPTIONS OF PROFESSIONAL NURSES AS ROLE MODELS IN THE CLINICAL LEARNING ENVIRONMENT** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

15 September 2016

.................................
SIGNATURE
Magdalena Johanna Cunze

.................................
DATE
STUDENT NURSES’ PERCEPTIONS OF PROFESSIONAL NURSES AS ROLE MODELS IN THE CLINICAL LEARNING ENVIRONMENT

STUDENT NUMBER: 4608712
STUDENT: MAGDALENA JOHANNA CUNZE
DEGREE: MASTER OF ARTS
DEPARTMENT: HEALTH STUDIES, UNIVERSITY OF SOUTH AFRICA
SUPERVISOR: PROF GH VAN RENSBURG

ABSTRACT

This study explores and describes the perceptions of student nurses regarding professional nurses as role models in the clinical learning environment.

An exploratory-descriptive qualitative approach was followed. The population for this study was the final year students in the programme: Bridging course for enrolled nurses leading to registration as a general nurse. Nonprobability, quota sampling was done. The study was conducted at two Gauteng campuses of a private nursing education institution. Two “World Café” conversations were conducted where after data saturation was achieved.

The three major themes that emerged were professionalism of the professional nurse, the need for student support and the teaching and learning environment.

From the students’ feedback it was evident that professional nurses should be aware of the important role they play in the professional and personal development of students. Professional nurses as role models should portray the professional behaviours and attitudes required by the profession. Students have a vision of how they expect to be when they qualify as professional nurses.

Recommendations from this study relate to the three themes identified and clearly indicate that students have a realistic expectation of and a need for visible role models in the clinical learning environment.

Key concepts

Clinical learning environment; professional development; professional nurse; role model; student nurses.
ACKNOWLEDGEMENTS

The writing of this dissertation has been one of the most significant academic challenges I have ever had to face. Without the support, patience and guidance of the following people, this study would not have been completed. It is to them that I owe my deepest gratitude:

- Professor Gisela van Rensburg, my supervisor and friend. Thank you for your patience during the writing of my dissertation. You have been extremely helpful to me during the entire period of my studies. Without your help and encouragement this dissertation would not have been written (or ever finished!).

- Most importantly, none of this would have been possible without the love and patience of my family. Edu, my husband, without whom this effort would have been worth nothing. Thank you for your love, support and constant patience; for all the early morning working, coffee and snacks you so patiently brought to me.

- My two children, Eduard and Joanné, for your love and understanding during times when I showed irritation and frustration and when I didn't have time to listen. Thank you for our little joke of “ma ons wil jou nie weg jaag nie maar ons dink dit is tyd om te gaan werk”. I will always remember it.

- To my brother Albrecht and his family, I know you are very proud of me and thank you for your constant reminder of how proud of me, mom and dad would have been. I love you.

- My family and friends, for their continuous support and encouragement.

- The librarians of the University of Pretoria, Myleen Oosthuizen, Monica van Schalkwyk, Magriet Lee and Emelia Minnaar. Ladies without you this study would not have been a reality. Thank you for all the articles and books you found and sent to me. Your cooperation and patience is highly appreciated.

- To my colleagues:
  - Mrs Mariana Scheepers, who was the scribe during data collection, for your support.
  - Dr Irene Lubbe, for your support and encouragement.
  - The learning centre managers from the North and West Rand, for assisting during data collection.

- The participants for voluntarily taking part in this study and sharing their experiences and perceptions.

- Mrs Lesley Fletcher, for editing this dissertation with precision.

- Mrs Rina Coetzer, for doing the technical editing.

- Life Healthcare, my employer, for allowing me to pursue my study.

- My utmost gratitude to my Heavenly Father for the wisdom and perseverance that He bestowed upon me during this research study and throughout my life.
Dedication

This study is dedicated to my husband Edu, my children Eduard and Joanné and to all the role models in nursing who are responsible for the teaching and learning and professional development of students.
# TABLE OF CONTENTS

CHAPTER 1 ........................................................................................................................................... 1
ORIENTATION TO THE STUDY .................................................................................................................... 1
1.1 INTRODUCTION ................................................................................................................................... 1
1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM .............................................. 2
1.3 RESEARCH PROBLEM ....................................................................................................................... 5
1.4 AIM OF THE STUDY ............................................................................................................................ 7
1.4.1 Research purpose .............................................................................................................................. 7
1.4.2 Research objectives .......................................................................................................................... 7
1.5 SIGNIFICANCE OF THE STUDY ......................................................................................................... 8
1.6 KEY CONCEPTS ................................................................................................................................. 9
1.6.1 Student nurse ................................................................................................................................. 9
1.6.2 Professional nurse ......................................................................................................................... 9
1.6.3 Perception ....................................................................................................................................... 9
1.6.4 Role model .................................................................................................................................... 10
1.6.5 Clinical learning environment ...................................................................................................... 10
1.6.6 Professional development ............................................................................................................ 10
1.6.7 Private nursing college ................................................................................................................ 11
1.6.8 Nursing education institution ....................................................................................................... 11
1.7 THEORETICAL GROUNDING OF THE RESEARCH .......................................................................... 12
1.8 OVERVIEW OF THE RESEARCH DESIGN AND METHODS ............................................................ 12
1.8.1 Research design ........................................................................................................................... 12
1.8.2 Research methods ........................................................................................................................ 13
1.8.2.1 Population ............................................................................................................................... 13
1.8.2.2 Sample selection ..................................................................................................................... 13
1.8.2.3 Data collection ........................................................................................................................ 14
1.8.2.4 Data analysis ........................................................................................................................... 14
1.9 RESEARCH SETTING ........................................................................................................................ 15
1.10 TRUSTWORTHINESS ....................................................................................................................... 15
1.11 ETHICAL CONSIDERATIONS ......................................................................................................... 15
1.12 SCOPE AND LIMITATIONS ............................................................................................................. 16
1.13 STRUCTURE OF THE DISSERTATION .............................................................................................. 16
1.14 CONCLUSION ................................................................................................................................. 16

CHAPTER 2 ............................................................................................................................................ 17
RESEARCH METHODOLOGY ..................................................................................................................... 17
2.1 INTRODUCTION ............................................................................................................................... 17
2.2 RESEARCH SETTING ....................................................................................................................... 17
2.3 RESEARCH OBJECTIVES ................................................................................................................ 17
2.4 RESEARCH DESIGN ................................................................. 18
2.4.1 Qualitative research .......................................................... 18
2.4.2 Explorative ................................................................. 18
2.4.3 Descriptive ................................................................. 19
2.5 RESEARCH METHODS ......................................................... 19
2.5.1 Population ................................................................. 19
2.5.2 Sample selection ........................................................... 20
2.5.2.1 Sampling .............................................................. 20
2.5.2.2 Sample size ............................................................ 21
2.6 DATA COLLECTION ............................................................ 22
2.6.1 Data collection approach and method .................................. 22
2.6.1.1 Data collection method ........................................... 22
2.6.2 Data collection process .................................................... 23
2.6.2.1 Preparation for the “World Café” conversations .................... 23
2.6.2.2 Pre-testing of “World Café” conversation ................................ 25
2.6.2.3 Facilitation of the World Café” conversations ....................... 26
2.7 DATA ANALYSIS ................................................................ 28
2.8 MEASURES TO ENSURE RIGOUR – TRUSTWORTHINESS .......... 30
2.8.1 Credibility ........................................................................ 31
2.8.2 Confirmability ............................................................... 31
2.8.3 Dependability ................................................................. 32
2.8.4 Transferability ................................................................. 32
2.8.5 Authenticity ................................................................. 33
2.9 ETHICAL CONSIDERATIONS ................................................. 33
2.9.1 Ethical principles ............................................................. 33
2.9.1.1 Respect for human dignity ........................................... 33
2.9.1.2 Beneficence .............................................................. 34
2.9.1.3 Justice ...................................................................... 35
2.9.1.4 Protecting the rights of the institution ................................ 35
2.9.1.5 Scientific integrity of the researcher ................................. 36
2.10 CONCLUSION ..................................................................... 36

CHAPTER 3 ............................................................................. 37
THE FINDINGS OF THE STUDY .................................................. 37
3.1 INTRODUCTION .................................................................... 37
3.2 DATA ANALYSIS AND PRESENTATION ................................. 37
3.3 DEMOGRAPHIC INFORMATION ............................................. 39
3.4 DISCUSSION OF THEMES, CATEGORIES AND SUBCATEGORIES ............... 39
3.4.1 Theme 1: Factors related to the professionalism of professional nurses .......... 40
3.4.1.1 Professional attitude and behaviour of the professional nurse ................................................................. 41
3.4.1.2 Professional role ........................................................................................................................................ 44
3.4.1.3 Professional image .................................................................................................................................. 46
3.4.2 Theme 2: The need for student support ......................................................................................................... 47
3.4.2.1 Mentor/mentoring ..................................................................................................................................... 48
3.4.2.2 Teamwork .................................................................................................................................................. 49
3.4.2.3 Clinical supervision ................................................................................................................................. 50
3.4.3 Theme 3: Factors related to the teaching and learning environment ....................................................... 51
3.4.3.1 Learning climate ....................................................................................................................................... 52
3.4.3.2 Culture of learning ................................................................................................................................... 54
3.4.3.3 Theory-practice gap ............................................................................................................................... 56
3.4.3.4 When you are professional nurses and role models, how would you support students in the clinical environment? ....................................................................................................................... 57
3.5 CONCLUSION .................................................................................................................................................. 61
CHAPTER 4 ......................................................................................................................................................... 62
DISCUSSIONS OF THE FINDINGS OF THE STUDY ......................................................................................... 62
4.1 INTRODUCTION ............................................................................................................................................... 62
4.2 THEME 1: FACTORS RELATED TO THE PROFESSIONALISM OF PROFESSIONAL NURSES ................................................................................................................................. 62
4.2.1 Professional attitude and behaviour ........................................................................................................... 63
4.2.1.1 Need for role models .................................................................................................................................. 63
4.2.1.2 Values of the profession ........................................................................................................................ 65
4.2.1.3 Communication ....................................................................................................................................... 67
4.2.2 Professional role .......................................................................................................................................... 68
4.2.2.1 Leadership ............................................................................................................................................... 69
4.2.2.2 Professional support ............................................................................................................................. 70
4.2.2.3 Lifelong learning ................................................................................................................................... 71
4.2.3 Professional image ....................................................................................................................................... 72
4.3 THEME 2: THE NEED FOR STUDENT SUPPORT ....................................................................................... 74
4.3.1 Mentor/mentoring ....................................................................................................................................... 74
4.3.2 Teamwork .................................................................................................................................................. 78
4.3.3 Clinical supervision .................................................................................................................................... 81
4.3.3.1 Availability of the professional nurse .................................................................................................... 81
4.3.3.2 Developmental conversations ............................................................................................................... 82
4.4 THEME 3: FACTORS RELATED TO THE TEACHING AND LEARNING ENVIRONMENT ......................... 83
4.4.1 Learning climate ......................................................................................................................................... 84
4.4.1.1 Positive and negative learning environment ............................................................................................ 84
<table>
<thead>
<tr>
<th>Annexure Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annexure A</td>
<td>124</td>
</tr>
<tr>
<td>Ethical Clearance From the University of South Africa</td>
<td>125</td>
</tr>
<tr>
<td>Annexure B</td>
<td>128</td>
</tr>
<tr>
<td>Letter Seeking Permission From Life Healthcare</td>
<td>128</td>
</tr>
<tr>
<td>Annexure C</td>
<td>130</td>
</tr>
<tr>
<td>Letter of Approval: Life Healthcare</td>
<td>130</td>
</tr>
<tr>
<td>Annexure D</td>
<td>132</td>
</tr>
<tr>
<td>“World Café” Copyright</td>
<td>132</td>
</tr>
<tr>
<td>Annexure E</td>
<td>134</td>
</tr>
<tr>
<td>“World Café” Guidelines</td>
<td>134</td>
</tr>
<tr>
<td>Annexure F</td>
<td>136</td>
</tr>
<tr>
<td>“World Café” Etiquette Guidelines</td>
<td>136</td>
</tr>
<tr>
<td>Annexure G</td>
<td>138</td>
</tr>
<tr>
<td>“World Café” Bookmark</td>
<td>138</td>
</tr>
<tr>
<td>Annexure H</td>
<td>140</td>
</tr>
<tr>
<td>“World Café” Tablecloths</td>
<td>140</td>
</tr>
<tr>
<td>Annexure I</td>
<td>150</td>
</tr>
<tr>
<td>“World Café” Verification Field Notes</td>
<td>150</td>
</tr>
<tr>
<td>Annexure J</td>
<td>152</td>
</tr>
<tr>
<td>“World Café” Programme</td>
<td>152</td>
</tr>
<tr>
<td>Annexure K</td>
<td>154</td>
</tr>
<tr>
<td>Informed Consent Form</td>
<td>154</td>
</tr>
<tr>
<td>Annexure L</td>
<td>159</td>
</tr>
<tr>
<td>Demographic Information</td>
<td>159</td>
</tr>
<tr>
<td>Annexure M</td>
<td>161</td>
</tr>
<tr>
<td>Declaration of Language Editing</td>
<td>161</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 2.1 Creswell’s steps of data analysis ................................................................. 29
Table 3.1 Data analysis according to Creswell’s steps of analysis .......................... 38
Table 3.2 Identified of themes, categories and subcategories ................................. 40
Table 3.3 Theme 1: Factors related to the professionalism of professional nurses .... 41
Table 3.4 Theme 2: The need for student support ..................................................... 48
Table 3.5 Theme 3: Factors related to the teaching and learning environment ............. 52

LIST OF PHOTOS

Photo 1 “World Café” venue setup ........................................................................... 26
Photo 2 Facilitation of “World Café” conversation .................................................. 28
# LIST OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICN</td>
<td>International Council for Nurses</td>
</tr>
<tr>
<td>NEI</td>
<td>Nursing Education Institution</td>
</tr>
<tr>
<td>NES</td>
<td>Nursing Education Stakeholders</td>
</tr>
<tr>
<td>NLN</td>
<td>National League for Nurses</td>
</tr>
<tr>
<td>NQF</td>
<td>National Qualifications Framework</td>
</tr>
<tr>
<td>SANC</td>
<td>South African Nursing Council</td>
</tr>
<tr>
<td>UNISA</td>
<td>University of South Africa</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Nursing role models show enjoyment to nurses; they are professionally competent and provide excellent patient care (Murray & Main 2005:30). A role model interacts with students and structures an environment to ensure learning occurs. According to Jooste (2013:219), a role model is a practitioner who is competent and compassionate and who provides comprehensive healthcare within the legal and ethical parameters of the profession, displaying characteristics of integrity, trustworthiness and flexibility, has a sense of humour, shows respect for others, and creates a therapeutic and learning environment for clients, colleagues and students.

Professional nurses as role models play an integral part in the clinical learning environment and this is seen as an essential component in preparing students to become professional nurses. Practice and academic staff have an equal stake in nurse education; for students to see practice and academic staff equally as role models there has to be a partnership approach between these two very important components in nurse education. Both practice and academic staff are able to represent behaviours and attitudes that can directly influence the development of professionalism of students.

Cleary, Horsfall and Jackson (2013:636) stated that professional nurses play a significant role in students’ experiences of clinical placement because they have an ability to create a positive learning environment based on mutual trust and respect for student nurses. The ability of professional nurses to create a positive learning environment could ensure the professional development of student nurses. Therefore in this study the researcher will seek to conceptualise and explore the perceptions of student nurses regarding professional nurses as role models in the clinical learning environment.
1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM

Role models are the teachers of professional thinking, behaviours and attitudes and the cornerstones of the profession. To be confronted with negative statements in social media from patients, submissions of cases of negligence and immoral conduct by nurses to the disciplinary committee of the South African Nursing Council (SANC), reports of bad behaviour, attitudes and lack of professionalism (Gallagher & Tschudin 2009:226; Jackson, Hutchinson, Everett, Mannix, Peters, Weaver & Salamonson 2010:103; Oosthuizen 2012:49-50), prompted the researcher’s curiosity to determine whether role models that student nurses can observe and imitate still exist in the clinical learning environment. This question, together with concerns expressed by students that there are few or no role models in the clinical learning environment, led to the researcher’s developing interest in the role of the professional nurse as a role model in the learning environment.

Role models exhibit certain skills or behaviours that are emulated by another. Wright, Wong and Newill (1997:53) defined a role model as “a person considered as a standard of excellence to be imitated”. Geyer (2013:248) stated that a role model is a person who sets an example to others through her or his behaviour. The status of role model could be awarded to an individual by someone else, often without their awareness. The encounters with such a person may be brief, intermittent or extended over a period of time. It is also possible to have several role models at the same time but also to be a role model to other individuals.

The importance of role models in the nursing profession, where the professional nurse has to portray a positive attitude and approachability, cannot be overemphasised (De Swardt 2012:57). Important learning, including the teaching of concepts, theory, critical thinking skills and research happens in the classroom but is best integrated with the skills learned in the clinical setting where the professional nurse is the manager in the ward and therefore has the ability to create a positive teaching and learning environment that will support students who are learning these skills. Perry (2008:37) maintained that a nursing role model is described as a professional nurse whose observed behaviour and attitudes are imitated by student nurses. These observed behaviours and attitudes support the integration of theory and clinical practice ensuring therefore, that students experience the necessary support during their training. In South
Africa the National Qualifications Framework (NQF) for higher education has changed. As a result, nursing education has been placed in the band for higher education and new curricula aligned to the higher band will have to be developed. This has presented the opportunity for nursing education institutions to develop curricula that include content related to the importance of role models in the clinical learning environment.

Perry (2008:42) highlighted the importance of role models but did not comment on how students perceive professional nurses as role models. Role models are, according to Koontz, Mallory, Burns and Chapman (2010:244), an important aspect in the professional development of students in the clinical learning environment and therefore positive role models will have a constructive influence on student nurses’ development in the profession.

A study done by Brammer (2005:969) in Australia found that professional nurses do understand their roles in supporting students and acting as role models who provide information and guidance to students in developing knowledge and understanding of the reality of nursing. De Swardt (2012:84) indicated that professional nurses in a public hospital in South Africa have no clear understanding of their role in supporting students during the learning process in the clinical environment. De Swardt (2012:181) recommended that facilitation of and support to the professional nurse in being an exemplary role model might enhance the positive learning environment for students as the student nurse can imitate the professional nurses’ behaviour as role models.

Role modeling is “teaching by example and learning by imitation” (Murray & Main 2005:30). Skillful role models can enable students to discover knowledge embedded in clinical practice where they can work with and observe a role model that enables them through a process of reflection, to internalise the role model’s behaviour and build on previous knowledge and experiences. According to Cleary, Deacon and Hunt (2011:7), one of the criteria for being a role model is leading by example. These people are motivators and show respect to all who work with them. Role models inspire, teach and coach people, are team workers, have a vision and can be supportive and encouraging. Role models are resourceful and confident; approachable, available and friendly; helpful and understanding; welcoming and have the students’ interests at heart. The role model therefore is an advocate for students.
The need for role models in other health professions is evident from the literature and similar to the nursing profession (Higashi, Tillack, Steinman, Johnston & Harper 2013:14; Mossop, Dennick, Hammond & Robbé 2013:134). According to a study done by Mossop et al (2013:134), veterinary and medical students also identified the need for role models in their training. They were able to use negative role models as triggers for reflection of what was right and wrong in a manner that helped them to shape their own identity. These students regarded it as very important to develop a feeling of belonging to the profession and indicated that it could help their understanding of the profession as they assimilated the behaviour role-modeled by those around them.

Research done by Lamiani, Leone, Meyer and Moja (2011:989) found that the lack of role models during the training of medical students, compromised the standards taught in medical schools about doctor-patient relationships. In a study done by Wright et al (1997:53) it was reported that role models in medical education are not only important in enhancing learning in clinical practice but was also shown to affect students’ choice of speciality and career. Mossop et al (2013:135) stated that behaviours, values and attitudes related to the medical profession are not always taught in formal curriculums but are conveyed by the hidden curriculum practiced in the clinical environment. Student nurses experience the same difficulty during their training because formal curriculums do not include content on how to teach student nurses the culture of nursing (behaviours, values and attitudes). This is taught in clinical practice by people who should act as role models to the student nurses (Allan, Smith & O’Driscoll 2011:848).

In nursing, professional nurses are still key role players in the development of student nurses and they under-estimate the impact that their positive role modeling has on the student’s learning and professional development. The professional nurse plays a significant role in influencing staff attitudes and actions towards student nurses during clinical experience, and concurrently the quality of teaching encountered by the students (Andrews, Brodi, Andrews, Hillan, Thomas, Wond & Rixon 2006:865).

Koontz et al (2010:244) emphasised the influence professional nurses have as positive role models in the professional development of student nurses whereby they will evolve from being a new graduate or novice nurse to a knowledgeable and clinically competent nurse. In the study done by De Swardt (2012:89) the absence of exemplary role modeling by professional nurses was evident. Findings revealed that student nurses
often experienced the professional nurses’ behaviour as being unethical and that it breached rules and regulations, physically abusing patients and exploiting students’ goodwill. Student nurses in this particular study were disillusioned with the profession in terms of honesty of nurses, short cuts taken by nurses and failure by nurses to act as exemplary role models. Since the study by De Swardt (2012) was conducted in a public hospital, the researcher decided that there was a need to explore the perceptions that student nurses in private hospitals have of professional nurses as role models influencing their professional development. In the South African context there is a perception that nursing in the private healthcare industry is of a high quality because patients pay high fees for services rendered. Strong competition between the three main private healthcare groups in South Africa means that quality patient care, which is the only differentiator amongst the groups must be of a high standard, ensuring positive nursing care outcomes. Professional nurses as role models in the clinical environment are of crucial importance in promoting good nursing practices by role modeling professional behaviours, legal nursing practices and quality patient care. It is imperative that students are taught the professional qualities necessary not only to enhance the quality of care but also to meet patients’ expectations. When student nurses commence their training they have an expectation of what a nurse must do and how a nurse should behave. This expectation may influence who they choose as a role model and that may influence their professional development. Despite a wealth of literature regarding role models/role theory, literature on perceptions of professional nurses as role models by student nurses in the private healthcare sector could not be found.

1.3 RESEARCH PROBLEM

A research problem is an enigmatic or perplexing condition that can be investigated through disciplined inquiry (Polit & Beck 2012:741). After identifying a research problem the researcher follows a specific process whereby specific research methods are used to explore the problem identified and obtain a scientific solution.

During undergraduate training students spend long and many hours in the clinical setting working alongside professional nurses. Whilst this experience is perceived as highly valuable and an essential component of learning it is not always positive. Students on clinical placement expect to and are expected to learn by working with professional nurses. Work-integrated learning requires student support in a positive
clinical learning environment. According to regulations\(^1\) relating to the scope of practice of persons who are registered or enrolled under the Nursing Act 1978, Regulation R.2598, Section 2, the registered nurse is expected to teach (SANC 1991: Regulation R.2598). Although the scope does not specifically refer to the teaching or educating of nursing students, in practice the registered nurse is responsible for provision of safe patient care which implies supervision and teaching of students who are placed in the unit for the purpose of learning. Because of their involvement with students, the professional nurse is responsible for the student’s professional development (Meyer, Naude, Shangase & Van Niekerk 2010:82).

Botha (2006:134) stated that student nurses rely on role models to lead and support them in clinical practice. Students do measure their own attitudes and identities against those of their role models (Botha 2006:134). According to Botha (2006:134), role theory proposes that individuals perceive their identity in relation to those with whom they associate those related roles and those affecting or affected by the individuals’ identity and performance. In a study done by Cleary et al (2013:636) students observed poor role models during their clinical placements, for example colleagues who “don’t want to be bothered”, unprofessional practices and bullying. These are some practices that could create poor or negative role modeling for students during their professional development in the clinical learning environment.

Professional nurses as role models can play a significant role in students’ experiences of clinical placement because they have an ability to create a positive clinical learning environment based on mutual trust and respect for student nurses (Cleary et al 2013:636). The influence of the behaviour of positive role models must never be underestimated. Perry (2009:243) stated that it is easier to imitate behaviour rather than the spoken word. Student nurses may regard more than one professional nurse or even someone outside of the profession as a role model. To ensure that the student nurse adopts a practising professional nurse as a role model, the professional nurse is expected to establish and demonstrate the accepted norms of conduct and behaviour and not simply how the job must be done. Patients also expect to be cared for by nurses who are not only competent but who behave professionally.

\(^1\) New scope of practice related to Nursing Act 33 of 2005 not yet promulgated.
The researcher found a significant volume of literature on role models, role modeling, professional development and experiences of students in clinical practice in the public sector (Felstead 2013; De Swardt 2012; Ousey 2009; Perry 2008). However, it was difficult to find literature supporting the importance of role models in the private healthcare sector. The reason may be that nurse training in the private sector only started in the late 1980s. Today private nursing education institutions play an important role in nursing education in South Africa. The private nursing education institution in which this study was conducted have received full registration as private healthcare education institution by the Department of Health: Education and Training, South Africa. By focusing on the perceptions of student nurses regarding professional nurses as role models in the private healthcare sector, the study aims to contribute data that will assist professional nurses in the professional development of student nurses in the clinical learning environment. In order to reach this aim the following question arose: what are student nurses’ perceptions of professional nurses as role models in the clinical learning environment?

1.4 AIM OF THE STUDY

In order to address the research problem identified, the research purpose and objectives of this study are as follows.

1.4.1 Research purpose

The purpose of the study is to explore and describe the perceptions of student nurses regarding the professional nurses as role models in their professional development in the clinical learning environment.

1.4.2 Research objectives

The objectives of the study are to

- explore the perceptions student nurses have of professional nurses as role models in the clinical learning environment
- determine the role that role models could play in the professional development process of students in the clinical learning environment
- make recommendations that could enhance the value of role models in the clinical learning environment in their professional development process

1.5 SIGNIFICANCE OF THE STUDY

Nursing takes place in a dynamic social, economic, political and technological environment. Therefore the professional attitudes and values nurses display are of high significance. Positive role models in the learning environment will be an important contribution to the students' learning of professional behaviours, attitudes and values of the nursing profession even if they are not clearly spelled out in the theoretical curriculum. The results of this study will provide authentic information that could be used to create a more positive environment in clinical practice. Through their awareness of student perceptions of their behaviour, professional nurses may commit to being better role models for students to observe and imitate, thereby enhancing their professional development and ultimately improving the quality of patient care. Role modelling involves portraying positive attitudes and behaviours and the living out of professional values. Student nurses will practice the behaviours they believe to be important because students have placed value on the behaviours of people they perceive as role models and are willing to imitate (Larsen 2013:138). The outcome of this study could contribute to continuous and integrated exposure of student nurses to positive role models across academic and practice settings.

By focusing on the student nurses' perceptions of professional nurses as role models in the private healthcare sector, the study aims to contribute data that can assist nursing practice and nursing education in the development of a new curriculum which will include content on the importance of role models in nursing. This study can also contribute to the development of guidelines on how professional nurses can assist and support students in clinical practice to improve their teaching and learning and professional development. Finally the study may add to the body of knowledge on the importance of role models in the nursing profession.
1.6 KEY CONCEPTS

For the purpose of facilitating understanding of this study, key concepts have been identified. The conceptual definition of each concept is given first followed by the operational definition used in the study.

1.6.1 Student nurse

According to Kotzé (2008:187), a student nurse is a person who has successfully completed 12 years of schooling and has met the entrance requirements of an approved nursing school. SANC defines the term learner (student) as “a person registered with the Council as a learner or a learner midwife, (South Africa 2005:s32(1). In the context of this study and from here onwards, the term student will be used and will refer to a person studying at a private nursing college that is registered with SANC for the formal nursing programme: Bridging course for enrolled nurses leading to registration as a general nurse, R.683 (SANC 1989: Regulation R.683, Section 2 (a, b, c)).

1.6.2 Professional nurse

A professional nurse is a person who is qualified and competent to practice comprehensive nursing independently according to the scope of practice for registered nurses. The nurse is capable of assuming responsibility and accountability for such practice. Professional nurse – formerly known as a registered nurse, a professional nurse is a person registered in terms of Section 31(1)(a) of the Nursing Act (Act 33 of 2005) after having completed an approved programme at an accredited nursing education institution. In terms of Section 43(1) of this Act such a person may use the title “registered professional nurse” (South Africa 2005). For the purposes of this study registered nurses will be referred as professional nurses.

1.6.3 Perception

The meaning of perception is the ability to see, to hear, or to become aware of something through the senses. Perception is the translation of sensory impressions into a coherent and unified view of the world around them (Oxford Learners Dictionaries...
10

[s.a.]: sv “perception”). In this study perception is the impression that student nurses have about professional nurses as role models.

1.6.4 Role model

A role model is a person looked to by others as an example to be imitated (Oxford Learners Dictionaries [s.a.]: sv “role model”). In this study a role model is a professional nurse whose observed behaviour and attitudes are imitated by students.

1.6.5 Clinical learning environment

The clinical learning environment is an interactive network of forces within the clinical setting which influence the students’ clinical learning outcomes (Dunn & Hansford 1996:1299). Clinical learning environment is where students are exposed to real patients, where they not only learn to apply their knowledge and skills but also learn the culture of the nursing profession (De Swardt 2012:158).

A clinical learning environment according to SANC is as follows:

(1) Clinical training must only be provided in clinical facilities that are accredited by the Council.
(2) Clinical learning must take place in a range of clinical settings that will facilitate the achievement of the programme outcomes, regulations relating to the approval of and the minimum requirements for the education and training of a nurse leading to registration as a registered professional nurse in the private hospitals where the students are placed for clinical learning (SANC 2013: Regulation R.171, Section 6 (1 & 2)). In this study the clinical learning environment will be the units in the hospitals accredited for the decentralised campuses of the nursing education institution.

1.6.6 Professional development

The professional development of students is a complex interactive process by which the content of the professional role (skills, knowledge, behaviour) is learned, and the values, attitudes and goals integral to the profession and sense of occupational identity
which are characteristic of a member of that profession are internalised (Mackintosh 2006:954). In this study professional development is the process whereby professional values, roles and behaviour learned in the classroom can be applied in clinical practice. Professional development ensures that the culture (values, attitudes) and identity of the profession are being internalised by students during clinical placement.

1.6.7 Private nursing college

An institution may be accredited as a nursing education institution if:

(a) It has a designated person in charge of the nursing education and training institution.
(b) It is registered with the Department of Higher Education and Training in terms of relevant legislation.
(c) The programme is accredited with the Council on Higher Education.
(d) The programme meets the accreditation requirements, criteria and any standards for nursing education and training as determined by the SANC from time to time (SANC 2013: Regulation R.173, Section 2 (1)(b)).

In this study a private nursing college is a private nursing education institution accredited by SANC to facilitate formal nurse training. The private nursing college used in this study is an institution with seven decentralised campuses in the Western Cape, Eastern Cape, KwaZulu-Natal and Gauteng, South Africa. Two of the campuses are situated in Gauteng and were used to conduct this study.

1.6.8 Nursing education institution

According to the Nursing Act, Act 33 of 2005, R.173 of 2013 a nursing education institution (NEI) is an institution with the capacity to offer a prescribed nursing programme, upon compliance with SANC’s prescribed accreditation requirements, criteria and standards for nursing education and training (South Africa 2005:s42). The NEI in this study refers to the private nursing education institution in Gauteng, South Africa, which offers nursing education to students registered for the programme: Bridging course for enrolled nurses leading to registration as a general nurse, R.683 (SANC 1989: Regulation R.683, Section 2 (a, b, c)).
1.7 THEORETICAL GROUNDING OF THE RESEARCH

A qualitative approach will be used in this study. Qualitative research is grounded in naturalism. The naturalistic paradigm encompasses studies designed to study people and situations in their natural state (Grove, Burns & Gray 2013:66). Following the naturalistic paradigm will enable the researcher to interact with participants and to obtain information as experienced by them in their natural environment. The researcher wants to understand the participants’ perceptions of the phenomenon as it happens by becoming a “participant” in the natural setting that is being researched. Becoming a “participant” will allow the researcher to gain insight into the participants’ perceptions of professional nurses as role models in the clinical learning environment. The value of role models during student nurses’ training in the clinical environment must not be underestimated; the role they play in teaching and learning and professional development of student nurses to ensure ethical practices and quality nursing care is of vital importance to the nursing profession.

1.8 OVERVIEW OF THE RESEARCH DESIGN AND METHODS

In this section an overview of the research design and methods is provided. The detailed discussion is provided in Chapter 2.

1.8.1 Research design

To explore student nurses’ perceptions of professional nurses as role models in the clinical learning environment, an exploratory-descriptive qualitative approach will be adopted. Exploratory-descriptive qualitative studies are conducted to address an issue or problem in need of a solution (Grove et al 2013:66). The researcher intends exploring the perceptions of student nurses regarding professional nurses in the clinical learning environment in order to identify the needs and gaps in their teaching and learning and professional development process. Recommendations will be made that may enhance the support given by professional nurses that will lead to the professional development of students. The research design will be discussed in detail in Chapter 2.
1.8.2 Research methods

Research methods refer to data gathering (sampling, role of the researcher and research methods for data gathering), data analysis and ensuring rigour in research (Botma, Greeff, Malaudzi & Wright 2010:199). The research method is discussed in the ensuing paragraphs and comprises population and sampling, the data collection plan, data analysis and trustworthiness.

1.8.2.1 Population

The population constituted for this study will be the final year nursing students registered for the programme, Bridging course for enrolled nurses leading to registration as a general nurse, R.683, at a private nursing education institution in South Africa (SANC 1989: Regulation R.683, Section 2 (a, b, c)). The nursing education institution consists of seven decentralised campuses in a number of provinces of South Africa. This study will be conducted in two of the campuses situated in Gauteng, South Africa. The two campuses were selected because they are situated in the vicinity in which the researcher is stationed and the population is easily accessible.

1.8.2.2 Sample selection

The sample selection will be non-probability, quota sampling and will be obtained from those participants who meet the eligibility criteria. The criteria used for this study are final year students completing the Bridging Course for Enrolled Nurses leading to registration as a general nurse, R.683 (SANC 1989: Regulation R.683, Section 2 (a, b, c)) in two of the nursing education institution’s decentralised campuses situated in Gauteng, South Africa. Quota sampling allows the researcher to draw a sample that has the same characteristics as the entire population and the researcher relies on the convenience choice of participant (Brink, Van der Walt & Van Rensburg 2012:140). As stated by Brink et al (2012:140) “the aim of quota sampling is to replicate the proportions of the subgroups present in the population”. The selected participants in this study have completed three years of study, are representative of both genders and represent placement in all the hospitals accredited as learning facilities for the two campuses. The researcher foresees this group as a source of rich information that can be used to explain the phenomenon under study.
1.8.2.3 Data collection

The researcher wants to interact with participants through an interactive process to ensure that the data obtained from them was how they perceived the phenomenon under study. In this study the researcher will apply the “World Café” conversation as method of data collection. The “World Café” conversation is a group interaction method focused on conversations between participants to gain insights into the perceptions of participants (Brown & Isaacs 2005:2). Group sessions will consist of five groups with six students per group in an environment set up to look like a café. Tables will be covered with paper tablecloths. During the “World Café” conversation sessions the participants will write their answers to the questions posed to them on the paper tablecloths. The answers will be analysed. Refreshments will be provided to promote the informal, conversational atmosphere of a café. At the end of the session a group discussion of sixty minutes will take place where the table host will summarise and present the data which will be verified by the participants. The co-facilitator, an experienced researcher, will facilitate the validation session and the scribe will keep record of the session. The number of “World Café” conversation group discussions will be determined by data saturation.

A pre-test of the processes to conduct “World Café” conversations will be done in order to ensure that the researcher is conversant with conducting a “World Café” conversation and that the questions posed to each table will stimulate relevant discussions. This will also enable the researcher to ensure that the process of data collection and venue are appropriate for the research topic.

1.8.2.4 Data analysis

All the data collected must be analysed in such a manner that allows the researcher to ascribe meaning to the information collected. For the purpose of this study, all the notes made on the paper tablecloths and field notes collected during the “World Café” conversations will be analysed by the researcher, then coded and analysed according to themes identified in the data. The detailed field notes will form an integral part of the data analysis.
The researcher will expand the literature review done during the conceptualisation phase after the data collection through the “World Café” conversations, when themes will be identified in order to integrate existing information on the topic.

1.9 RESEARCH SETTING

Two campuses (one in the north and the other in central Gauteng) of a private nursing education institution in South Africa will be used as the setting for this qualitative, non-probability research study. The setting was selected because of the accessibility of the campuses and the participants. The participants are students registered for the programme: Bridging course for enrolled nurses leading to registration as a general nurse, R.683 (SANC 1989: Regulation R.683, Section 2 (a, b, c)) at the nursing education institution and placed in hospitals accredited as clinical learning facilities for the nursing education institution by SANC.

1.10 TRUSTWORTHINESS

The quality of scientific data is very important and therefore the researcher must ensure the validity and reliability of the data. In qualitative research this is established through ensuring trustworthiness. Lincoln and Guba’s (1985:294) framework of trustworthiness will be used during this study. The criteria for this framework include credibility, dependability, conformability, transferability and authenticity. Ensuring trustworthiness confirms that all data collected in the field and the findings accurately reflect the experience and viewpoints of all the participants and that it is not the perception of the researcher (Polit & Beck 2012:62).

1.11 ETHICAL CONSIDERATIONS

Application of the three basic ethical principles must be considered by a researcher when conducting research, namely beneficence, respect for human dignity and justice. The researcher will respect these principles by ensuring that no harm is done to participants and related institutions by providing them with sufficient information and orientation regarding the process of data collection, data analysis and the dissemination of data, before they consent to participate in the study. To ensure scientific rigour the research proposal was reviewed by the Research and Ethics Committee of the
Department of Health Studies of the University of South Africa (UNISA) (Annexure A). A detailed discussion of the ethical considerations will follow in Chapter 2.

1.12 SCOPE AND LIMITATIONS

The researcher was a manager at one of the two learning centres included in this study. Because of her position at that time, some of the participants know the researcher and this may be regarded as a possible limitation. However, during the introduction of the “World Café” conversation the researcher will take special care to explain her role as researcher. Students will be reassured of their freedom to participate and express themselves without prejudice. Ethical issues are not anticipated since the researcher is no longer directly involved in teaching the students and because she is being assisted by two experienced researchers – one as a facilitator and the other as a scribe – during data collection session.

1.13 STRUCTURE OF THE DISSERTATION

The dissertation consists of five chapters. The content of the chapters are as follows:

Chapter 1: Orientation to the study
Chapter 2: Research methodology
Chapter 3: Findings of the study
Chapter 4: Discussion of findings
Chapter 5: Conclusions, recommendations and limitations

1.14 CONCLUSION

Chapter 1 introduced the complexities of role models in the clinical learning environment. It reflected the importance of positive or good role models in the clinical learning environment and also the consequences of negative or bad role models. A justification for conducting this study was discussed, together with a clarification of key concepts. A brief overview of the research design, methodology and research setting was given. A short description of the relevant ethical principles and scope of the study was followed by a final outline of the dissertation.

The next chapter discusses the research design and methods.
CHAPTER 2

RESEARCH METHODOLOGY

2.1 INTRODUCTION

In this chapter a detailed discussion on the research design and methods, including the data collection, population and sample, measures to ensure trustworthiness and ethical considerations will be provided.

The purpose of the study was to explore and describe the perceptions of student nurses regarding professional nurses as role models in the clinical learning environment.

2.2 RESEARCH SETTING

Two decentralised campuses (hereinafter referred to as the campuses) – one in the north and the other in central Gauteng – of a private nursing education institution in South Africa were used as the setting for this research study. The setting was selected because of the diversity of the population in the two regions, the accreditation by SANC of the healthcare facilities used for practical experience and because of where the campuses are situated. Students registered for the programme: Diploma in General Nursing (R.683) at the nursing education institution and placed in hospitals accredited by SANC for the campuses, participated in the study.

2.3 RESEARCH OBJECTIVES

The purpose of this study was to explore and describe student nurses’ perceptions of professional nurses as role models in the clinical learning environment.

The objectives of the study were to

- explore the perceptions student nurses have of professional nurses as role models in the clinical learning environment
• determine the role that role models could play in the professional development process of students in the clinical learning environment
• make recommendations that could enhance the value of role models in the clinical learning environment in student nurses’ professional development process

2.4 RESEARCH DESIGN

According to Polit and Beck (2012:741), a research design is an overall plan for addressing a research problem, including specifications for enhancing the integrity of the study. A research design is a plan according to which the researcher must clearly specify what he wants to find out and to determine the best way of doing so. An exploratory-descriptive qualitative approach was adopted to explore student nurses’ perceptions of professional nurses as role models in the clinical learning environment.

2.4.1 Qualitative research

Qualitative studies are conducted to address an issue or problem in need of a solution (Grove et al 2013:66). Polit and Beck (2012:505) describe qualitative studies as presenting comprehensive summaries of a phenomenon or of events in everyday language. Qualitative designs tend to be eclectic and are based on the general premises of naturalistic inquiry (Polit & Beck 2012:14). The researcher not only wanted to observe and describe the phenomenon of interest but also wanted to investigate the full nature of the phenomenon and other factors that might be related.

2.4.2 Explorative

According to Grove et al (2013:370), the purpose of exploratory studies is to increase the knowledge of the field of study with the intent of describing the topic to promote understanding and not for generalisation to the larger population. Exploratory research provides promising insights and attempts to offer understanding of the underlying causes or full nature of a phenomenon. The researcher wanted to explore student nurses’ perceptions of professional nurses as role models in the clinical learning environment. Gaining insight into what people think or perceive facilitated mutual understanding of why they behave in the ways that they do. The findings of the study
led to recommendations that could enhance support to professional nurses as role models to enable them to support and assist students during their placement in the clinical environment.

2.4.3 Descriptive

Descriptive research provides new information by in-depth descriptions of a specific individual, event, groups or situation (Babbie & Mouton 2011:81). In order to create representations of the phenomenon – professional nurses as role models in the clinical learning environment – a detailed and accurate description of student nurses’ perceptions of professional nurses as role models, must be provided. According to Grove et al (2013:215), a descriptive design allows the researcher to recognise characteristics of a phenomenon in a specific field of study. In this study the researcher was able to explore and describe the student nurses’ perceptions of professional nurses as role models in the clinical learning environment. The researcher collected relevant information during the “World Café” conversations and analysed the data in conjunction with the field notes that were taken.

2.5 RESEARCH METHODS

Botma et al (2010:199) state that the research methods refer to data gathering, data analysis and ensuring rigour in research. This method aims, through rich discussions and descriptions, to provide insight into the perceptions that student nurses have of professional nurses as role models in the clinical learning environment.

2.5.1 Population

The population consists of all elements (individuals, objects or substances) that meet certain criteria for inclusion in a study which are theoretically specified aggregations of the elements in a study (Babbie 2010:199; Grove et al 2013:44).

The population constituted for this study was the final year nursing students registered for the programme: Bridging course for enrolled nurses leading to registration as a general nurse, R.683 (SANC 1989: Regulation R.683, Section 2 (a, b, c)) at a private nursing education institution in South Africa. The nursing education institution used in
this study consists of seven decentralised campuses in different provinces in South Africa. This study was conducted in two of the campuses situated in Gauteng, South Africa.

The researcher applied two guiding principles for the recruitment of the population and the determination of the sample size for this study (Botma et al 2010:199). Firstly, the identification and selection of participants who can best inform the research ensured that the population used for the study was appropriate. The accessible population for the study consisted of all final year students of the specific programme within the selected campuses of the institution. Secondly, adequacy refers to the fact that sufficient data are available to develop a full and rich description of the phenomenon under investigation. The population used in this study thus comprised final year nursing students registered for the programme: Bridging course for enrolled nurses leading to registration as a general nurse, R683 (SANC 1989: Regulation R.683, Section 2 (a, b, c)) from two decentralised campuses of a selected private nursing education institution.

2.5.2 Sample selection

A sample is a subset of the population that is selected for a particular study, and sampling is the process of selection of a group of people, events, behaviours or other elements with which to conduct a study (Grove et al 2013:44). Polit and Beck (2012:339) describe sampling as the process of selecting a portion of the population to represent the entire population so that inferences about the population can be made. This study made use of the non-probability sampling approach and specifically the quota sampling method.

2.5.2.1 Sampling

Non-probability sampling is usually used where the researcher is enable to ensure representation of the entire population and therefore leads to the possibility where the population may or may not be accurately represented. “Non-probability sampling therefore requires the researcher to judge and select those participants who know the most about the specific phenomenon and who will be able to articulate and explain the nuances” (Brink et al 2012:139). To be eligible for this study, students had to be in their final year, registered for the programme: Bridging course for enrolled nurses leading to
registration as a general nurse, R.683 (Regulation R.683, 1989), and studying at either of the selected nursing education’s two campuses used for the study.

Quota sampling was used because the researcher needed a sample that had the same proportions of characteristics as the entire population and aims to replicate the proportions of subgroups present in the population (Brink et al 2012:140). Quota sampling allowed the researcher to determine the specific group, the gender, and the geographic locations of the participants. The sample consisted of final year students – both male and female – registered for the programme: Bridging course for enrolled nurses leading to registration as a general nurse, R.683 (SANC 1989: Regulation R.683, Section 2 (a, b, c)). The researcher ensured that all the hospitals accredited by SANC for the nursing education institution’s two campuses were included in the sample. Quota sampling allowed the researcher to conveniently select participants who had already completed three years of study, who represented both genders and who was all placed in hospitals relevant to the study. The researcher believed that the data would be inclusive and a rich source of information that could be used to explain the phenomenon under study.

2.5.2.2 Sample size

In qualitative research there are no rules for sample size (Polit & Beck 2012:521). According to Polit and Beck (2012:521), the sample size will be determined by the quality of information obtained and until data saturation has been reached. The focus was on the quality of the data obtained from a person or the event rather than on the sample size. As stated by Grove et al (2013:371), the sample size will be determined by the depth of information needed to obtain insight into the phenomenon being researched. In this study 60 students – 30 from each of the selected campuses – constituted the sample size.

The important strategy in qualitative research is that sampling takes place until there is evidence of data saturation. Data saturation, according to Grove et al (2013:371), “occurs when additional sampling provides no new information, only redundancy of previous collected data”.

21
2.6 DATA COLLECTION

According to Grove et al (2013:45), data collection is the “precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypotheses of a study”. Data collection methods in qualitative research are mostly unstructured or semi-structured.

2.6.1 Data collection approach and method

An unstructured approach, using the “World Café” conversations, was used to collect data. An unstructured approach involves the researcher’s “attempts to describe events or behaviours with no preconceived ideas of what he/she will see (Brink et al 2012:150). “World Café” methodology is a simple, effective and flexible format for hosting large group dialogue. The “World Café” methodology is an intentional way of creating a living network of conversations around questions asked and ensuring a creative process where knowledge is shared.

2.6.1.1 Data collection method

In this study the researcher used the “World Café” conversation as the method of data collection. The “World Café” conversation is seen as a brainstorming tool that generates ideas and comments about a specific topic (Brown & Isaacs 2005:2). The “World Café” conversation is a group interaction method focussed on conversations between participants to gain insights into the perceptions of participants. During the “World Café” conversation sessions questions are posed to the participants who write their answers for later analysis on the paper tablecloths. “World Café” conversations are designed to obtain the participants’ perceptions in a focused area and in a setting that is permissive and non-threatening. It is a creative process, leading to collaborative dialogue, sharing knowledge, experiences and can create possibilities for action from participants (“World Café”b).

In the setting used by the researcher, the venue was arranged to create a café atmosphere. Tables were set with paper tablecloths on which participants were to note their responses to questions in the form words, mind maps or drawings. Five groups of six participants each – a total of 30 participants – were placed at separate tables. Five
pre-determined questions were posed; each group had the opportunity to answer a question and then moved on to the next table until all five questions had been answered by each group. Refreshments were offered to promote the informal, conversational atmosphere of a Café. The number of “World Café” conversation group discussions was determined by data saturation.

Qualitative research does not limit data collection to one specific method but for the purposes of this study “World Café” conversation was the only method used because it satisfied the researcher’s need to interact with participants whose responses would be based on real experiences. The researcher was of the opinion that the method would be suitable since the Café atmosphere would appeal to the students because of their age group, and that it would stimulate creativity and openness in their thinking and their discussion.

2.6.2 Data collection process

The formal procedure for guiding the collection of the study data will be described as follows:

2.6.2.1 Preparation for the “World Café” conversations

Preparation for the “World Café” conversations started with obtaining permission and adhering to copyright requirements for the use of the “World Café” name, logo, method and materials (Annexure D). In this study the researcher adhered to the following design principles for a “World Café” conversation (“World Café”a).

- Clarify the purpose
- Create a hospitable space
- Explore questions that matter
- Encourage everyone’s contribution
- Cross-pollinate and connect diverse perspectives
- Listen together for patterns, insights, and deeper questions
- Harvest and share collective discoveries
Based on the research purpose and objectives the following questions were developed and used in the “World Café” conversations:

- How would you describe a role model in the clinical learning environment?
- What characteristics of a professional nurse contribute to her/him being regarded as a role model?
- How could role models contribute to your professional development in the clinical learning environment?
- How does a role model contribute to your experience in the clinical learning environment?
- When you are a professional nurse how would you support students in the clinical environment?

“World Café” conversations were scheduled at times convenient for the participants and while they were in a college block. This ensured their availability. Specific dates and timeframes were distributed. A student name list was received from the learning centre managers of the campuses and the quota sampling method was applied in the selection of participants. A sample size of 30 students for “World Café” conversation sessions was established. A suitable venue at each campus in which a café setup could be arranged was identified and plans were made to create a relaxed but exciting atmosphere which was also safe and non-threatening in which data could be collected. According to Polit and Beck (2012:537), to promote comfortable group dynamics the researcher has to ensure that the groups participating in the “World Café” conversations were homogeneous (all from the same institution and same education group).

The purpose of the study, method of data collection and the participants’ rights regarding participation in the study were explained in writing and verbally (Annexure K). The participants were assured of confidentiality in the informed consent form which they signed (Annexure K). The purpose of the study was clarified to promote mutual understanding and trust between the researcher and the participants so that they were all working towards the same goal. The demographic data pertaining to the participants were collected to ensure that inclusive criteria were met (Annexure L). The researcher reassured participants that all data would be safely kept. Participants were informed that participation was voluntary and that at any time; they could withdraw from the study. In addition to the researcher, two experienced researchers were used in the study – a co-
facilitator and a scribe. The need for assistance was based on the number of participants – 30 during each “World Café” conversation session – the noise caused by interaction amongst participants, which did not allow for audio recording and the need for validation of data and member checking at the end of each session. The researcher facilitated the “Word Café” conversation session; the co-facilitator validated and checked the data with members and the scribe took field notes during the session. Field notes were also used to validate the data.

**2.6.2.2 Pre-testing of “World Café” conversation**

Prior to the actual data collection, the process of conducting “World Café” conversations was tested in order to ensure that the researcher was conversant with the methodology and that the questions elicited the relevant discussions. According to Grove et al (2013:703), pre-testing is a smaller version of a proposed study conducted to develop or refine the methodology, such as the instrument or data collection process. The purpose of conducting a pre-testing exercise is to ensure that the research questions and the method to be used will bring forth the required information from participants. The researcher took cognisance of the fact that it would be impossible to prevent all the problems that may emerge during the pre-testing of the data collection method, but would gain useful information during the exercise that would indicate the need for amendments that would contribute to a successful and scientific study.

Twelve students were used for the pre-testing exercise. They were taken through the data collection process and all five questions were asked to ensure that they were specific, understandable and that they would enable the researcher to obtain a large quantity of meaningful data over a short period of time. The questions were also expected to generate ideas and comments on the specific topic. The data collected during the pre-testing exercise were not included in the findings of this study. The outcome of the pre-testing exercise was positive; the questions were clear and understandable to the participants. The co-facilitator, an expert researcher, was of the opinion that the researchers’ facilitation skills were sound.
2.6.2.3 Facilitation of the World Café’ conversations

The classrooms used were set up in similar fashion to that of a café in order to create an informal and relaxed atmosphere. The tables were arranged to accommodate five groups of six participants each. The tables were covered with paper tablecloths (Annexure H), and coloured markers and crayons were provided for each table. “World Café” guidelines (Annexure E) were placed on each table to assist and remind the participants of the process. “World Café” etiquette quotes (Annexure F) to generate creativity and interest were made available for each table and each participant was given a “World Café” bookmark (Annexure G) as a memento. The programme for the day (Annexure J) together with refreshments was placed on the tables. The seating at each table accommodated six participants each of whom participated in a series of five conversational rounds. After all the participants were welcomed the researcher commenced the session with an ice breaker. Participants were given an ornament and had to describe themselves in terms of the ornament. The icebreaker was a great success and set the scene for an informal atmosphere for the day. A pre-developed question for discussion of the topic under research was handed to each table. Participants at each table selected a host who would remain at the table when the others moved to the next table. The host’s responsibility was to welcome the new group and share the information and discussions held by the previous participants. The newly arrived group would then relate to any of the ideas presented and add their own. The participants randomly rotated between all the tables. At the tables they used the writing materials provided to record their ideas and key thoughts related to the questions presented on the table cloths. Their notes and answers could be in the form of written
words or creative drawings (Annexure H). The rounds lasted 20 minutes after which participants were requested to move to another table. The process continued until each participant had rotated amongst all five tables. During the session the scribe took field notes for use by the researcher. The field notes included non-verbal cues such as minimal participation by a group member or dominance of the group by a particular participant. In instances where the facilitator and co-facilitator observed dominance by an individual in the group they interacted with that particular group to encourage all members to take part in the discussion. The dynamics of each group and how they changed after each rotation were very closely observed and recorded. An important aspect of the “World Café” conversations and the accompanying field notes was the inclusion of emotional content as well as the words used by participants. Clarification of descriptions and wording that they used was essential when interpreting their discussions and perceptions.

After the session ended participants were given a break during which time the tablecloths were hung up against the wall. The co-facilitator, because of her experience as a researcher, then facilitated a validation session lasting 60 minutes. The session also served as an opportunity to seek consensus. Participants had time to reflect on the entire process and to explain, clarify and verify the findings and ideas that they had written on the paper tablecloths (Annexure H). Each table’s host summarised and presented the data recorded on the tablecloths, allowing verification and confirmation by all participants. The co-facilitator ensured verification by continuously asking the host and participants if the information given was correctly understood by the researcher and co-facilitator. The scribe documented the clarification and validation process. Annexure I provides evidence of the field notes taken by the scribe during the “World Café” conversations and validation discussion sessions. The day’s programme and a description of how the process of facilitating the “World Café” conversation was managed, are shown in Annexure J.

In qualitative research data collection occurs simultaneously with data analysis. This process can be complex as the researcher-participant relationship that is created can have an impact on these simultaneous processes. The researchers’ aims and means must be clear and need to be acceptable to the participants’ perspectives and values (Grove et al 2013:268). The reason for conducting simultaneous data collection and data analysis was to allow the researcher to constantly appraise the sufficiency and
relevance of the data collected and to decide whether more information was needed. The number of “World Café” conversation sessions was determined by data saturation. For the purpose of this study, two “World Café” conversation sessions were held, one at each of the selected campuses of a private nursing education institution. Because of the depth of the data obtained after the first and second sessions, data saturation was reached.

![Photo 2: Facilitation of “World Café” conversation](image)

### 2.7 DATA ANALYSIS

Qualitative data analysis is “a process of examining and interpreting data in order to elicit meaning, gain understanding, and develop empirical knowledge” (Grove et al 2013:279). The data collected during this study was analysed in a way that allowed the researcher to give meaning to the information collected. In qualitative research, data analysis is always conducted concurrently with the gathering of data. According to
Botma et al (2010:220), there is no clear point at which data collection stops and analysis begins. It is poor practice not to transcribe and analyse data shortly after it has been collected.

For the purpose of this study, all the participants’ notes were written on paper tablecloths. Field notes were taken by the scribe during the “World Café” conversations and during and after the validation discussions. All the written material was collected and safely kept for analysis by the researcher. The researcher used Creswell’s steps in data analysis (Creswell 2009:185) to analyse all the data collected, code and group them according to themes, categories and subcategories.

Table 2.1 Creswell’s steps in data analysis (Creswell 2009:185)

<table>
<thead>
<tr>
<th>Step</th>
<th>Analyst action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td><strong>Organising and preparing data for analysis</strong></td>
</tr>
<tr>
<td></td>
<td>The raw data collected were sorted according to the questions asked during the “World Café” conversations – images, notes and brain maps on paper tablecloths and field notes.</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td><strong>Reading through all data</strong></td>
</tr>
<tr>
<td></td>
<td>To obtain a general sense of the information and to reflect on its overall meaning.</td>
</tr>
<tr>
<td></td>
<td>The researcher wanted to get the general idea of the:</td>
</tr>
<tr>
<td></td>
<td>• participants’ thinking – get the understanding on how they perceive the research topic</td>
</tr>
<tr>
<td></td>
<td>• the tone of their ideas – what do they expect</td>
</tr>
<tr>
<td></td>
<td>• depth, credibility and the use of the information – all the data collected from participants will be reflected as stated by participants</td>
</tr>
<tr>
<td></td>
<td>Identify similarities or patterns that start to develop in the information given.</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
<td><strong>Coding of the data</strong></td>
</tr>
<tr>
<td></td>
<td>Detailed analysis of data collected was done:</td>
</tr>
<tr>
<td></td>
<td>• Analysed data from field notes during sessions and afterwards of the validation session.</td>
</tr>
<tr>
<td></td>
<td>• Analysed data on paper tablecloths:</td>
</tr>
<tr>
<td></td>
<td>o Written words</td>
</tr>
<tr>
<td></td>
<td>o Images</td>
</tr>
<tr>
<td></td>
<td>o Mind maps</td>
</tr>
<tr>
<td></td>
<td>• Coded the data collected into identified themes, categories and subcategories.</td>
</tr>
</tbody>
</table>

29
<table>
<thead>
<tr>
<th>Step</th>
<th>Analyst action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 4</strong></td>
<td>The demographic data was analysed into</td>
</tr>
</tbody>
</table>
| Use the coding process to generate descriptions of | - average age  
- gender  
- years of study |
| - the setting  
- the participants  
- themes and categories for analysis | The researcher became immersed in the data by organising data under collective, descriptive words.  
- The words used by participants on the paper tablecloths were categorised under descriptive words to find a pattern.  
- By means of inductive and deductive reasoning data was coded into themes, categories and subcategories for analysis. |
| **Step 5** | Identified themes, categories and subcategories were confirmed and discussed during consensus seeking.  
All findings will be justified and supported with relevant literature. |
| Represent the findings through detailed descriptions and several identified themes, categories and subcategories. | |
| **Step 6** | The interpretation or meaning attributed to the themes and descriptions to bring richness and a deeper understanding of the meaning to the description. | |

The researcher expanded the literature review done during the conceptualisation phase and also while collecting and analysing data. Literature was integrated into the discussion of the findings to establish similarities, differences and possible concerns regarding the themes, categories and subcategories identified during data analysis.

### 2.8 MEASURES TO ENSURE RIGOUR – TRUSTWORTHINESS

The quality of scientific data is very important and therefore the researcher must ensure the validity and reliability of the data. In qualitative research this is established through ensuring trustworthiness. Lincoln and Guba’s (1985) framework of trustworthiness was used for this study. The criteria of this framework include credibility, confirmability, dependability, transferability and authenticity (Polit & Beck 2012:585). Ensuring trustworthiness confirms that all data collected in the field and the findings are
accurately reflecting the experience and viewpoints of all the participants and that it is not the perception of the researcher (Polit & Beck 2012:62).

2.8.1 Credibility

Credibility refers to the confidence in the truth of the data collected and the interpretations made of the data (Polit & Beck 2012:585). “Credibility alludes to confidence in the truth of the data and the interpretation thereof. In other words the study must be written in such a way that the readers will believe it” (Brink et al 2012:172). To assure the truth value of the study the researcher described the experiences as they were perceived by the participants and this reflected the credibility of the findings. While analysing the data, the researcher made a thorough study of notes and images on the paper tablecloths to ensure that a true perspective of the information provided by participants would be given. The field notes taken by the scribe, the paper tablecloths with all notes that were written and pictures drawn, the notes taken during the validation sessions were all safely kept. Verification of the data was twofold. Firstly, the data validation done by the co-facilitator to confirm that data were recorded and understood correctly, was done. Secondly the researcher, co-facilitator and scribe engaged in a consensus seeking discussion during which the data and field notes were integrated. Member checking was done as part of the “World Café” conversations, directly after completion of the conversation. The host (who was also a participant) and who remained at one table during the entire “World Café” conversation summarised and presented the data thereby allowing all other participants at a particular table to agree on correctness, understanding, and completeness of the data collected. During the validation session after completion of the “World Café” conversation session, participants clarified, verified and validated the notes made and pictures drawn draw on the tablecloths. The scribe kept record of the events during the “World Café” conversations and of the validation sessions thereafter. Validation of collected data was done by the co-facilitator, an experienced researcher.

2.8.2 Confirmability

Confirmability refers to “the objectivity, that is, the potential for congruence between two or more independent people about the data’s accuracy, relevance, or meaning” (Polit & Beck 2012:585). In this study confirmability was achieved by the researcher through the
assurance that the findings, conclusions and recommendations were supported by the data obtained from the participants. The research process was discussed in detail so that the application of this research will be possible in a similar context.

The tablecloths used by the participants to record their perceptions and ideas and the field notes taken by the scribe during the data collection phase and validation sessions were securely kept and will be stored for five years. This ensured that an audit trail of the data is available.

2.8.3 Dependability

Dependability refers to the “reliability of data over time and over conditions” (Polit & Beck 2012:585). The criteria discussed in relation to credibility are applicable to dependability. Because of her novice status, the researcher used the support of two experienced researchers during the data collection process. One assisted as a co-facilitator during the “World Café” conversations and facilitated the feedback and validation sessions after the conversations. This is presented as evidence in Annexures H and I. The other acted as scribe, taking field notes during data collection and validation sessions. The researcher held “consensus seeking” discussions with the scribe to verify the themes, categories and subcategories identified. Researcher bias was prevented by clarifying findings and comments with the participants and co-facilitators. The researcher ensured adherence to the exact methods of data gathering, analysis, and interpretation of data during this study.

2.8.4 Transferability

Polit and Beck (2012:585) refer to transferability as “essentially to the generalisability of the data, that is, the extent to which the findings can be transferred to or have applicability in other settings or groups”. According to Polit and Beck (2012:585), the method used to ensure transferability is to present thick description of data to stimulate interest in the data collected. In this study, the data was comprehensively and descriptively presented, enabling other researchers to make comparisons. Descriptions of participants, their educational backgrounds, their experiences have been included in the study as well as descriptions of the settings and the methods used to collect data.
The field notes taken by the independent scribe contribute to a thick description of the process of data collection and analysis.

2.8.5 Authenticity

Authenticity refers to “the extent to which the researchers fairly and faithfully show a range of different realities” (Polit & Beck 2012:586). The study provided an emic description of the participants’ perceptions. Participants in this study described their experiences in the form of colourful drawings and written words. An experienced researcher took field notes during the data collection process and afterwards during the validation discussion. The drawings and the written words were clarified and verified in the validation discussions which were facilitated by the co-facilitator, an experienced researcher. An additional measure to ensure authenticity was the use of multiple data sources and integration of the findings of this with existing literature.

2.9 ETHICAL CONSIDERATIONS

Ethical consideration is the moral value concerned with the degree to which research procedures adhere to professional, legal and social obligations to the study participants (Polit & Beck 2012:752).

2.9.1 Ethical principles

The three basic ethical principles, beneficence, respect for human dignity and justice were applied during the study.

2.9.1.1 Respect for human dignity

The principle of human dignity is based on the human rights of a person that need to be protected during a research study (Brink et al 2012:34). Informed consent addresses the principle of respect for human dignity which includes the right to self-determination, anonymity and confidentiality. Informed consent covers three aspects – content, comprehension and documentation – as stated by Polit and Beck (2012:158-162). Informed consent was obtained from all the participants and addressed aspects such as
the research objectives, procedures, commitment, potential risk/benefits, compensation, confidentiality, anonymity and the right to withdraw (Annexure K).

Different personalities will always be found in group sessions where one or two participants want to take over as leaders and one or two who are the introverted or silent participants. To prevent a participant from dominating the group, facilitators closely observed group dynamics and interactions. Facilitators encouraged participation by those who were quiet by drawing them into the discussion.

Participation in this study was voluntary. During the sessions the participants had the opportunity to speak freely and make comments without any demands or coercion from the facilitators. Although the groups were known to the researcher, one group more than the other, the participants had the freeness and confidence to give their input and opinion. The possibility of bias was excluded since the researcher is no longer directly involved in teaching the students and therefore had no influence on their discussions and participation.

2.9.1.2 Beneficence

The researcher ensured that no harm was done to participants during the study. One should do good and, above all do no harm (Grove et al 2013:162). Beneficence imposes a duty on researchers to minimise harm and maximise benefits (Brink et al 2012:35). The participants in this study were accommodated in a well-ventilated venue at the selected campuses. Refreshments were provided in a light and cheerful atmosphere. All participants were protected from any exploitation during the study by ensuring the anonymity of participants and the confidentiality of their hospital placements. Participants were reassured that if any of them experienced any signs of distress or psychological discomfort either during or after the sessions, the researcher would arrange for debriefing sessions and or refer the participant for counseling. The “World Café” conversations were conducted at scheduled dates and times while the students were already at the campus in a college block, which meant that time set aside for teaching and or clinical experience was not compromised.
2.9.1.3 Justice

The principle of justice refers to the participants’ rights to fair selection and treatment (Brink et al. 2012:36). The principle of justice was addressed by protecting the anonymity and confidentiality of the participants and institutions. According to Brink et al. (2012:37), it is not possible to ensure absolute anonymity. However, the researcher reassured the participants that their anonymity would be protected by the fact that their names and identities would not be disclosed in any document, record, or discussion related to the study. All the collected data will be kept in a secure place to safeguard confidentiality.

Fair treatment was applied through quota sampling which meant that although they may have met the criteria for eligibility, not all possible students were included in the study. The researcher wanted to include all male students because they are in the minority and representation of all the hospitals accredited for the two decentralised campuses because that would give a comprehensive insight into the phenomenon under study.

2.9.1.4 Protecting the rights of the institution

The names of the healthcare facilities and the nursing education institution used in this study will remain anonymous. The proposal for the study was submitted for ethical clearance to the Research and Ethics Committee of the Department of Health Studies at the University of South Africa (UNISA) (Annexure A). On receipt of ethical clearance, the ethical clearance certificate and a formal request to conduct the study was submitted to the Research and Scientific Committee of the healthcare facility in which the study would take place (Annexure B). Permission in writing was granted (Annexure C). The managers of the two campuses that would be used for the study were formally contacted to discuss and schedule the “World Café” conversation sessions and thereafter the students were approached for possible participation in the study (Annexure K). The researcher will comply with requirements by the Research and Scientific Committee to provide a full report on the research findings and to disseminate the results at the organisation’s bi-annual nursing conference and the annual conference hosted by the Nursing Education Association after final completion of the study.
2.9.1.5 Scientific integrity of the researcher

Brink et al (2012:43) reported that “the researcher must demonstrate respect for the scientific community by protecting the integrity of scientific knowledge”. The researcher’s status is that of a novice who has completed the research module as required for a master’s degree. Evidence generated during this research study was not manipulated, fabricated or plagiarised. All the data used in the study can be trailed as the study progressed. Referrals to other scientific research publications were credited through careful paraphrasing of each researcher’s published work.

2.10 CONCLUSION

In this chapter the researcher discussed the research design and research method used. The data collection method and the raw data analysis was explained in detail. By using the “World Café” conversation method of data collection, the researcher provided the participants with the opportunity to discuss their perceptions of professional nurses as role models in the clinical learning environment. The method allowed the participants to think creatively, be themselves and to discuss a sensitive but important topic influencing the personal and professional life of a student nurse.

In Chapter 3 the findings of the data supported by literature will be discussed.
CHAPTER 3

THE FINDINGS OF THE STUDY

3.1 INTRODUCTION

This chapter presents the findings of the study. Two “World Café” conversation sessions were conducted in two campuses of a private nursing education institution. The chapter will provide demographic data of the students who participated in the “World Café” conversation discussions.

The data is presented in a discussion of themes, categories and subcategories. Field notes and students’ written notes and images were used as supporting data during the process of analysis. Direct quotes by the participants are presented in bold and italic font. While enabling the reader to gain insight into participants’ experiences and perceptions it will also allow the reader to distinguish between input by participants and comments by the researcher.

3.2 DATA ANALYSIS AND PRESENTATION

According to Polit and Beck (2012:556), data analysis is to organise, provide structure to and to elicit or obtain meaning from the researched data (Annexure H). The researcher used Creswell’s steps of data analysis (Creswell 2009:185).
**Table 3.1: Creswell’s’ steps in data analysis**

<table>
<thead>
<tr>
<th>Step</th>
<th>Analyst action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td>Organising and preparing data for analysis</td>
</tr>
<tr>
<td></td>
<td>The raw data collected was sorted according to the questions asked during the “World Café” conversations. Images, brain maps, written statements on paper tablecloths and field notes were sorted.</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td>Reading through all data and field notes</td>
</tr>
<tr>
<td></td>
<td>The researcher obtained a general idea of the:</td>
</tr>
<tr>
<td></td>
<td>• participants’ thinking and perceptions regarding the topic</td>
</tr>
<tr>
<td></td>
<td>• the tone of their ideas – what the participants’ perceptions of their own needs were and the expectations they have of the professional nurse</td>
</tr>
<tr>
<td></td>
<td>• depth, credibility and the use of the information will be described in detail</td>
</tr>
<tr>
<td></td>
<td>• similarities or patterns will be developed from the written information provided by participants and the field notes taken by the scribe</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
<td>Coding of the data</td>
</tr>
<tr>
<td></td>
<td>Detailed analysis was made of data collected from the</td>
</tr>
<tr>
<td></td>
<td>• integrated data from field notes</td>
</tr>
<tr>
<td></td>
<td>• data recorded on paper tablecloths</td>
</tr>
<tr>
<td></td>
<td>• written statements, words and phrases</td>
</tr>
<tr>
<td></td>
<td>• images</td>
</tr>
<tr>
<td></td>
<td>• mind maps</td>
</tr>
<tr>
<td></td>
<td>Data collected was coded into identified themes, categories and subcategories.</td>
</tr>
<tr>
<td><strong>Step 4</strong></td>
<td>Descriptions of</td>
</tr>
<tr>
<td></td>
<td>• the setting</td>
</tr>
<tr>
<td></td>
<td>• the participants</td>
</tr>
<tr>
<td></td>
<td>• themes from the categories for analysis</td>
</tr>
<tr>
<td></td>
<td>• The demographic data obtained from participants was age, gender and year of study.</td>
</tr>
<tr>
<td></td>
<td>• The researcher became immersed in the data by organising data under collective, descriptive words.</td>
</tr>
<tr>
<td></td>
<td>• The statements, phrases and words used by participants on the paper tablecloths were put under collative themes to find a pattern.</td>
</tr>
<tr>
<td></td>
<td>• By means of inductive and deductive reasoning data was coded into identified themes, categories and subcategories for analysis.</td>
</tr>
<tr>
<td><strong>Step 5</strong></td>
<td>Represent the findings through detailed descriptions and several identified themes, categories and subcategories</td>
</tr>
<tr>
<td></td>
<td>• Identified themes, categories and subcategories were confirmed and discussed in detail.</td>
</tr>
<tr>
<td><strong>Step 6:</strong></td>
<td>Interpretation of data</td>
</tr>
<tr>
<td></td>
<td>• All collected data was interpreted, justified and supported by relevant literature as well as consensus seeking discussions with co-facilitator and scribe.</td>
</tr>
</tbody>
</table>

(Creswell 2009:185)
The statements, words and phrases written by participants on the paper tablecloths were organised under the five questions asked during data collection. The answer to each question was colour coded. Open coding was used where the statements, words and phrases were written on “stick it” coloured note papers and these were then stuck onto flip charts reserved for each question. Following this process, the researcher worked through the answers and where the same words or phrases were identified on more than one sticker, the extra stickers were removed. The colour coded words, statements and phrases were transferred onto a table where generally classified units were used for analysis. The general concepts which emerged from the units of analysis were again analysed by exploration, reflection and comparison of similarities and differences within them. This led to the breakdown of the general concepts, re-coding, refining and reorganising of the concepts into similar categories. This process resulted in the emergence of broad categories of the data (Annexure H). These categories were then broken down into subcategories. To gain a bigger picture which would address the study objectives, similar categories and subcategories were grouped together to form major themes. Three themes emerged from the data. The main themes and categories were validated via a “consensus seeking” interview with the independent scribe, an experienced researcher, responsible for the field notes taken during data collection and the validation discussion sessions.

3.3 DEMOGRAPHIC INFORMATION

The participants’ demographic profiles included gender, age and level of training. “World Café” conversations were held at two decentralised campuses of a private nursing education institution. A total of 60 students participated in the study. Five students were male and 55 female. The average age of the participants was 32 years. All the participants were in their final year of study, registered for the programme: Bridging course for enrolled nurses leading to registration as a general nurse, Regulation R.683 (Annexure L).

3.4 DISCUSSION OF THEMES, CATEGORIES AND SUBCATEGORIES

Main themes emerged after the researcher collated the statements, words and concepts the participants noted on the paper tablecloths. Categories and subcategories emerged from the initial data analysis. These were then clustered together to form the main themes which will be presented in Table 3.2.
Table 3.2: Identified themes, categories and subcategories

<table>
<thead>
<tr>
<th>Theme</th>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
</table>
| Factors related to the professionalism of professional nurses | Professional attitude and behaviour of the professional nurse | • Need for role models  
• Values of profession  
• Communication |
| Professional role                                 |                                               | • Leadership                          |
| Professional image                                |                                               | • Professional support  
• Lifelong learning |
| The need for student support                      | Mentor/mentoring                              |                                       |
| Teamwork                                          |                                               |                                       |
| Clinical supervision                              |                                               | • Availability of the professional nurse  
• Developmental conversations                      |
| Factors relating to the teaching and learning environment | Learning climate                             | • Positive and negative learning environment |
| Culture of learning                               |                                               | • Support learning and development  
• Continuous development of professional nurses |
| Theory-practice gap                               |                                               | • Integration of theory and practice  
• Clinical accompaniment                          |

The text on paper tablecloths was described in statements, concepts and words. Some statements were longer than others which were only words or phrases. The participants’ direct statements, concepts or words will be quoted in bold and italic text.

3.4.1 Theme 1: Factors related to the professionalism of professional nurses

In theme one, three categories related to professionalism of professional nurses emerged, namely professional attitude and behaviour of the professional nurse, professional role and professional image.
<table>
<thead>
<tr>
<th>ROLE MODELS</th>
<th>Theme</th>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
</table>
| Theme 1     | Factors related to the professionalism of professional nurses | Professional attitude and behaviour of the professional nurse | • Need for role models  
• Values of profession  
• Communication |
|             |       | Professional role | • Leadership  
• Professional support  
• Lifelong learning |
|             |       | Professional image | |

Curtis, Horton and Smith (2012:790) describe professionalism as the process where a person acquires the skill, knowledge and identity that is characteristic of a member of the profession and it involves the internalisation of the values and norms of the group into the person’s own behaviour and self-concept. New members entering the profession need to acquire these skills and to be inducted and supported to grow and develop into a professional nurse. These skills should be taught by the professional nurse and imitated by the student in the clinical environment. During data collection participants identified certain attitudes and behaviours they see as important during professional development in clinical practice.

### 3.4.1.1 Professional attitude and behaviour of the professional nurse

The need for professional nurses who would portray the correct professional attitudes and behaviours for imitation was left in no doubt by statements recorded by the participants on the tablecloths. Statements such as **show us professionalism then we will follow** and **positive attitudes and good behaviour showing good interpersonal skills and good self-esteem** were evidence of the characteristics they would like to recognise in the professional nurses’ behaviours.

Subcategories related to the category professional attitudes and behaviours are **the need for role models, values of profession and communication**. As their role models, student nurses need to experience professional nurses’ positive attitudes and behaviours in the clinical environment.
The need for role model was clearly stated when the participants described the attributes they need to see in a role model they can imitate. They want to see professional nurses who live by positive attitudes and good behaviour showing good interpersonal skills and good self-esteem. These are known attributes and are seen as valuable by the participants. Participants were adamant that professional nurses should maintain confidentiality of communications with students. During the sessions students revealed that often when they start working in a unit where they have not worked before, remarks such as you are the one with … will be made. Students want to trust that they are not being discussed; they need to know their unit manager is honest, trustworthy and reliable. Behaviours demonstrating self-respect, respect and integrity by professional nurses were identified as being very important and participants were of the opinion that these values do not exist in the behaviours of professional nurses. By hearing gossip about yourself knowing you only discussed your problem with one person, implies a breach in confidentiality. A statement on one tablecloth read – don’t discuss my performance with others – remember you weren’t born with this knowledge.

Participants clearly expressed their expectation that a professional nurse be strict but fair and to please follow students up where problems were experienced. A characteristic high on the list by participants was energy. The professional nurse is regarded as the drive in the unit through being energetic, assertive and friendly. Without these behaviours the whole unit falls into a state of lethargy. A role model has to challenge her/him selves – this encourages the students who look up to them (achievements). Professional nurses who accept responsibility and accountability for their actions in the clinical environment are good examples of correct practices and professional behaviours. Participants practice behaviours that they learn in the clinical environment and it is therefore important to encourage students through example, uplifting the image of the profession by – practice punctuality, discipline, consistency, respect and appreciation to all. The annotation made by participants – remember respect is earned not demanded – is evidence that professional values are important and participants are expected to enact these values in clinical practice through observation and imitation of the professional nurse. According to another phrase, a natural leader is not always a role model for all and it takes qualities of different people to create a role model. Statements such as you need to work on your role model abilities, it’s not acquired behaviour and the total picture of a role
model is important’ e.g. all aspects must be good, even if you have a PhD and no respect, does not make you a good role model were evidence of the importance of having and ensuring positive role models in the clinical learning environment.

Comments produced evidence that in the participants’ perceptions, professional nurses do not demonstrate the characteristics of a role model. Negative behaviours by professional nurses who are bossy, lazy, rude and disrespectful (to patients and students) are experienced by participants. They commented – professional nurses do not accept responsibility and accountability; they will always put the blame on somebody else, carelessness and impatience – attitudes that their so-called role models have towards people. Participants also experienced professional nurses looking down on the students and those who tend to abuse their power.

Findings revealed that participants feel the need to be embraced by professional nurses as role models and that their role models should portray attributes of non-biased, non-judgmental and transparency that will lead to building relationships of trust where students know that professional nurses are approachable and selfless. Participants need to feel comfortable through being embraced and protected. They expressed the need for protection from all wrong adaptations, short falls and short cuts, wrong mentality and perceptions. In situations where poor role modeling was experienced it enabled students to become clear about what they will not do, rather than what they should do. Don’t tell me what to do, if you can’t tell me why. Participants indicated the need to be gently and patiently engaged in clinical practice by professional nurses in ways that demonstrate they valued the students and believed that students had a valuable and important contribution to make.

The importance of the subcategory values of the profession was evident with remarks like – guide and supports me with the instilling of good values – integrity, autonomy, altruism, and the importance of clinical competence. The caring professional nurse will incorporate these values into clinical practice to be imitated by students. Participants commented that a great nurse shows empathy. Empathy is the ability and willingness to share in the feelings of others. It does not mean that there is always agreement or complete understanding; it simply means that there is willingness to make a concerted effort to listen to the students, for the professional nurse to put him/herself in the students’ shoes in an attempt to understand their challenges.
Adherence to this value must be done **without judgment** and with the **understanding** that everyone has their own set of values and life experiences that have guided them to the present.

During the validation session participants, in their comments, indicated how important it is for a professional nurse to **live the professions’ values** in the clinical environment. However, negative statements were recorded reflecting experiences of **dishonesty, unreliability, shifting of responsibilities and theft** by professional nurses. In spite of the seriousness of these allegations, participants assured the researcher that they do happen in the clinical environment.

The subcategory **communication** was viewed by participants as central to good nursing. Students feel highly **valued** when included in **conversations and decision-making**. Communication during students’ clinical assessments is vital where the professional nurse as a positive role model displays **warmth, genuineness and interest** in the student by making **eye contact** and showing a **willingness to listen** to the students’ responses. This creates a relationship of **trust and respect** and will surely enrich the students’ teaching and learning processes.

The participants, however, reported on negative communication experiences where professional nurses **shouted and talked down to them**. This kind of behaviour happens and leads to students experiencing the professional nurse as **unapproachable**; they will **never ask questions** and will always be **afraid of making mistakes and feeling foolish**. Negative communication will not allow the student to grow and progress academically, professionally and personally.

**3.4.1.2 Professional role**

Brown, Stevens and Kermode (2012:606) describe professional role as the “development of a nursing identity over a period of time and is the expected function of a member of a specific profession”. Students are placed in the clinical environment to learn the behaviours expected of a profession. Students, as new members in a profession, need role models to observe and imitate behaviours that they can adopt in developing their own identity in the nursing profession. This study revealed the importance that participants attach to person/persons who are able to demonstrate a
professional role in nursing. The subcategories, *leadership* and *lifelong learning* by the professional nurse, are essential attributes that student nurses need to observe in clinical practice to be able to follow and form their own professional identities and professional roles.

In the subcategory *leadership* it became evident that the participants need a role model *who leads by example; demonstrate interactive personal skills, and who can manage a crisis in a professional manner* according to their Scope of Practice, R.2598 (SANC 1991). Expressing concern participants reported that they are expected to practice outside their *Scope of Practice* in order to fulfill all the duties required in the units. As noted in the participants’ words, the professional nurse must function in an *organised* and *independent* manner.

Geyer (2013:27) refers to leadership as “influencing the attitudes, beliefs, behaviours and feelings of other people”. Professional nurses as role models play a significant role in influencing staff members’ attitudes and actions towards students during the clinical experience and simultaneously the quality of teaching and learning that students encounter in the units. During conversations it became clear that participants want to be *involved, to take part in interesting procedures and different situations*. The professional nurse as leader of the unit must *lead by example* by determining *what students know and what they still need to learn*, and then will be able to assist them in achieving specific learnings. They want to learn from *a leader and role model; want to be inspired by her/his example and knowledge*. They need the professional nurse to set a *good example* for them to follow. A request in the form of a statement was made by the participants – *Help me to become a better leader*. As the leader in the clinical environment, participants expected the professional to be *approachable, to create an accommodating environment where they will be inspired to ask questions*.

Negative experiences by participants and commented on during the conversations were that a small group of professional nurses who are leaders in the units are *always delegating tasks to others; they are dishonest, unreliable and irresponsible*. This group of professional nurses *shift responsibilities* to others and have *bad attitudes*. Participants experienced professional nurses as *unapproachable, incompetent, always giving negative criticism and is not willing to learn and to teach them*. 

45
These experiences, however, were not common and the behaviours served as examples of how students do not want to be when they become professional nurses. Professional nurses must accept responsibility in their professional roles and use opportunities to role model effective behaviours and actions that will produce an ingrained culture that celebrates and recognises excellence, which contributes to developing staff members who will display excellence in their clinical practice. Professional nurses as leaders will inspire students to put their patients first and not just about finishing the job.

The participants identified the need for leaders to display positive role model attributes which students can imitate during their own professional development and which they as participants can also strive to display as positive role model attributes to others. Participants need to see through behaviour by professional nurses that they are passionate and proud about their career and that they are an inspiration to others. It is important that professional nurses share the good and the bad experiences of the profession; this will not make them bad role models but will only demonstrate the reality of the profession.

The subcategory lifelong learning was identified through statements made by participants – the professional nurse should stay up to date with new advances in nursing so that their knowledge can be imparted on student and by setting a professional example to progress in their careers by continuing with formal studies. The participants’ understanding is that to be goal driven, to have personal motivation and to recognise own learning needs, professional nurses must embark on the journey of lifelong learning that will equip them with competencies and skills needed in the profession.

3.4.1.3 Professional image

“A special interest group such as nursing cannot survive unless each individual behaves in accordance with the norms and requirements of the group. Individuals must gain a sense of identity with and of belonging to the specific group so as to entrench the moral rules and values of the group. This protects the image of the profession and the well-being of the public” (Searle 2000:38).
Participants had specific ideas regarding the professional image of the professional nurse and of how a professional nurse should behave, how they portray the image of the profession and their physical attire. The way people dress; move and use gestures can signal that they are positive, energetic people who are willing to share their vitality and knowledge with others. The quality of their voice, cadence and rhythm of how they communicate show that they want to live life! The professional attire of professional nurses plays an important part in how students perceive them in the clinical practice environment. During the conversations, participants opined that professional nurses must maintain a professional image through clothing (uniform), body language, behaviour and how they speak. They identified certain attributes as important and which they felt professional nurses could use to portray a professional image. Comments included, good posture, correct uniform that is clean and neat, walk fast, head up and shoulders pulled back. The participants felt that the way the professional nurses present themselves in their uniforms sends out a message to patients and staff regarding their attitudes towards their profession. They stated that they want to experience the feeling of be a professional as important and can only do so by wearing the prescribed uniform correctly and portraying a good self-image. A request emerged from the conversations for professional nurses to groom them, the students for the profession. Their comments revealed that they do not value a professional nurse demonstrating tardiness and untidiness, and wearing the wrong uniform and distinguishing devices.

3.4.2 Theme 2: The need for student support

Supporting students to learn whilst undertaking clinical experience is an important responsibility for both educators and clinical practitioners. Students spend many hours in the clinical setting working with professional nurses. During this time they expect to learn from professional nurses by working with them. The categories identified for student support are mentor/mentoring, teamwork and clinical supervision.
Table 3.4: Theme 2: The need for student support

<table>
<thead>
<tr>
<th>ROLE MODELS</th>
<th>Theme</th>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Theme 2</td>
<td>Mentor/mentoring</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The need for student</td>
<td>Team work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>support</td>
<td>Clinical supervision</td>
<td>• Availability of professional nurse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Developmental conversations</td>
</tr>
</tbody>
</table>

3.4.2.1 Mentor/mentoring

From the participants’ perspective, a good mentor is someone who is *supportive, acts as a good role model, teach, guide, and assess and support students*. This is a person who is concerned with students’ teaching and learning and has the *students’ interest at heart*. An important characteristic of a mentor, as identified by participants is the ability and the desire to create relationships with students. Students need someone in the unit they can rely on and with whom they can *build a relationship*. Participants agreed that having a professional nurse as mentor meant *that learning is planned* and that will influence how they, as students perceive their learning experience in that specific unit. In observing *mistakes* made by a student, a *positive attitude and remark* by the mentor/professional nurse can ease the dynamics in that specific situation. This was regarded as an absolutely essential characteristic of an outstanding role model. The request for such behaviour came through clearly in the statement – inspire *me to do things right or not do it at all and don’t judge me based on my previous mistakes*.

During the conversation it was evident that students need somebody who will *uplift them as students and assist or teach them how to make their own decisions*. Mentors need to be *open-minded and listen to opinions*. The mentor is an important part of the students’ learning process and good relationships are fundamental. As a mentor, participants expect the professional nurse to *motivate, support and understand students*, to be *patient*, and have the ability to *encourage students* and *to praise when applicable*. A statement expressed in the form of a request was – *help me want to achieve more than I have now*.

The conversations produced evidence that participants want to witness among professional nurses, leadership qualities of *compassion, empathy and understanding*
towards patients and students. A professional nurse who demonstrates qualities of leadership behaviours with which a student can identify, will be beneficial to the student’s exposure to learning opportunities, professional socialisation and orientation into the culture of nursing as was clear in the remark – motivate me to do good – go the extra mile in my job/studies.

Participants identified the need to spend time with the professional nurse, who would listen, give advice and not be afraid to take advice from them as students. Participants requested – please listen to me, listen twice and speak once. They confirmed that situations such as conflict between staff members or unhappiness about off duties occur in the units but they are never or rarely being asked for input. They experienced feelings of just being a nuisance. They expressed the perceptions that professional nurses found the responsibility for supporting students in the clinical environment difficult and sometimes disregard their feelings. The professional nurses also make little attempt to hide their impatience and frustrations, and participants often feel unwanted in the units. A request was expressed as follows – be loyal to me as a student, stand up for me.

Participants also perceive that professional nurses see them as workers and not as students; this may be because professional nurses do not view education of students as an integral part of their professional role. Participants expressed the need for time spends with the professional nurse who should teach them how to become critical thinkers and problem-solvers. These skills do not come spontaneously – students must be taught how to become critical thinkers. Participants have the impression that professional nurses found the responsibilities of supporting students in practice difficult and strenuous, and disregard students’ feelings, making little attempt to hide their impatience and frustration. The participants’ requests remained for professional nurses not to discourage, belittle, discriminate and be judgmental towards them. As one participant stated – please do not show favouritism towards a student.

3.4.2.2 Teamwork

The ability to demonstrate teamwork by professional nurses was an important need identified by participants.
The participants expressed their need to function as part of the unit, and to act as part of the team, by drawing two people taking hands, symbolising their opinion that teamwork can make the job easier, the staff more efficient and the quality of patient care better. They acknowledged that when they are given a functional role as a student in the team they feel secured and safe to risk making mistakes or asking foolish questions, experience confidence in terms of their place in the nursing team and felt empowered to negotiate new opportunities for developing their knowledge and skills.

The participants suggested UBUNTU as an approach to teamwork. UBUNTU means “humanity to others” (Thompsell 2015). It also means “I am what I am because of who we all are” (Thompsell 2015). Ward (2013:1) stated that in nursing, “when teamwork is emphasized and valued, every member works together to meet their patients’ needs and improved patient outcomes is their common goal”. This quote from Thompsell (2015) was supported in a statement by the participants – do to other what you want to be done to yourselves. The professional nurse should communicate her/his needs with the team to establish and ensure a strong working relationship, in which trust, appreciation and teamwork are the underlying principles.

3.4.2.3 Clinical supervision

McKimm and Swanwick (2010:51) describe supervision as “the support to professional learning and development but also relates to monitoring and improving performances of effective clinical governance and standard settings”. For students to develop professional and clinical competencies in the clinical learning environment, supervision is needed to support students during the teaching and learning process.

The availability of the professional nurses was seen as critical by the participants. Clinical supervision is the everyday supervision of the students’ performance and is the core aspect of personal and professional development and lifelong learning (Ajjawi & Higgs 2008:136). Clinical supervision takes place in the clinical environment where issues around specific patients or dilemmas tend to be raised and addressed. Students expressed the need to be buddied for two or more days with a competent person to become familiar with routine and procedures in the units. To be buddied will enhance the student’s confidence and his/her competency level will improve as a result of which
he/she can become a **valued member** of the nursing team. As part of clinical supervision, the professional nurse needs to include **reflection time with student** to discuss and **communicate** their experiences whilst being placed in clinical practice. This can also be used as debriefing time especially if it is a difficult unit where the students experience trauma or death of a patient. Sometimes it serves simply as a time for a **shoulder to cry on**, the participants stated. Expressed as a request by participants was the need for professional nurses to **stand behind staff and stand up for what is right** and **never to put students on the spot**.

*Developmental conversations* with the professional nurse during which students can learn from an expert was identified as a need. Although participants expressed the need for supervision by the professional nurse they felt it should be supportive and not used for **looking over the students shoulder**, to catch the student out when doing something wrong but to **teach them how to do it right**. These conversations can take place in the form of teachable moments where there is an immediate response by a professional nurse to a situation or an issue as it arises, enhancing the student’s learning experience because the students will not have to wait to ask somebody else what had happened. Successful developmental conversations with students require **good people skills** from the professional nurse. Not all conversations with students will be easy and straightforward because not all students act, progress or experience learning in the clinical environment the same way. Participants expected professional nurses to understand that students perceive these conversations as a means used by the professional nurse to **transfer of knowledge and skills** to them. Creating **positive relationship** in the unit can be established through developmental conversations with students. In these conversations the professional nurse can give **honest and direct feedback** on student progress and developing competence. Students will accept feedback positively if it is given in a **non-threatening environment** where they know their learning and professional development is as important to the professional nurse as it is for the student. These ideas were expressed in the statement – **give constructive criticism, positive or negative – but please do it in private**.

### 3.4.3 Theme 3: Factors related to the teaching and learning environment

Clinical experiences expose students to the realities of nursing and although these experiences can be good or bad, they have been shown to provide **real opportunities**
to see how professional nurses demonstrate empathy and compassion through communication and care. Opportunities to learn from experienced and competent nurses expose students to effective clinical practices that can enhance their own professional development, confidence and competence. The categories identified as factors related to the teaching and learning environment are the learning climate, culture of learning and theory-practice gap.

Table 3.5: Theme 3: Factors related to the teaching and learning environment

<table>
<thead>
<tr>
<th>ROLE MODELS</th>
<th>Theme</th>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 3</td>
<td>Learning climate</td>
<td>• Positive and negative learning environment</td>
<td></td>
</tr>
<tr>
<td>Factors relating to the teaching and learning environment</td>
<td>Culture of learning</td>
<td>• Support learning and development</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Continuous development of professional nurses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Theory-practice gap</td>
<td>• Integration of theory and practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clinical accompaniment</td>
<td></td>
</tr>
</tbody>
</table>

3.4.3.1 Learning climate

“The clinical learning environment is an interactive network of forces within the clinical setting that influences students’ clinical learning outcomes” (Billings & Halstead 2012:311). These authors also stated that the clinical learning environment provides opportunities for students to learn to apply theory to practice and being socialised into the nursing profession.

Positive and negative learning environments refer to factors that can influence students’ learnings and experiences negatively or positively in a unit. Chuan and Barnett (2012:192) stated that a positive clinical learning environment produces positive learning outcomes and a negative clinical learning environment produces negative learning outcomes. During the conversations the participants expressed the need for experiencing a positive learning environment where the professional nurse creates a non-threatening environment; since this will enable them to build up their confidence by building up their skills. In the conversations, a request was expressed to create an environment where a student is encourage to do the right thing, not to
be discouraged and to be given a second chance, they are still learning. They also requested that professional nurses use them as students in the unit where they are allowed time to utilise learning opportunities to meet their expected learning outcomes. Implicit in their statement was the request that professional nurses must please accept the occasions when they as professional nurses are wrong and the students are right and in doing so, display the emotional maturity expected from a professional nurse. Related to this perception was the one that professional nurses must change their attitude from I am not too old to learn and must not be afraid to learn from students. To promote a positive learning environment, professional nurses will have to create an atmosphere of cooperation, positive attitude, high morale and friendliness where good interpersonal relationships among the staff can be witnessed. Statements indicate that all that was wanted by the participants was to be greeted with a smile when they come on duty and to experience friendliness. The participants believe that when the professional nurse is willing to help them, the unit becomes more student orientated whereby a more accommodating environment is experienced.

The learning environments in the units of the hospitals where the participants are placed do not seem to be as positive as was anticipated by the researcher. The factors responsible for negative learning environments were linked to professional nurses who do not have time for students, they are always in a rush, they are not objective towards students and do not consider their input in the daily ward routine. The students are always blamed for things go wrong and they experience isolation from the team during clinical placements. Delegation of work in the unit is task driven rather than to meet learning outcomes. Students are also being taught how to take short cuts instead of the correct way of doing things in clinical practice.

Cultural diversity was perceived as a factor influencing the learning environment. A request was expressed for professional nurses to be more culturally sensitive. The comment recorded by the participants was that cultural sensitivity is actually a request working two ways from the bottom up and vice versa. According to the students sensitivity to cultural diversity must be mutual.

Participants identified the need to be involved in role taking activities where they can become acquainted with unit specific learning’s and learning objectives. By
sharing knowledge with students the professional nurse will set an example to others in the unit to teach students, to be open to be challenged by students but also to challenge the students. This will contribute to creating an environment conducive to learning where the student in clinical practice is accepted as an essential member of the team. The desire for acceptance was expressed in the statement – empower me as a student to be part of your team.

3.4.3.2 Culture of learning

To establish and maintain a culture of learning a nursing education institution needs the help and support of all involved in the training of nurses. More so in the clinical learning environment as the professional nurse is targeted and overwhelmed with so many demands from members of the multi-disciplinary team, patients, their visitors and others. Establishing a culture of learning will promote the transmission and sharing of scientific, theoretical and clinical knowledge amongst all. Today, knowledge-sharing (Hood, Cant, Baulch, Gilbee, Leech, Anderson & Davis 2014:117) is widely held to be inherently necessary and willingness to share is positively related to good leadership, role modeling and an increase in competency.

Supporting learning and development as a subcategory relates to the support of the learning needs of students in the clinical environment. In a culture of learning where students are supported and developed, the students will be assisted to learn nursing vocabulary and to internalise nursing knowledge. A plea from the participants was to share time with them where they can be facilitated with procedures and specific skills with which they needed help. This was echoed in statements such as – make time to follow me up – to see if I have achieved my learning outcomes. Participants believe that feedback after procedure or task completion must be given and expressed this in statements such as – constructive feedback. They know that their first attempts at tasks and procedures may not be correct – talk to me privately and give the feedback I deserve, positive or negative, it can only help me to grow and correct my mistakes, help me with my practica assessments – I am looking up to you.

Participants described a knowledge-sharing culture as one where people share openly, where there is a willingness to teach and mentor others, where ideas can be freely challenged and where knowledge gained from other sources is used. One
participant wrote – help me learn from your experience. In the conversations it became evident that students want the professional nurse to assess their clinical needs and set goals for achieving it. This was indicated clearly in one of the statements – expose me to everything, because theory is nothing without exposure.

To support student learning and development is to allocate tasks to students to practice within their scope of practice. This will ensure that students learn to practice within the parameters of the legal framework of nursing, the Scope of Practice of nurses who are registered or enrolled under the Nursing Act, Act 50 of 1978, R.2598 (South Africa 1978) and be able to achieve clinical learning outcomes required by the learning programme.

Teaching and learning in the clinical environment is not just about performing nursing tasks but also about professional development. Participants perceive themselves as being the future of the nursing profession and need role models in practice to teach them not only nursing skills to ensure competence, problem-solving and critical skills but also professional socialisation skills that will enable them to uphold themselves in the nursing profession. Students must have the necessary skills to work within the multi-disciplinary team as reflected in the annotation – take me with on dr’s rounds even if I am busy – call me the experience may be lost forever.

In the subcategory continuous professional development of professional nurses it was evident that the participants expected of professional nurses to continue with their own development and remain competent through lifelong learning. Geyer (2013:106) stated that continuous professional development is a “range of learning activities through which health professionals maintain competence and develop their careers to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice”. Professional nurses are the role models that students look up to in clinical practice. They must portray the professional behaviours and competencies expected as evidenced in the statement – to learn more you are inspired by her example and knowledge”.

Professional nurses can pursue their own development either formally (embarking on a formal programme at a university or college) or informally (attending in-service training
and other opportunities designed to increase knowledge and maintain competence). Professional nurses are responsible and accountable for their nursing practice and have an obligation towards self-development, to comply with their code of practice and to maintain their competence. The successes achieved by professional nurses serve as motivations to students as expressed by these notes – one day I would like to be like her or one day I will also achieve what she had achieved, your success encourages me to develop myself – I look up to you, you inspire me.

3.4.3.3 Theory-practice gap

The problem of the theory-practice gap experienced by students is an international one for which all educators strive to find a solution (Dadgaran, Parvizy & Peyrovi 2012:1713; Hatleliavik 2011:868; Kellehear 2014:141; Saifan, Safieh, Milbes & Shibly 2015:62). Students experience confusion because of the discrepancy between what is taught to them in the classroom and what is actually being implemented in the clinical environment.

The subcategory theory-practice integration relates to the manner in which theoretical knowledge is applied in practice and vice versa. Students perceive that professional nurses do not know what is being taught in theory.

Professional nurses are required to assist students to achieve their clinical outcomes as required by the learning programme. However, students feel that professional nurses do not always know what the outcomes are and are unable to discuss the outcomes that must be achieved during the period of placement in a particular unit. Participants commented that senior professional nurses do not like to be asked questions; they think the students are cheeky or want to test them while the younger generation of professional nurses is more helpful and knowledgeable. They acknowledged the fact that the older generation of nurses are experts in their fields but do not know what the current students are being taught in theory. This makes it difficult for them to assist students to make sense of their learning by applying it in practice. Notes made by participants expressed perceptions such as – confusion is experienced amongst senior professionals about the needs and problems of students in their wards. They assumed that they as students know what to do. In their opinion, as expressed by their notes, participants feel that there is a gap between theory and
practice. Nurse educators strive to close the gap between knowledge in the classroom and practice in the clinical learning environment.

Clinical accompaniment refers to a “structured process by a nursing education institution to facilitate assistance and support to the students by the nurse educators and clinical staff at the clinical facility to ensure the achievement of the programme outcomes” (SANC 2013: Regulation R.173, Section 1). To meet the requirements of formal nursing programmes students must acquire certain clinical competencies and to achieve these competencies a structured clinical education programme must be available to assist and support students. Notes written by the participants indicated that there is no time for clinical accompaniment in the units, the work must be done. They do not receive any guidance from staff in the units. Participants stated that although clinical accompaniment hours are scheduled, if there is not enough staff, there is no time for clinical accompaniment.

3.4.3.4 When you are professional nurses and role models, how would you support students in the clinical environment?

The researcher formulated five questions to gather information on the subject under study – Student Nurses’ Perceptions of Professional Nurses as Role Models in the Clinical Learning Environment. Four of the five questions focused on the students’ perceptions of a professional nurse as a role model. The fifth question aimed at gaining insight into the expectations that students could have of themselves as role models after they had qualified. Participants used symbolic representation to convey their messages. During the data validation sessions they explained and verified the interpretations of their drawings. Some of the pictures are presented on the following pages.
This drawing depicts a heart surrounded by flames with words expressing the participants’ ideas about what would be expected of them as role models.

*Have a heart; you have forgotten your roots!*

*Every qualified professional nurse was also a student!*

*Put yourself in our shoes!*

This picture of a tree symbolises the intention to be nurturing and protective.

*Shielding, protecting (students from all wrong adaptations, short falls, short cuts and wrong perceptions) and nurturing the fruits (students) of tomorrow!*

Written in the roots of the tree:

*After sowing and nurturing of fruits (students) reap good harvest of student nurses.*
In this picture the professional nurse is identified by her epaulettes and holds hands with the student, symbolising students’ needs for support and other behaviours regarded as important.

The word “support” was written between the professional nurse and the student.

Below the picture, students wrote:

*Selflessness, kindness,*

*accommodating environment,*

*togetherness, non-bias, non-judgmental, trustworthy,*

*confidentiality and student orientated.*

The drawing of a clock is used to express the intention that as role models they will make time for their students.

*Always make time to be with and supervise when requested!*
The drawing of the hand symbolises the nurse’s role to care, to heal. It also expresses the idea that taking each other’s hands will make work in the hospital units easier.

In the palm of the hand participants wrote the words:

“UBUNTU” Team nursing – work with students.

On each finger the following:

Support, Listen x2 and speak x1, respect and fairness, encourage, be available.

Between each finger the following:

Building up confidence by building up skills, give praise, being knowledgeable, education, orientation.

In this picture, participants depicted the importance of playing a supportive role to help students achieve their goals.

The picture also symbolised their strong motivation to be role models in the future.
The teacup is the symbol of the "World Café" conversation portraying in the aroma of the teacup the guidelines of having fun, listen together, contribute your thinking, focus on what matters and link and connect ideas. The participants used the teacup to describe their perceptions of professional nurses as role models in the clinical learning environment.

The aroma coming out of the teacup portrays positive characteristics of professional nurses such as being approachable, leading by example, acting fairly and giving constructive feedback.

In the cup below the warmth of the tea lay the negative characteristics that should be avoided in the clinical learning environment such as taking short cuts, verbal abuse, favouritism and humiliation.

3.5 CONCLUSION

This chapter presented the themes related to perceptions that student nurses have of professional nurses as role models in the clinical learning environment: factors related to the professionalism of professional nurses; the need for student support and factors related to the teaching and learning environment.

In Chapter 4 the findings of the study will be discussed and will be integrated with literature supporting themes, categories and subcategories that emerged from the data.
CHAPTER 4

DISCUSSIONS OF THE FINDINGS OF THE STUDY

4.1 INTRODUCTION

In this chapter the findings of the study will be discussed and integrated with relevant literature to contextualise the findings. The discussion will be supported by in-text references to the relevant themes and related literature.

4.2 THEME 1: FACTORS RELATED TO THE PROFESSIONALISM OF PROFESSIONAL NURSES

“Professionalism relates to the attitude of persons and their willingness to make a positive or negative contribution to create a better world for all” (Geyer 2013:56). Professional nurses in the clinical learning environment have to portray an attitude of willingness to assist students during their clinical placement where students can learn the expected behaviours and attitudes of the profession. Exposure to positive behaviours by professional nurses in the clinical learning environment will give students the opportunity to develop their own professional behaviours by observation and imitation of professional nurses. Geyer (2013:56) described professionalisation as the result of assimilating a variety of influences and experiences through which the culture and value system of the profession becomes part of each practitioner’s identity. Socialisation is the process whereby students develop abilities to draw on knowledge and skilled know-how and learn how to act in the clinical practice environment. “Professional development is the process by which a person acquires the skills, knowledge and identity that are characteristic of a member of the profession and it involves an internalisation of the values and norms of the group into the persons’ own behaviour and self-conception” (Curtis et al 2012:791). When students commence nurse training they only know the behaviours, values and norms taught in school and society. On entering the nursing profession students have to learn the norms, values and behaviours of the profession and this occurs in the clinical environment as professional development. These norms and values can be taught formally in nursing
programmes but their application occurs in the clinical environment where they are demonstrated through the behaviours of the professional nurse.

4.2.1 Professional attitude and behaviour

In this study professional attitude and behaviour refers to the identified categories – the need for role models, values of profession and communication. Student nurses need to see professional nurses’ positive attitudes and behaviours as role models in the units. Perry (2009:243) wrote that the attitude of the professional nurse as role model is reflected to the student through actions, words and behaviours and that influences the nature of the relationships the professional nurse has with the student.

4.2.1.1 Need for role models

The need for role models was clear when the participants described the characteristics of a role model. Participants want professional nurses to portray characteristics such as positive attitudes and good behaviour, good interpersonal skills, high levels of self-esteem, confidentiality in communications, honesty, trustworthiness, reliability, self-respect, integrity, fairness and energy. According to Cleary et al (2011:6), the criterion for a role model is someone who leads by example. These specific person/persons are motivators and they show respect to all who work with them. They can inspire, teach and coach people. He/she is a team worker; has a vision; can be supportive and encouraging. Role models are resourceful and confident; approachable, available and friendly; helpful and understanding; welcoming and have the students’ interests at heart. The role model therefore is an advocate for students.

In the opinion expressed by participants, role models must challenge themselves – this will encourage students to look up to them and to admire their achievements. In their view, practices such as punctuality, discipline, consistency, respect and appreciation would uplift the image of the profession and not only benefit students but improve perceptions of nursing held by the public at large. According to Perry (2009:244), an optimistic attitude can be described as a positive, light-hearted outlook on life with the tendency to have hope and to see the good in bad situations. Perry (2009:244) stated that to have role models that display positive attitudes and behaviours can be one of the most valuable teaching resources for professional thinking and the creation of
relationships with students. Hader (2007:6) is of the opinion that professional nurses have to support staff in the hospital unit, empower them to acquire specific competencies, and they should be direct, clear and firm in the expectation of performance standards.

The participants in this study expressed the opinion that a natural leader is not always a role model for all – different people have different qualities which can serve as role modeling behaviours. Fowler (2012:311) found that a person can have more than one role model, each with different qualities. Fowler (2012:311) for instance had a professional nurse who was his role model for “professional behaviour” and another in the mental ward demonstrating the difficult quality of “professional closeness”. One of Fowler’s (2012:311) other role models was a nurse educator who was an incredible role model initially as a student and then later as a colleague who taught him the importance of lecturing in a way that awakens the students’ curiosity, rather than just “talking to them” and played a big role on his road to professional development. Role models will never force their views on you, they will only share the ir experience, show a willingness to learn from others and to teach others (Fowler 2012:311). In a study done by Hoare, Mills and Francis (2012:92) it was evident that role modeling can be a two way situation or process. The young student or graduate can be a role model to the professional nurse teaching them about technology, while the professional nurse role models professional behaviour and professional competence, which includes characteristics of honesty, trustworthiness, reliability, self-respect, integrity, fairness and energy. It is important for any nursing student to be able to differentiate between good and bad role models, identify them in practice and attempt to learn from the bad what not to do in practice. Participants expressed the dilemma of having a poor view of their classroom educators as role models, explaining that they have difficulty in imagining academic staff as role models in the clinical environment as they do not perceive them as having the clinical competence to function in practice. Felstead (2013:225) stated that nurse educators do not just teach students the art of nursing, but through their teaching, the nurse educator models the role of the nurse educator. Professional nurses must be cognisant of the impact of their role as role model on student nurses. It is imperative for students to develop and apply the learned professional qualities in practice; this will not only improve the image of the profession but will also promote the delivery of quality patient care and increase the likelihood of meeting patients’ expectations. Brown et al (2012:609) cited the observation of the professional nurse’s role by students as being a
significant factor in the knowledge and value discovery by students. It will enable them to internalise the values and norms of the profession and assist in the development of their self-concept and social identity allowing acceptance by other members of the profession.

4.2.1.2 Values of the profession

Professional values are “principles and ideals that give meaning to our personal, social and professional life” (Geyer 2013:219). Evident in this study was the participants’ clear expression of the need for role models who portray the values of the profession and to live by them. Felstead (2013:223) stated that a role model is someone who demonstrates a positive example and who portrayed attitudes and values that can be assimilated by students. He also stipulated that professional values must underpin education as well as clinical practice. This view is justified by Houghton’s (2014:2368) comment, that professional socialisation of students in nursing is more than learning and gaining competencies; it is where potential members of the profession learn the values, attitudes and beliefs of the profession. Implicit in the phrases recorded by participants in this study was the importance they bestowed on recognising good values, namely, integrity, autonomy, altruism. Demonstration of clinical competence was also regarded as imperative. Participants related a sense of confusion between professional values learned in the classroom and the Company’s values with which they are confronted and which they are expected to live out in clinical practice. Their expectations included the portrayal of professional values of honesty, self-respect, integrity energy, reliability, empathy, honesty and punctuality by professional nurses. The need for a caring professional nurse to act as a role model and demonstrate to students how to integrate these values in clinical practice is essential. In Taiwan, Feng and Tsai (2012:2068) experienced the same problem of confusion amongst their students where they understood that the professional value in nursing care is patient-orientated but the organisational value in nursing is task-orientated. Participants in this study experienced confusion because while they wanted to deliver quality patient care they felt it was compromised due to the shortage of staff. They experienced a disconnect between their own values and those of the hospitals in which they work. They expressed difficulty in understanding and integrating both sets of values in their new profession. In the study by Feng and Tsai (2012:2068) students experienced a state of “total overwhelming chaos” and the same feelings were expressed by the
students who participated in this study. They have their own perception of the values of the profession but when reality strikes, they experience disillusion and disappointment. Feng and Tsai (2012:2068) reported that the students’ efforts to make sense of the chaos and to become an insider, didn’t happen overnight but took time, eventually a strategy of “learning by doing” helped the students to transit from the “overwhelming chaos” they experienced to “being an insider” and being part of the team. Participants perceived that with increasing seniority as students gained a better understanding of the processes and politics in hospital units, the easier it was to become part of the team and to play a role in the daily ward routine. However, they expressed the view that the role of the professional nurse role is to induct students into the profession (which includes the nursing team in the unit) with guidance and support and that this should happen from the first day on the unit.

In a study done in Turkey with midwifery students by Özcan, Akpınar and Ergin (2012:402) the professional values prioritised as the most important were justice, equality, human dignity, competence, autonomy and professional loyalty. The same study showed that the values of responsibility and cleanliness were also high on the priority list. Similar findings emerged in this study where participants identified the same values as being important in establishing a path to their professional development. Brown et al (2012:609) found the observation of the professional nurse’s role as being a “significant factor in the knowledge and value discovery by students to assist them in the internalisation of the values and norms of the profession and the development of their self-concept and social identity”. Words and phrases recorded by participants such as “a great nurse shows empathy, listen to students without judgment and to value the student as part of the team”, are just some of the value attributes that students expect a professional nurse to portray in assisting them to internalise the knowledge and values of the profession. Participants in this study pleaded for professional nurses to be loyal to them and to stand up for them. In a study done in Turkey the researchers Özcan et al (2012:404) reported professional loyalty as a very important value in the professional role development of students.

Cleary et al (2013:636) stated that professional nurses do not need to be pictured perfect, but they must understand and value their influence in the professional socialisation process of students by engaging in development of professional values, attitudes and beliefs that will match the workplace culture. Findings in the current study
showed that participants did experience the need to be protected from adaptations of learnings that are made in the unit to save time or for other reasons, short cuts, unreliability, dishonesty and the shifting of responsibilities. Their tablecloth notes expressed their need for being embraced by professional nurses in the clinical environment and for protection from doing things in the wrong way as well as for professional nurses to accept the notion that students can make a valuable contribution to the team.

The internalisation of professional values in the students’ performance can be influenced by nursing education institution’s input if the students’ decision-making process is evaluated through consideration of their practical and behavioural patterns (Parandeh, Khaghanizade, Mohammadi & Nouri 2015:288). Parandeh et al (2015:288) emphasised that students consider trust and care as important dimensions of their professional values. Although knowledge regarding role modeling of values such as integrity, autonomy, altruism, and the importance of clinical competence primarily occurs through the so called “hidden curriculum”, participants were of the view that these values must be portrayed by professional nurses as role models during interactions with students in the classroom and in clinical practice and also with patients and their families, with other healthcare professionals in different situations, as well as members of other professions.

4.2.1.3 Communication

Communication is the essence of any teaching situation and was viewed by participants as central to good nursing. They perceived themselves as being highly valued when included in conversations and decision-making. In South African schools and tertiary education institutions, the majority of people are not taught in their first language and participants were of the opinion that this can result in major obstacles in the learning environment, impacting on academic achievement. In their description of communication skills expected from a professional nurse they included characteristics such as warmth, genuineness, interest and a willingness to listen. Eye contact during communication was also regarded as important. In their opinion, the manner in which a person communicates helps to create a relationship of trust and respect that will enrich the teaching and learning process. In a study done by Griffiths, Speed, Horne and Keeley (2012:123) one of their participant’s statements was “it’s all about
communication and understanding and empathy”. In this study, a statement made by participants, “you might be the best professional nurse in the world but if you can’t communicate or listen to people, understand what they’re saying you will never experience success in the clinical learning environment” indicated their need for a professional nurse to possess good communication skills. This was echoed by another view expressed as, “it is not always what you said but how you said it”.

Negative communication experiences with professional nurses such as shouting and talking down to them was reported by participants. Saifan et al (2015:65) reported on students complaints regarding negative communication skills and methods of communication. Participants in the current study were of the view that unacceptable behaviour by some professional nurses does occur when they blame students or speak to them inappropriately in the presence of colleagues and sometimes in the presence of the staff or patients. They also felt that the uniqueness of each student is not considered by all professional nurses when communicating with a particular student. Participants highlighted the importance of open-mindedness as was pointed out in a study by Saifan et al (2015:65), where they maintained that professional nurses “should be more open-minded and understanding, not as narrow-minded as they sometimes are”. Negative communication skills will hamper the student’s academic, professional and personal growth.

4.2.2 Professional role

Brown et al (2012:606) described the professional role concept as the “development of a nursing identity over a period of time and is the expected function of a member of a specific profession”. Scully (2010:95) identifies role models as “agents of socialisation and support to the students”. According to Brown et al (2012:608), the professional role of professional nurses contributed to the development of the nursing identity of students and that through the formation of a personal identity, their concepts of pre-existing perceptions of nursing identity and the interactions in the clinical learning environment. Brown et al (2012:608) were of the opinion that the development of a nursing identity is an important factor during the students’ professional development process. Brown, Stevens and Kermode (2013:571) reported that the failure to support student and novice nurses to become acculturated and assimilated to the work place and to acquire the necessary skills required to undertake their roles is self-destructive to the
profession”. The participants in this study were clear about need for professional nurses to portray leadership by example. The attributes identified as being important in the professional role of the professional nurse are leadership, professional support and lifelong learning.

4.2.2.1 Leadership

“You are the next generation of nursing leaders” nurse educators frequently tell students and it is therefore essential to prepare nurses for leadership roles in academia, industry and in professional organisations. Through their notes students illustrated their perception that leadership is lacking in the clinical environment and that they need professional nurses who lead by example; demonstrate interactive personal skills and who can manage a crisis in a professional manner within the parameters of the scope of practice for registered nurses. However, participants felt that at times they are expected to practise outside the boundaries of their scope of practice in order to fulfill all the duties required in units in which they work. Nursing is responsible for defining nurses’ roles and scope of practice” (Geyer 2013:54). Geyer (2013:93) defined the Scope of Practice as “the actions, tasks and procedures that legislation permits persons from a specific profession to perform, according to qualifications and experience”. Witnessing leadership qualities demonstrated by the professional nurse will not only enhance students’ learning experience but also promote an increase in positive patient outcomes. If students observe the performance of a senior leader, they will begin to mimic that performance.

The negative perceptions held by participants in this study were explained as the identification of a small group of professional nurses who are always delegating tasks to others; they are dishonest, unreliable and irresponsible. They shift responsibilities to others and have bad attitudes. In a study conducted by De Swardt (2012:85) these kinds of behaviours by professional nurses in a public hospital were also found where unethical behaviour such as patient abuse and the disrespect of human dignity, intimidation and unethical behaviour towards students was described.

Geyer (2013:27) refers to leadership as the influencing of people’s attitudes, beliefs, behaviours and feelings. Professional nurses as leaders, play a significant role in influencing staff members’ attitudes and actions towards students during the clinical
experience and simultaneously the quality of teaching and learning students encounter in hospital units. Participants in this study referred to the need to be involved and to be allowed to participate in interesting procedures in various situations. The professional nurse as the leader in the unit is expected to lead by example by determining what students know and what they still need to learn and then supporting them to achieve the outcomes related to these needs. Participants expressed the desire to learn from the professional nurse as a leader and role model; they want to be inspired by the leader’s example and knowledge. They need a role model who will set a good example and who will support them in their developing roles as leaders. They expect the professional nurse as the leader in the clinical learning environment to be approachable, create an environment in which they will be inspired to question and in which they will not experience behaviours of unapproachability, incompetence, negative criticism and unwillingness to teach.

In his/her professional role, the nurse is responsible for teaching students how to care for patients and their colleagues, themselves and their profession and to accept responsibility for their own professional roles. To do this, they need to role model effective and ethical behaviours and actions. This will help to instill a culture that celebrates and recognises excellence and will motivate nurses in the unit to strive for excellence in clinical practice. “A successful leader will see each person as an individual, recognising their unique needs, as not everyone will perform at the same level or respond in the same way to environmental stressors or workplace pressures” (Frankel 2008:24).

4.2.2.2 Professional support

The importance of providing professional support to students cannot be over-emphasised. Through this process students experience the feeling of importance, value and the sense of belonging. Hader (2007:6) stated that staff must be supported but not enabled. In a supportive inter-professional learning environment where the learning needs of students are acknowledged by all, teaching of students will be supported. Curtis et al (2012:793) wrote that students need to fit in with the team, become accepted as a team member and expressed the importance of the feeling of belonging. Acceptance can only be experienced if professional nurses provide professional support which enhances the students’ learning in clinical practice and where professional nurses
themselves are accommodative and open to learning. Brown et al (2013:571) stated that failure to support students and novice nurses to become acculturated and assimilate to the work place, and to acquire the necessary skills required to undertake their role is self-destructive to the profession. Without the necessary support from professional nurses, students can experience role confusion and a deficit in professional role development (Brown et al 2013:571).

In their writings, participants revealed the need for an environment that will enhance their professional development as they strive to demonstrate positive role model attributes to others. They need to see professional nurses who are inspirational, passionate about and proud of their careers but who share both the good and the bad with students so that students understand the reality of the profession.

4.2.2.3 Lifelong learning

The key features of lifelong learning are personal motivation; recognition of needs which prompt an active search for knowledge and information-seeking skills. Ajjawi and Higgs (2008:136) were of the opinion that it is the members of the profession responsibility to participate in lifelong learning to be able to continue the enhancement of their professional capabilities and to demonstrate professional autonomy, competence and accountability in their practice. Saifan et al (2015:62) echoed this statement, stating that nursing academic and clinical practice are part of continuous lifelong learning and it is expected of the modern nursing professional to improve nursing and thus healthcare systems worldwide. Lifelong learning equips people with competencies and skills to continue their self-education beyond the completion of their formal schooling. Andrew (2012:162) reported that the early experiences of students learning journey, shape their attitudes that can impact the effect of future performance and could be a predictor of progression and competence. The impact of early exposure can create the imprint of career long professional learning and development. Participants’ perceptions that professional nurses should keep abreast with new developments in nursing so that their knowledge can be imparted to students are not an unrealistic expectation. Andrew (2012:162) is of the opinion that if students experience success at an early stage it may well underpin the positive professional behaviour throughout their studies and thereafter.
4.2.3 Professional image

Portraying the image of nursing depends on how the members of the profession portray themselves. Oosthuizen (2012:49) reported that it is up to the nursing profession itself to look at the image of the profession as portrayed in the media and to change that image positively. Experiences by patients and the public determine the image that they hold. During their conversations, participants were very clear about the image they would like to see and critical of the image that is being portrayed by professional nurses with whom they work. The image of nursing is not only determined by how the uniform is worn but also on first impressions which are formed within 21 seconds of contact between a patient/client and the nurse. Physical attire and the way in which the nurse presents himself/herself is important and will define expectations. The way people dress; move and use gestures can signal if they are positive, energetic people that are willing to share their vitality and knowledge with others. Shaw and Timmons (2010:21) are of the opinion that by wearing the prescribed nursing uniform correctly, nurses demonstrate in a nonverbal, conscious manner that they have the skills and knowledge to care for others. The quality of their voice, cadence and rhythm of how they communicate expose their zest for life. In this study participants identified the need for professional nurses to maintain a professional image through their dress. Uniforms contribute to nurses’ self-confidence but also instill reassurance and confidence in patients. In addition, participants communicated their opinions on the importance of a good posture, cleanliness and neatness of uniforms and adherence to uniform standards. Their opinions were similar to the findings in a study done in Turkey by Özcan et al (2012:405) where midwifery students and midwifery professionals were perceived more responsible when they portrayed “cleanliness” in their daily work environments. Participants in this study were of the opinion that the manner in which professional nurses present themselves in their uniform sends out a message to patients and staff about their attitudes towards their profession. The “feeling like a professional” was important to the students’ development of self-image and wearing a uniform played a large part. A request emanating from participants in the study was for professional nurses to groom them (the students) for the profession. Professional attire plays an important role in how students perceive professional nurses in the clinical environment.
Dadgaran et al (2012:1715) refer to a study done in Jordan where the low social prestige of nursing in that country led to the students leaving the profession. She suggested that “nurses social stature” should be taken into consideration and that the public should be educated about the nursing profession.

Dadgaran et al (2012:1715) is also of the opinion that negative attitudes and distorted images of nursing held by the public is the cause of poor education achievements by students and their disappointment in the nursing profession. Oosthuizen (2012:60) found that the South African media has challenged the image of competency, trustworthiness and caring attitude among members of the nursing profession and as a result, South Africans have lost trust in the profession. It is the responsibility of the members of the profession, students as well as professional nurses to create awareness amongst their own members but also the public of the professional values and ethos of the profession.

A study done by Brown et al (2013:572) revealed that nursing education institutions’ curricula and workforce policies must be developed in such a way that students are able to develop an understanding of their role, are successfully acculturated and assimilated into the profession and organisation, and acquire the correct professional knowledge, skills and values from expert role models. This related to the findings in this study where participants expressed their desire for professional nurses to show them professionalism which they, the students, would imitate. This need can be realised if both nurse educators in nursing education institutions and professional nurses in clinical practice, partner with each other in the development of an integrated clinical education programme and where all stakeholders understand the importance of successful acculturation and assimilation of students into the profession and the organisation. Possessing the theoretical knowledge which informs practice will assist the professional nurse in the portrayal of behaviours expected of a role model.

In spite of their sometimes negative experiences of professionalism in the clinical learning environment, participants enthusiastically indicated their intentions of being role models when they qualify as professional nurses. Attributes they reported that they would portray include integrity, honesty and openness. According to the National League of Nursing (NLN), students’ perceptions of how they will portray themselves as professional nurses must not be underestimated (Larson 2013:138). Larson (2013:138)
maintained that the student is expected to demonstrate professionalism and a dedication to the values, knowledge, skills and ethical component of nursing. During their training students learn what the core values and beliefs of the profession are and as they become more competent and confident they internalise these core values, namely, culture of excellence, caring, integrity, diversity, patient-centeredness and ethical practice, and commit to live them once they are registered. After studying the notes and listening to conversations made by the participants in this study, their commitment to living out and portraying professional values was clear.

4.3 THEME 2: THE NEED FOR STUDENT SUPPORT

The journey towards becoming a nurse can be challenging for students. Supporting student nurses to learn whilst undertaking clinical experience is an important function for both educators and clinical practitioners. Student nurses spend the majority of time in the clinical setting working with professional nurses whereby they expect to learn from them by working with them. Curtis et al (2012:794) commented that “student nurses experience a sense of uncertainty and balancing their intentions towards upholding compassionate practice ideals and adapting their ideals to survive reality, due to constraints within the practice reality they witness in the clinical learning environment”.

This makes it crucially important to support students in the process of socialisation into their role as students and also into their nursing role. Andrew, Robbs, Ferguson and Brown (2011:357) explain that during their journey of teaching and learning, students need to adapt and learn the behaviours of nurses and students; they expressed the need to be valued, involved and supported in the everyday clinical environment. To fulfill the need to belong students find it difficult to adapt to the academic and professional environments as each has their own challenges. Andrew et al (2011:357) clearly stated that if students do not adapt to both these roles early in the professional development stages it might not happen at all and therefore the quality of support given to students to fulfill both these roles is essential for professional and academic development as well as the retention of students.

4.3.1 Mentor/mentoring

Participants perceive a good mentor as someone who is supportive, acts as a good role model, teacher, guide, and assesses and supports students. This is a person who has a
concern with and has the students’ interest at heart. Perry (2009:243) found that “a positive relationship between mentors and students improves the quality of learning and the students’ motivation to learn. Effective mentors develop supportive relationships with their students”. It is evident that students need somebody in the hospital unit that they can rely on and with whom they can build a relationship. Andrew et al (2011:357) stated that the importance of a good mentor cannot be over-estimated. Good mentoring must come from the nursing education institution in the form of supportive nurse educators as well as support from professional nurses or other healthcare professionals in the clinical environment. Support from both sides will assist the students to overcome the challenges they may encounter in their development as practitioners who are as comfortable in academia as they are in clinical practice.

In this study, participants agreed that having a professional nurse as mentor meant that learning is planned and that having a mentor has an important influence on how students perceive their learning experiences in the clinical environment. Perry (2009:243) pointed out that “positive teacher-learner relationships set the stage for optimal student learning”. Perry’s (2009:243) explanation of the involvement of two parties is crucial in the building of a relationship – the student and teacher or student and role model. This involvement can be in the ways of actions, words, behaviours or body language. When observing “mistakes” made by a student, the optimistic attitude and positive note of the mentor/professional nurse can ease the moment in that specific situation. Participants regarded this as an absolutely essential characteristic of an outstanding role model.

In the current study, it became evident that students need somebody to whom they can look to for upliftment and assistance, who will teach and support them, leading them to a point where they are able to make their own decisions. However, the role that students play is also important as pointed out by Chuan et al (2012:195) when they stated that the students’ attitude towards learning is essentially important, they need to “show more initiative and be motivated” and “willing to learn something that is new to them”. The relationship between the student and the professional nurse is reciprocal or joint, but the professional nurse as mentor must be mindful that he/she has more experience and must take the lead in the relationship. Mentors and specifically the professional nurse should be more open-minded and listen to students’ opinions to establish and maintain a good mentor/student relationship. Participants revealed that
they experienced higher levels of satisfaction when they are treated with respect, receive constructive feedback on performance, included as a member of the team and have effective mentors.

The mentor is an important part of the students’ learning process and good relationships are fundamental. It is important for the mentor to motivate, support and understand students. The mentor must be patient and be able to encourage students and give praise when due. In Houghton’s (2014:2370) research she reported that mentorship created a special personal and long term relationship which relies on mutuality and reciprocity. With this relationship in mind it is expected of the professional nurse to have the required knowledge and skills to support students in the clinical learning environment. Houghton (2014:2370) stated that professional nurses require specific attributes for this relationship to ensure effective student support and they include motivation, approachability, confidence and a positive attitude. A professional nurse/mentor, who demonstrates qualities of leadership behaviours with which a student can identify, will be beneficial for the students’ exposure to learning opportunities, professional socialisation and orientation into the culture of nursing.

Participants reported negative experiences in the hospital units as feelings of “just being a nuisance”. Some professional nurses found the responsibility for supporting students in the clinical environment difficult and sometimes disregarded their feelings. They also made little attempt to hide their impatience and frustrations, and in these environments students often felt unwanted. Occurrences like this are a reality in nursing. Del Prato (2013:288) described in her study the participants’ negative experiences of “verbal abuse, favouritism, subjective evaluation and disillusionment” and how those experiences interfered with their professional development and the shaping of their emerging identity as nurses. In statements made by participants in the current study, it became evident that practices of verbal abuse and demeaning experiences prevent students from believing in their own abilities to learn and grow and to face the challenges of the nursing profession. Incivility by professional nurses in the clinical learning environment negatively influences professional formation, preventing learning, impacting on self-esteem, self-efficacy, confidence and the developing identity of a nurse. Although identified, these practices were considered by participants to be outside of the norm of their usual experience.
Participants confirmed the need for professional nurses to teach them how to develop into critical thinkers and problem-solvers. They agreed that patients’ needs are important and must be met but that they must be taught how to think critically and to solve problems and this will not happen if they are only permitted to do routine work day after day. In a study done by Ajjawi and Higgs (2008:133) amongst physiotherapists, they identified a very important key attribute health professionals need to develop during professional socialisation is clinical reasoning skills. Students in this study felt that this attribute does not develop spontaneously but must be taught.

Gray and Smith (2000:1542) described the experiences of students with mentors involved in their training, where students initially wanted the mentors with them every day because they felt safe, looked after and knew that if they make a mistake, somebody is there to help, to support, guide, assess and supervise them. As they continued with training the students developed more realistic expectations of their mentors and felt that they no longer needed them so often, they became more confident, competent and wanted to be more independent. Although Gray and Smith’s (2000:1542) study was conducted in 2000, their findings then are still relevant in 2016. The participants in the current study described the professional nurse as a good mentor when he/she involves students in activities, makes an effort to spend time with students, displays genuine interest, has confidence and trust in the students’ abilities and gradually withdraws supervision as the student develops in the clinical learning environment.

The professional nurse who is regarded as a poor mentor was described by participants as a person who delegates unwanted tasks, who dislikes his/her job or the students, is distant, not very friendly, unapproachable and who intimidates students. According to participants, professional nurses find the responsibilities of supporting students in practice difficult and strenuous; apparently they seem to disregard students’ feelings, making little attempt to hide their impatience and frustration. Participants admitted however, that in today’s reality professional nurses need to play different roles and if a choice must be made, patients will take priority over mentoring and teaching but this poses a major challenge for student learning. Participants repeated the request for professional nurses to avoid discouraging, belittling, discriminating or judging them. Over time and with good mentoring by professional nurses they too can become a professional nurse with the skills, competence and professionalism needed by a good
role model. Professional nurses will be successful in their roles as mentors if a relationship can be established and maintained where both parties set aside time to engage in the relationship, develop the relationship and later to conduct an evaluation of the relationship. Through an established relationship a student’s training needs and performance can be monitored. Zilembo and Monterosso (2008:196) stated that professional nurses as mentors experienced an intrinsic reward of increased own knowledge and the satisfaction of teaching, although no extrinsic incentives were in place to support or reward the additional responsibility of mentoring student nurses.

According to participants, professional nurses seem to see students as workers and not as students, and they believe the reason is that many professional nurses do not see the responsibility for educating students as an integral part of their professional role. Because of this, students need professional nurses to be mentors who will assist and teach students to transition into their role – from novice student nurse to competent nurse practitioner. Ranse and Grealish (2006:173) reported that students are being accepted as a member of the team but it causes conflict between the student’s role as a student and the worker’s role and therefore may have the potential to exploit the students as workers. Professional nurses in clinical practice must accommodate students as students and not workers in the clinical learning environment to ensure their professional and personal development.

4.3.2 Teamwork

“Team work is considered an action carried out by two or more individuals jointly, concurrently or sequentially which implies common agreed goals, clear awareness of and respect for others’ roles and functions” (McKimm & Swanwick 2010:114). Well-functioning multi-professional teams are key to delivering effective and safe healthcare. McKimm and Swanwick (2010:114) refer to multi-professional education as shared learning or common learning, where one or more students or professionals learn alongside one another. In this study it became evident that students need to be part of something; they want to function as part of the hospital unit and when they function as part of a team, the job itself became easier and more efficient. Hastie, Fahy and Parratt (2014:223) discuss the term “fostering a team climate” as the enhancement of “emotional and social skills to foster a sense of trust and inclusiveness for each team member”. Analysis of the participants’ perceptions of being excluded from the team,
indicated a need for educating members of the profession with regard to mutual trust and respect, effective and open communication, and the awareness and acceptance of the roles, skills and responsibilities between different role players that should form part of a team. The participants believed that through their acceptance as a team member, there will be an overall increase in the quality of patient care. They reported that when they experience a functional role as a student in the team they feel secure and safe to take some risk which may result in a mistake or to ask foolish questions. They also experienced confidence in their place in the nursing team and experienced a sense of empowerment which led to negotiating new opportunities for developing their knowledge and skills.

The participants’ request written on tablecloths, “take me on doctors’ rounds, I can just learn from them” provides evidence of their need to learn from all role players in the healthcare environment. Research done by Park, Kim, Park and Park (2015:300) confirmed this view when they related that the active participation of students with team members led to the development of logical learning and effective problem solving skills and good interpersonal skills in clinical practice.

Participants expressed the need to be involved in role taking activities where they can become acquainted with unit specific learnings that would assist in meeting learning objectives. By sharing knowledge with students the professional nurse set the example to others in the unit to teach students, to be open for challenge by students but also to challenge the students. Such behaviour will lend itself to an environment conducive to learning in which students are accepted in clinical practice as important members of the team. The World Health Organization (WHO) recommends that educators use the principles of teamwork in their education programmes by teaching problem-based learning, allowing students to work together, share information, and solve clinical problems as a team.

Inter-professional learning is a term often used inter-changeably with inter-professional education. Both involve “active engagement of learners from different professions learning together. The learning is based on an exchange of knowledge, understanding, attitudes or skills with an explicit aim of improving collaboration and healthcare outcomes” (McKimm & Swanwick 2010:114). By creating a learning environment where all professionals are committed to teaching and learning, learning will be enhanced,
students will experience a decrease in anxiety, teamwork will be promoted, and there will be greater retention and transfer of knowledge. Students who experience emotional and intellectual support from team members will demonstrate the ability to go beyond their own knowledge and skills, and gain a deeper understanding of their own learning abilities.

In a study done by Aase, Hanse and Aase (2014:7) it is stated that student nurses tend to avoid responsibilities due to the experiences of conflict, criticism, sense of being sidelined and being alienated. Hastie et al (2014:220) describe poor teamwork as not just expensive but also as one of the “top modifiable causes” of adverse health outcomes that leads to high staff turnover and absenteeism. Participants in the current study described their “feeling of being part of the team” as very important so that when they reported instances of being “yelled at in front of others” it was doubtful that the environment was conducive to teaching and learning. Behaviours of this nature by professional nurses must be avoided. Efforts to create an appreciative environment with effective teamwork and where partnerships between qualified staff and students are encouraged will enhance training by giving students the opportunity to access patients and focus on real nursing care rather than day to day routines.

Participants suggested “UBUNTU” as an approach to teamwork. “UBUNTU” means “humanity to others”. It also means “I am who I am and I am because of who we all are” (Thompsell 2015). Ward (2013:1) stated that in nursing, when teamwork is emphasised and valued, every member works together to meet their patients’ needs and improved patient outcomes is their common goal and, where “do to other that you want to be done to yourselves” will become a reality.

The professional nurse should know what duties he/she can delegate to staff and students and should have an understanding of the scope of practice for each category of nurse. Teaching needs should be communicated to the team, and it is imperative that there should be a strong working relationship, whereby trust, appreciation, and teamwork are the underlying principles.
4.3.3 Clinical supervision

McKimm and Swanwick (2010:51) describe supervision as “the support to professional learning and development but also relates to monitoring and improving performances of effective clinical governance and standard setting”.

4.3.3.1 Availability of the professional nurse

The availability of the professional nurse during clinical placement was seen as critical for participants. Clinical supervision is the everyday supervision of the students’ performance and is the core aspect of personal and professional development and lifelong learning (Severinsson & Sand 2010:674). Clinical supervision takes place in the clinical environment where issues around specific patients or dilemmas tend to be raised and addressed – what better place for students to be taught? Sundler, Björk, Bisholt, Ohlsson, Engström and Gustafsson (2014:662) referred to the clinical learning environment as very complex and one which can become very stressful to student nurses; therefore important to ensure supportive and trusting supervision. According to Billings and Halstead (2012:315), professional nurses intuitively wanted to be role models to students and they want to nurture them but they do not have time to do so. The general model used for clinical supervision in South Africa is one according to which the student works under the direct or indirect supervision of the professional nurse as regulated by the Scope of Practice (SANC 1991: Regulation R.2598, Section 5). Participants in this study reported on the unavailability of the professional nurse as supervisor, the reasons for which they believed could be due to various factors such as activities in the unit, attitude, disinterest in teaching students and poor communication. The professional nurse’s availability to teach students will not only enhance learning experiences in the clinical field but also academic performance since the link between theory and practice will become clear. Availability of the professional nurse will boost the student’s confidence during placement because the student will feel safe in implementing new practice and will feel valued as a member of the nursing team.

Availability in the clinical field also means making time for reflection with the student to discuss experiences and comment on progress during placement. Sundler et al (2014:665) mentioned that stressful experiences and anxiety not only in the clinical environment but also in the classroom can be a barrier to learning. Reflection time can
also be used as debriefing time especially if it is a difficult unit where the students experience trauma or death of a patient. Sometimes it is just a time for offering a shoulder to cry on!

In a study done in Italy by Magnani, Di Lorenze, Bari, Pozzi, Del Giovane, and Ferri (2014:56) the researchers found evidence of units where student teaching and learning is very important, but also stated that there are units where student teaching and learning is low on the priority list of the professional nurse. In these units students are usually seen simply as an additional worker. This situation creates a feeling of dissatisfaction among students and no learning will take place. Magnani et al (2014:56) stated that the only person, who can improve clinical supervision in the hospital unit, is the unit manager/professional nurse. A positive ward atmosphere or positive learning environment is crucial for learning to take place and it is the responsibility of the professional nurse to take the lead in demonstrating availability to students for learning and teaching purposes so that her team will follow her example. The availability of the professional nurse as role model will lead to students and staff in the unit becoming similarly skilled and motivated professionals (Magnani et al 2014:59).

4.3.3.2 Developmental conversations

The concept of developmental conversations produced interesting responses from participants when they expressed the need for supervision by the professional in the form of “looking over the students shoulder” but not for the purpose of catching them out when doing something wrong but rather to teach them how to do it right. Developmental conversations with the professional nurse can occur during induction when teachable moments are identified as opportunities to impart knowledge. Teachable moments refer to a situation or issues as they arise and to which the professional nurse immediately responds without the student having to wait or to ask somebody else what has happened. Using teachable moments to have developmental conversations will enhance the learning experience for students as long as they are not used to “put the student on the spot” as claimed by participants. Successful developmental conversations require good people skills especially since not all conversations will be easy and straightforward and because not all students act, progress or experience learning in the clinical environment in the same way. Professional nurses must have the sensitivity to read the situation correctly and to act appropriately – the perception being
that they could “either make or break a student nurse”. Developmental conversations also involve sharing of opinions in the group with meaningful discussions and conversations leading to development of communication skills, problem-solving abilities and also serving also as motivation for learning (Yoo & Park 2015:170). Professional nurses must see these conversations as the transfer of knowledge and skills between the supervisor and the student. By having developmental conversations with students a positive relationship can be established where the professional nurse is able to give honest and direct feedback on student progress and developing competence. A constructive conversation will promote positive acceptance of feedback because of the non-threatening environment in which students perceive their learning and professional development to be as important to the professional nurse as it is for the student him or herself. In their writings, participants indicated a strong desire for constructive criticism, either positive or negative – but that it should be given in private.

In contrast to their own experiences and looking to their own future as professional nurses, the drawings made by the participants symbolised their belief in the often stated premise of, “what you put in is what you get out”. The profession will benefit through a commitment to providing good education and developing students. This is especially important since participants acknowledged their novice status in the profession, who need support while learning routines and procedures when placed in the clinical learning environment. The inherent advantage for professional nurses who provide student support and guidance is that students may become the nurses they want them to be and that when they become professional nurses will portray the characteristics of selflessness, kindness, togetherness, non-bias, confidentiality, trustworthiness, in a non-judgmental, accommodating and student orientated environment.

4.4 THEME 3: FACTORS RELATED TO THE TEACHING AND LEARNING ENVIRONMENT

Clinical experiences expose students to the realities of nursing and although these experiences can sometimes be good and sometimes bad, clinical experiences have been shown to provide real opportunities to see how professional nurses demonstrate empathy and compassion through communication and care. Opportunities to learn from experienced and competent nurses expose students to effective clinical practices that can enhance their own professional development, confidence and competence.
4.4.1 Learning climate

“A positive, caring, respectful climate in the learning environment is a prior condition to learning” (Hattie 2011:1). According to Billings and Halstead (2012:311), “a clinical learning environment is an interactive network of forces within the clinical setting that influences students’ clinical learning outcomes and learning climate is an environment where all students feel accepted and supported and teaching and learning can be enhanced”. When students participate in their own learning processes they learn to recognise and understand and how to apply new learning in different ways. In the clinical learning environment opportunities occur for students to learn how to integrate theory and practice and being socialised into the nursing profession.

4.4.1.1 Positive and negative learning environment

Positive and negative learning environments refer to factors that can influence students’ learnings and experiences negatively or positively in a unit. Chuan and Barnett (2012:192) reported that a positive clinical learning environment produces positive learning outcomes and a negative clinical learning environment produces negative learning outcomes. In the current study the participants expressed the need to experience a positive learning environment which is non-threatening; this will enable them to “build up their confidence by building up their skills”. A supportive clinical learning environment is very important for the development of students’ nursing knowledge and skills, their professional socialisation and in their development of confidence, job satisfaction and preparedness for practice (Chuan & Barnett 2012:192). The professional nurse, as the unit manager, underestimates her contribution towards creating a positive learning environment. If the professional nurses’ attitude in the unit towards teaching and learning is negative it will influence her staff. Students will have difficulty in achieving learning outcomes and little professional development will occur during that specific clinical placement. Magnani et al (2014:59) refer to the importance of establishing and implementing a positive culture in the unit where the students experience favourable attitudes from staff towards their learning needs. In an environment where students experience a positive atmosphere, learn professional skills and receive quality teaching, their overall perspective of the learning environment will be positive and will they experience clinical learning and professional development.
Magnani et al (2014:56) stated that for the development of clinical and professional skills of a student it is essential to create an atmosphere with good staff relations, mutual fairness, loyalty, clarity and honesty. It is important therefore for professional nurses to view students as students and not permanent or additional workers and to allow them time to use learning opportunities to meet their expected learning outcomes. Studies reported that in units where students’ training is a low priority, teaching and learning will not take place and such an environment is not suitable for clinical placement (Magnani et al 2014:56; Ranse & Grealish 2006:173). In a positive learning environment there will be tolerance towards students where mistakes will be considered as part of the learning process.

This study brought to light participants’ views that if professional nurses would accept the idea that in certain situations they were wrong and the students’ right, the behaviour would signal emotional maturity expected from professional nurses. This view was beautifully expressed in a quote by Winston Churchill who said “I am always ready to learn although I do not always like being taught” and in the commonly heard cliché, “you are never too old to learn”. Chuan and Barnett (2012:193) reported that students experienced a higher level of satisfaction in the clinical environment where they are treated with respect, have effective mentors, receive constructive feedback on performance and are seen as part of the clinical team. In the same study they found that enthusiasm for learning and being provided with opportunities to demonstrate initiative also contributes to a positive learning experience. To really ensure a positive learning environment, the professional nurse must create a unit atmosphere of cooperation, positive attitude, high morale and friendliness of the staff where good interpersonal relationships can be witnessed. Participants expressed the simplicity of their needs by saying “they only want to be greeted with a smile when they come on duty and to experience friendliness”. They believe that a willingness by professional nurses to help students leads to an environment which is student orientated and accommodating thereby increasing student learning.

Recent economic developments leading to an increased awareness of cost-effectiveness and cost-cutting initiatives pose a threat to holistic training of nursing students. The threat of reducing nursing staff in hospital units impacts on the dynamics in learning environments as became evident in the hospitals in which participants in this study were placed. The environment and student experiences do not appear to have
been as positive as they anticipated. They identified the factors responsible for negative learning environments as the reduced time that professional nurses have for students, the perception that they are always in a rush, they are not objective towards students and do not consider the students' input in the daily ward routine. Chuan and Barnett (2012:195) refer to busy wards and staffs' unfriendly attitude that compromise students' opportunities to learn and lead to the students' frustration of not being able to gain more knowledge and skills. Papathanasiou, Tsarasm and Sarafis (2014:58) stated that student nurses “need to be trained as effectively as possible in a real-time clinical environment, and gain theoretical and practical knowledge in an interpersonal way, where the synergy of academic values and professional realities is a new fundamental”.

One of the findings made in a study by Papathanasiou et al (2014:59) was that there was no correlation between a preferred clinical learning environment and the one that was actually in situ. Participants in the current study perceived that they are always blamed when things go wrong in the unit because they are the new comers and do not know the routine, policies and procedures. Playing the blaming game leads to a learning environment in which the atmosphere makes students feel that they are being isolated from the team. In the current study it was evident that students’ need a positive environment where they can experience satisfaction, individualisation and innovation; they need to be treated in accordance with their abilities and interest.

The current study found that clinical opportunities were forfeited in busy units where students have to complete tasks rather than engage in learning opportunities to meet learning needs. More complex activities that students could have done were executed by the professional nurses to save time. Such practices result in students taking short-cuts to complete their tasks quickly. In doing so, opportunities which would have allowed the student to learn a more advanced skill were missed. The lack of staff commitment to teaching and learning and poor staff relationships is a major constraint to student learning and could lead to a negative perception held by students of the clinical learning environment and ultimately, resignation – something that can be ill afforded in a global nursing shortage. In 1996 Dunn and Hansford (1302) reported that it is the nurse manager’s responsibility to ensure a positive learning environment by valuing the student as a learner and by participating in the student’s teaching and learning process. Now, nearly twenty years later, Carlson and Idvall (2014:1130) state that the quality of the clinical learning environment and all the human and non-human
interactions directly impact on what students learn in clinical practice and on their career intentions.

In this study cultural diversity was also found to influence the learning environment. Implicit in their notes was the request by participants for cultural sensitivity by professional nurses, although they did acknowledge that it should work both ways – it should be mutual – from the bottom up and vice versa. Cultural sensitivity in the clinical environment refers to the awareness that nurses have of the cultural differences and similarities that exist and that have an effect on values, learning and behaviour. Simply explained, one must be aware that people are not all the same and that there is an acknowledgement by all that one’s own culture is not superior to any other culture. Cultural sensitivity implies that all groups understand and respect each other’s characteristics. This is sometimes a challenge and even more so in large corporations where the dominant culture is the one that employees are expected to adopt. Cultural sensitivity and understanding of another ethnic group is essential, especially in an environment consisting of people of a number of different backgrounds; and it usually involves internal changes in terms of attitudes and values. Awareness and sensitivity also refer to the qualities of openness and flexibility that people develop in relation to others. One can never learn everything about another culture; however, it is possible to develop mutual cultural awareness. Factors that can influence cultural awareness between sub-cultures are goals, resources, perceptions, expectations and roles. The individual may expect responses to certain gestures and situations that would have been fully acknowledged within his/her own cultural environment yet may not be acknowledged beyond their own cultural group (Bell 2013:138). These are factors to which the professional nurse must be sensitive and must accommodate.

In their notes, participants expressed their need to spend time with professional nurses during which they would listen, give advice, be willing to take advice without prejudice from students. During placement in the clinical learning environment it is essential that time is allocated for students to acquire knowledge and skills specific to the unit. The dynamic nature of the profession implies that learnings will differ from unit to unit. An environment in which there is meaningful interaction with colleagues and peers contributes to a feeling of being supported, shaped and guided in their journey towards professionalism and serves as a powerful channel for learning anything as simple as
the most basic procedure to clinical reasoning and problem-solving skills (Ajjawi & Higgs 2008:143).

4.4.2 Culture of learning

The learning climate/culture in the unit is established by a team and is the determinant factor in the student’s leaning opportunities and professional growth. To establish and maintain a culture of learning, a nursing education institution needs the help and support of all involved in the training of nurses. More so in the clinical learning environment as the professional nurse is overwhelmed with so many demands from many different people. Establishing a culture of learning will promote the transmission of scientific, theoretical and clinical knowledge which can be shared by all role-players. Today, knowledge-sharing is widely held to be inherently necessary and “willingness to share” is positively related to good leadership, role modeling and an increase in competency (Hood et al 2014:117).

4.4.2.1 Support learning and development

The creation of an environment in which students are supported in the achievement of their learning outcomes is vitally important. In a study by Severinsson and Sand (2010:675) it was found that the unit manager is responsible for creating a ward culture in which the staff supports the students' learning needs. However, the realities of the culture in the workplace must not be underestimated. Instances of negative interactions between staff and students, misunderstanding and conflict of work values and work ethics do occur. Resolution of misunderstandings will depend on the culture in the unit – an actively supporting attitude from the professional nurse and expert guidance will assist students in situations where they must make professional decisions. In such an environment students will have the frankness to request professional nurses to make time for them and to assist them in achieving their learning outcomes.

An important aspect for consideration is that feedback on clinical performance (assessment) and professional socialisation is essential for learning to take place in a unit. Students require constructive feedback to be able to learn from successes and mistakes. Dubi, Becker and Tekian (2015:534) reported on dissatisfaction of assessment methods and the lack of feedback to students after written or practical
examination. The staff did not consider feedback as part of the learning process. In this particular study (Dubi et al 2015:534) it was evident that the educational environment was not supportive, the morale of students was low and the absence of constructive feedback caused students to lack confidence in their competence and knowledge. The researchers held a workshop where the importance of constructive feedback was discussed and the importance of feedback explained. Feedback received after the workshop was that students’ satisfaction and motivation to perform improved and so their confidence and clinical skills. In the current study participants acknowledged that they would probably make mistakes from time to time but requested that confidentiality and privacy be considered when giving feedback, whether positive or negative as this would help them grow and correct their mistakes.

The working culture influences the students’ learning of professional practice which includes clinical reasoning skills, problem-solving skills and professional development. A knowledge-sharing culture (Hood et al 2014:117) where people share openly, where there is a willingness to teach, where ideas can be freely challenged and where knowledge gained from other sources used, is the ideal environment where learning will take place. Student nurses do not always understand the powerful influence the workplace culture has on learning, how the specific culture of learning established in a unit can enable them to adopt a critical and reflective attitude to the activities of their workplace and that can encourage and motivate them to be strategic in their learning and development. A unit in which the professional nurse has established an environment with an open and questioning attitude by the different role players promotes knowledge and eliminates the taken-for-granted assumptions of the workplace culture and this may lead to better informed decision-making. The hospitals in which participants in this study were placed were perceived as lacking in terms of an established learning culture, where staff work in isolation and where no learning takes place. They reported problematic experiences in achieving their clinical outcomes and that frequent requests from students for assistance to learn from their experiences in the unit they were ignored. Chuan et al (2012:192) reported that a supportive clinical learning environment and where a culture of learning is established, is important not only for the development of student nurses’ knowledge and skills but also for their professional socialisation into the nursing profession. Chuan et al (2012:193) refer to the appreciation of student nurses for the advice and “know how” of the more senior students to whom they can relate more easily. Junior students sometimes overlook the
importance and influence senior students can have on their training during their clinical placement. This highlighted the participants’ needs for professional nurses to assess their clinical learning needs, to assist them to set goals and to develop action plans to ensure that they are met.

To support student learning and development is to allocate tasks that are within their scope of practice for students to practice. In a study done by Williamson, Callaghan, Whittlesea and Heath (2010:832) the question was posed to the staff on the benefit of student placement in their unit where the feedback was positive from the unit staff in the sense of it being “tangible support to the staff but it also enhances the staffs’ knowledge”. While recognising the advantage of having students in a unit where a culture of learning can be established it is also important to consider that task allocation may be limited due to the stage of learning and that allocations can only be made in terms of the legal framework within which student nurses may practise. This will, however, enhance their sensitivities towards the requirement that they practise within their scope to achieve their programme outcomes (SANC 1991: Regulation R.2598, Section 2).

Professional nurses as role models are expected to promote the well-being of people entrusted to them. This makes teaching and learning in the clinical environment more than simply teaching physical nursing tasks. It is also concerned with students’ professional development. As the future of the nursing profession students need to have role models in practice that will not only teach nursing skills to ensure competence, problem-solving and critical thinking but also the skills that will allow professional socialisation, thereby enabling students to conduct themselves in the profession. They must learn the necessary skills to work within the multi-disciplinary team.

Struksnes, Engelien, Bogsti, Moen, Nordhagen, Solvik and Arvidsson (2012:83) are of the opinion that all professional nurses have a legal and professional responsibility to help and support nursing students in developing competencies in the clinical setting. They refer to the importance of a one-to-one relationship with students and professional nurses in the clinical environment to ensure students’ learning and professional development in clinical practice. Watkins, Roos and Van der Walt (2011:6) reported that professional nurses as role models are meant to motivate and guide the student nurses in the clinical environment to achieve learning outcomes and to ensure that learning has
taken place. If a culture of learning is instilled in unit staff, students would not have to request, as made evident in their notes – “take me with on doctors rounds even if I am busy – call me the experience may be lost forever”. This kind of support will be the norm when staff is aware of their collective responsibility towards students during clinical placement.

4.4.2.2 Continuous development of professional nurses

In this study it became evident that participants expected professional nurses to continue with their own professional development and remain competent in their field of nursing. Geyer (2013:106) defined continuous professional development as “a range of learning activities through which health professionals maintain competence and develop their careers to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice”. Participants in the current study expected to learn more from the professional nurse and were inspired by her/his example and knowledge. In their view, professional nurses must keep abreast of new developments in the nursing profession which includes developments in nursing education.

Frankel (2008:23) found that establishing a culture based on continual learning through support and best-practice methods will empower and motivate staff to adopt a frame of mind embracing the continuation of their own learnings. This is congruent with a study done by Wilmoth and Shapiro (2014:333) in which it was found that continuous development of professionals occurs through a balanced approach, including institutional schooling, self-development, realistic training and professional experience. The profession of nursing must be intentional in developing nurses as leaders because they can be a force in shaping healthcare but this can only happen if development occurs continually at all levels. The participants’ desire for this attitude to be inherent in all staff involved in nursing education was expressed through the words, “your success encourages me to develop myself – I look up to you, you inspire me”.

Newly appointed professional nurses must realise that along with the accumulation of new experiences responsibilities increase and they must make sure their knowledge is current and relevant. The successes achieved by professional nurses motivate participants as was reflected in the note, “one day I would like to be like her or one day I will also achieve what she had achieved”. The professional nurse provides an avenue of
continuing professional development by introducing students and newly qualified staff to new sources of information.

According to a statement by the International Council of Nurses (ICN), professional nurses have a “responsibility to promote professional growth and development, so that nurses remain competent within the context of rapidly changing patient needs, technological advancement and systems redesign”. Continuing competence is defined as “the on-going ability of a nurse to integrate and apply the knowledge, skills, judgments and personal attributes required to practice safely and ethically in a designated role and setting” (ICN Position Statement 2006). Although regulations have not yet been promulgated, continuing professional development in South Africa is set to become a legal requirement and renewal of annual licence to practise will depend on an annual declaration of credits earned for continuing professional development.

A research study done by Zilembo and Monterosso (2008:196) found that professional nurses experienced an intrinsic reward such as increasing their own knowledge and the satisfaction of teaching. By increasing their own knowledge through self-development the professional nurse also grows professionally and personally leading to increasing emotional maturity and clinical competence. An emotionally mature professional nurse has already proved him/herself in the profession and will be able to transfer what they have learned to others who need that knowledge. In short, a culture of learning and knowledge-sharing goes deeper than superficial individual behaviours. It captures the hearts and minds of the people in the unit. Therefore the statement made by Hader (2007:6) that “a leader who works to ingrain a culture of learning that celebrates and recognises excellence amongst his/her staff will develop an attitude of quality nursing care”.

4.4.3 Theory-practice gap

Theory is defined as a “set of statements or principles devised to explain a group of facts or phenomena, especially one that has been repeatedly tested or is widely accepted and can be used to make predictions about natural phenomena” (Ajani & Moez 2011:3927). Practice is defined as the “act or the process of doing something; performance or action” (Ajani & Moez 2011:3927). In terms of a professional programme in nursing these two concepts must enable the application of “applying the
theory into practice” (Ajani & Moez 2011:3927). The challenge in nursing education is how to bridge the theory-practice gap experienced by students as it is an international problem (Dadgaran et al 2012:1713; Hatlevik 2011:868; Kellehear 2014:141; Saifan et al 2015:62) and one for which educators strive to find a solution. Students experience confusion because of the discrepancy between what is taught in the classroom and what is actually being implemented in the clinical environment.

4.4.3.1 Integration of theory and practice

Theory-practice integration relates to the manner in which theoretical knowledge learned in the classroom is applied in practice and vice versa. The perception of participants in the current study was that professional nurses do not know what is being taught in theory. This problem is widely experienced and addressed in literature. Ajani and Moez (2011:3928) refer to “long-standing” history in nurse education of tension between theory and practice. The main disadvantaged group affected by this situation is the nursing students; they are in the middle of this acute problem and are torn between the demands of the requirements of the nursing education institution and clinical practice.

The fact that professional nurses are required to assist students to achieve their clinical outcomes but are not cognisant of the related theoretical content is often evident. Although units in the hospitals in which participants in this study are placed, are provided with learner guides outlining content, they serve no value because the professional nurse does not acquaint him/herself with the content. Clinical learning outcomes are structured in such a way that they contain theoretical knowledge that must be applied in practice. Although the importance of both theoretical knowledge and practical skills has always been advocated by nursing education institutions, not everybody involved in nursing education has embraced its significance. Reasons for this are multiple!

Participants commented that senior professional nurses do not like being asked questions; they think the students are being cheeky or wanting to test them. The younger generation of professional nurses is regarded by participants as being more helpful and knowledgeable. In a study done by Hoare et al (2012:92) the reciprocal or joint role modeling concept was described. The current study described the relationship
between an older professional nurse and a newly qualified nurse as discussed in paragraph 4.2.1.1 where the two generations met each other half way by accepting reciprocal role modeling behaviours. They communicated and acknowledged their lack of experiences and agreed to assist one another.

In this study it was found that professional nurses experience confusion regarding clinical teaching and learning needs of students. Also perceived by participants is that they themselves experience a gap between theory and practice. Education strives to close the gap between knowledge in the classroom and practice in the clinical learning environment but without success. Dunn and Hansford (1996:1302) already described how poor staff relationships and lack of commitment to students’ learning presented a major constraint to student learning and it was recommended that collaboration between the nursing education institutions and the healthcare sector improve, to meet the learning needs of students. Carlson, Kotzé and Van Rooyen (2003:31) describe the discrepancy between what is being taught in the classroom and what is practised in the clinical learning environment. These discrepancies lead to confusion and conflict amongst the students because they are scolded and reprimanded for doing a procedure the way they were taught in the classroom. Newton, Henderson, Jolly and Greaves (2015:93) reported that students preferred the method of learning best by “doing it”. The students stated that theoretical learning is “one thing but being engaged in the activities” is what they prefer (Newton et al 2015:93).

The professional development of students is an important aspect of their growth. Professional socialisation is the process by which “a person acquires the skills, knowledge and identity that are characteristic of a member of the profession and it involves an internalisation of the values and norms of the group into the persons’ own behaviour and self-conception” (Curtis et al 2012:791). Curtis et al (2012:791) also report that students do experience two versions of nursing, “one in the classroom and one in practice”. This experience creates confusion and a lack of commitment to either the side of theory or practice. Theory-practice gap is real and happens. Effective socialisation of students is important to prevent attrition and retain students as future professionals.

The theory-practice gap is not just a concern for teaching and learning of students and how to overcome confusion and discrepancies but also influences the dignity of the
profession. The consequences of professional nurses who do not demonstrate theoretical knowledge and clinical skills can be damaging to the professional status and image of nursing (Ajani & Moez 2011:3928). Another reason for the theory-practice gap is the communication between the education institutions and clinical practice. Students who participated in this study commented on the poor communication between the college and the hospital, maintaining that clinical practice is not well-enough informed on theoretical as well as clinical outcomes. Researchers (Andrews et al 2006:861; Chuan & Barnett 2012:193; Williamson et al 2010:833) agreed that a stronger communication link between the nursing education institutions and clinical practice is essential. Communication must improve between nurse educators, clinical training specialists, mentors, unit managers and all responsible for nurse education. Emanual and Pryce-Miller (2013:19) stated “to provide students with a positive learning experience, higher education institutions and clinical practice need to have a robust partnership with clear expectations on both sides so that issues within the practice setting can be addressed”. The participants in the current study expressed their concern that clinical training specialists and unit staff are often unaware of the learning outcome requirements of the different nursing programmes. According to Parks, Longsworth and Espadas (2010:9), nursing education is the responsibility of many stakeholders and requires participatory review and discussions regarding the changing nursing education environment. This statement is relevant in South Africa today since SANC is about to embark on a new journey with the amended National Qualifications Framework (NQF) and the commencement of new nursing programmes. In the South African context all role players involved in nursing education will have the opportunity to develop a nursing education curriculum in which theory and practice can be integrated. This may resolve the theory-practice gap and teaching will involve more than imparting a collection of facts to include means of enabling students to apply those facts in the clinical setting where the professional nurse supports and develops the student to become the comprehensively trained nurse needed in healthcare.

4.4.3.2 Clinical accompaniment

Clinical accompaniment refers to a structured process implemented by a nursing education institution to facilitate assistance and support to the students by the nurse educators and clinical staff at the clinical facility to ensure the achievement of the programme outcomes, Regulation R.683 (SANC 1989: Regulation R.683, Section 7). In
the perception of participants in this study there is no time for clinical accompaniment in the units; they must do the work, and do not receive any guidance from staff in the units. In spite of the boldness of their statements this view was shared by students from two separate learning centres. Participants felt that although clinical accompaniment hours are scheduled they are not used when there is not enough staff or time for clinical accompaniment. Clinical accompaniment and structured individual time for students is planned by the clinical facilitator and is seen as the time for students to learn to perform skills related to patient needs and for their competency and progress to be assessed and documented. Carlson et al (2003:36) refer to clinical accompaniment as “time where students are exposed to specific clinical learning opportunities with the aim of developing nursing skills”. They found in the study that students were being used during this time to perform non-nursing activities thereby preventing them from developing the necessary nursing skills. Although this research was conducted as early as 2003 the problem is still evident. Puppe and Neal (2014:1) revealed that assumptions are being made of clinical training specialists who are prepared to take on the role as clinical training specialist, although they have not had any formal training to fulfill this responsibility.

D’Souza, Venkatesaperumal, Radhakrishnan and Balachandran (2013:28) refer to good practices in clinical education as practices that “encourage student-faculty contact, develop reciprocity and cooperation among students, encourage active learning, provide students with prompt feedback, emphasize time on task, communicate high expectations and respect diverse talents and ways of knowing”. Research seems to suggest that the theory-practice gap is globally experienced by all nurses and inevitably leads to student nurses who find themselves in the midst of the theory-practice void.

Participants voiced their intention of never forgetting where they came from when they become professional nurses and will remember they were also once students. Participants expressed their intention to “come up for students in the clinical learning environment and support them in doing procedures right, the first time and always”. The clock drawn by participants in the conversations is self-explanatory – students need time to spend with professional nurses to guide them and to transfer the knowledge they have acquired to students. Teamwork was emphasised and valued as expressed by the note, “every member has to work together to meet the patients’ needs” and the aim of improving patient outcomes was a common goal. The importance of building up
students’ confidence by building skills, giving praise where appropriate, listening to students, being fair and available and keeping own knowledge updated, was taken seriously as desirable attributes identified by participants.

The desire by participants to be role models in the future, the need to be supportive to students was symbolised in the sketch of the blue skies with the words, “the sky is the limit” indicating willingness to embrace opportunities to support students, teach them skills and play a part in their professional and personal development. In an article published in the Headlines from the National League of Nurses (NLN) (Larson 2013:138) it was recorded that students do have a vision of how they expect to be as a professional nurse. Students commence their nurse training and through evolvement and progression of the training process it is expected that he/she learns to demonstrate professionalism and a dedication to the professional values, scientific knowledge and skills and the ethics which are all part of nursing.

4.5 CONCLUSION

Chapter 4 presented a discussion on the perceptions of students of professional nurses as role models in the clinical learning environment. Findings were supported with literature where applicable. Themes identified and discussed were the factors related to the professionalism of professional nurses, the need for student support and factors related to the teaching and learning environment. The students described their perceptions of the role, characteristics and contribution of the professional nurse as role model.

Chapter 5 will discuss the conclusions, recommendations and limitations of the study.
CHAPTER 5

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

5.1 INTRODUCTION

In Chapter 4, the researcher discussed the findings integrated with referred literature. In this chapter, the researcher concludes the study by discussing the findings in relation to the objectives that were set and the limitations of the study. The researcher also reports on the significance of the study and finally, makes recommendations for further research.

5.2 SUMMARY OF THE METHODOLOGY

An integrated summary and interpretation of a study conducted at two campuses of a private nursing education institution situated in one of the nine provinces in South Africa is presented. An exploratory-descriptive qualitative approach was adopted. Two “World Café” conversation focus groups were conducted to collect the data. Thirty subjects participated in each “World Café” conversation. After two sessions data saturation was reached. Themes and categories were identified and analysed from the collected data. “World Café” conversations are a consensus seeking process. Data collected during the sessions were validated by using experienced researchers, one to conduct the validation session after each of the “World Café” conversations and the scribe who validated the themes and categories identified.

The “World Café” conversation as a data collection method was applicable to this study given the nature of the population. Because the majority of the participants were of the younger generation, the creative nature of the “World Café” conversations was regarded as suitable. The method proved to be relevant in view of the active participation and richness of the data obtained. Subjects enjoyed the interactive participation and commented on the positive experience of being part of the study. The creativity expressed by the participants was astonishing (Annexure H). The researcher found the method exciting, creative and applicable.
5.3 CONCLUSIONS

In order to address the purpose of the study, the findings were concluded in terms of the objectives. The themes identified in the study were the professionalism of the professional nurses, need for student support and factors relating to the teaching and learning environment.

5.3.1 Objective 1: Explore the perceptions students have of professional nurses as role models in the clinical learning environment

The first objective focussed on the perceptions students have of professional nurses as role models in the clinical learning environment.

Students need role models who will fulfill a professional role and portray a professional image. A professional image includes attitudes and behaviours such as a positive approach, good interpersonal skills, high self-esteem and self-confidence, honesty, trustworthiness, reliability, respect, fairness, autonomy, energy and clinical competence. Students will be able to imitate these behaviours from more than one person they admire and with time they will adopt these behaviours and attitudes for themselves.

While there are some good role models in the clinical environment, there are also poor role models. Such role models portray behaviours and attitudes of dishonesty, negativity and unfairness.

Students have difficulty in imagining classroom educators as role models in the clinical learning environment because academic staff is seen by the participants to be nurses lacking in clinical competencies and ability to function in clinical practice.

Instilling the values of the profession, namely integrity, autonomy, altruism and clinical competence is important. Role modeling professional values such as empathy, professional loyalty and human dignity is not only the professional nurses’ responsibility but is a responsibility of the entire professional team and seeking the truth and integrity is crucial in developing and building a resilient, competent and professional nursing workforce.
In the South African context, integrating personal and professional values is difficult because of cultural diversity and value systems. The professional nurse plays an integral role in bringing the two together by supporting and guiding student nurses during the internalisation of professional values (Parandeh et al 2015:291). The importance of the professional nurse acting as a role model and demonstrating the integration of professional and personal values in the clinical setting cannot be underestimated. The professional nurse must guide students during experiences where they have difficulty in aligning or integrating the values of their new profession.

Cultural diversity coupled with eleven official languages in South Africa, presents an additional challenge in that people are educated in a language that is not necessarily their first language. Not all professional nurses consider this when communicating with students and this can result in misunderstanding and resentment especially if the perception is that there is a lack of empathy – as evidenced by the participants when they remarked that “it was not always about what was being said but how it was being said.”

As role models, professional nurses are expected to exhibit qualities of leadership, the desire for lifelong learning and the ability to support students in the clinical learning environment. They must lead by example, must be approachable and must create an accommodating environment in which students are inspired to ask questions (Scully 2010:96). Support by professional nurses allows students to experience a sense of being valued and belonging. The participants stated that they do not feel accepted as part of the team, as they are “not allowed” to make mistakes.

Unprofessional behaviours such as dishonesty, unreliability and continually delegating work to others instead of doing it themselves occur in units. Professional nurses delegate work outside the scope of practice of students and other categories of nurses.

Professional nurses are expected to remain updated with new advances in nursing so that their knowledge can be imparted to students and to do this, the professional nurse would have to embark on a journey of lifelong learning, as supported by Andrew (2012:162). The example set by professionals motivates students to continue with their own professional development throughout their nursing careers.
From the findings it was evident that a professional image is important and depends on how members of the profession portray their physical image. Attire as well as how the professional nurse presents him- or herself to the public and staff matters. The physical image includes factors such as good posture, head held high, brisk walk and shoulders drawn back. The manner in which professional nurses wear their uniforms and present themselves not only contributes to their self-confidence but poses reassurance to patients and staff on their clinical competencies. It also paints a picture of their professionalism and attitude towards their profession (Shaw & Timmons 2010:21). This study concluded that professional nurses do not always meet requirements seen to portray a positive professional image towards the public. This conclusion is consistent with the findings of a study by Oosthuizen (2012:49). The conclusion drawn was that participants will continue to practice the behaviours they believe are important because they placed value on those behaviours. Professional nurses need to know what behaviours are important to the students, to consciously observe whether the behaviours are being practiced, and to reward the students appropriately for their performance.

5.3.2 Objective 2: Determine the role that role models could play in the professional development process of students in the clinical learning environment

The second objective focused on what role professional nurses as role models could play in the professional development of students in the clinical learning environment. The theme identified from the data to address the second objective was the need for student support and will be discussed according to the need for mentorship, team work and clinical supervision. The findings related to this objective are concluded in this section.

Embarking on nursing as a career is challenging and students need support whilst undertaking clinical experiences. Providing support is an important function for both nurse educators and clinical practitioners. Characteristics of a good mentor that were identified were to be supportive, to give guidance, to teach and to have a concern with and have the students’ interests at heart. A good mentor is someone with whom students can build relationships (Houghton 2014:2370). Mentors play an important role in the learning process and a good relationship is fundamental. From this study it was
clear that the mentor must motivate, support and understand students, must be patient and able to encourage students and praise when appropriate. Mentors, who demonstrate qualities of leadership behaviours with which a student can identify, will be beneficial for their exposure to learning opportunities, professional socialisation and orientation into the culture of nursing. Participants reported negative experiences such as being seen as a nuisance, being treated with impatience and frustration and being made to feel that responsibility for supporting them is difficult for professional nurses. Del Prato (2013:288) describes practices of demeaning experiences which prevented students from believing in their own abilities to learn and to grow into the nursing profession. According to the participants the professional nurses saw them as permanent workers and not students with training needs because professional nurses do not see education of students as part of their professional role. Park et al (2015:300) describe active participation of students with team members as an important factor leading to the development of logical learning and effective problem-solving and interpersonal skills. The current study found that the importance of professional nurses as team leaders in the clinical environment cannot be overestimated. They are the leaders who share their knowledge, are open to challenges and to be challenged, create environments of learning where participants are accepted as members of the team. Participants want to be involved in role taking activities where they acquaint themselves with hospital and unit specific learnings and are able to meet their learning outcomes. However, unacceptable behaviours such as criticism, side-lining, alienating and shouting at students, are common demeaning behaviours in hospital units.

There is a need for supervision and developmental conversations between professional nurses and students. The availability of professional nurses for students is critical, a need which was also found in work done by Magnani et al (2014:59). Students need a person to teach and assist them during their everyday performance to ensure their personal and professional development.

In a study done by Yoo and Park (2015:170), they found that developmental conversations could be used as a means of transferring knowledge and skills to the student. The need for establishing positive relationships as a means by which the professional nurse could give honest and direct feedback to students on their progress and competencies was identified. Students will accept feedback, positive or negative, as long as privacy is maintained and the feedback is given in a non-threatening
environment where learning and professional development is as important for the professional nurse as it is for the students themselves.

5.3.3 Objective 3: Make recommendations that could enhance the value of role models in the clinical learning environment in student nurses’ professional development process

By meeting objectives 1 and 2 the researcher was able to reach objective 3. The recommendations that could enhance the value of role models in the clinical learning environment during the students’ professional development process were made based on all the findings.

The conclusion reached was that the participants need a positive clinical learning environment. It was concluded that the professional nurse must create a non-threatening environment where participants could develop their confidence through developing clinical skills. They need to experience a learning environment in which an atmosphere of cooperation, positive attitude, high morale and friendliness amongst the staff, where everybody is willing to help, prevails (Magnani et al 2014:56). Instead of being criticised, the participants stated they need to be encouraged to do the right thing; to be given a second chance while learning. Professional nurses demonstrate poor support to students through their unwillingness to spent time with students, impatience - always rushed, and reluctance to consider students’ input in daily ward routines. Staff lacked commitment to teaching and learning. Poor staff relations are a major constraint to students’ learning and leads to negative perceptions of the clinical learning environment by students. The lack of commitment by professional nurses to create a positive learning environment and provide support to students resulted in students’ statements expressing loss of trust and leaving the profession after completion of training; something the profession cannot afford in a climate of increasing nursing staff shortages.

One could argue that to instill a learning culture students needed professional nurses’ willingness to share their knowledge with participants (Hood et al 2014:117). There is no specific time scheduled to facilitate learning of procedures and specific skills with which students needed help. Students look up to professional nurses; they want to learn from professional nurses’ experiences and want to be exposed to everything.
Students in this study expect professional nurses to continue with their own development and to remain competent through lifelong learning. They were inspired by professional nurses’ examples and knowledge; their successes encouraged them to develop themselves – they look up to them, they inspire them; and one day they would like to be like him/her or to achieve what professional nurses have achieved.

Professional nurses are perceived as lacking knowledge of what is being taught in theory. This results in confusion because of the discrepancy between what is taught in the classroom and what is actually being implemented in the clinical environment. This view is also held by Dunn and Hansford (1996:1302), Carlson and Idvall (2014:31) and Ajani and Moez (2011:3928) when they found that discrepancies between nursing education institutions and clinical practice regarding theory learned and the application thereof in practice leads to confusion and conflict in the clinical learning environment. In the current study it was concluded that poor communication structures exist between the nursing education institutions and clinical practice. Clinical practice was not well enough informed on theoretical content or clinical outcomes of the various nursing programmes for which students were placed in units.

Clinical accompaniment was found to be a concern since no time for it is scheduled. Precedence is given to work that must be done in the units and students do not receive guidance from staff. Even when clinical accompaniment hours are scheduled, if there is not enough staff on duty clinical accompaniment hours are cancelled. This is a concern because the requirement for clinical accompaniment (a structured process to facilitate assistance and support to students by nurse educators and clinical staff to ensure the achievement of programme outcomes) is stipulated by SANC (SANC 2013: Regulation 173, Section (1)). Clinical accompaniment as stated by Carlson et al (2003:36) is where the students must be exposed to specific clinical learning opportunities to develop nursing skills.

A significant conclusion drawn regarding student support in the clinical learning environment was elicited from the question that addressed the participants’ role in supporting students when they become professional nurses and role models. They agreed that the responsibility for student training must be accepted as a function of the professional nurse and that it should be recognised that investing in the student of today will reap a well-trained, competent nurse of tomorrow. The participants were very
idealistic when they explained how they would one day (when they are professional nurses) support students. Their intentions were clear when they noted that they would portray characteristics of selflessness, kindness, togetherness, non-bias, non-judgmental, trustworthy, confidentiality and a willingness to create an accommodative environment. They gave assurance that they will listen and speak to students with respect and time will be allocated for clinical teaching. Participants agreed that they will one day assist students to grow in confidence by developing their skills, giving praise when appropriate, being knowledgeable and education oriented. These sentiments led to the conclusion that the participants as future professional nurses would hopefully ensure practices of mutual and respectful relationships between students and staff in the clinical learning environment to ensure that in education “the sky is the limit”.

Images sketched by participants in this study and the descriptions that accompanied them provided a clear view of how they want to portray themselves as professional nurses, how they will demonstrate professionalism and dedication to professional values, scientific knowledge and skills and ethics of the profession in future.

The study provided sufficient evidence to conclude that professional nurses as role models play an integral part in the clinical learning environment and this is seen as an essential component in the preparation of student nurses to become professionals.

5.4 RECOMMENDATIONS

The following recommendations are based on the findings of this study and are made for clinical practice, nursing education, student support and further research.

5.4.1 Recommendations regarding clinical practice

Professional nurses should have a continuing professional development plan to sustain and improve their professionalism and competence. Plans for improvement could include post graduate studies or informal opportunities such as workshops focusing on needs for professional nurses in terms of developments in the nursing profession (both professional and clinical).
Professional values should be reinforced at every opportunity and professional nurses motivated to take ownership of their roles as models of professional behaviour. They need to know what behaviours are important to the students, to consciously observe whether the behaviours are being practised, and to reward the student appropriately for the performance of the behaviours. Professional organisations that arrange workshops, conferences and seminars should be encouraged to include sessions that focus on professional socialisation and the internalisation thereof and the important role played by professional nurses in this respect.

Nursing management teams in hospitals must provide the essentials for creating an environment conducive to learning in which students can develop their nursing knowledge and skills, professional socialisation and confidence, job satisfaction and preparedness for practice. This can be achieved through providing peer support to students to enhance the confidence and competencies of students and to promote their acceptance as a valued member of the nursing team during clinical placement. Nursing education institutions can support nursing management teams in hospitals through arranging seminars and videos informing the professional nurse of the advantages of a positive learning environment.

It is important to identify mentors who will assist and teach students to become competent nurse practitioners. Clinical practice must promote the professional and personal development of the student. Young professional nurses who are enthusiastic and willing to act as mentors to students and to become their role models should be identified. Guiding the professional nurse on an individual development plan in which the focus is on the development of the professional nurse’s ability to create respectful relationships in the clinical environment may be a means of achieving this. The development of positive young professional nurses may infuse the profession with renewed enthusiasm.

Professional nurses should encourage a team climate in the units. This view is also held by Hastie et al (2014:223). A positive team climate will enhance the emotional and social skills of students and will foster a sense of trust and inclusiveness as a member of the team. The fostering of a team climate could be achieved through the professional nurse’s role modeling behaviours and weekly in-service training sessions with the team.
to understand the importance of each person’s role in student development as well as the importance of team work in achieving desired patient outcomes.

Students need the support of mentors to develop their clinical competencies, to be supervised and to be a accepted as a valued member of the hospital unit team. Professional nurses must be encouraged to accept their role as mentors and establish a positive mentor-student relationship by portraying an attitude of approachability, friendliness, accessibility and the ability to provide student support. This relationship will improve the quality of learning and the students’ motivation to learn.

The implementation of the Nursing Education Stakeholders’ (NES) Clinical Education Model is recommended as being important (The Nursing Education Stakeholders 2012). The model allows time for follow-up support, and to assess whether students have achieved their learning outcomes; if not, to give constructive feedback. It also promotes student exposure and allocation to appropriate learning’s in the clinical environment but with the proviso that they work within the legal parameters of their scope of practice. The implementation of this model can be achieved through scheduled workshops at hospitals to identify all role players in the clinical learning environment and to ensure that all role players accept their responsibilities towards teaching and learning and to act as role models in the clinical learning environment to ensure well-trained, competent and professional nurses.

The establishment of a culturally diverse clinical environment is the responsibility of the professional nurse where all members of the staff and patients are treated with cultural sensitivity. In the creation of a culturally sensitive environment it is important to create a cultural awareness that will imply respect for and understanding of different cultural groups. In order to do this, professional nurses must be knowledgeable about cultural differences in the clinical environment. Cultural sensitivity workshops could be planned to introduce cultural diversities and the importance of instilling mutual respect for different cultures. Cultural days can be planned to sensitise staffs’ understanding of each other’s cultures. Cultural diversity should be included in curricula for basic nursing programmes.

The importance of good communication skills by professional nurses must be emphasised. They must be mindful of the manner in which they communicate with
students to uphold professionalism and role model behaviours. Communication skills could be enhanced through self-directed modules in continuing professional development programmes. Communication skills must be included in curricula for basic nursing programmes.

5.4.2 Recommendations regarding nursing education

It is recommended that nurses of all categories familiarise themselves with the most recent best practices in their field of work to promote the awareness of the importance of role models in the clinical learning environment by consulting recent and relevant scientific data such as journal articles. Nurse educators as professional nurses must be encouraged to portray the characteristics of a positive role model that students can observe and imitate, thereby improving their own professional behaviour and clinical practices.

To address the limited availability of role models, nurse educators must become more involved in the students' clinical education experience. This could be achieved through the implementation of a structured clinical education programme implying a greater visibility of nurse educators in clinical practice which will also serve to enhance their clinical knowledge and competence.

Nurse educators must empower students and prepare them to take their place as role models in diverse clinical environments by promoting an understanding of and clarifying professional roles and values. In order to achieve this, a module addressing the responsibilities shared by professional nurses and nurse educators in modeling the values of the profession and supporting students to internalise these values, could be added to programme curriculums.

Nursing education institutions, clinical practice and also the students should work in partnership to establish practices that will bridge the theory-practice gap. Classroom and clinical educators should collaborate in structuring and implementing a formal exchange programme in which each would experience student teaching and learning in the other's environment. Not only would there be inherent benefit for the educators but students would have the opportunity of imitating and internalising role behaviours of professional nurses in academia as well as in practice. It would also enable
internalisation of the importance of such a partnership at an early stage in professional socialisation.

5.4.3 Recommendations regarding student support

Observation of expert role models could impact students’ development in the clinical learning environment. Nurse educators and professional nurses in the clinical learning environment serve as critical role models for students as their behaviours are gradually assimilated by nursing students. Studies have shown that reflection assists students to make sense of what is happening in practice (Sundler 2014:665). Formal time for reflection should be allocated to students to allow them to reflect on their successes, how they achieved them and what they still need to learn. Time in the curriculum could be reserved for teaching students how to reflect. Students will then be more efficient in using reflection during theoretical time regarding the learning process, professional behaviours and clinical practice.

Unacceptable behaviours such as criticising students in the presence of others should be eliminated and an appreciative environment in which effective teamwork and student support is created to ensure students’ professional development. Student support should be provided using an appreciative and constructive approach.

An “UBUNTU” approach to teamwork is recommended where humanity to others becomes a reality in the clinical learning environment. This recommendation is supported by the same view held by Thompsell (2015) and should be encouraged.

5.4.4 Recommendations for future research

This study focused on the population of students at two learning centres of a private nursing education institution in Gauteng, South Africa. Although the findings could be transferred to students in other private or public nursing education institutions, this study was limited to perceptions of the student population selected for the study. It is therefore recommended that similar research be extended to a larger population of students in South Africa which would include student populations in other public and private nursing education institutions.
The researcher recommends that a qualitative study be done on the perceptions of professional nurses and nurse educators on their own role model qualities. This will present a more holistic perspective on role models in the clinical learning environment.

5.5 CONTRIBUTION OF THE STUDY

This study could contribute to an increasing awareness by all stakeholders of the importance of role modeling and imitating professional behaviours which includes the portrayal of professional values and provision of quality patient care through clinical competence. Students should be able to develop an increased understanding of what it means to be a role model and how important it is to prepare themselves for this role through reflection of their own behaviours, imitation of professional attitudes and behaviours and internalisation of attitudes, values and behaviours leading to professional socialisation. This study could further create awareness amongst professional nurses of the important role they play in enabling students to discover knowledge embedded in clinical practice. Finally this study may add to the body of knowledge in clinical practice in that it provides awareness of the role and responsibilities of the professional nurse as a role model in the clinical learning environment.

5.6 LIMITATIONS

The study explored student nurses’ perceptions of professional nurses as role models in the clinical learning environment of a private healthcare institution. Different perspectives may have been described by students in other nursing education institutions. Although this could be regarded as a form of limitation it was beyond the scope of a master’s study to extend the context to the wider population of all nursing education institutions.

The importance of a “World Café” conversation methodology is that there are representational recordings of data. In this study conversations were recorded in various written forms (Annexure H). Although not all important comments made during the conversations were recorded on the paper tablecloths, the data obtained was rich, allowing for multiple realities and produced evidence that data saturation was reached. Field notes were taken and were used to support the data collected on the paper
tablecloths. Furthermore, consensus seeking at the end of each “World Café” conversation ensured completeness of the data. Although it could be argued that audio recording would have been a better choice, the depth of the data obtained in this study, is evident in the findings.

The study was conducted in a private healthcare education setting, in one province, Gauteng, South Africa. Different perspectives on role models may have been found in a study done in other private healthcare institutions and in the public healthcare setting.

5.7 CONCLUSION

The importance of positive role models is widely endorsed in literature as a means of helping professional nurses to adapt their practice to ever-changing situations and settings, yet remain competent in a dynamic clinical learning environment. This study found that professional nurses as role models play an important role in the clinical and professional development of students and this information should be included as content in nursing education and training programmes, thereby allowing adequate time for the students to explore and develop the essential role model attributes that must be portrayed in the clinical learning environment. Continuing professional development and lifelong learning is non-negotiable for professional nurses to keep themselves abreast with development in the nursing profession and to sustain their enthusiasm for modeling professional behaviour in the clinical learning environment.

This study also found that the practice of role model behaviours should be included in training programmes for nurse educators. This will assist them in developing their own role modeling and clinical skills and to be seen as role models in the clinical learning environment as well as in the classroom.

To conclude, the study of student nurses’ perceptions of professional nurses as role models was influenced by three themes, namely professionalism of professional nurses, need for student support and factors relating to the teaching and learning environment. The researcher can therefore conclude that the objectives of this study to explore and describe student nurses’ perceptions of professional nurses as role models in the clinical learning environment were achieved. The awareness of the important role professional nurses play in the professional development of students was created and
the significance of enhancing the value of role models in the clinical learning environment was highlighted.

The researcher wishes to conclude the study with the following quote:

“The most important role models in people’s lives, it seems, aren't superstars or household names. They're "everyday" people who quietly set examples for you--coaches, teachers, parents. People about whom you say to yourself, perhaps not even consciously, "I want to be like that."

Tim Foley
LIST OF REFERENCES


*Oxford Learners Dictionary*. [s.a.]. Sv “perception” and “role model”.


SANC see South African Nursing Council.


ANNEXURES
ANNEXURE A

Ethical Clearance from the University of South Africa
UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

REC-012714-039

Date: 10 December 2014

Student No: 460-871-2

Project Title: Student nurses' perceptions of professional nurses as role models in the clinical learning environment.

Researcher: Magdalena Johanna Cunze

Degree: MA in Nursing Science

Code: MPCH594

Supervisor: Prof GH van Rensburg

Qualification: D Litt et Phil

Joint Supervisor: -

DECISION OF COMMITTEE

Approved [✓] Conditionally Approved [ ]

Prof L Roets
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE

Prof MM Moleki
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES
SECTION C
DECLARATION

CANDIDATE'S AGREEMENT TO COMPLY WITH THE ETHICAL PRINCIPLES SET OUT IN UNISA POLICY ON RESEARCH ETHICS

(1) Student agreement

I, [Name of Student], student number [Student Number], have accessed and have read the Unisa Policy on Research at http://www.unisa.ac.za/ offices/dep/policy/docs/ResearchEthicalPolicy_poprev09Dec2009.pdf

Yes: [ ] No: [ ]

I further declare that this form is a true and accurate reflection of the methodology I intend to apply, and that I have carefully contemplated possible ethical implications of the research methodology and domain specific and associated ethical issues and that I have reported on all of these. I shall carry out the study in strict accordance with the approved proposal and the ethics policy of UNISA. I shall maintain the confidentiality of all data collected from or about research participants, and maintain security procedures for the protection of privacy and anonymity. I shall record the way in which the ethical guidelines, as suggested in the proposal, have been implemented in my research. I shall work in close collaboration with my supervisor(s) and shall notify my supervisor(s) in writing immediately if any change to the study is proposed. I undertake to notify the Higher Degrees Committee of the Department of Health Studies (UNISA) in writing immediately if any adverse event occurs when injury or harm is experienced by the participants attributable to their participation in the study.

I also declare that all data to be used to answer the research question to attain the research objectives will be gathered pertinent for this purpose from the target population(s) as indicated in the proposal. No existing data will be used.

[Signature]

25/01/2014

Date

(2) Approved by Supervisor:

[Signature]

[Name of Supervisor]

10/11/2014

Date
ANNEXURE B

Letter seeking permission from Life Healthcare
Group Nursing Executive  
Life College of Learning  
21 Chaplin Road  
Illovo  

15 January 2015  
For attention: Dr S. Vasuthevan  

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE LEARNING CENTRES  
OF LIFE COLLEGE OF LEARNING.  

Dear Dr Vasuthevan  

My name is Magda Cunze, and I am a post graduate student at The University of South Africa (UNISA). The research I wish to conduct for my Master’s dissertation involves the exploration and description of student nurses perception of professional nurses as role models in their professional development process. This project will be conducted under the supervision of prof. Gisela van Rensburg of The University of South Africa (UNISA).  

I am hereby seeking your consent to conduct my study at the three inland learning centres (Pretoria, East Rand and West Rand) where I will conduct focus group interviews with the final year students in the programme: Diploma General Nursing.  

I have provided you with a copy of my proposal which includes copies of the measure and consent and assent forms to be used in the research process, as well as a copy of the approval letter which I received from UNISA Research Ethics Committee.  

Upon completion of the study, I undertake to provide the Life College of Learning with a bound copy of the full research report. If you require any further information, please do not hesitate to contact me on:  
Cell phone: 0833080995  
E-mail: magda.cunze@lifehealthcare.co.za.  

Thank you for your time and consideration in this matter.  

Yours sincerely,  

Magda Cunze
ANNEXURE C

Letter of approval: Life Healthcare
ATTENTION: Magda Cunze

SUBJECT: APPLICATION TO CONDUCT RESEARCH

TITLE: Student nurses’ perceptions of professional nurses as role models in the clinical learning environment.

This letter serves as authorisation from the Life Healthcare Research and Scientific Committee for the conduct of your research within company facilities.

The approval is conditional to your agreement on the following provisos:

1. Presentation of this letter to the Hospital or Nurse Manager when seeking permission at the specific facility you will be using during your research.
2. An electronic copy of your research report is submitted to the Life Healthcare Research and Scientific Committee prior to publication.
3. No direct reference is made to Life Healthcare or its various facilities in your research report or any publications thereafter.
4. The Company and its facilities are not in any way identifiable in the study.
5. The research is conducted within one year of permission being given by the Company.
6. Placement of the research report on the Company’s research register after approval by the associated Higher Education Institution.

We wish you the best in your studies and look forward to the results.

Yours sincerely

Anne Roodt
on behalf of the Research and Scientific Committee.

Please sign this letter as indicated below and return to the sender within 2 working days:

Signature: ____________________________
Date: ____________

Magda Cunze
ANNEXURE D

“World Café” Copyright
Copyright & Use Policies

Thank you for your responsible and ethical use of the World Café name, logo, and materials.

MATERIALS
The free resources, materials, and information on the website are all made available under a Creative Commons Attribution 3 License, unless they are individually copyrighted by the author (which will be clear in context).

The Creative Commons Attribution license means you are free to copy, distribute, and transmit information if you formally acknowledge and attribute all such use with a link to our website: http://www.theworldcafe.com.

If material is individually copyrighted, please respect the author’s rights.

There are also a few World Café printed materials available for purchase in the World Café Store, and while you are welcome to post excerpts from these materials (with accreditation), we ask that you honor our distribution copyright and not share them in their complete form. We make very accommodating bulk or shared copy rates available for libraries, educational institutions, etc. Please ask us for details.

NAME & LOGO
The World Café name and logo are protected under international copyright law. Please do not use the name “World Café” as part of a formal organizational name, product, or service.

You are welcome to use the term “World Café” to describe an event you are convening (e.g., “A Main Street USA World Café”). Please acknowledge the World Café Community Foundation as the source of the name and method by including a link to our website: http://www.theworldcafe.com.

We do not allow the public use of our logo unless used specifically in conjunction with programs sponsored (or co-sponsored) by The World Café Community Foundation.

COMMERCIAL USE
If you make commercial use of the World Café principles, methodology, or free materials, we ask that you make an appropriate donation to the World Café Community Foundation (see links to your left) in recognition of the value provided. As noted above, keep in mind that you cannot profit on the work of an individual author through sale or use of his/her copyrighted material without permission.

If you have derived value from the use of the World Café, whether commercially or not, we invite you to make a tax-deductible contribution to the World Café Community Foundation so we can continue to develop and freely disseminate World Café materials to the public.

Thank you.
ANNEXURE E

“World Café” Guidelines
World Café Guidelines

- Have fun!
  - Play, draw, doodle
- Listen together
  - For patterns, insights, and deeper connections
- Link and connect ideas
- Focus on what matters
- Contribute your thinking
- Facilitate yourself and others
- Speak with your mind... and heart
- Slow down so you have time to think and reflect
ANNEXURE F

“World Café” etiquette guidelines
ANNEXURE G

“World Café” bookmark
Listen to
Ahea!
Understand
Speak your
mind
Heart
Contribute your
thoughts
Thinking
Focus on what
matters
Cafe Culture
ANNEXURE H

“World Café” tablecloths
ANNEXURE I

“World Café” verification field notes
EXTRAS (DISCUSSED)

**QUESTION 1**
- Demonstrate loyalty
  - Employer
  - Co-workers
  - All students (not only some)
  - Superiors
  - Eg: Feedback on all issues, so they can't feel ignored.

**QUESTION 2**
- Open minded
- From students (Role modelling is a 2-way process)
- Show respect to RN
- Challenge RN regarding knowledge

**QUESTION 3**
- Fresh to new learners
  - Gateway
  - Websites
  - Clinics
  - Ask me, take me with on our ward, even if I am busy - call me. (Experience may be best teacher)

**QUESTION 4**
- Professional dress code
- You will take on the qualities of a role model.
- Not afraid to do!
- A role model has to challenge themselves - this encourages those looking up to her. (Achievements)
- The total picture is important eg all aspects must be good, not only a PhD, and no respect with it.
- Bad role modelling can give you a permanent negative outlook on the profession

**QUESTION 5**
- You need to work on your role modelling ability (It's not acquired behaviour)
- Natural leaders aren't always a role model for all.
- Specific areas = specific role models
  - Team work
  - Ubuntu
- Take qualities of different persons, to create a role model.
  (The figure you want to be !)
ANNEXURE J

“World Café” programme
PROGRAMME

“World Café” Data Collection Conversation Groups

- Welcome
- Explanation of programme
- World Café Conversations
- Tea
- Continuing of World Café Conversations
- Discussion and verifying of data collected
- Thank you

Researcher: Magda Cunze
Facilitator: Prof Gisela van Rensburg
Scribe: Mariana Scheepers
ANNEXURE K

Informed consent form
INVITATION TO PARTICIPATE IN A RESEARCH STUDY

TITLE OF STUDY:

STUDENT NURSES’ PERCEPTION OF PROFESSIONAL NURSES AS ROLE MODELS DURING THEIR PROFESSIONAL DEVELOPMENT PROCESS IN THE CLINICAL LEARNING ENVIRONMENT

Dear Participant

You are hereby invited to participate in a research study that forms part of a Master’s degree. To assist you in your decision to participate in this study it is required that you familiarise you with the following information:

Purpose of the study:

Patients expect to be cared for by nurses who are not only competent but also behave professionally, therefor student nurses must be educated to develop professional qualities and to strive to be a role model in their nursing careers. The purpose of this study is to explore student nurses’ perception of professional nurses as role models during their professional development process in the clinical learning environment.

What will be expected from you before and during the study?

You will have to sign the consent form if you agree to participate in the study.

The researcher wanted to interact with the participants through an interactive process to ensure that data collected is on the real lived experiences of the participants’ on their perceptions of how they perceive professional nurses as role models in their clinical learning, by using the “World Café” as method of data collection. “World Café” is a group interaction method focussed on conversations between participants to gain insights into the experiences and perceptions of participants. This statement convinced the researcher that the participants will feel more comfortable and open to discuss the phenomenon within a group situation. “World Café” conversations were designed to obtain the participants’ perceptions in a focused area, in a setting that is permissive and nonthreatening. It is a creative process for leading collaborative dialogue, sharing knowledge, experiences and can create possibilities for action.

The researcher chose this data collection method, for the young generation of today are more creative in their thinking; more open in discussions and therefor this method is very suitable for this specific study. During the study the researcher will also use strategies such as discussion sessions, field notes and visual materials.
What are the risks involved in this study?

The researcher does not foresee any risks, discomfort and or any inconvenience as a result of your participation in the interviews. Your participation in sharing your time and expertise is highly appreciated.

What are the potential benefits that may come from the study?

Your participation in this study will help the researcher to gain knowledge regarding the professional nurses as role models in the clinical learning environment. This will enable the researcher to make recommendation that could enhance the value of role models in the clinical learning environment that will assist professional nurses in the process of student nurses’ professional development. The information gained from this study may also influence students who they choose as a role model and influence their professional development – will also influence student nurses on the type of role model that they would like to be.

Will you receive any financial compensation/incentive for your participation?

Unfortunately no financial compensation or any incentive will be given as compensation for your participation.

What are your rights as a participant in the study?

Your participation in this study is totally voluntarily. You may withdraw from the study at any stage of the study without any penalty or disadvantage.

How will confidentiality and anonymity be ensured in the study?

The information obtained during this study will be kept confidential and in a safe place. The data obtained during this study will be transcribed and analysed and no information will be linked to your name or institution. No names will be revealed in the report after the completion of this study.

Is the researcher qualified to carry out the study?

The researcher is the National Education Manager with 29 years’ experience in nursing education. The researcher has not yet done any formal research. The study will be monitored by an experienced researcher as supervisor.

Has the researcher received ethical approval?

Unisa’s Research and Ethics Committee of the Department of Health Studies, Life Healthcare’s Research and Scientific Committee, your Nursing Education Institutions and Prof Gisela van Rensburg from UNISA approved the proposal for this study. The study will also be conducted according to internationally accepted ethical principles.

Who can you contact for additional information regarding the study?

The researcher, Mrs Magda Cunze, can be contacted at the following numbers: (011) 2199155 or per cell phone 083 308 0995.
Declaration:

Conflict of interest

The researcher declares that there is no conflict of interests that may influence this study procedure, data collection, data analysis and publication of results.

Date and Venue where focus group interviews will be held:

Date: 1st December 2016

Venue: Classroom of the Life College of Learning: West Rand Learning Centre.

Time: 10h00

Thank you for your willingness to participate in this study, it is highly appreciated. Please sign the consent form below!
PARTICIPANT CONSENT FORM

Name of Supervisor: Professor G.H. Van Rensburg

Name of Researcher: Magdalena Johanna Cunze

1. I confirm that I have read and understand the content of this document and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

3. I understand that:
   - I give consent to World Café focus group interviews.
   - I acknowledged that transcription of data could be returned to participants for verification.
   - A trained research assistant will be present during the World Café focus group interviews.

4. I agree to take part in the above study.

__________________________  ______________  __________________
Name of Participant               Date                     Signature

Mrs Magda Cunze

__________________________  ______________  __________________
Researcher                     Date                     Signature
ANNEXURE L

Demographic information
PARTICIPANTS DEMOGRAPHIC DATA

Dear Participant

Thank you for participating in this research study for my master’s degree. It is highly appreciated.

The topic of my study is:

STUDENT NURSES’ PERCEPTIONS OF PROFESSIONAL NURSES’ AS ROLE MODELS DURING THEIR THE PROFESSIONAL DEVELOPMENT PROCESS IN THE CLINICAL LEARNING ENVIRONMENT

The objectives of the study are to

- explore the perceptions student nurses have of professional nurses as role models in the clinical learning environment
- determine the role that role models could play in the professional development process of students in the clinical learning environment
- make recommendations that could enhance the value of role models in the clinical learning environment in student nurses’ professional development process

I kindly request the following data that would be used to describe the demographic context of this study.

<table>
<thead>
<tr>
<th>Hospital</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of study</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Learning Centre</td>
<td></td>
</tr>
</tbody>
</table>

Thank you!

Magda Cunze
ANNEXURE M

Declaration of language editing
UNIVERSITY OF CAPE TOWN

Faculty of Humanities:
Centre for Film & Media Studies
in conjunction with
GetSmarter

This is to certify that

Lesley Ann Fletcher

successfully completed a 70 student hour short course (not NQF-rated) in

COPY-EDITING

on 16 June 2014

[Signatures]
Head of Department

Course Instructor
DECLARATION OF LANGUAGE EDITING

It is hereby certified that the language editing on the Research Report – Student Nurses’ Perceptions Of Professional Nurses As Role Models In The Clinical Learning Environment – submitted by Magdalena Johanna Cunze – was done by myself, Lesley Ann Fletcher, ID – 4806020066086.

LESLEY FLETCHER

5TH AUGUST 2016